



# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

## Bama Town, Bama LGA, Borno State, Nigeria

October 2018

### Introduction

Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.<sup>1</sup> Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).<sup>2</sup> The humanitarian response is challenged by information gaps including, but not limited to, a lack of clarity on the security environment in inaccessible areas outside of urban centres, clarity on the availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented by secondary data on displacement patterns. For the infrastructure mapping, data collection teams identified and recorded the GPS locations and main characteristics of water access points, latrine blocks, schools, marketplaces, and health facilities. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 1 and 3 October 2018. 144 HH surveys were conducted in accessible areas of Bama LGA with a confidence level of 95% and a margin of error of 10%.

### Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 49,139<sup>3</sup>

### Displacement

Arrivals vs. departures in Bama town in 2018:



18,881 IDPs arrived in Bama town from 3 January to 26 June 2018, while 397 departed from the location.<sup>3</sup> This is a notable decrease as compared to the departures documented in the last quarter of the previous monitoring period.

Of the 102 IDP HHs assessed, 33% reported that either a lack of means, a lack of shelter, or a lack of education services was their top push factor to leave their current location. The top 3 reported pull factors in choosing a future location were: access to security (67%), access to food (67%), and reunification with family (67%).<sup>4</sup>

<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

<sup>2</sup> Local Government Areas constitute the 2<sup>nd</sup> administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

<sup>3</sup> IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

<sup>4</sup> This question refers to a subset of the population surveyed. Results should be considered indicative only.

### Access to Services

#### ACCESS TO WASH SERVICES

3% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:<sup>5</sup>

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	96%
	Handpump	89%
	Public tap	58%

13% of HHs reported that they needed more than 30 minutes (including traveling and queueing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

No problem

6% of HHs reported that their main source of drinking water was of average or bad quality. The most commonly reported reason for average or bad quality water: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	56%	<div style="width: 56%;"></div>
Yes, sometimes	3%	<div style="width: 3%;"></div>
No, water is clean	25%	<div style="width: 25%;"></div>
No, treatment not available	4%	<div style="width: 4%;"></div>
Other / No response / Don't know	12%	<div style="width: 12%;"></div>

Most commonly reported water treatment method: **N/A**

37% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



99% Yes, access to latrine  
0% No, open defecation in the bush  
1% No, open defecation in designated area  
0% No response/Don't know

Main type of latrine accessed by HH in LGA:  
**Traditional latrine (pit)**

Most commonly reported garbage disposal practice in community:

**Disposed anywhere, buried**

<sup>5</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: BAMA TOWN

## ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

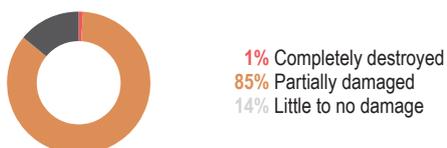
### Top 3 reported shelter types for HHs in the given area:

Emergency shelter given by aid agency	57%	
Masonry building (blocks/bricks)	41%	
Traditional house (adobe/mudbrick)	2%	

### HHs reporting the most common shelter occupancy arrangement:

Hosted by community members

### % of HHs reporting damage to shelter, by severity of damage:



### Most commonly reported cause of damage to shelter in area:

Bullet holes / conflict

### Least owned basic NFI kit items, by % of HHs reporting having them:

School textbooks	0%	
Sanitary pads / Aquatabs	1%	
School bags / School notebooks	1%	

## ACCESS TO HEALTH SERVICES

35% of HHs reported that at least one member was ill in the 15 days prior to data collection.

### Most commonly reported illness by HH:<sup>6</sup>

Fever

### % of HHs reporting distance to closest health facility:



26% of HHs reported that one female member had given birth in the year prior to data collection.

### Most commonly reported location for women to give birth:

At NGO health facility

### Most commonly reported person attending to birth:

Skilled birth attendant

## ACCESS TO FOOD & AGRICULTURE

### Top 3 reported means of accessing food items:<sup>6</sup>

Food assistance from humanitarian organisations	90%	
Purchased in local markets	34%	
Own agriculture / cultivation	3%	

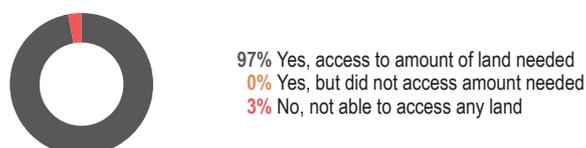
41% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

### Most commonly reported barrier to accessing enough food:

Food is not being distributed

31% of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

### % of HHs who were able to access land:



### Most commonly reported barrier to accessing land in area:

Insecurity / not safe to farm

### Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:<sup>6</sup>

Purchase food on credit	65%	
Borrow money	27%	
Spend savings	23%	

## ACCESS TO LIVELIHOODS & RECOVERY

### Top 3 reported sources of income for HHs in the 30 days prior to data collection:<sup>6</sup>

Small business	61%	
Agriculture	30%	
Trade	20%	

### Most commonly reported way of accessing physical cash in area:

Cash in hand

## ACCESS TO EDUCATION SERVICES

66% of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

56% of HHs had at least one child that had never attended formal school, at the time of data collection.

<sup>6</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: BAMA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



1% No CFS in area  
98% NGO-run CFS  
0% Park  
1% Nursery  
0% No response/Don't know

Most common reported barrier to accessing education, if any:

No barrier

## ACCESS TO SAFETY AND SECURITY

39% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

Armed attacks

73% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



67% Yes  
33% No  
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:<sup>7</sup>



76% Yes  
24% No  
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:<sup>7</sup>

N/A Yes  
N/A No  
N/A No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:<sup>7</sup>



50% Yes  
49% No  
1% No response / Don't know

Most common reported type of humanitarian assistance received:

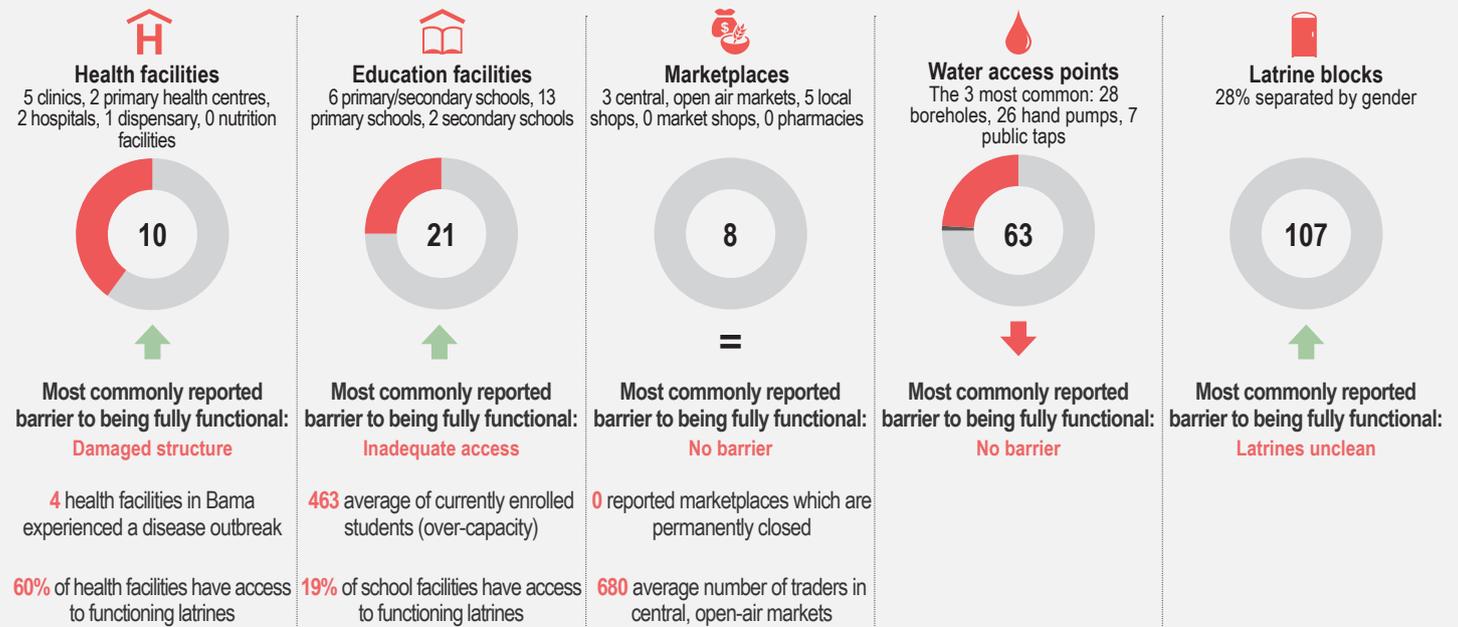
Food assistance

<sup>7</sup>This information refers to a subset of the population assessed and therefore results should be considered indicative only.

### About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: [reach.nigeria@reach-initiative.org](mailto:reach.nigeria@reach-initiative.org). Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us on Twitter: @REACH\_info and Facebook: [www.facebook.com/IMPACT.init](https://www.facebook.com/IMPACT.init)

## Infrastructure Mapping



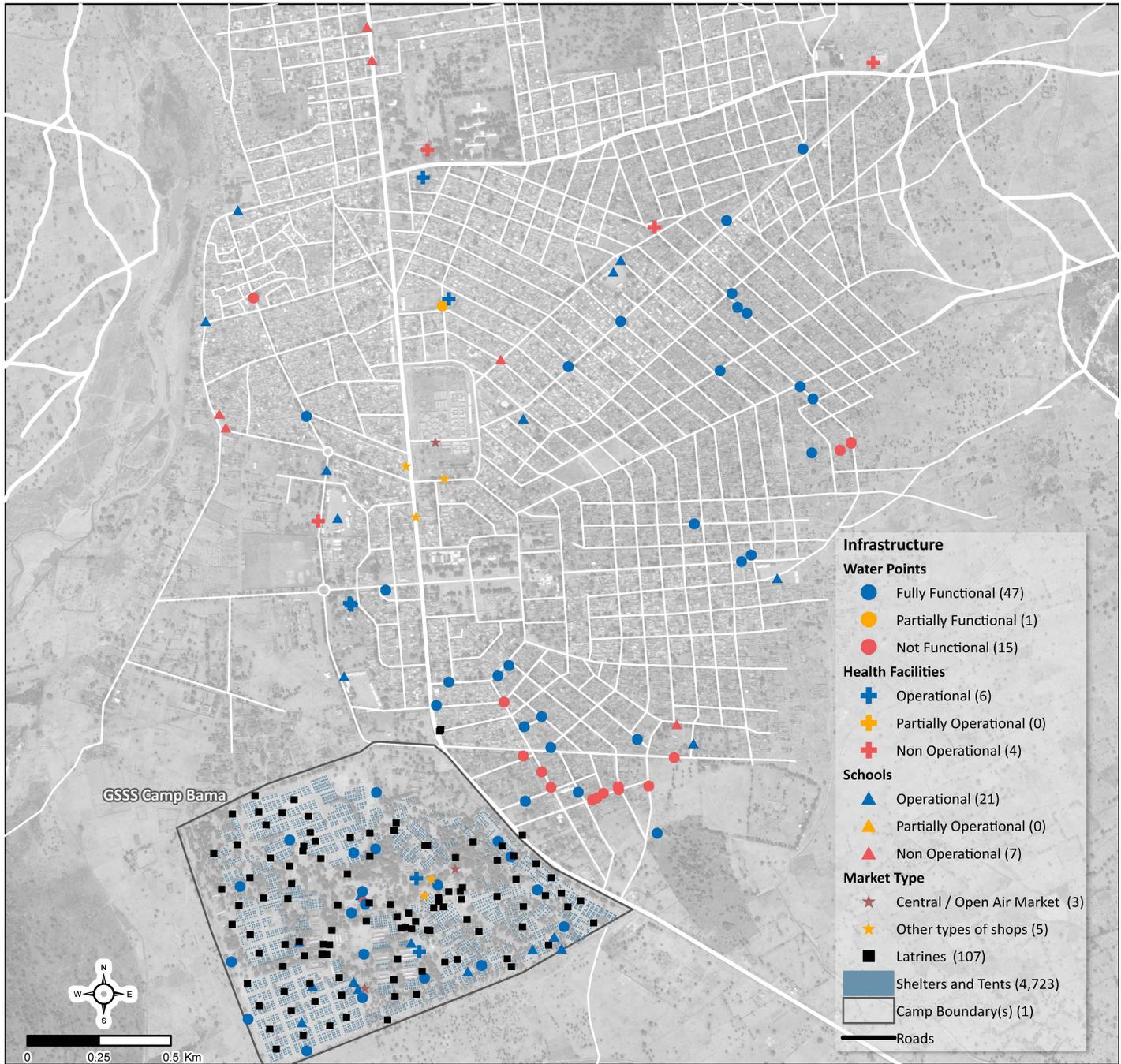
Infrastructure type functionality: ■ Functioning ■ Partially functioning<sup>8</sup> ■ Not functioning

Change in functionality since previous monitoring period: ↑ Functionality has improved = Functionality did not change ↓ Functionality has worsened

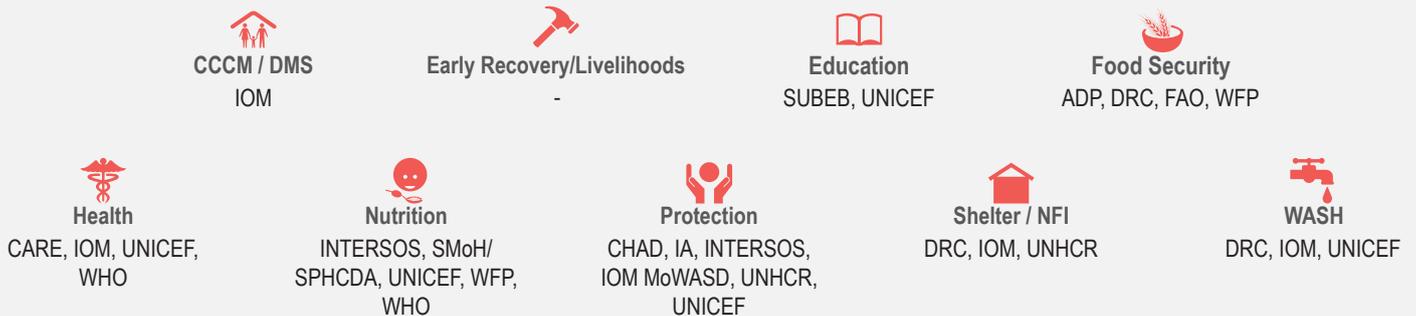
<sup>8</sup> "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: BAMA TOWN

## Bama Settlement Infrastructure



## Who does What, Where?<sup>9</sup> - Bama town: 15 partners (-1 compared to previous monitoring period)



<sup>9</sup> OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)



# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

## Damboia Town, Damboa LGA, Borno State, Nigeria

October 2018

### Introduction

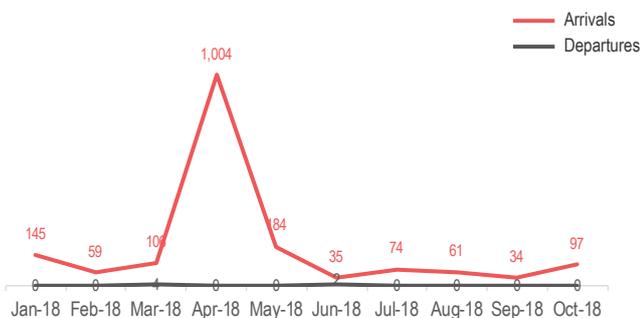
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.<sup>1</sup> Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).<sup>2</sup> The humanitarian response is challenged by information gaps including, but not limited to, a lack of clarity on the security environment in inaccessible areas outside of urban centres, clarity on the availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented by secondary data on displacement patterns. For the infrastructure mapping, data collection teams identified and recorded the GPS locations and main characteristics of water access points, latrine blocks, schools, marketplaces, and health facilities. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 5 October 2018. 163 HH surveys were conducted in accessible areas of Damboa LGA with a confidence level of 95% and a margin of error of 10%.

### Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): **88,186<sup>3</sup>**

### Displacement

Arrivals vs. departures in Damboa town in 2018:



1,799 IDPs arrived in Damboa town from 3 January to 26 June 2018, while 6 departed from the location.<sup>3</sup> This is a notable decrease as compared to the departures documented in the last quarter of the previous monitoring period.

Of the 75 IDP HHs assessed, 63% reported that lack of security was their top push factor to leave their current location, followed by a lack of food (60%) and a lack of health services (29%). The top 3 reported pull factors in choosing a future location were: access to security (54%), access to food (54%), and presence of health services (29%).<sup>4</sup>

<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

<sup>2</sup> Local Government Areas constitute the 2<sup>nd</sup> administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

<sup>3</sup> IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

<sup>4</sup> This question refers to a subset of the population surveyed. Results should be considered indicative only.

### Access to Services

#### ACCESS TO WASH SERVICES

**30%** of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:<sup>5</sup>

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	60%
	Handpump	42%
Unimproved water source	Water vendor / Mai moya	27%

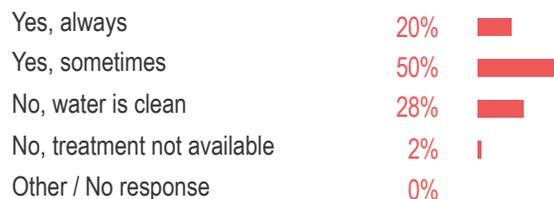
**21%** of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

**Water point too far away**

**8%** of HHs reported that their main source of drinking water was of average or bad quality.

% of HHs reporting the frequency with which they treat their main source of HH water:



Most commonly reported water treatment method:

**Aquatab / chlorination**

**50%** of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



Main type of latrine accessed by HH in LGA:

**Traditional latrine (pit)**

Most commonly reported garbage disposal practice in community:

**Dedicated site, collected by public authorities**

<sup>5</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

## ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

### Top 3 reported shelter types for HHs in the given area:

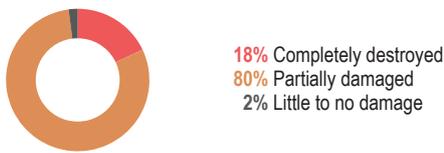
Traditional house (adobe/mudbrick)	53%	
Masonry building (blocks/bricks)	23%	
Makeshift shelter	10%	

### HHs reporting the most common shelter occupancy arrangement:

#### Owned / purchased

**70%** of HHs reported that they had a written rental contract out of those renting their shelter (29% of HHs).

### % of HHs reporting damage to shelter, by severity of damage:



### Most commonly reported cause of damage to shelter in area:

#### Storm / wind

### Least owned basic NFI kit items, by % of HHs reporting having them:

Sanitary pads	2%	
Serving spoons	3%	
Laundry detergent / Stainless cups / School textbooks	4%	

## ACCESS TO HEALTH SERVICES

**38%** of HHs reported that at least one member was ill in the 15 days prior to data collection.

### Most commonly reported illness by HH:<sup>6</sup>

#### Fever

### % of HHs reporting distance to closest health facility:



**39%** of HHs reported that one female member had given birth in the year prior to data collection.

### Most commonly reported location for women to give birth:

#### At home

### Most commonly reported person attending to birth:

#### Skilled birth attendant

## ACCESS TO FOOD & AGRICULTURE

### Top 3 reported means of accessing food items:<sup>6</sup>

Purchased in local markets	73%	
Food assistance from humanitarian organisations	47%	
Own agriculture / cultivation	31%	

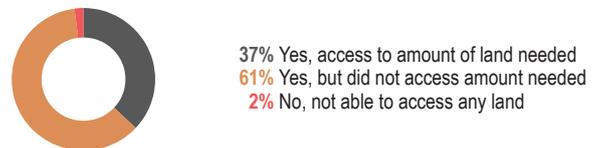
**34%** of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

### Most commonly reported barrier to accessing enough food:

#### Limited resources to buy food

**94%** of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

### % of HHs who were able to access land:



### Most commonly reported barrier to accessing land in area:

#### No barrier

### Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:<sup>6</sup>

Purchase food on credit	44%	
Borrow money	40%	
Spend savings	29%	

## ACCESS TO LIVELIHOODS & RECOVERY

### Top 3 reported sources of income for HHs in the 30 days prior to data collection:<sup>6</sup>

Agriculture	86%	
Trade	20%	
Small business	13%	

### Most commonly reported way of accessing physical cash in area:

#### Cash in hand

## ACCESS TO EDUCATION SERVICES

**54%** of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

**48%** of HHs had at least one child that had never attended formal school, at the time of data collection.

<sup>6</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



43% No CFS in area  
48% NGO-run CFS  
0% Park  
7% Nursery  
2% No response/Don't know

Most commonly reported barrier to accessing education, if any:

**No barrier**

## ACCESS TO SAFETY AND SECURITY

**44%** of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

**Presence of UXOs**

**37%** of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

**Military-set curfew**

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



71% Yes  
29% No  
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:<sup>7</sup>



93% Yes  
7% No  
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:<sup>7</sup>



97% Yes  
2% No  
1% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:<sup>7</sup>



55% Yes  
43% No  
2% No response / Don't know

Most common reported type of humanitarian assistance received:

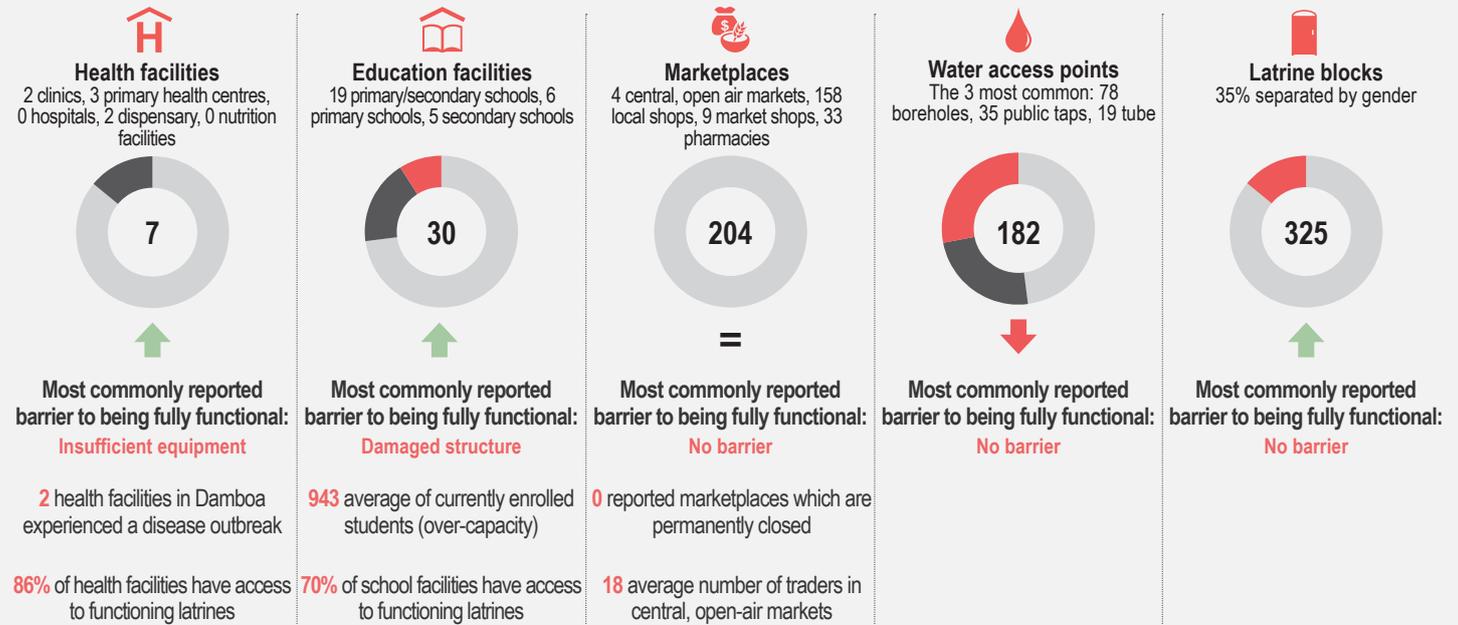
**Food assistance**

<sup>7</sup>This information refers to a subset of the population assessed and therefore results should be considered indicative only.

### About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: [reach.nigeria@reach-initiative.org](mailto:reach.nigeria@reach-initiative.org). Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us on Twitter: [@REACH\\_info](https://twitter.com/REACH_info) and Facebook: [www.facebook.com/IMPACT.init](https://www.facebook.com/IMPACT.init)

## Infrastructure Mapping



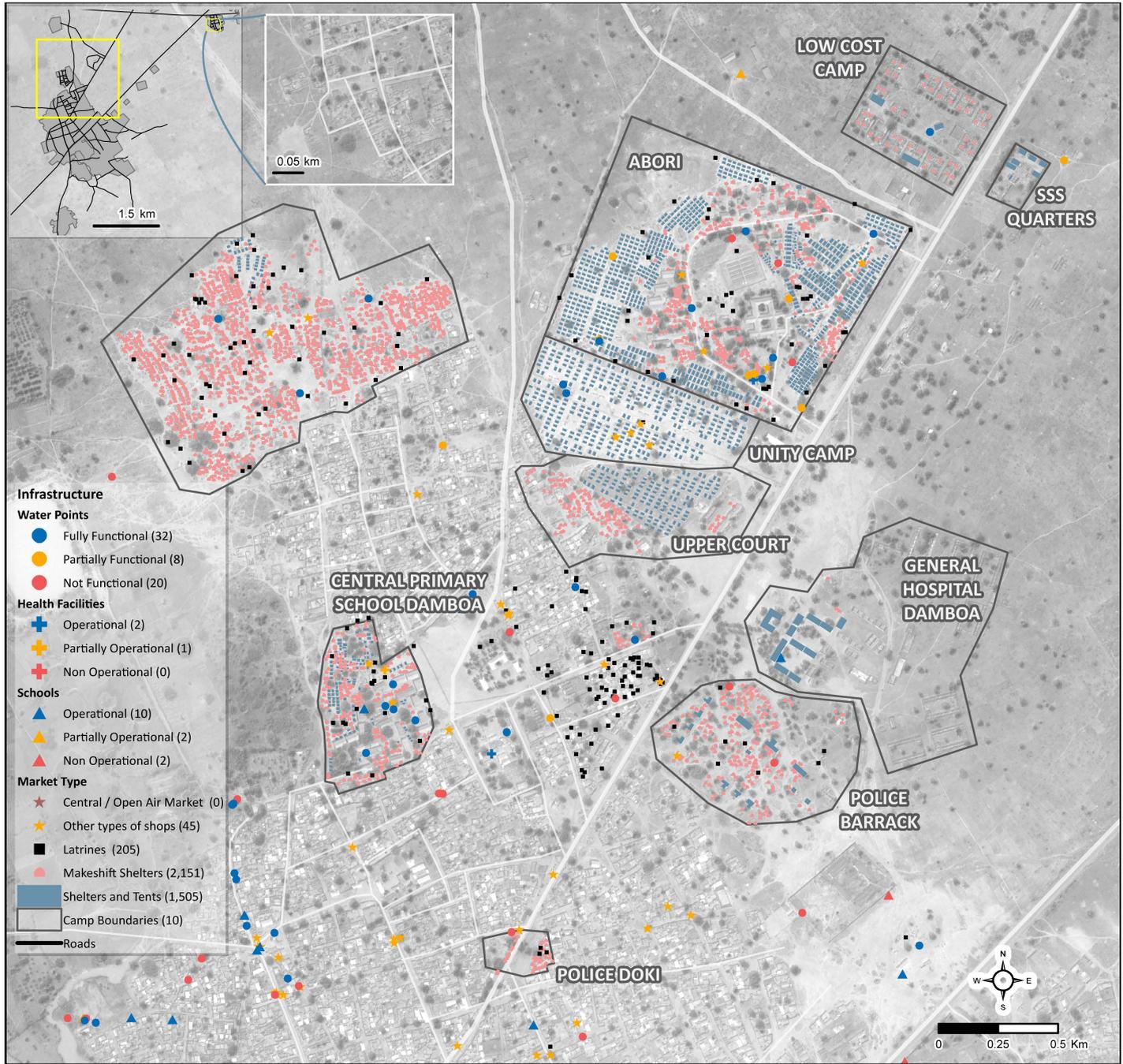
Infrastructure type functionality: ■ Functioning ■ Partially functioning<sup>8</sup> ■ Not functioning

Change in functionality since previous monitoring period: ↑ Functionality has improved = Functionality did not change ↓ Functionality has worsened

<sup>8</sup> "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

## Damboa Settlement Infrastructure - Zone 1



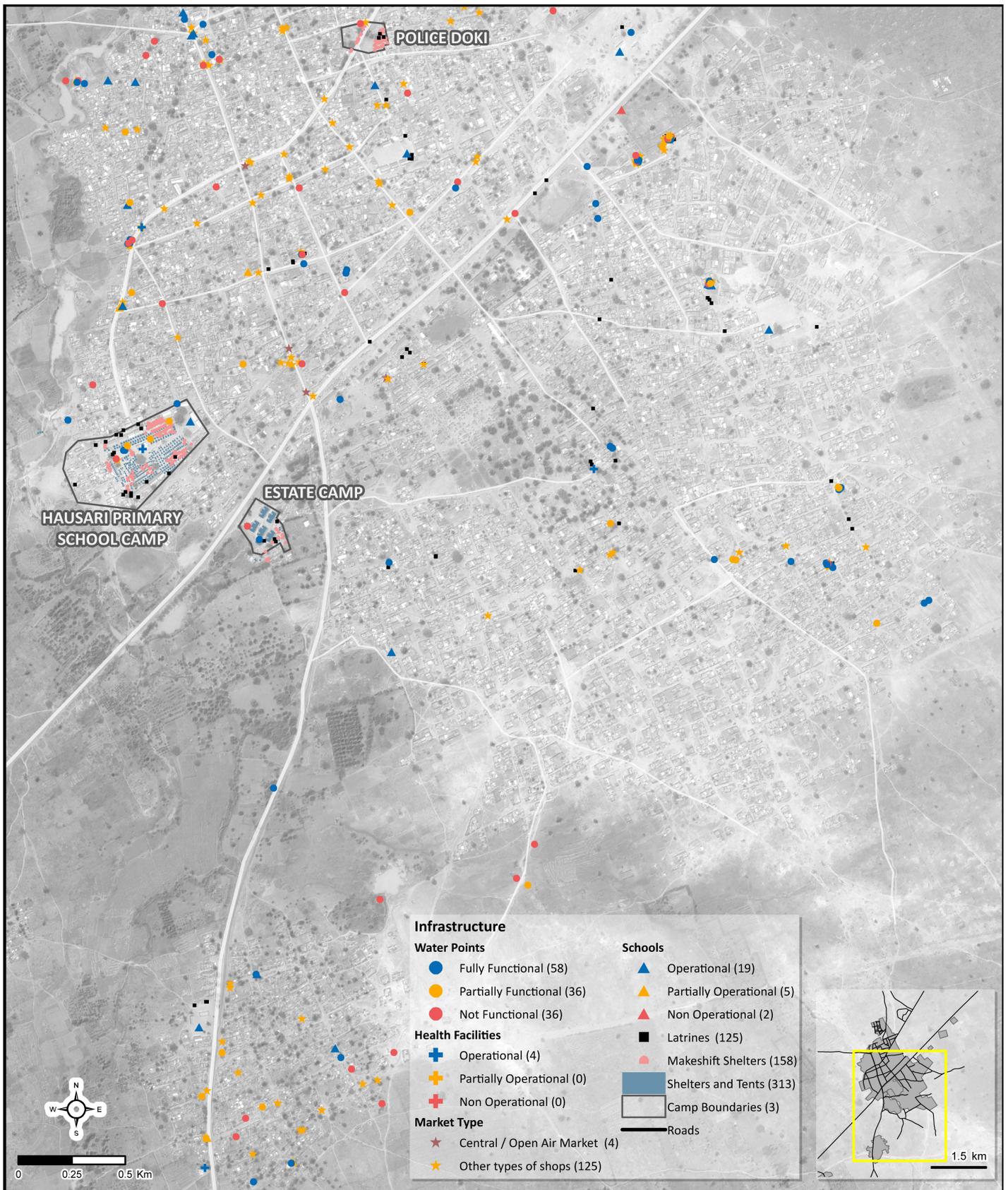
## Who does What, Where?<sup>9</sup> - Damboa town: 16 partners (+4 compared to previous monitoring period)



<sup>9</sup> OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DAMBOA TOWN

## Damboa Settlement Infrastructure - Zone 2





# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

## Dikwa Town, Dikwa LGA, Borno State, Nigeria

October 2018

### Introduction

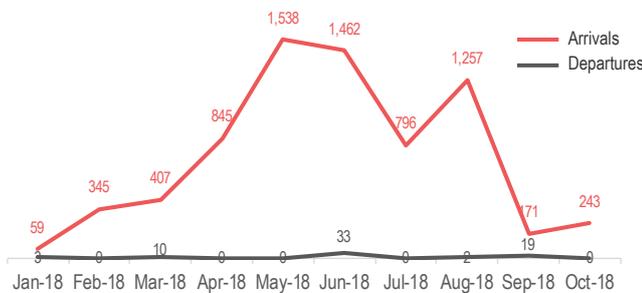
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### Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 59,660<sup>3</sup>

### Displacement

Arrivals vs. departures in Dikwa town in 2018:



7,123 IDPs arrived in Dikwa town from 3 January to 26 June 2018, while 67 departed from the location.<sup>3</sup> This is a notable decrease as compared to the arrivals documented in the last quarter of the previous monitoring period.

Of the 169 IDP HHs assessed, 86% reported that a lack of security was their top push factor to leave their current location, followed by a lack of food (27%) and a lack of health services (9%). The top 3 reported pull factors in choosing a future location were: access to security (73%), access to food (32%), and presence of health services (23%).<sup>4</sup>

<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

<sup>2</sup> Local Government Areas constitute the 2<sup>nd</sup> administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

<sup>3</sup> IOM Displacement Tracking Matrix (DTM, April 2018), Round XXIII dataset of baseline assessment.

<sup>4</sup> This question refers to a subset of the population surveyed. Results should be considered indicative only.

### Access to Services

#### ACCESS TO WASH SERVICES

46% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:<sup>5</sup>

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	86%
	Handpump	22%
Unimproved water source	Water vendor / Mai moya	17%

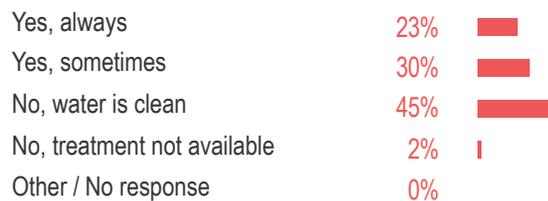
23% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

No problem

17% of HHs reported that their main source of drinking water was of average or bad quality. The most commonly reported reason for average or bad quality water: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:



Most commonly reported water treatment method:

Aquatab / chlorination

83% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



92% Yes, access to latrine  
3% No, open defecation in the bush  
5% No, open defecation in designated area  
0% No response/Don't know

Main type of latrine accessed by HH in LGA:  
**Traditional latrine (pit)**

Most commonly reported garbage disposal practice in community:

**Dedicated site, collected by waste management committee**

<sup>5</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

## ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

### Top 3 reported shelter types for HHs in the given area:

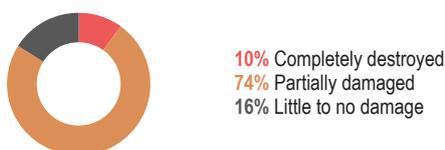
Tent	24%	
Masonry building (blocks/bricks)	22%	
Makeshift shelter	20%	

### HHs reporting the most common shelter occupancy arrangement:

#### Squatted with permission

**75%** of HHs reported that they had a written rental contract out of those renting their shelter (7% of HHs).

### % of HHs reporting damage to shelter, by severity of damage:



### Most commonly reported cause of damage to shelter in area:

#### Storm / wind

### Least owned basic NFI kit items, by % of HHs reporting having them:

Serving spoons	4%	
School textbooks	4%	
Rope	5%	

## ACCESS TO HEALTH SERVICES

**24%** of HHs reported that at least one member was ill in the 15 days prior to data collection.

### Most commonly reported illness by HH:<sup>6</sup>

#### Fever

### % of HHs reporting distance to closest health facility:



**12%** of HHs reported that one female member had given birth in the year prior to data collection.

### Most commonly reported location for women to give birth:

#### At home

### Most commonly reported person attending to birth:

#### Traditional birth attendant

## ACCESS TO FOOD & AGRICULTURE

### Top 3 reported means of accessing food items:<sup>6</sup>

Food assistance from humanitarian organisations	40%	
Purchased in local markets	40%	
Own agriculture / cultivation	18%	

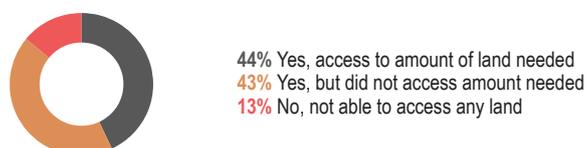
**69%** of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

### Most commonly reported barrier to accessing enough food:

#### Food prices are unusually high

**48%** of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

### % of HHs who were able to access land:



### Most commonly reported barrier to accessing land in area:

#### Insecurity / not safe to farm

### Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:<sup>6</sup>

Purchase food on credit	29%	
Sell household goods	25%	
No problem with income	19%	

## ACCESS TO LIVELIHOODS & RECOVERY

### Top 3 reported sources of income for HHs in the 30 days prior to data collection:<sup>6</sup>

No source of income	48%	
Agriculture	16%	
Trade	12%	

### Most commonly reported way of accessing physical cash in area:

#### No access to cash

## ACCESS TO EDUCATION SERVICES

**53%** of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

**52%** of HHs had at least one child that had never attended formal school, at the time of data collection.

<sup>6</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

% of HH reporting presence of a child-friendly space (CFS) in the area:



80% No CFS in area  
17% NGO-run CFS  
0% Park  
0% Nursery  
3% No response/Don't know

Most commonly reported barrier to accessing education, if any:

**No barrier**

## ACCESS TO SAFETY AND SECURITY

**2%** of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

**Abduction**

**62%** of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

**Military-set curfew**

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



32% Yes  
68% No  
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:<sup>7</sup>



76% Yes  
24% No  
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:<sup>7</sup>



96% Yes  
4% No  
0% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:<sup>7</sup>



11% Yes  
88% No  
1% No response / Don't know

Most common reported type of humanitarian assistance received:

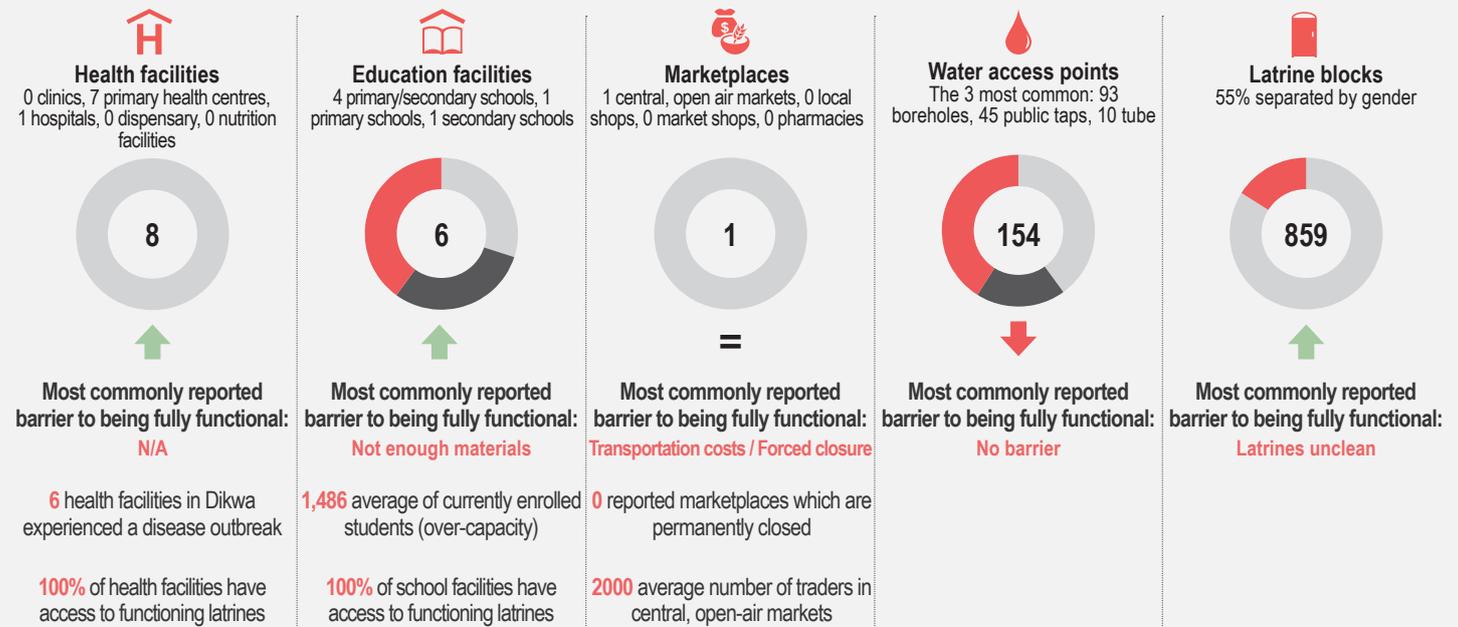
**Food assistance**

<sup>7</sup>This information refers to a subset of the population assessed and therefore results should be considered indicative only.

### About REACH

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## Infrastructure Mapping



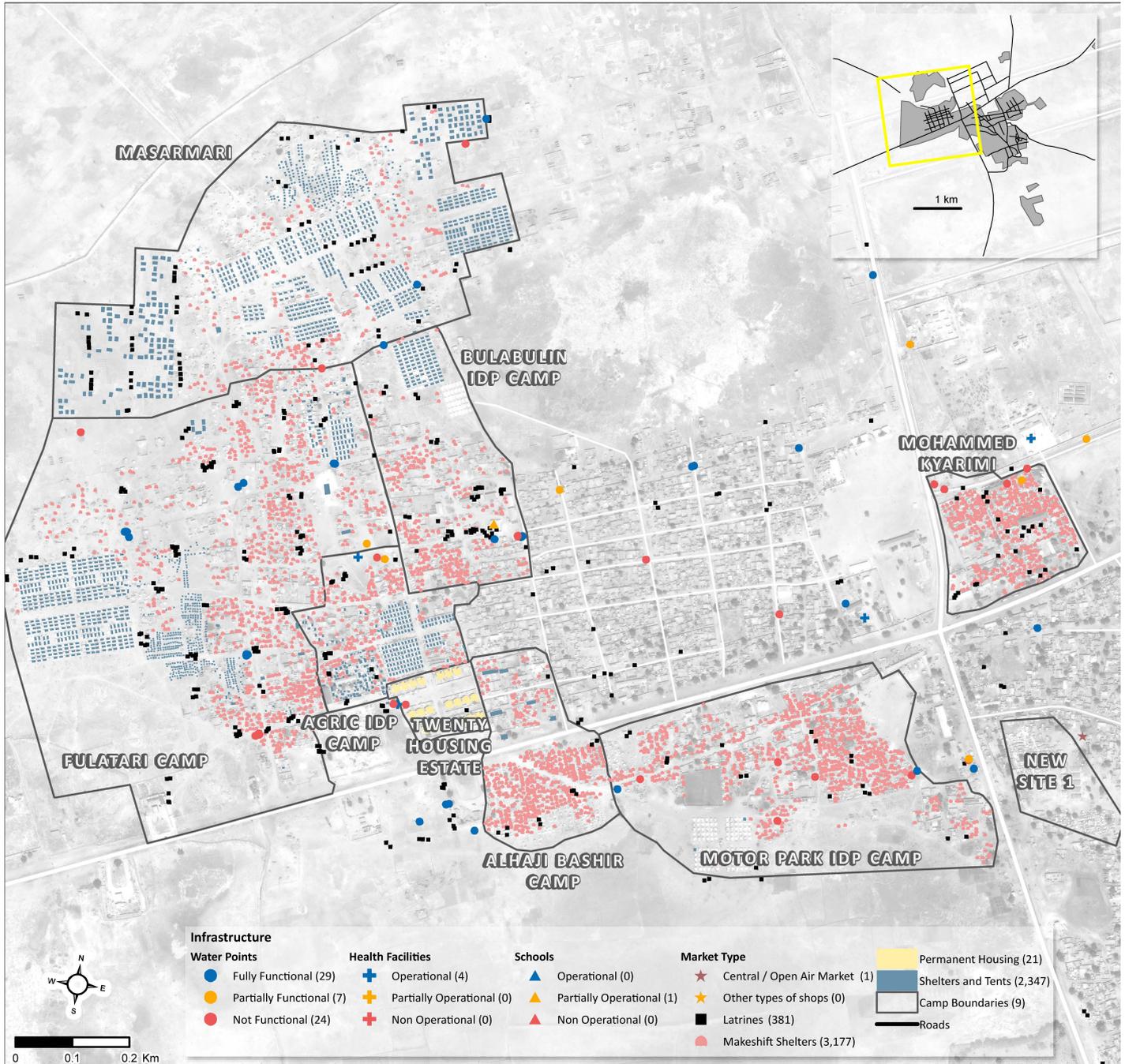
Infrastructure type functionality: ■ Functioning ■ Partially functioning<sup>8</sup> ■ Not functioning

Change in functionality since previous monitoring period: ↑ Functionality has improved = Functionality did not change ↓ Functionality has worsened

<sup>8</sup> "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

## Dikwa Settlement Infrastructure



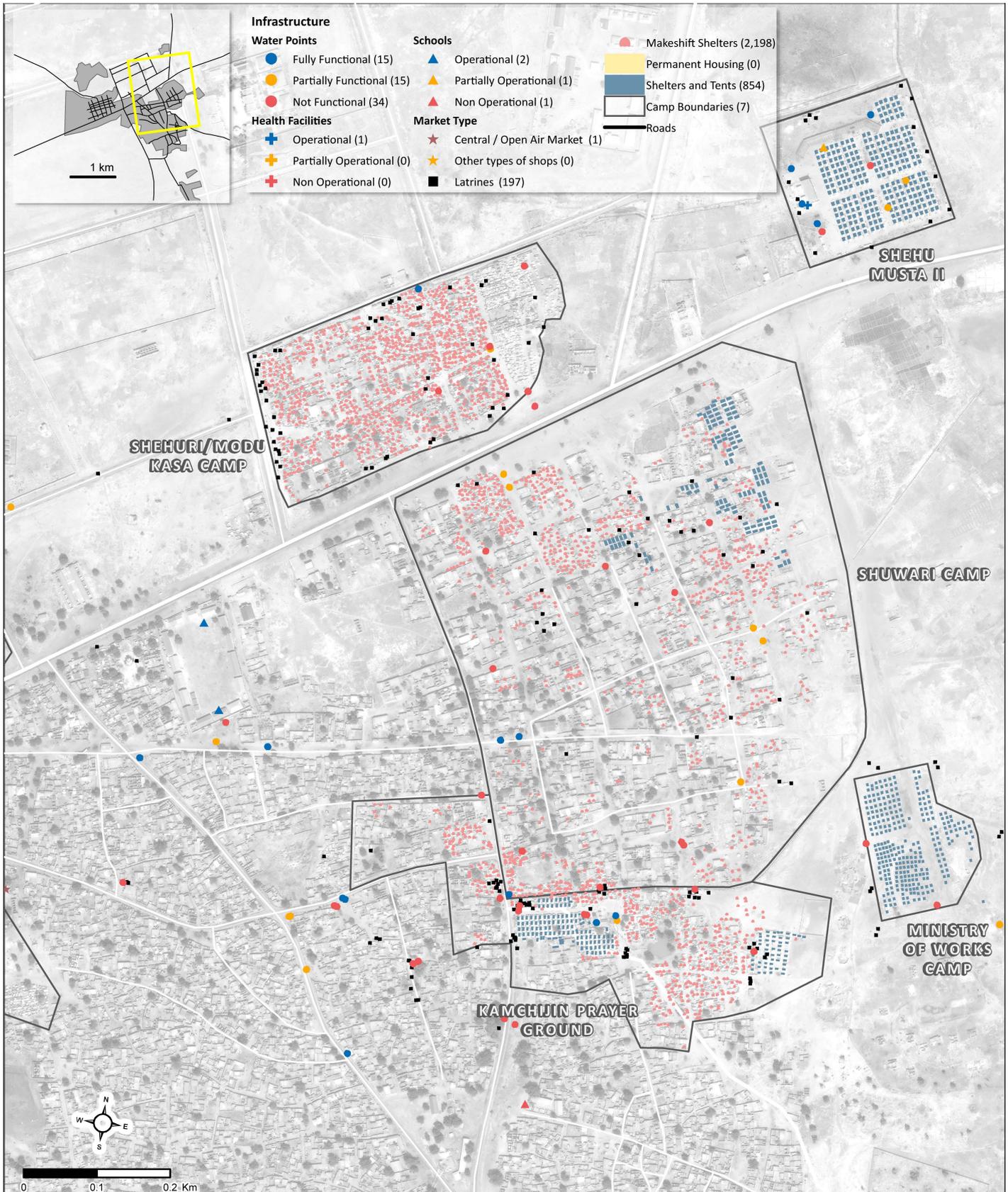
## Who does What, Where?<sup>9</sup> - Dikwa town: 21 partners (-4 compared to previous monitoring period)



<sup>9</sup> OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)

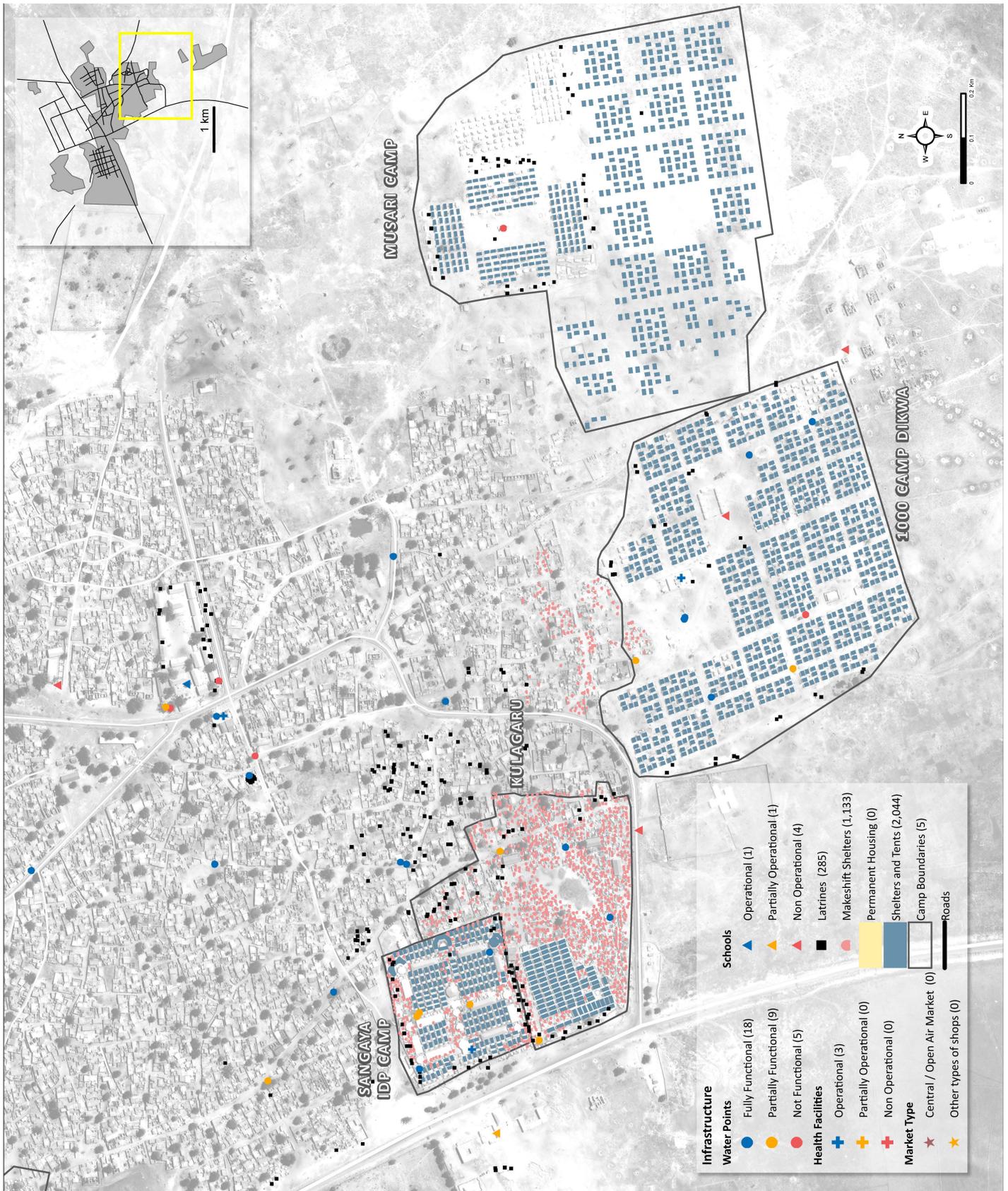
# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

## Dikwa Settlement Infrastructure - Zone 2



# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: DIKWA TOWN

## Dikwa Settlement Infrastructure - Zone 3





# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

## Gwoza Town, Gwoza LGA, Borno State, Nigeria

October 2018

### Introduction

Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.<sup>1</sup> Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).<sup>2</sup> The humanitarian response is challenged by information gaps including, but not limited to, a lack of clarity on the security environment in inaccessible areas outside of urban centres, clarity on the availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented by secondary data on security displacement patterns. For the infrastructure mapping, data collection teams identified and recorded the GPS locations and main characteristics of water access points, latrine blocks, schools, marketplaces, and health facilities. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 4 October 2018. 180 HH surveys were conducted in accessible areas of Gwoza LGA with a confidence level of 95% and a margin of error of 10%.

### Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): **86,990<sup>3</sup>**

### Displacement

Arrivals vs. departures in Gwoza town in 2018:



14,413 IDPs arrived in Gwoza town from 3 January to 26 June 2018, while 331 departed from the location.<sup>3</sup> This is a notable decrease as compared to the arrivals documented in the last quarter of the previous monitoring period.

Of the 144 IDP HHs assessed, 80% reported that lack of food was their top push factor to leave their current location, followed by lack of security (60%) and a lack of employment/access to cash (40%). The top 3 reported pull factors in choosing a future location were: access to security (80%), access to food (80%), and presence of education services (40%).<sup>4</sup>

<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

<sup>2</sup> Local Government Areas constitute the 2<sup>nd</sup> administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

<sup>3</sup> IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

<sup>4</sup> This question refers to a subset of the population surveyed. Results should be considered indicative only.

### Access to Services

#### ACCESS TO WASH SERVICES

**37%** of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:<sup>5</sup>

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	73%
	Handpump	18%
Unimproved water source	Unprotected well	9%

**29%** of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

**Long waiting time at water point**

**21%** of HHs reported that their main source of drinking water was of average or bad quality. The most commonly reported reason for average or bad quality water: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	4%	█
Yes, sometimes	17%	█
No, water is clean	71%	█
No, treatment not available	8%	█
Other / No response	0%	

Most commonly reported water treatment method:

**Aquatab / chlorination**

**57%** of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



95% Yes, access to latrine  
4% No, open defecation in the bush  
1% No, open defecation in designated area  
0% No response/Don't know

Main type of latrine accessed by HH in LGA:  
**Traditional latrine (pit)**

Most commonly reported garbage disposal practice in community:

**Dedicated site, burned**

<sup>5</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: GWOZA TOWN

## ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

### Top 3 reported shelter types for HHs in the given area:

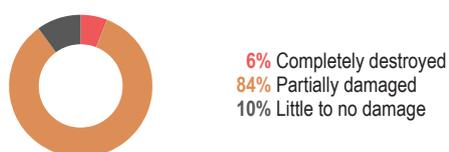
Traditional house (adobe/mudbrick)	71%	
Tent	18%	
Masonry building (blocks/bricks)	10%	

### HHs reporting the most common shelter occupancy arrangement:

#### Squatted with permission

**28%** of HHs reported that they had a written rental contract out of those renting their shelter (25% of HHs).

### % of HHs reporting damage to shelter, by severity of damage:



### Most commonly reported cause of damage to shelter in area:

#### Storm / wind

### Least owned basic NFI kit items, by % of HHs reporting having them:

Foldable mattress	1%	
Sanitary pads	3%	
Aquatabs	3%	

## ACCESS TO HEALTH SERVICES

**52%** of HHs reported that at least one member was ill in the 15 days prior to data collection.

### Most commonly reported illness by HH:<sup>6</sup>

#### Fever

### % of HHs reporting distance to closest health facility:



**18%** of HHs reported that one female member had given birth in the year prior to data collection.

### Most commonly reported location for women to give birth:

#### At NGO health facility

### Most commonly reported person attending to birth:

#### Skilled birth attendant

## ACCESS TO FOOD & AGRICULTURE

### Top 3 reported means of accessing food items:<sup>6</sup>

Food assistance from humanitarian organisations	91%	
Purchased in local markets	30%	
Food assistance from public authority	4%	

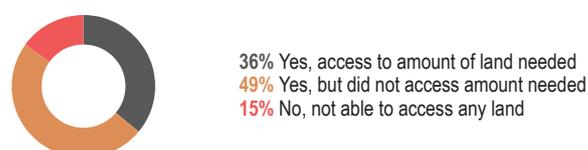
**34%** of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

### Most commonly reported barrier to accessing enough food:

#### Limited resources to buy food

**54%** of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

### % of HHs who were able to access land:



### Most commonly reported barrier to accessing land in area:

#### Insecurity / not safe to farm

### Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:<sup>6</sup>

Borrow money	48%	
Purchase food on credit	40%	
Sell household goods	24%	

## ACCESS TO LIVELIHOODS & RECOVERY

### Top 3 reported sources of income for HHs in the 30 days prior to data collection:<sup>6</sup>

No source of income	29%	
Agriculture	26%	
Small business	23%	

### Most commonly reported way of accessing physical cash in area:

#### Cash in hand

## ACCESS TO EDUCATION SERVICES

**61%** of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

**34%** of HHs had at least one child that had never attended formal school, at the time of data collection.

<sup>6</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: GWOZA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



63% No CFS in area  
34% NGO-run CFS  
1% Park  
2% Nursery  
0% No response/Don't know

Most commonly reported barrier to accessing education, if any:

**No barrier**

## ACCESS TO SAFETY AND SECURITY

4% of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

**Killing/Physical violence**

58% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

**Military-set curfew**

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



81% Yes  
19% No  
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:<sup>7</sup>



63% Yes  
37% No  
0% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:<sup>7</sup>



95% Yes  
5% No  
0% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:<sup>7</sup>



30% Yes  
69% No  
1% No response / Don't know

Most common reported type of humanitarian assistance received:

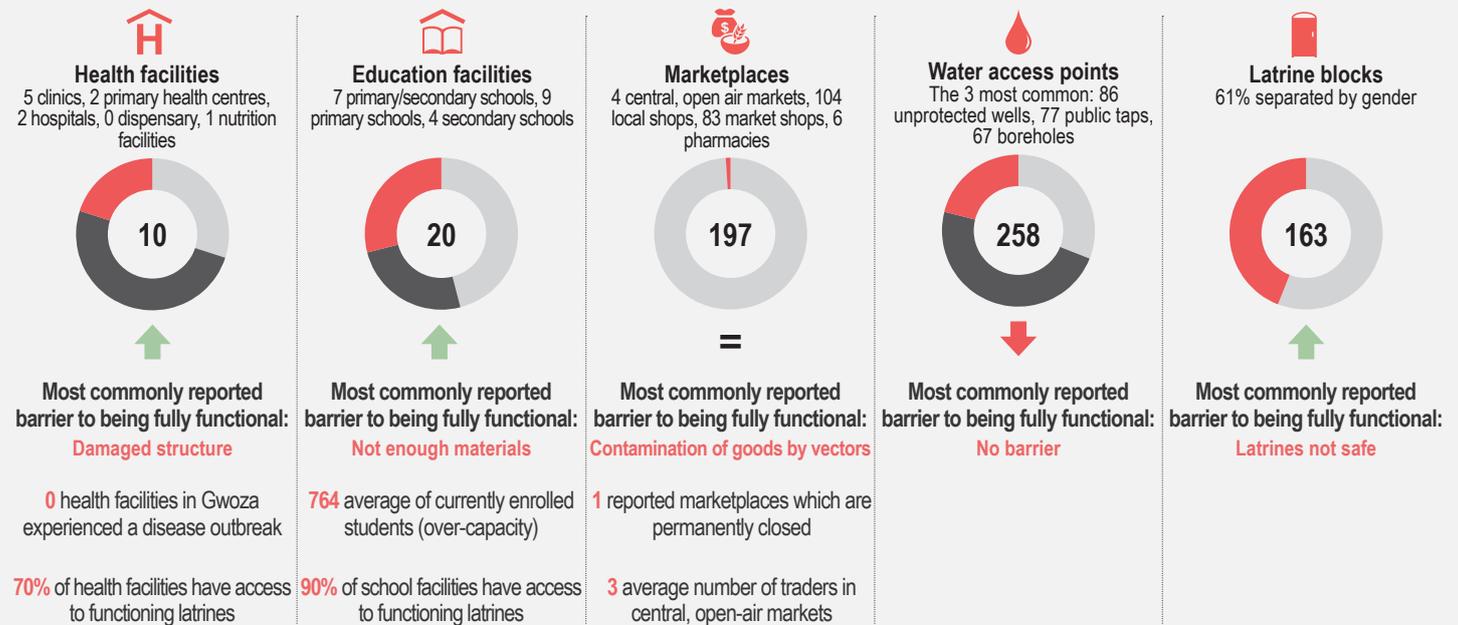
**Food assistance**

<sup>7</sup>This information refers to a subset of the population assessed and therefore results should be considered indicative only.

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## Infrastructure Mapping



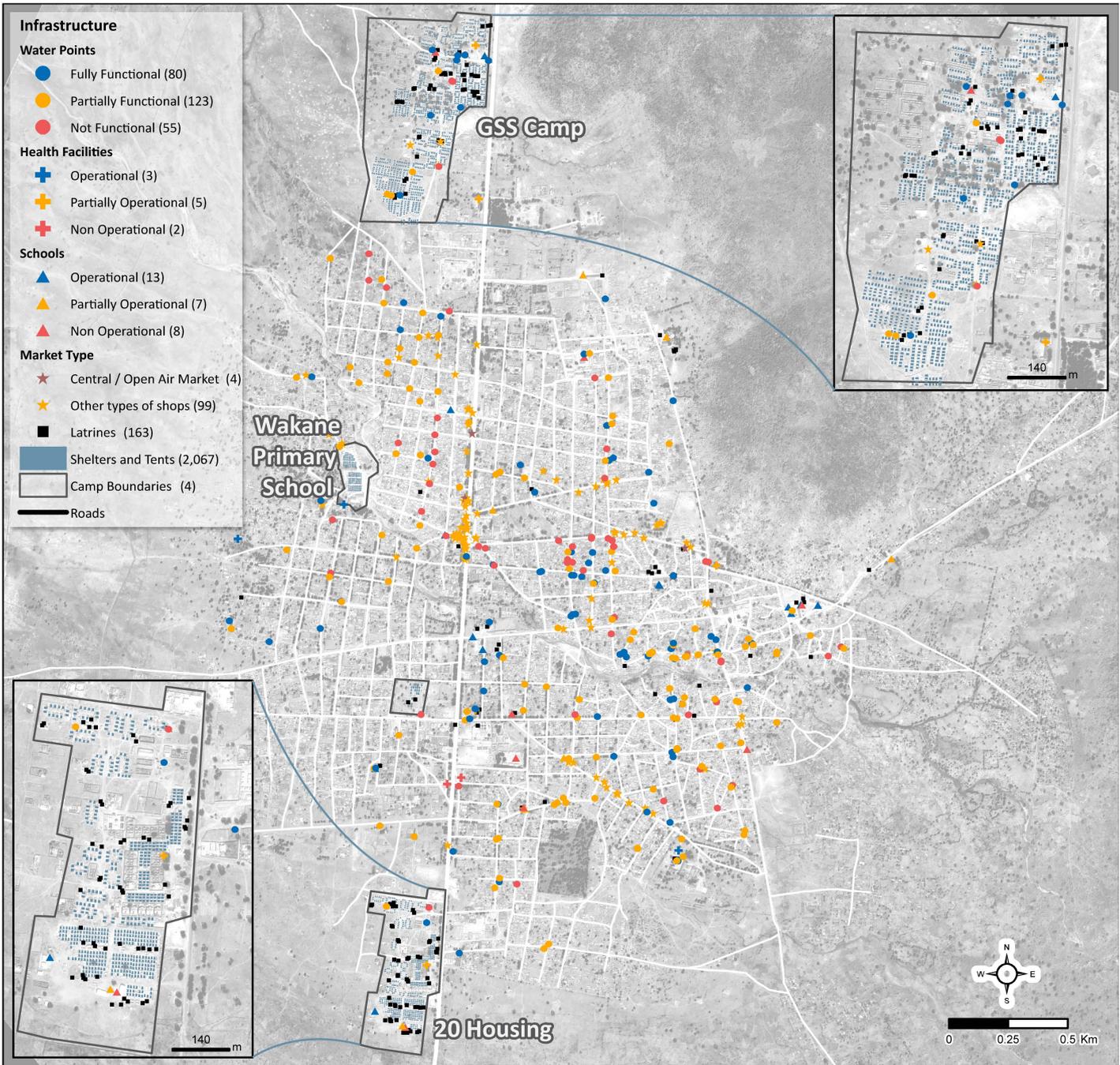
Infrastructure type functionality: ■ Functioning ■ Partially functioning<sup>8</sup> ■ Not functioning

Change in functionality since previous monitoring period: ↑ Functionality has improved = Functionality did not change ↓ Functionality has worsened

<sup>8</sup> "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: GWOZA TOWN

## Gwoza Settlement Infrastructure



## Who does What, Where?<sup>9</sup> - Gwoza town: 15 partners (-3 compared to previous monitoring period)



<sup>9</sup> OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)



# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

## Mafa Town, Mafa LGA, Borno State, Nigeria

October 2018

### Introduction

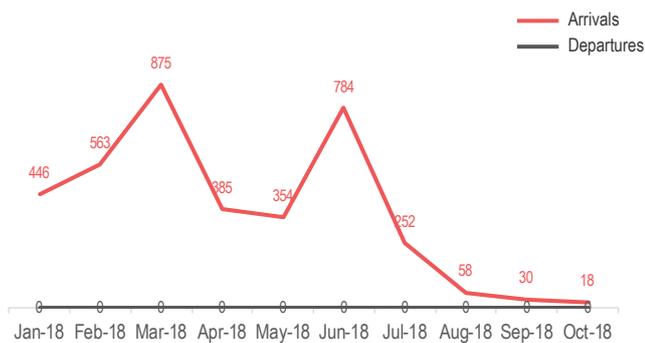
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.<sup>1</sup> Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).<sup>2</sup> The humanitarian response is challenged by information gaps including, but not limited to, a lack of clarity on the security environment in inaccessible areas outside of urban centres, clarity on the availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented by secondary data on displacement patterns. For the infrastructure mapping, data collection teams identified and recorded the GPS locations and main characteristics of water access points, latrine blocks, schools, marketplaces, and health facilities. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 5 October 2018. 167 HH surveys were conducted in accessible areas of Mafa LGA with a confidence level of 95% and a margin of error of 10%.

### Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 11,345<sup>3</sup>

### Displacement

Arrivals vs. departures in Mafa town in 2018:



3,765 IDPs arrived in Mafa town from 3 January to 26 June 2018, while 0 departed from the location.<sup>3</sup> This is a notable decrease as compared to the arrivals documented in the last quarter of the previous monitoring period.

### Access to Services

#### ACCESS TO WASH SERVICES

40% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

#### Top 3 reported sources of water used by HHs for their daily use:<sup>4</sup>

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	78%
	Public tap	32%
Unimproved water source	Water vendor / Mai moya	6%

29% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

#### Most commonly reported issue, if any, when collecting water:

##### Long waiting time at water point

8% of HHs reported that their main source of drinking water was of average or bad quality. The most commonly reported reason for average or bad quality water: **Water tastes bad.**

#### % of HHs reporting the frequency with which they treat their main source of HH water:



#### Most commonly reported water treatment method:

##### Water filter

67% of HHs reported not having soap in their current location.

#### % of HHs reporting access to latrine:



83% Yes, access to latrine  
14% No, open defecation in the bush  
2% No, open defecation in designated area  
1% No response/Don't know

Main type of latrine accessed by HH in LGA:  
**Traditional latrine (pit)**

#### Most commonly reported garbage disposal practice in community:

**Disposed at home, left in open area**

<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

<sup>2</sup> Local Government Areas constitute the 2<sup>nd</sup> administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

<sup>3</sup> IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

<sup>4</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MAFA TOWN

## ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

### Top 3 reported shelter types for HHs in the given area:

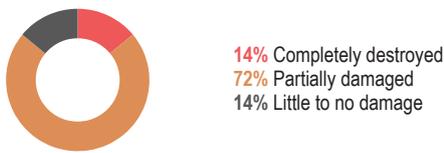
Traditional house (adobe/mudbrick)	52%	
Makeshift shelter	18%	
Masonry building (blocks/bricks)	16%	

### HHs reporting the most common shelter occupancy arrangement:

#### Owned / purchased

**32%** of HHs reported that they had a written rental contract out of those renting their shelter (18% of HHs).

### % of HHs reporting damage to shelter, by severity of damage:



### Most common reported cause of damage to shelter in area:

#### Bullet holes / conflict

### Least owned basic NFI kit items, by % of HHs reporting having them:

Sanitary pads	8%	
School textbooks	8%	
Aquatabs	9%	

## ACCESS TO HEALTH SERVICES

**12%** of HHs reported that at least one member was ill in the 15 days prior to data collection.

### Most commonly reported illness by HH:<sup>5</sup>

#### Fever

### % of HHs reporting distance to closest health facility:



**11%** of HHs reported that one female member had given birth in the year prior to data collection.

### Most common reported location for women to give birth:

#### At home

### Most common reported person attending to birth:

#### Traditional birth attendant

## ACCESS TO FOOD & AGRICULTURE

### Top 3 reported means of accessing food items:<sup>5</sup>

Purchased in local markets	70%	
Food assistance from humanitarian organisations	47%	
Own agriculture / cultivation	18%	

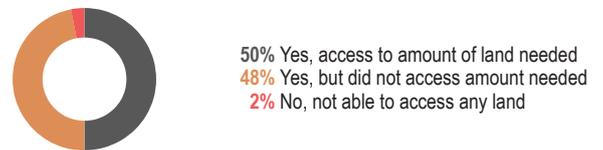
**62%** of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

### Most common reported barrier to accessing enough food:

#### Limited resources to buy food

**58%** of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

### % of HHs who were able to access land:



### Most common reported barrier to accessing land in area:

#### Land taken by someone else

### Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:<sup>5</sup>

Purchase food on credit	63%	
Borrow money	49%	
Depend on external assistance	48%	

## ACCESS TO LIVELIHOODS & RECOVERY

### Top 3 reported sources of income for HHs in the 30 days prior to data collection<sup>5</sup>

Agriculture	49%	
Casual wage labour	22%	
Remittance	13%	

### Most commonly reported way of accessing physical cash in area:

#### Cash in hand

## ACCESS TO EDUCATION SERVICES

**61%** of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

**55%** of HHs had at least one child that had never attended formal school, at the time of data collection.

<sup>5</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MAFA TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



74% No CFS in area  
25% NGO-run CFS  
0% Park  
0% Nursery  
1% No response/Don't know

Most commonly reported barrier to accessing education, if any:

No barrier

## ACCESS TO SAFETY AND SECURITY

N/A of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

N/A

29% of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

Military-set curfew

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



75% Yes  
25% No  
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:<sup>6</sup>



89% Yes  
9% No  
2% No response / Don't know

% of HHs who reported that they were treated with respect by aid workers:<sup>6</sup>



98% Yes  
1% No  
1% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:<sup>6</sup>



21% Yes  
65% No  
14% No response / Don't know

Most common reported type of humanitarian assistance received:

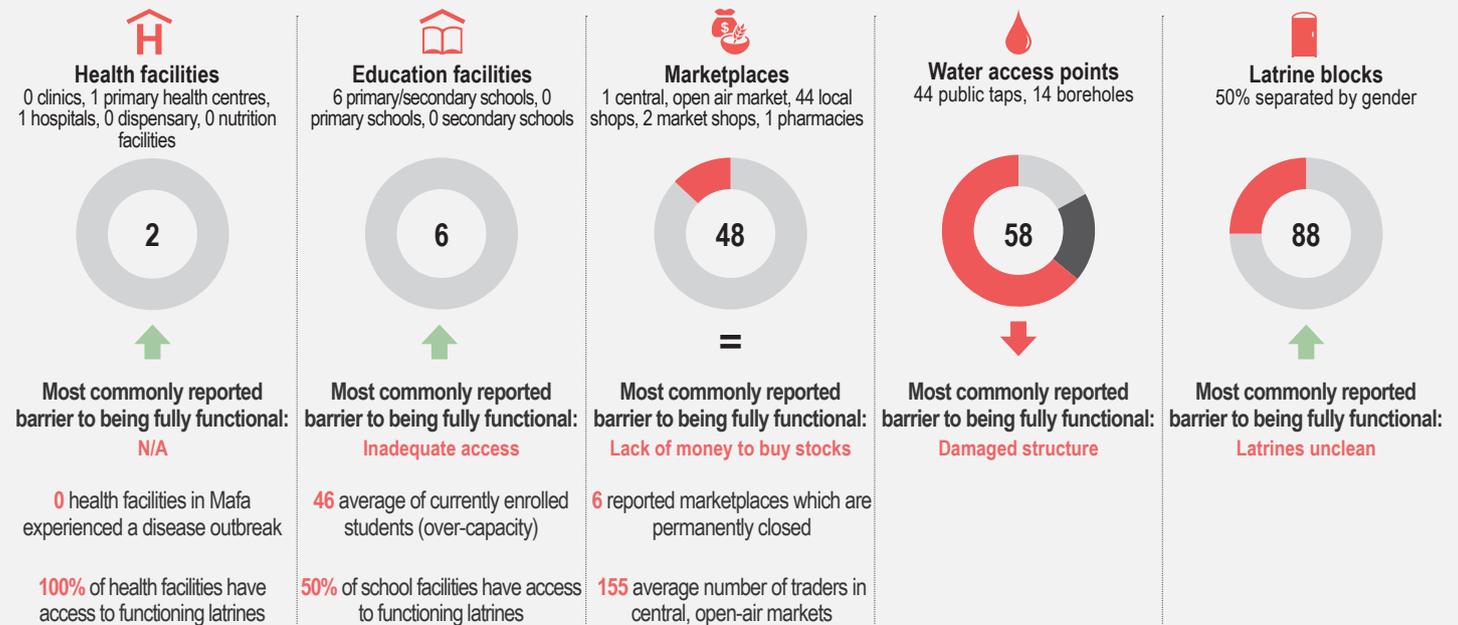
Food assistance

<sup>6</sup>This information refers to a subset of the population assessed and therefore results should be considered indicative only.

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## Infrastructure Mapping



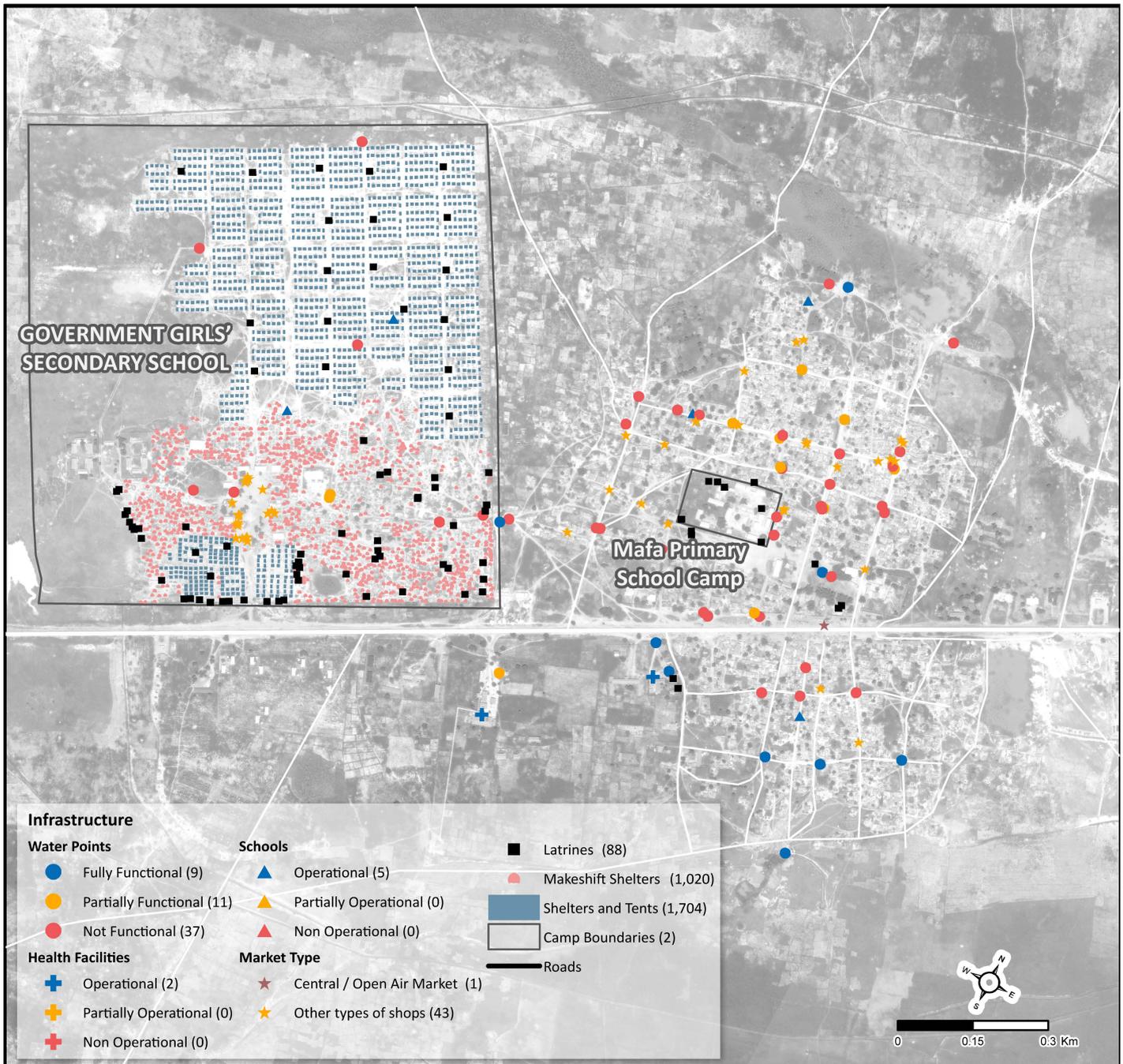
Infrastructure type functionality: ■ Functioning ■ Partially functioning<sup>7</sup> ■ Not functioning

Change in functionality since previous monitoring period: ↑ Functionality has improved = Functionality did not change ↓ Functionality has worsened

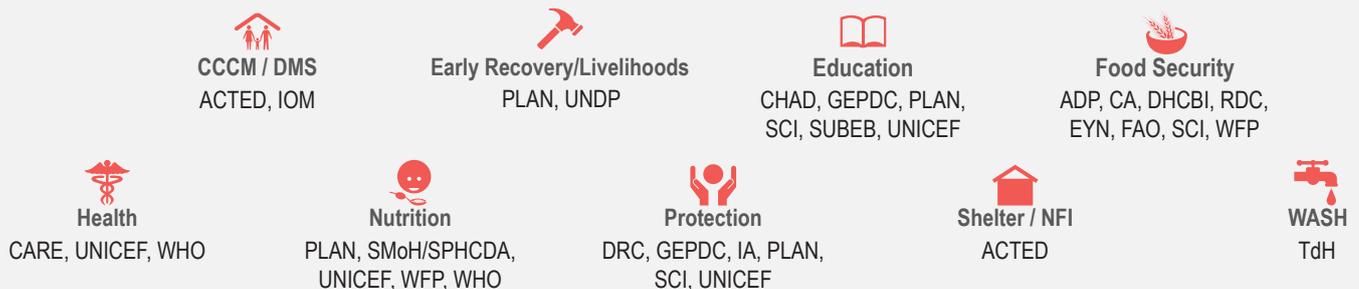
<sup>7</sup> "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MAFA TOWN

## Mafa Settlement Infrastructure



## Who does What, Where?<sup>8</sup> - Mafa town: 23 partners (+4 compared to previous monitoring period)



<sup>8</sup> OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)



# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Monguno Town, Monguno LGA, Borno State, Nigeria October 2018

## Introduction

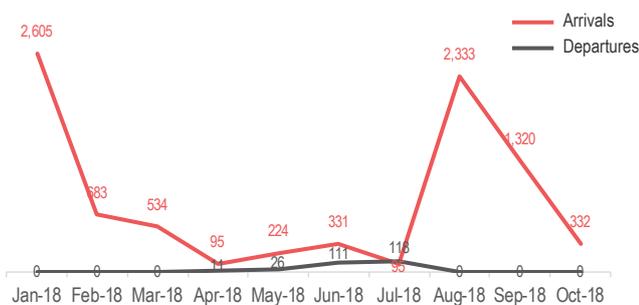
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.<sup>1</sup> Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).<sup>2</sup> The humanitarian response is challenged by information gaps including, but not limited to, a lack of clarity on the security environment in inaccessible areas outside of urban centres, clarity on the availability of services and persons' access to services and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management. This factsheet presents evidence-based data on household (HH) needs and access to basic services in the surveyed towns, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented by secondary data on displacement patterns. For the infrastructure mapping, data collection teams identified and recorded the GPS locations and main characteristics of water access points, latrine blocks, schools, marketplaces, and health facilities. HH survey data was collected between 25 June and 6 August 2018, while infrastructure mapping data was collected between 2 and 6 October 2018. 163 HH surveys were conducted in accessible areas of Monguno LGA with a confidence level of 95% and a margin of error of 10%.

## Population

NUMBER OF INTERNALLY DISPLACED PERSONS (IDPs): 124,196<sup>3</sup>

## Displacement

Arrivals vs. departures in Monguno town in 2018:



8,552 IDPs arrived in Monguno town from 3 January to 26 June 2018, while 266 departed from the location.<sup>3</sup> This is a notable increase as compared to the last quarter of the previous monitoring period.

Of the 32 IDP HHs assessed, 50% reported that a lack of food was their top push factor to leave their current location, followed by a lack of security (25%) and a lack of health services (25%). The top 3 reported pull factors in choosing a future location were: access to food (75%), access to security (50%), and presence of health services (50%).<sup>4</sup>

<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

<sup>2</sup> Local Government Areas constitute the 2<sup>nd</sup> administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and two LGAs remained inaccessible (OCHA, April 2018).

<sup>3</sup> IOM Displacement Tracking Matrix (DTM, April 2018), [Round XXIII dataset of baseline assessment](#).

<sup>4</sup> This question refers to a subset of the population surveyed. Results should be considered indicative only.

## Access to Services

### ACCESS TO WASH SERVICES

28% of HHs reported not having enough water to meet their basic needs in the 30 days prior to data collection.

Top 3 reported sources of water used by HHs for their daily use:<sup>5</sup>

Water source type	Water source	Percentage
Improved water source	Borehole / tubewell	84%
	Public tap	37%
N/A	N/A	N/A

18% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

Most commonly reported issue, if any, when collecting water:

Long waiting time at water point

13% of HHs reported that their main source of drinking water was of average or bad quality. The most commonly reported reason for average or bad quality water: **Water tastes bad.**

% of HHs reporting the frequency with which they treat their main source of HH water:

Yes, always	0%
Yes, sometimes	15%
No, water is clean	85%
No, treatment not available	0%
Other / No response	0%

Most commonly reported water treatment method:

Aquatab / chlorination

62% of HHs reported not having soap in their current location.

% of HHs reporting access to latrine:



80% Yes, access to latrine  
13% No, open defecation in the bush  
7% No, open defecation in designated area  
0% No response/Don't know

Main type of latrine accessed by HH in LGA:  
**Public latrine (block)**

Most commonly reported garbage disposal practice in community:

Dedicated site, burned

<sup>5</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MONGUNO TOWN

## ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

### Top 3 reported shelter types for HHs in the given area:

Makeshift shelter	66%	
Traditional house (adobe/mudbrick)	12%	
Tent	12%	

### HHs reporting the most common shelter occupancy arrangement:

#### Owned / purchased

**7%** of HHs reported that they had a written rental contract out of those renting their shelter (1% of HHs).

### % of HHs reporting damage to shelter, by severity of damage:

N/A Completely destroyed  
N/A Partially damaged  
N/A Little to no damage

### Most commonly reported cause of damage to shelter in area:

#### Storm / wind

### Least owned basic NFI kit items, by % of HHs reporting having them:

Sanitary pads / Foldable mattress	0%
10L bucket / Aquatabs	0%
School bags / School notebooks	0%

## ACCESS TO HEALTH SERVICES

**25%** of HHs reported that at least one member was ill in the 15 days prior to data collection.

### Most commonly reported illness by HH:<sup>6</sup>

#### Fever

### % of HHs reporting distance to closest health facility:



100% Less than 2 km  
0% Within 2-5 km  
0% More than 5 km  
0% No response/Don't know

**16%** of HHs reported that one female member had given birth in the year prior to data collection.

### Most commonly reported location for women to give birth:

#### At NGO health facility

### Most commonly reported person attending to birth:

#### Skilled birth attendant

## ACCESS TO FOOD & AGRICULTURE

### Top 3 reported means of accessing food items:<sup>6</sup>

Purchased in local markets	63%	
Food assistance from humanitarian organisations	37%	
Own agriculture / cultivation	12%	

**44%** of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

### Most commonly reported barrier to accessing enough food:

#### Food prices are unusually high

**53%** of HHs reported needing to access land to grow crops or graze livestock in the 3 months prior to data collection.

### % of HHs who were able to access land:



47% Yes, access to amount of land needed  
48% Yes, but did not access amount needed  
5% No, not able to access any land

### Most commonly reported barrier to accessing land in area:

#### Land taken by someone else

### Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection:<sup>6</sup>

Purchase food on credit	85%	
Borrow money	28%	
Spend savings	13%	

## ACCESS TO LIVELIHOODS & RECOVERY

### Top 3 reported sources of income for HHs in the 30 days prior to data collection:<sup>6</sup>

Agriculture	68%	
Casual wage labour	43%	
Small business	28%	

### Most commonly reported way of accessing physical cash in area:

#### Cash in hand

## ACCESS TO EDUCATION SERVICES

**47%** of HHs had at least one child who was not attending any formal or informal school, at the time of data collection.

**41%** of HHs had at least one child that had never attended formal school, at the time of data collection.

<sup>6</sup> Respondents could choose several answers

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MONGUNO TOWN

% of HHs reporting presence of a child-friendly space (CFS) in the area:



54% No CFS in area  
40% NGO-run CFS  
0% Park  
6% Nursery  
0% No response/Don't know

Most commonly reported barrier to accessing education, if any:

**No barrier**

## ACCESS TO SAFETY AND SECURITY

**9%** of HHs reported experiencing a security incident in the three months prior to data collection.

Most commonly reported type of security incident:

**Abduction**

**14%** of HHs reported experiencing movement restrictions in the area in the two months prior to data collection.

Most commonly reported type of movement restriction:

**Military-set curfew**

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who received assistance in the past three months:



55% Yes  
45% No  
0% No response / Don't know

% of HHs who reported that the assistance received was appropriate to their needs:<sup>7</sup>



% of HHs who reported that they were treated with respect by aid workers:<sup>7</sup>



94% Yes  
1% No  
5% No response / Don't know

% of HHs who reported that they were asked for feedback on the aid delivered:<sup>7</sup>



Most common reported type of humanitarian assistance received:

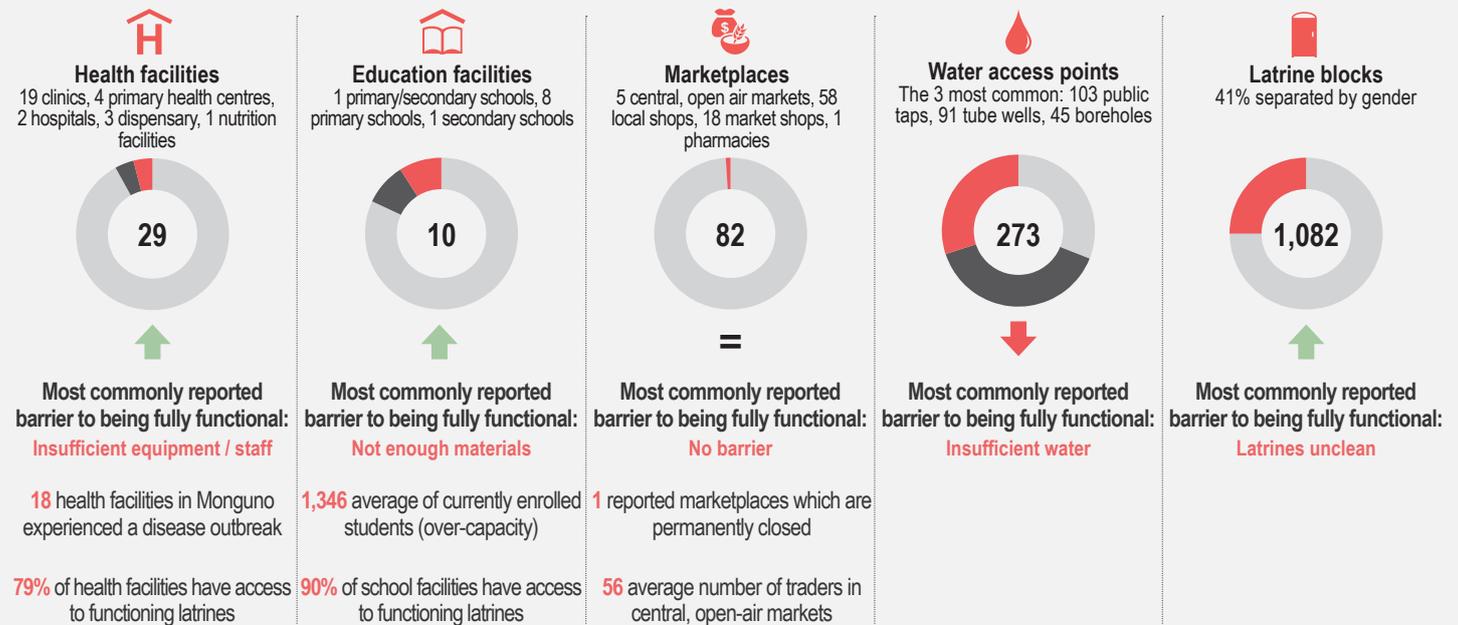
**Food assistance**

<sup>7</sup>This information refers to a subset of the population assessed and therefore results should be considered indicative only.

### About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: [reach.nigeria@reach-initiative.org](mailto:reach.nigeria@reach-initiative.org). Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us on Twitter: [@REACH\\_info](https://twitter.com/REACH_info) and Facebook: [www.facebook.com/IMPACT.init](https://www.facebook.com/IMPACT.init)

## Infrastructure Mapping



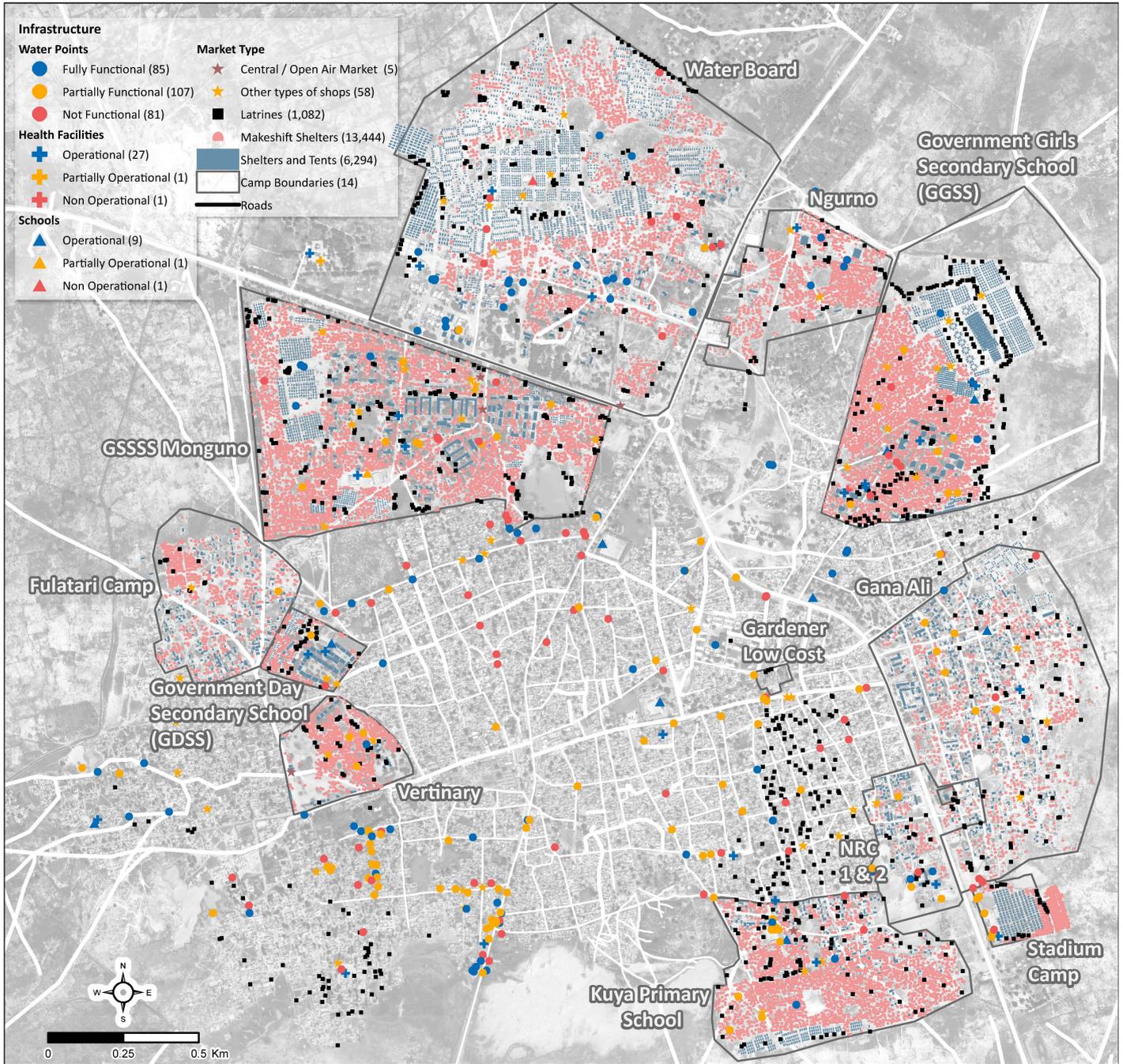
Infrastructure type functionality: Functioning Partially functioning<sup>8</sup> Not functioning

Change in functionality since previous monitoring period: Functionality has improved Functionality did not change Functionality has worsened

<sup>8</sup> "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.

# LOCAL GOVERNMENT AREA SETTLEMENT PROFILING: MONGUNO TOWN

## Monguno Settlement Infrastructure



## Who does What, Where?<sup>9</sup> - Monguno town: 17 partners (-3 compared to previous monitoring period)



<sup>9</sup> OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)