



LOCAL GOVERNMENT AREA SETTLEMENT PROFILING

Damboia Town, Damboa LGA, Borno State, Nigeria

October 2018

Introduction

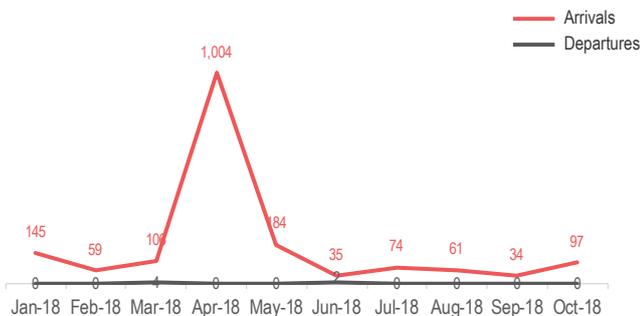
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.¹ Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).² The humanitarian response 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): 88,186³

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.³ 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%).⁴

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

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

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

⁴ 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:⁵

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

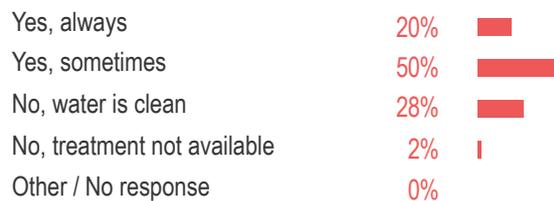
21% of HHs reported that they needed more than 30 minutes (including traveling and queuing) to collect water for their daily needs.

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

⁵ Respondents could choose several answers

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ACCESS TO SHELTER AND NON-FOOD ITEMS (NFIs)

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

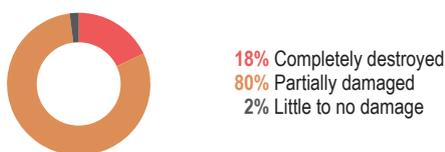
Traditional house (adobe/mudbrick)	53%	
Masonry building (blocks/bricks)	23%	
Makeshift shelter	10%	

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:⁶

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:⁶

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

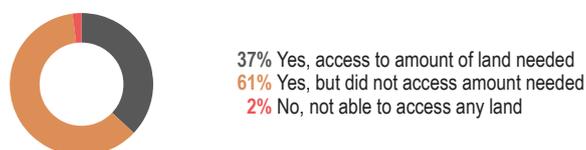
34% of HHs reported that they did not have physical access to a marketplace in the two weeks prior to data collection.

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:⁶

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:⁶

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.

⁶ Respondents could choose several answers

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% 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:⁷



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

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



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

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



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

Most common reported type of humanitarian assistance received:

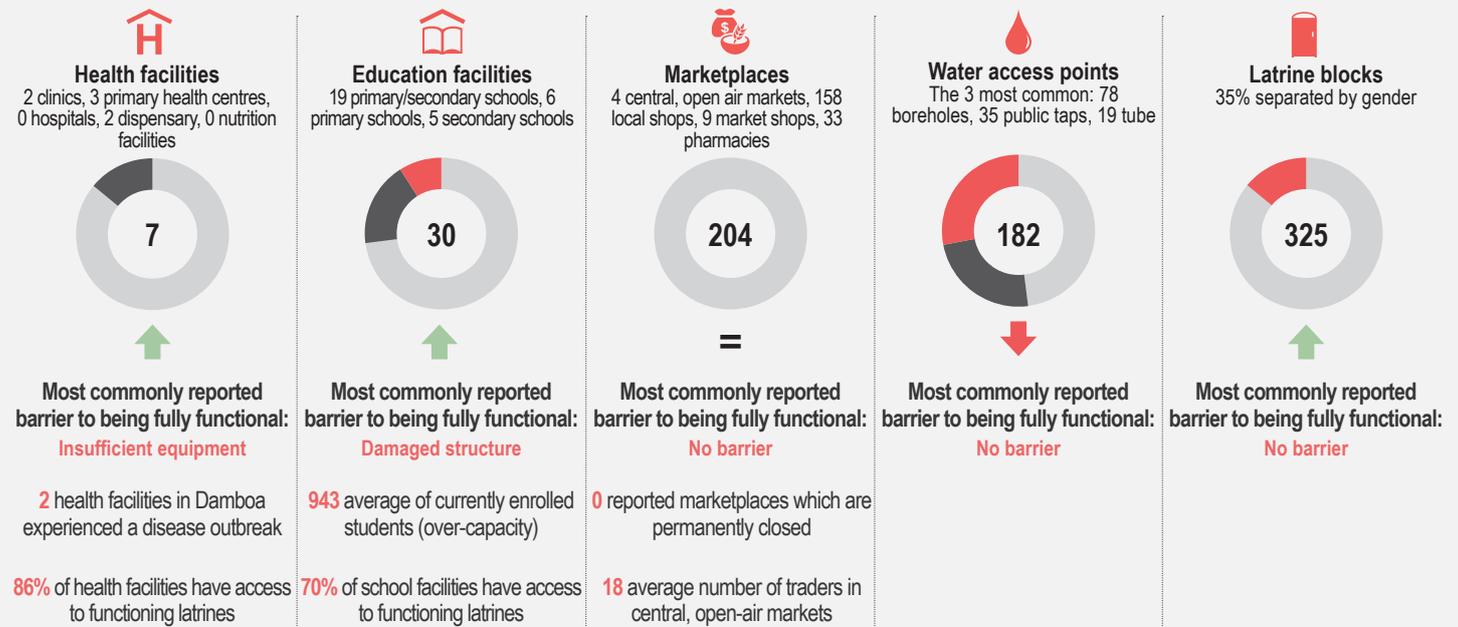
Food assistance

⁷This 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. Visit www.reach-initiative.org and follow us on Twitter: [@REACH_info](https://twitter.com/REACH_info) and Facebook: www.facebook.com/IMPACT.init

Infrastructure Mapping



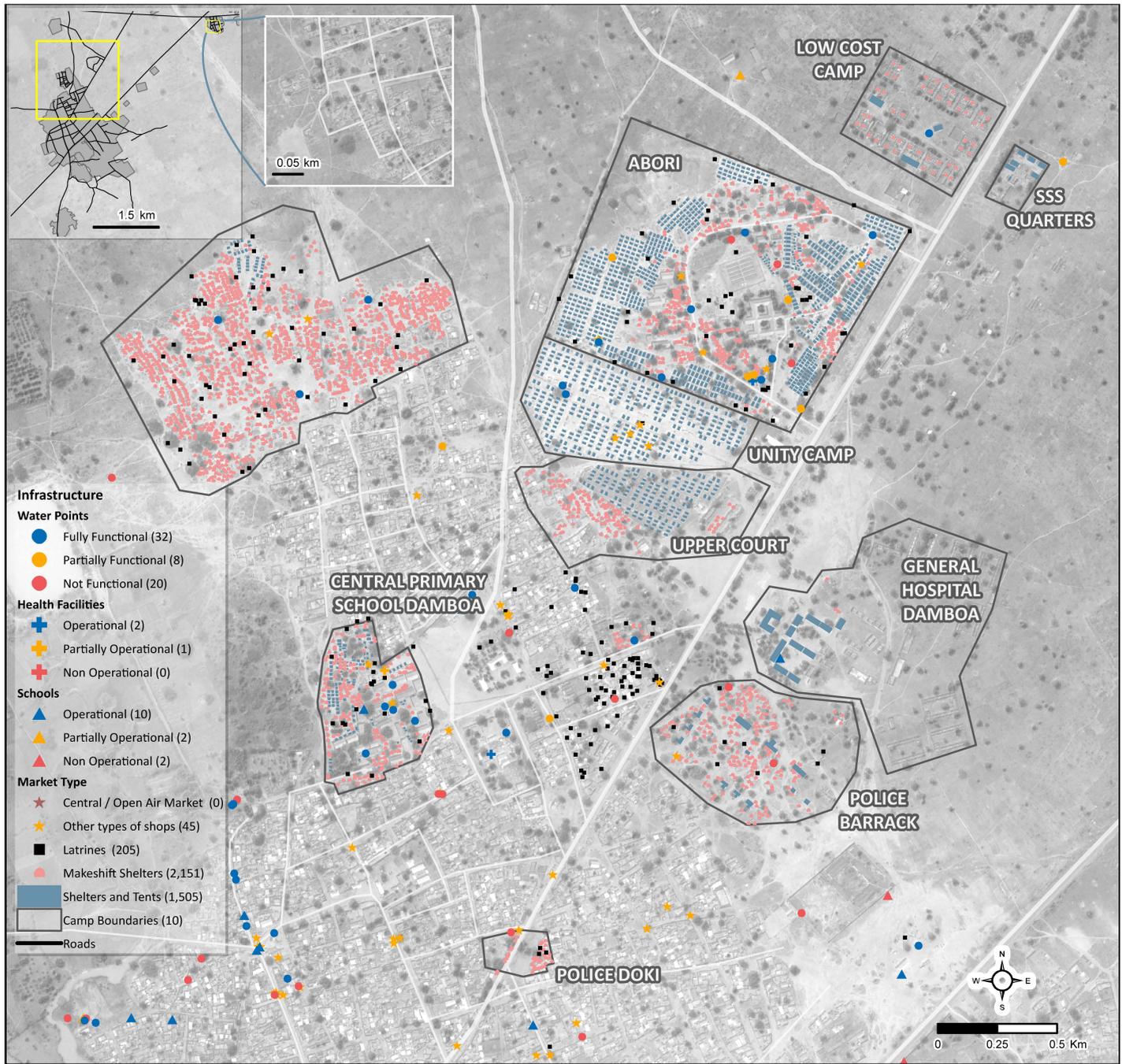
Infrastructure type functionality: ■ Functioning ■ Partially functioning⁸ ■ Not functioning

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

⁸ "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.

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Damboa Settlement Infrastructure - Zone 1



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



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

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Damboa Settlement Infrastructure - Zone 2

