



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.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 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): 124,196³

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.³ 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%).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

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:⁵

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

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:

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:⁶

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:⁶

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:⁶

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:⁶

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.

⁶ Respondents could choose several answers

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% 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:⁷



89% Yes
11% No
0% No response / Don't know

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



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

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



52% Yes
48% No
0% No response / Don't know

Most common reported type of humanitarian assistance received:

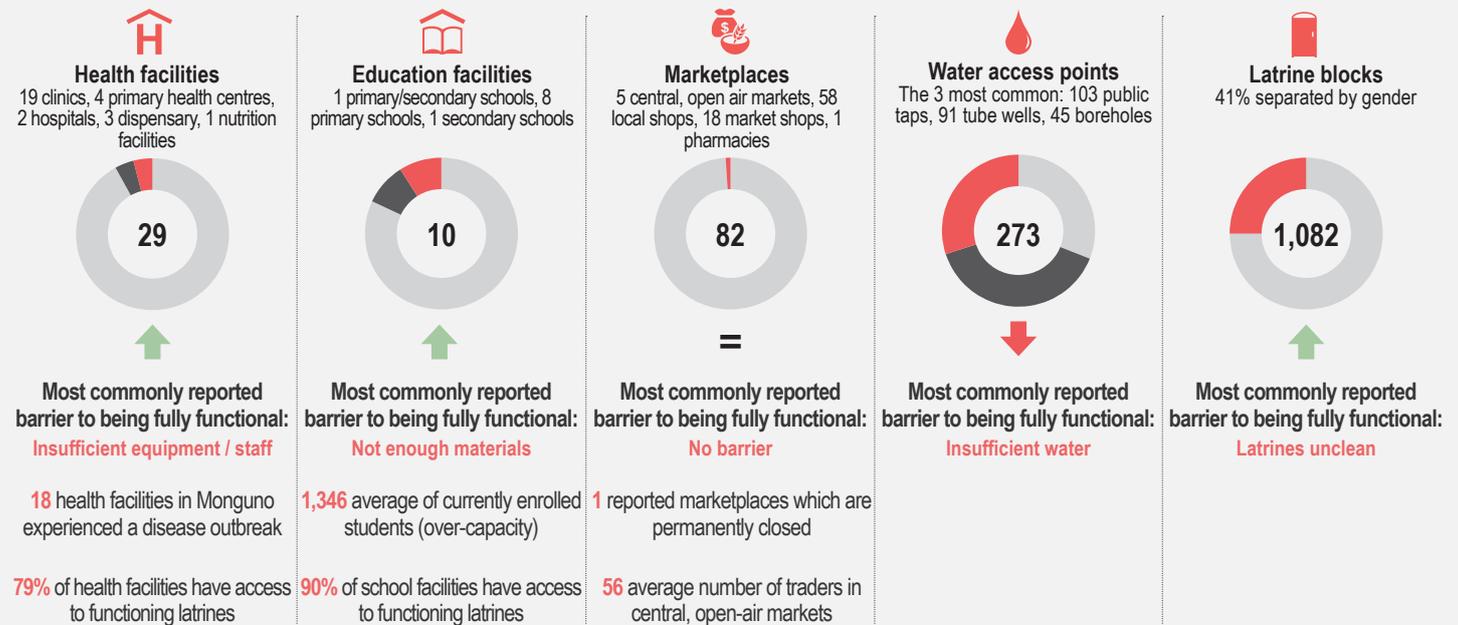
Food assistance

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



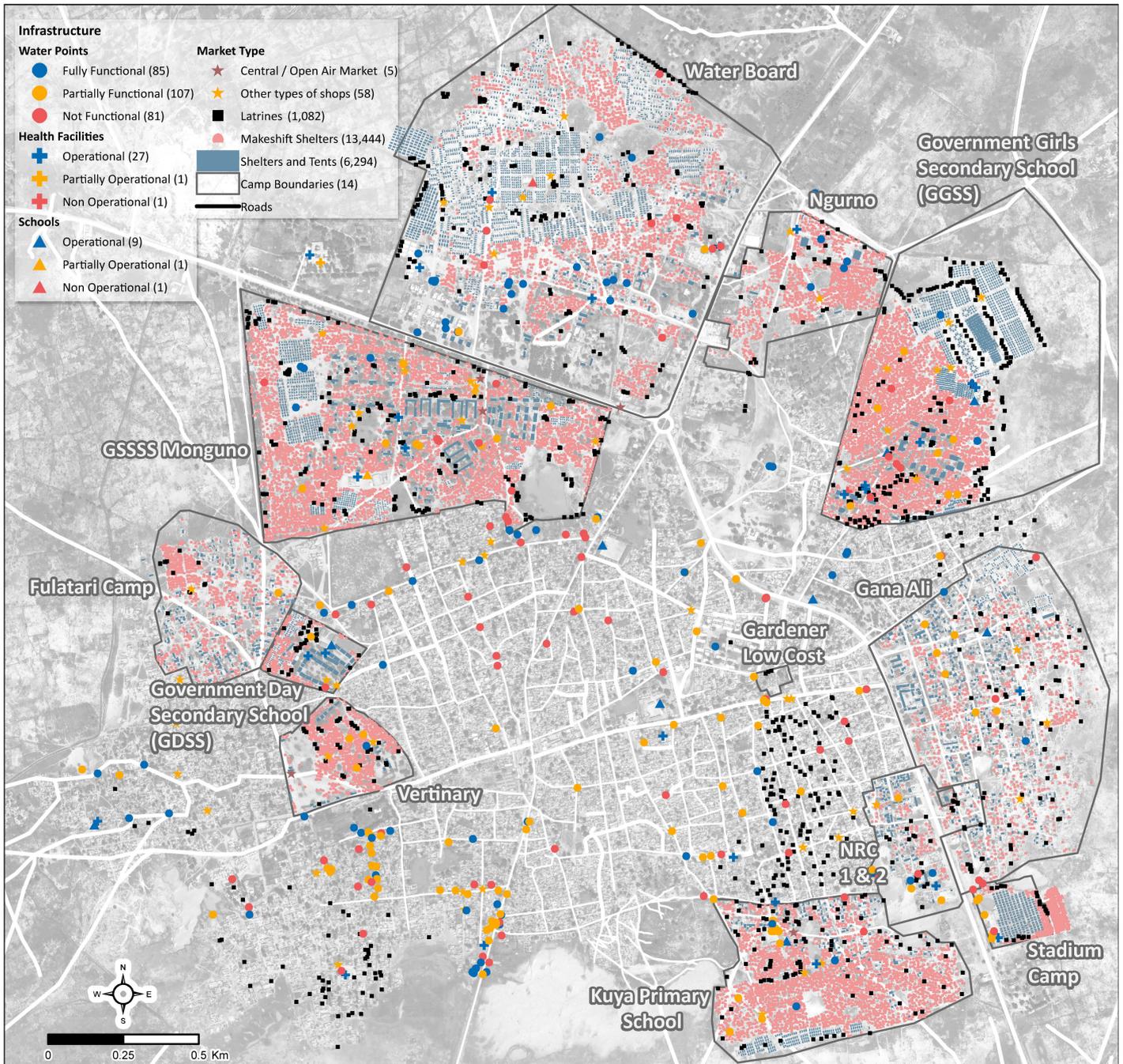
Infrastructure type functionality: ■ Functioning ■ Partially functioning⁸ ■ Not functioning

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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Monguno Settlement Infrastructure



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



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