RAPID NEEDS ASSESSMENT
DAMBOA Local Government Area (LGA)
BORNO STATE
Nigeria

JULY 2016
Overview

Summary

The purpose of this rapid assessment was to establish the severity, scale and range of humanitarian needs in Damboa LGA and use the findings to inform programmatic responses. Damboa LGA was targeted for assessment following verbal reports from Nigerian local authorities and the International Committee for the Red Cross (ICRC) in early 2016 that large numbers of internally displaced persons (IDPs) located in Damboa and Sabon Gari towns without government or humanitarian agency assistance.

The assessment was conducted in late July 2016 in two main locations: Damboa town, approximately 90km south west of Borno’s state capital, Maiduguri; and Sabon Gari, a settlement on the road roughly halfway between Damboa and Biu, the main town of southern Borno (see map). Smaller towns and villages in outlying parts of the LGA were not visited because most rural areas were substantially depopulated as a result of insurgent attacks and/or Nigerian Armed Forces operations, and they are not yet accessible for security reasons.

Overall, the humanitarian needs in Damboa and Sabon Gari are immense. IDPs located in informal settlements (referred to as “camps”), as well as those in host community areas both require immediate assistance. While IDPs in Sabon Gari and the larger camps in Damboa have received some emergency food, shelter, non-food item (NFI) assistance and primary health care (including treatment of malnutrition), there are significant unmet needs in every sector. Unlike other nearby towns like Biu and Gombe with large host populations, the overwhelming majority of households in Damboa and Sabon Gari are IDPs. Even the small percentage of host community households present have only recently returned from displacement elsewhere, chiefly Maiduguri. Thus, nearly the entire population requires assistance, which makes the situation challenging for agencies to target limited resources to the most vulnerable.
The overwhelming priority is food assistance paired with treatment of malnutrition, as 97% of respondents reported that they could not afford to buy food in the last four weeks. This is followed by the need for a wide range of NFI's (i.e. clothing, bedding and hygiene consumables), water sanitation hygiene (WASH) interventions and shelter repairs or expansion. There are also significant protection risks, notably for the large number of women-headed households and separated or unaccompanied children.

**Background**

Waves of insurgency by Boko Haram started in Damboa LGA as long ago as 2012. Damboa town was taken over for some weeks by Boko Haram insurgents in July 2014, accompanied by the killing of large numbers of men, women and children, as well as destruction of public buildings, banks, shops and residential houses. Most of the town’s approximately 300,000 residents fled to safer nearby towns including Maiduguri, Biu and Gombe, where large numbers of them continue to reside. The town was retaken in August 2014 by the Nigerian Armed Forces with the Joint Civilian Tasks Forces (JCT), but it was not accessible because the surrounding rural areas were considered insecure. Since then, tens of thousands of IDPs from surrounding rural villages in Damboa LGA as well as large numbers from Chibok, Askira Uba, Konduga and Gulani LGAs moved for safety to the town.

**Damboa**

Reliable figures for the number of IDPs in camps and host community areas of Damboa are currently unavailable, with sources differing significantly. Estimates from the government primary health care facilities indicate a total population of 129,375 individual IDPs, of which 56,986 are in camps and 72,389 in host community areas. However, Displacement Tracking Matrix estimations from the International Organization for Migration (IOM) suggest much lower figures, while key informants from the LGA authorities in Damboa indicate that there are closer to 15,000 individuals in camps and up to 40,000 with host communities, making a total of approximately 55,000 IDPs. While concrete numbers will not be available until large scale registration exercises take place, it is certain that several tens of thousands of IDPs are present in Damboa town, with the majority living outside of the camps.

While Damboa’s IDPs in camps have received some assistance in the form of food, WASH, temporary shelter, medical and non-food item assistance, those staying in the host community areas have received very limited attention. Only a small proportion of them appear to have accessed the camps to benefit from distributions. The majority of IDPs reside in self-built, improvised shelters in host community areas or have taken over public buildings and empty houses, while a minority are being hosted by relatives from the town itself.

**Sabon Gari**

A much smaller settlement than Damboa, Sabon Gari has approximately 18,560 IDPs, made up almost entirely from 56 villages in the surrounding area. Most of the original inhabitants from
Sabon Gari have yet to return and are living in Biu, Maiduguri or further afield. There are no formal camps in the town: 1,640 households are living in tents, while others have taken over vacant houses or plots, with or without the formal permission of the original owners.

Sabon Gari was abandoned almost completely in mid-2014 following an attack by insurgents which forced its inhabitants to flee en masse. While some households returned to Sabon Gari after the Nigerian military retook the area in August 2014, the town suffered another attack when a bomb went off in the market in August 2015, which resulted in loss of lives and many injuries. As a result, the military placed a ban on the weekly market to discourage people converging in large numbers and reduce the risk of further attacks.

IDPs came to Sabon Gari in several waves of displacement starting in late 2013, with the most recent arrivals coming in early 2016 following instructions to vacate their villages by the Nigerian army for their own safety, either due to the high risk of insurgent attack or because of the army’s wish to ‘clear’ areas and deny Boko Haram the option of seeking refuge or resupply in these settlements. Most IDPs report their villages were subsequently looted and destroyed and have no short-term intention of returning.

**Assessment Methodology**

The needs assessment used a combination of 18 focus group discussions (FGD) with women, men and mixed groups of both, as well as household surveys with 46 individuals and key informant interviews with 33 stakeholders. Quantitative findings were calculated and analyzed to inform this report. In total, Mercy Corps interacted with over 500 conflict-affected IDPs and host community members, including those in camps and host community areas. In addition, the team members implemented transect walks and direct observation exercises of populated areas, focusing on water and sanitation infrastructure, IDP and host community shelters, health facilities and market areas.

The assessment team consisted of seven national staff (men and women) with previous assessment experience, several of them from south Borno, including two staff with protection backgrounds, a Nutrition Program Officer and a WASH Program Officer. In addition, two male expatriate staff accompanied the field assessment at various stages, including a WASH Senior Technical Advisor and Regional Humanitarian Advisor.

Secondary information was also collected before and in-between field visits from other agencies operating in the area, notably the LGA primary health care facilities, the International Committee of the Red Cross (ICRC) and Médecins Sans Frontières-Holland (MSF-H). In parallel to collecting program-related information, Mercy Corps’ Regional Security Advisor also accompanied the team to interview a wide range of stakeholders to understand the security situation and gauge accessibility, risks, potential mitigation strategies, communication means and logistical requirements.
Main Findings

The population of both Damboa and Sabon Gari are in clear, urgent need of a full spectrum of humanitarian and recovery assistance. Only ICRC and state level primary health care services supported remotely by UNICEF are operational in both locations, with MSF-H in Damboa. Approximately 53% of respondents received one time, one off humanitarian assistance, namely food assistance. The local government authorities are not present and continue to be based in Maiduguri, although they were said to be returning imminently. Both IDP and host community households have similar levels of unmet humanitarian needs. Large numbers of women-headed households and separated children are present in both locations. Access to assistance both inside and outside camps appears to be strongly influenced by male IDP community leaders, particularly those from places of origin within Damboa LGA itself, who are better connected and have more numerous constituents.

Humanitarian prioritized needs identified by IDPs and host community members include:

- **Food:** 100% of those interviewed indicated that food was their number one priority; 97% of the respondent reported that they could not afford to buy food in the last four weeks and 72% reported that they spent days without eating food in the last four weeks. They are consuming meals less frequently than normal (i.e. one to two times per day, frequently going entire days without food) with a very limited range of food types. In-kind food was distributed in both locations, but a limited proportion of IDPs benefitted, and all those interviewed say the food distributed was already consumed.

- **Livelihoods:** Encouragingly, income generation was consistently cited by most individuals and FGDs, including women, as their second priority after food. Many IDPs are desperate to start earning income and support themselves, but have no means to start up livelihood activities. Most households are currently heavily reliant on earning money through daily labor on surrounding farms (which pays 300 Naira or less than $1/day), selling firewood or water or begging. Also, 84% of respondents are in debt and 100% stated they used this money to buy food. 63% of respondents relied on livelihoods in their place of origin and 57% of the respondents stated they are confident they can recover their livelihoods in case of return.

- **Basic household items:** 87% of the respondents were displaced with no assets at all and more than 93% of respondents do not have NFIs. IDP households lack a wide range of basic NFIs, particularly bedding, clothing and hygiene supplies. While previous distributions provided 1 These and other figures need further validation.
jerry cans, some items for cooking, mats and bed nets, most households lack basic items. Hygiene consumables, notably soap and detergent and sanitary pads are universally absent and urgently needed.

- **Shelter:** Shelters occupied by IDPs included 19% in houses and 26% in abandoned buildings, as well as 35% in improvised shelters built on public land using tin sheeting, sticks and mud or open air. In almost all cases, shelters are overcrowded and unfinished, with 50% families living on only 2-4 sqm with inadequate weather proofing. During the current rainy season that includes frequent heavy downpours, IDPs complain of roof leaks and seeps in at ground level.

**Observed critical sectors of need:**

- **Nutrition:** There are alarmingly high levels of severe acute malnutrition (SAM) in both locations. Initial assessments indicated SAM rates of 10-12% in Damboa, while in Sabon Gari, SAM rates were calculated at over 15% for children under-5 years with MAM at 30%. Subsequent nutrition and food interventions by ICRC and MSF-H reduced these emergency levels, though countless children display undernourishment (i.e rust-colored hair, wasting, listless and unengaged behavior). Mercy Corps observed several obvious cases of SAM requiring immediate referral and treatment. Even though international organizations are working to stabilize the situation, there is a clear need for blanket feeding of all IDPs to address widespread MAM and mitigate SAM.

- **Water supply / sanitation and hygiene:** 37.5% of respondents combine protected and unprotected sources of water when they are far from water sources or when they cannot afford to buy water. They also use shallow unprotected wells or water from the river during the rainy season; 9.38% use private water sources, usually unprotected shallow wells; and only 3.13% use hand pumps because 98% of them are dysfunctional. Water trucking is only accessible in some wards of Damboa and water is supplied to a communal tank by ICRC. In Sabon Gari, there were some recently repaired wells with solar pumps that provide drinking water to many households, supplemented by water from hand dug wells. Nevertheless, the supplied water is neither treated nor sufficient in quantity and 45% of the respondent households have reported diarrhea in the last month—all were children. In Damboa, the water from hand dug wells is highly contaminated. Containers for water collection and storage are neither adequate nor...
sufficient. Hygiene practices and conditions are extremely poor, and 80% of households are not using soap and detergents because prices are prohibitive. Latrines are very few and of poor design and they are often used as bathing facilities, which accelerates their rate of filling and the risk of overflowing. On average 80% of latrines need rehabilitation of slab and superstructure and 70% of the pits need replacement. Both wells and latrines are subject to flooding during rainfall.

- **Protection:** Very few IDPs reported suffering or witnessing violence or intimidation in Damboa or Sabon Gari, and almost none cited safety concerns in their places of displacement or when accessing water, latrines, markets or places of work. Nevertheless, there are large numbers of separated children and women-headed households. 50% of the households care for children that are not theirs. Many of them are hungry and in desperate need and facing profound stress due to their recent experience, combined with the complete lack of protection services; it is safe to assume there are significant protection needs that must be addressed to safeguard vulnerable IDPs. Rough calculations estimate that at least 20% of children have changed behavior since the beginning of the conflict including bad dreams, aggressive behavior or feeling fear.

**Detailed Findings by Sector**

**Food Security, Nutrition, Markets and Livelihoods**

**Food Security**

- 97% of the respondent reported that they could not afford to buy food in the last four weeks and 72% reported that they have spent days without eating food in the last four weeks. The most common coping strategies range from eating fewer meals a day, limiting meals to one food type (i.e. sorghum or maize), borrowing food or money from relatives or neighbors, and adults eating less food so that their children can eat. Begging was observed to be common, and children were seen scavenging grains at the Damboa market. In Sabon Gari, the last food ration was distributed in April 2016 and has already been exhausted. Another round of food distribution with one month packages for 3,500 households is planned for mid-August, though this only covers 25% of the population.

- In Damboa, the last food ration distribution to 4,000 households in the three main camps took place in late July 2016. However, even within the camps, there appears to have been significant diversion of the food commodities. Women also complained of the registration...
process, which seems to have excluded some people, especially widows and child-headed households.

- Food is the largest percentage of monthly expenditure, followed by medication and clothing. These priority needs were cited by both IDPs and host community households.

- Almost all households reported having no savings, and were unable to borrow other than in-kind from friends and relatives.

- The most common food type in the household diet includes 6.25% vegetables, 18.5% sorghum, 62.5% maize, 25% beans, 22.2% rice, 3.13% millet.²

- If provided food, 91% of the household can cook meals by accessing host community supplies.

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**Nutrition**

- Nutrition is an urgent need in both Damboa and Sabon Gari, with high levels of SAM in both locations. MSF-H’s initial assessment indicated SAM rates at 10-12% in Damboa, so high that the focus of their response was entirely on the emergency treatment of SAM cases. Meanwhile in Sabon Gari, as recently as May 2016, ICRC estimated SAM rates over 15% for children under-5 years with MAM at 30%. While their subsequent nutrition and food interventions reduced the numbers significantly, many children display clear symptoms of undernourishment (i.e. rust-coloured hair, wasting, listless and unengaged behavior). Mercy Corps’ team observed several obvious cases of SAM requiring immediate referral and treatment.

- Even though ICRC and MSF are working hard to stabilize the situation and the numbers of malnutrition related deaths dropped sharply from the levels observed in May/June 2016, there are major risks more children will slip across the line between MAM and SAM.

- In addition to emergency SAM treatment, blanket feeding of all IDPs (particularly children and lactating mothers) is urgently needed to address widespread MAM and prevent the risk of a future increase in the SAM caseload.

- While malnutrition cases in camps appear to be quickly noted and addressed, in the host community areas, there were several cases of SAM observed by Mercy Corps that were not

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² Several items were mentioned in each answer; hence the total exceeds 100%.

**Table 1: Most Frequently Consumed Food**

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Vegetables</td>
<td>63%</td>
</tr>
<tr>
<td>Sorghum</td>
<td>25%</td>
</tr>
<tr>
<td>Maize</td>
<td>19%</td>
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<tr>
<td>Beans</td>
<td>6%</td>
</tr>
<tr>
<td>Rice</td>
<td>5%</td>
</tr>
<tr>
<td>Millet</td>
<td>3%</td>
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</tbody>
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referred and whereby the mother was unaware of where to obtain assistance. This is a critical area where community outreach to detect and refer cases must be increased, in close cooperation with MSF-H and ICRC.

- Related to this, many interviewed women did not appear to be aware malnutrition risks for their own or other children, attributing symptoms of malnutrition to other illnesses. This situation requires a concerted campaign of nutrition awareness alongside provision of food baskets to maximize the range, as well as the quantity, of food types consumed. Awareness raising must help improve recognition of malnutrition symptoms and how to address it.

- In Sabon Gari, while the reported number of new SAM cases has recently reduced from 300 to four per month, clearly undernourished children are present in almost all houses visited. The effect of malnutrition is also felt by adults who complained of difficulty cultivating their lands as they get tired quickly.

- The Sabon Gari health facility receives ICRC support including medication and health worker stipends, though given the obvious needs, this should be increased. UNICEF is reported to provide Ready to Use Therapeutic Food (RUTF).

**Markets**

**Damboa**

- This town has a fully functioning market that restarted in January 2016 and slowly built up momentum since then. The main market day for wholesale grains previously was Monday but it is now Saturday and Sunday. Vendors are able and willing to operate any day of the week, assuming there is demand.

- Both food commodities and household items are available in the market. The market is a major supplier of grains (i.e. sorghum, maize, ground nuts and cowpeas) to Maiduguri, mostly obtained from cultivation along the Chibok and Askira Uba axis. Stocks from the late 2015 harvest are still entering the market in large volumes, with the November 2016 harvest anticipated to be even better.

- Security is improving and more traders come every week. Biu is accessible, while Maiduguri still requires an armed escort—available there and back every day. Most vendors say they are
open and willing to participate in food or NFI provision, which they or other traders could bring in from elsewhere if not already available.³

**Sabon Gari**
- The market was closed by the military following an improvised explosive device (IED) incident in 2015. Shop owners recently starting selling items on most days of the week to control crowding at shops. The food prices are a bit higher than in Biu and Damboa, mainly because traders require clearance from the military to restock or buy essentials in large quantities, and demand is limited. Fertilizer and other farm chemicals are completely unavailable.
- The Chair of the Traders Association suggested that as long as the military were fully informed of the process and able to verify deliveries and points of sale, it is possible to bring in food and NFIs for sale in at a reasonable scale, as long as a high profile ‘market day’ scenario is avoided.
- Bank branches and micro-finance institutions are currently not present in either location.

**Livelihoods**
- Agriculture (i.e. maize, sorghum and rice cultivation) and livestock farming are the most common income generating activities for IDPs in their place of origin. Petty trade, construction day labor, driving and government employment are also common.
- The most common income generating strategy currently engaged by IDPs is daily labor on farms (300 Naira or less than $1/day for women, up to 500 Naira or $1.55/day for men), followed by water trucking, felling wood for fuel, petty trading and begging.
- Also, 84% of respondents are in debt and 100% stated they used this money to buy food. 63% of respondents relied on livelihoods in their place of origin and 57% of the respondents stated they are confident they can recover their livelihoods in case of return.
- Many IDPs who were previously traders report that they utilized all their capital to procure food and have no liquidity to re-start trading.
- Most IDPs wish to return to their previous livelihood, if they could. Some IDP farmer households said they had access to land on a short-term basis to grow crops. However, they are unable to cultivate since they lack the financial resources to buy seeds, tools and other inputs. In Sabon Gari in particular (less so in Damboa) there seems to be access to land for cultivation of crops by IDPs, with the main limitation being their own means to invest in seeds and inputs.

³ Beneficiaries form previous Mercy Corps programing in Gombe who are originally from Damboa returned to the area and recognized the members of the assessment team, and signified interest to participate as vendors and even mobilize additional traders.
IDPs that can access land are cultivating maize due to its early yield. Several of IDPs requested enough food ration to take them through to the next harvest (October/November) which they anticipate will be good and will help them to become more food secure.

**Water, Sanitation, and Hygiene**

**Water**
- Most respondents use safe water sources like boreholes, hand pumps, water trucking or buy from water vendors. Overall, 37.5% of respondents combine protected and unprotected sources of water when they are far from water sources or when they cannot afford to buy. They also use shallow unprotected wells or water from the river during the rainy season; 9.38% use private water sources, usually unprotected shallow wells; and only 3.13% use hand pumps because 98% of them are dysfunctional. Water trucking is only accessible in some wards of Damboa and water is supplied to a communal tank by ICRC.
- Also, 3.3% of respondents use water supplied by vendors, which is considered safe because it is extracted from shallow boreholes, but it is not treated. It’s encouraging that all respondents prefer the safe water sources extracted from the ground. None of the shallow wells are covered or even protected from direct or external contamination and most of them are subject to flooding during intense rainfall.
- The nearest water source is less than ten minutes walking distance from most dwellings. Personal safety when fetching water is a concern to 21% of respondents because they “fear the well”. They consist of deep holes in the ground without an elevated apron. For the four solar pumping stations in Sabon Gari, they are locked at night. Also, some respondents feel insecure to walk far at certain moments of the day.
- Household water storage is problematic; 26% of respondents do not have containers for water storage also confirmed from assessment team’s observation. The same water containers are
used for drinking water collection are also used for domestic use from sources that are potentially highly contaminated (72% of the respondents).

- There is no knowledge or practice of water treatment.

**Sanitation**

- Clusters of several households share latrines. 90% of the latrines are functional and 30% of these are full. Overall, 80% of the latrines need rehabilitation of slab and superstructure and 70% of the pits need replacement. The construction principle is a 2m deep pit with diameter 0.8-1m, dug in sandy loose soil, without lining, which is subject to collapsing. Many might collapse if the level of sludge drops during the dry season.
- Some of the latrine areas are used as bathing as well, but the gray water does not flow into the pit but rather drains away, adding to the stagnating water in the compounds or in the streets. They are in a bad state, there is no fencing or roof for privacy—all are shared amongst several families by men, women and children alike.
- There is evidence of open defecation in the community—mainly closer to larger clusters of IDP tents where latrines are absent or insufficient. Many of the latrines share walls with living quarters or kitchens.
- The terrain is flat and stagnating water is present everywhere with latrines and wells often flooded. The sandy soil can absorb large quantities of water, nevertheless it needs time to do it and in the meantime there is runoff flooding from latrines and wells alike.
- There are some public latrines in the streets, accessible to everyone but the lack of privacy makes them less used during daylight hours. The market or health dispensary does not have latrines.
- Solid waste is disposed of in a dump site by 39% of the households and burned by 39%, and 26% dump anywhere.

**Hygiene**

- Hygiene in IDP and host community compounds and huts is very poor: stagnating water, animal feces and urine in the spaces dedicated to them, containers used for scooping the water from the wells are on the ground, unwashed kitchen utensils, clothes look dirty and over-
worn, no sign of soap or detergents, with flies seen perching on grains commonly spread-out to dry on the ground, etc.

- 53% of the respondents know that water can transmit diseases and 45% of the respondent households reported diarrheas in the last month. All of these cases were children.
- 80% of households state they do not have soap. They do hand washing at the appropriate times, though only 20% state they use soap; 60% state they want to be clean while only 30% see protection from diseases as the purpose of hand washing.

**Shelter and Non Food Items**

**Shelter**

- Shelters occupied by IDPs are a mixture of houses and buildings abandoned by the host community, improvised shelters built on public land using tin sheeting, sticks and mud, and temporary shelters consisting of a wooden frame with canvas sheeting (roughly 3,000 households in Damboa and 1,640 in Sabon Gari).
- Until the shelter intervention, host community members supported newly arrived IDPs in mud buildings and straw houses to accommodate as many people as possible. Many IDPs continue to live in these same improvised structures.
- In almost all cases, shelters are overcrowded and unfinished, with large families often of 10 members or more occupying spaces of roughly 10sqm, many with inadequate weather proofing. During the current rainy season, which includes frequent heavy downpours, IDPs complain that water enters many of the shelters from roof leaks and seeps in at ground level. Nights are often cold.
- More emergency tents will be erected in Damboa. Dangote, a company, also recently donated construction materials to IDP camps in Borno state; work already began to erecting bigger tents inside select Damboa camps.
- The large camp populations in Damboa, notably the General Hospital site, appear to be declining, as IDPs move out in search of alternative accommodation in the town—or possibly returning to their places of origin though this is highly unlikely because most IDPs indicated they don’t intend to return.
- Other than a few instances reported, there does not appear to be much tension between host community members and IDPs. However, this may start to change as increasing numbers of residents return from their places of displacement in Maiduguri and Biu. IDPs occupying abandoned houses mostly say they will quickly be able to find alternative shelter options when the owners return, but this remains to be seen.

**Non Food Items**

- 87% of the respondents were displaced with no assets at all. IDP households lack a wide range of basic NFIs, particularly bedding, clothing and hygiene supplies. Distributions to a

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4 Per SPHERE standards, all affected individuals should have an initial minimum covered floor area of 3.5m² per person.
A proportion of IDPs mean that households in and near camps in Damboa and in most wards of Sabon Gari do have jerry cans, some items for cooking, mats and bed nets. However, many households—particularly those recently arrived and not in camps—lack even these basic items.

- Hygiene consumables, notably soap and detergent and sanitary pads are absent.
- Even for households that received the mats, cooking utensils, bed nets and other items distributed, the number of items appears to be insufficient.
- Hygiene NFIs are very scarce and in poor condition, and they are widely shared between IDPs and host. The existing NFIs mainly consist of one or two wash basins, one or two buckets without lid (12 liter) or jerry cans (i.e. 5 liters, and few 25 liters) and small plastic kettles that are intended for ablutions and/or anal cleansing.
- Host households might have one or two clay pots for the storage of water, but they need cleaning and proper maintenance, which are most often shared with one to five IDP households.
- IDPs not hosted within residents’ compounds have do not have water storage available.

**Protection**

- Very few IDPs reported suffering or witness violence or intimidation in Damboa or Sabon Gari, and almost none cited having safety concerns in their places of displacement or when accessing water, latrines, markets or places of work.
- There is a large number of separated children and women headed households, many of them hungry; 50% of the households care for children that are not theirs. The majority of them are in desperate need and face profound stress from their recent experience. There is a complete lack of any kind of protection services, yet there are most likely significant protection needs that must be addressed to safeguard the most vulnerable IDPs. Rough calculations estimate that at least 20% of children have changed behavior since the beginning of the conflict including bad dreams, aggressive behavior, or feeling fear.
- Superficially, community solidarity seems to be providing a safety net to the most vulnerable. This includes sharing of food between families, support for shelter repairs to those unable to do so themselves, sharing of cooking pots, etc.
- It is highly likely that transactional survival sex is common, particularly for widows or women whose husbands have gone elsewhere for work or safety; or those who are left alone to provide income and care for typically large numbers of children.
• Related to this, many children of all ages are left unattended without a caregiver during the day-time while mothers seek work away from the home, with older children caring for their younger siblings. No schools are functioning and 70% of the children don’t go to school.
• A complete lack of privacy was frequently highlighted by women in the camps, which particularly manifests in terms of being forced to use the same toilet facilities as men, if latrines are available at all. To cope, women often wash themselves after dark.
• Female-headed households report being excluded from food rations by IDP camp leaders. At recent NFI distributions, there were said to be large numbers of men queuing up for goods and women were excluded.
• Generally, there is freedom of movement by both men and women in-and-out of both towns. However, some women reported restrictions in their movement when seeking income opportunities or fire wood by the civilian JTF, who usually guard the camp gates.
• There were only minor tensions reported between host community members and IDPs, mainly relating to access to land, but no reports of threats or intimidation. Most IDPs were displaced together in large groups from their villages of origin and have largely stayed together, thus benefiting from some degree of group solidarity and mutual support.

Recommendations and Next Steps

Programmatic responses to the ongoing critical humanitarian situation should be closely coordinated with current actors on the ground, and any other new actors who start programming in the area. Mercy Corps recommends the following priorities in the following sectors:

1. Food security
   Implement immediate food distributions to IDPs and host community households outside camps in Damboa and across as many wards as possible in Sabon Gari. Blanket distributions to all households are fastest and most effective, given near universal levels of humanitarian need among IDPs and host communities.
  ➢ Given they are serving as frontline responders, close coordination with ICRC is necessary to ensure coverage. Their strategy is focused on aid provision in camps but needs inside and outside camps should be closely coordinated to avoid competition.
   ➢ With a fully functional market in Damboa, a food program utilizing local vendors is possible.
   ➢ Sabon Gari distribution modality should be adjusted given restrictions on market activities by the military, but vendors seem confident that a voucher system is feasible, though subject to standard army checkpoint.

2. Nutrition sensitization and referrals
   ➢ Undertake blanket feeding of all IDPs, with priority to children and lactating mothers, to address widespread MAM and prevent the risk of a future increase in SAM.
   ➢ Carry out community awareness raising and outreach to detect and refer SAM cases to MSF-H, local government Primary Health Care and ICRC facilities, in close cooperation with both agencies.
   ➢ Conduct widespread nutrition awareness campaign through community groups, alongside food basket provision to each household, to maximize the range and
quantity of food types. This could include supplementary feeding using local recipes to complement existing knowledge.

- Initiate widespread nutrition campaigns for men and women, boys and girls to improve malnutrition recognition, how to address it and when to refer to health providers for clinical treatment and therapeutic feeding.
- Integrate a strong nutrition awareness component to hygiene promotion activities as part of all WASH interventions.

3. Cash transfers

- Provide unconditional cash transfers to allow beneficiaries the means to select priority items (i.e. clothing, medication, hygiene consumables, seed capital to restart a business, etc.) Unconditional cash transfers are the most cost effective way to provide IDPs with assistance.
- In the event that unconditional cash transfers are not possible, either due to security restrictions and/or absence of cash service providers and/or donor concerns, then a commodity voucher system should be developed to redeem with vendors. This can be aligned with food voucher programming because a wide variety of basic household hardware and consumables can be available through selected vendors.

4. Livelihoods

- After addressing immediate food needs, provide cash grants to quickly enable liquidity for IDP households. A significant number of them appear self-motivated to invest in their income generation activities.
- Provide cash grants, following an in-depth market assessment, linked to training workshops on starting small businesses and basic accounting could be provided, alongside linkages to Village Savings and Loan Associations (VSLA) or other community-based savings and loan schemes.
- Explore using the vocational training centers in Maiduguri, Biu and Damboa for IDPs, once humanitarian needs are stabilized.
- Design and implement cash-for-work projects to provide short-term income support to help rehabilitate community infrastructure and/or environmental clean-ups, particularly for those not yet willing or able to undertake independent income generation.
5. WASH

- Ensure safe water supply and support the rapid rehabilitation of existing water points.
- Rehabilitate latrines and train beneficiaries to construct and maintain better latrines, with locally available materials.
- Provide immediate hygiene and basic household items to meet urgent needs, including water storage containers and basins, soap and detergents, as well as other basic hygiene items. All consumables should be provided regularly. Provided water storage containers should be solely dedicated to the transport and/or storage of drinking water.
- Establish WASH Committees at town-level in Sabon Gari and neighborhood-level in Damboa and include extensive training on assessment, design, implementation and monitoring of WASH activities. Other key topics should include:
  - Latrine construction using local materials, including provision of privacy, lining of pits to prevent collapse, protection from rain water runoff, improved concrete slab protection, etc.
  - Protection of hand dug well including good aprons and covers.
- Conduct hygiene promotion with a strong focus on hand washing, water usage, disinfection techniques and water safety plans, using a proposed one hygiene promotion agent to 1000 beneficiaries. Ensure hygiene promoters are trained in malnutrition identification and referral processes.
- Utilize cash-for-work methodology to support WASH programming, namely latrine construction and community clean-up.
- Investigate further rainwater harvesting using local methodologies, especially during the current rainy season. If results are positive, then implement a rapid support program for such practices.

6. Protection

- Design beneficiary registration processes to include vulnerable households currently at risk of exclusion, notably those headed by the elderly, women or children or those from smaller ethnic groups who have less support among gatekeepers.
- Prioritize female and child-headed households for assistance, and organized relief distributions should ensure they have full access and priority to items so they are not subject to exclusion.
- Weave protection into all elements of humanitarian response, notably the provision of appropriate income generation opportunities and WASH interventions (i.e. segregated, lockable latrines for men and women, and separate spaces for bathing.)
- Raise awareness regarding the plight of excluded and vulnerable persons in camps and host community, especially among the camp management, community leaders and security operatives.
- Mobilize community protection groups and train them on protection essentials, including risk identification and mitigation, as well as disseminating information about available protection services and how to access them.
- Organize activities that foster safe spaces and psychosocial support to increase social solidarity for women and children, including linking to existing VSLAs and community-based organizations.
- Conduct a protection-focused assessment to better understand and respond to the needs of vulnerable groups, notably women without husbands and separated or unaccompanied children.
7. Advocacy

- Advocate for the UN and international NGO partners to establish greater presence and programming in South Borno in general, and Damboa in particular, to address needs of both IDPs and potential returnees. Key specialist are needed including protection and education service providers, shelter construction and improvement engineers, demining organizations and additional nutrition service providers.
- Advocate towards state level authorities in Maiduguri, urging them to:
  - Understand the needs in Damboa and allocate staff and resources to address needs.
  - Insist on the return of all LGA staff to Damboa, as well as the presence of State Emergency Management Agency (SEMA) and National Emergency Management Agency (NEMA) representatives.

Further Assessments Recommended

- Implement protection-focused assessments to better understand and respond to the needs of vulnerable groups, notably women without husbands and separated or unaccompanied children. As part of the same assessment or in parallel, survey adolescent girls and boys using the CLARA\(^5\) tool – to better understand protection, gender and livelihood concerns and the needs of this particular demographic.
- Conduct a market mapping assessment to understand the opportunities for supporting the expansion of production, employment and participation in agricultural and off farm value chains.
- Carry out an in-depth stakeholder analysis of actors in Damboa LGA, including local civil society organizations and associations that engage in humanitarian and recovery programming.
- Undertake a youth survey to understand drivers and motivations for participation in armed groups and possible conflict mitigation program options, particularly in light of the need to consider forthcoming CJTF member demobilization and reintegration and the possible need to provide options for the reintegration of former insurgents.
- Once humanitarian situation has stabilized: conduct a resilience assessment to understand community coping strategies and longer term options for increasing resilience and reducing disaster risks.

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\(^5\) Cohort Livelihoods Risk Analysis (CLARA)
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About Mercy Corps
Mercy Corps is a leading global organization powered by the belief that a better world is possible. In disaster, in hardship, in more than 40 countries around the world, we partner to put bold solutions into action — helping people triumph over adversity and build stronger communities from within. Now, and for the future.