INTEGRATED RAPID NEEDS ASSESSMENT REPORT

Damboa, Borno State, Nigeria

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SUMMARY

Over the course of the last twelve months, food insecurity and other humanitarian needs have deteriorated in many communities across Borno state as returnees, host communities and IDPs exhaust their limited resources. Many people targeted by the Humanitarian Community are not receiving sufficient emergency support.

Oxfam has sought to expand its work in Borno State focusing on IDPs, returnees and host communities who have not yet received humanitarian assistance. Oxfam’s programme seeks to deliver life-saving activities via an integrated WaSH, Economic Recovery and Market Systems (ERMS) and protection response.

In October 2016, Oxfam determined the need for an integrated rapid assessment in Damboa Town and outlying areas. The results of the assessment are discussed within this document, and will be used to better inform and target Oxfam’s planned activities in Damboa Town and the surrounding areas.

Following the analysis of a household survey and observational data, Oxfam proposes the following actions and recommendations for response in Damboa Central and outlying areas:

WASH:

- Discussion with ward level representatives, community groups and leaders to determine accurate population numbers, preferences and community structures in each ward to better target a limited WASH response before the end of the year
- Immediate quality testing of borehole and water seller sources as the most frequently used water sources for the population in Damboa, followed by rapid treatment if required, or household level distribution of appropriate treatment materials (e.g. Aquatabs) whilst sources are improved
- Household survey of sanitation infrastructure based on vulnerability criteria and selection of households for latrine rehabilitation/building projects.

SHELTER:

- Undertake an assessment of returnee household shelter needs, prioritisation of the most vulnerable and targeted distribution of shelter materials and support.

FOOD SECURITY AND LIVELIHOods:

- Close co-ordination with existing actors in Damboa central (ICRC and Mercy Corps) to identify populations not currently covered by existing food assistance activities.
- Blanket food assistance in Damboa in the next 3-6 months as livelihoods and incomes begin to recover. Gaps currently exist both within Damboa central, as well as in villages between Sabon Gari and Damboa.
- More detailed livelihoods assessment to inform the income and food insecurity dynamics of returnee and IDP households in the wider Damboa LGA.
PROTECTION

- The low level of unmet priority needs coupled with concerning GBV risks and GBV arising as a consequence of unmet basic needs, highlights the necessity for an integrated humanitarian response. This becomes increasingly important in a context where the prime risks of GBV are common negative coping strategies that will primarily impact girls and boys, and where livelihood activities may subject men and boys to heightened exposure to killing, accepting high-risk jobs, exploitation from employers, abduction or kidnapping.
- Increase the availability of services for mental health and psychosocial support, and education. These are amongst the prime needs that remain highly unaddressed.
- Undertake humanitarian activities in a way that ameliorate community tensions. The relationship between Host and IDPs is significantly tense in Damboa. This can be done, amongst other methodologies, by enhancing the participation of Host community in the way humanitarian assistance is undertaken, increase transparency and information dissemination, and continue to provide need-based assistance rather than status-based.
- Communicating to and communication from beneficiaries must be primarily undertaken through, preferably a combination of, community leaders, staff members of humanitarian agencies and community volunteers. The use of notice boards to provide information must be highly limited as they are not preferred by the community and, given the higher level of illiteracy amongst women, make women more reliable on other members of the community to receive information.
INTRODUCTION

Seven years have passed since the beginning of the Jama’atu Ahlis Sunna Lidd’awati wal-Jihad (JAS) - commonly known as Boko Haram (BH) - violent armed conflict in North-East Nigeria. Around 21 million people live in the affected areas across the Lake Chad countries (Nigeria, Niger, Chad and Cameroon). Most of the displaced families are sheltered by communities that count among the worlds poorest and most vulnerable.

The impact of the humanitarian crisis has increased dramatically over the past 12 months. Food insecurity and other humanitarian needs have deteriorated with many communities - including hosts - exhausting their limited resources. Many people targeted by the Humanitarian Community are not receiving the full package of emergency support required: For WaSH, only 18% of the targeted 2.8m people have been reached so far; for ERMS, 59% of the targeted 1.5m; and for protection, 49% of 1.6m people targeted have been reached¹.

Over the course of the last six months, Oxfam has sought to expand its work in Borno State and cover newly accessible areas in North East Nigeria such as Damboa Local Government Area (LGA), Askira Uba (LGA) and Adamawa State (Michika LGA). Oxfam aims to focus on IDPs, returnees and host communities who have not received humanitarian assistance, focusing on life saving activities via an integrated WASH, Economic Recovery and Market Systems (ERMS) and protection response.

As part of this expansion, Oxfam determined the need for an integrated rapid assessment in Damboa Central and outlying areas (notably Sabon Gari). An integrated rapid assessment form was developed by Oxfam technical staff encompassing questions relating to household demographics, water, sanitation and hygiene, emergency food security and livelihoods, and protection. The results of the assessment will be used to better inform and target Oxfam’s planned activities in Damboa Town and the surrounding areas.

METHODOLOGY

The assessment was carried out by a team of 21 enumerators in Damboa town and Sabon Gari on 24-25 October 2016. Enumerators participated in a two day training exercise prior to the assessment, with one day focused on ensuring understanding of the questionnaire and use of Mobenzi, and the second day completing field testing and troubleshooting in Gombe.

A sample of 244 households was interviewed for this integrated rapid assessment. Households were randomly selected using 2 stage sampling. Firstly, distinct areas within Damboa town were allocated for surveying on different days, based on their population density. Secondly, when arriving into each area, enumerators tossed a pen and surveyed every 3rd house in the direction the pen landed until allocations for that day were completed. Some sampling may not have been completely random due to security requirements of keeping teams of enumerators close to each other in case of any issues. The survey was designed with a confidence level of 95% and a margin of error of 8%. 8% was chosen rather than the usual 5% due to the short time period allocated to the survey, the number of enumerators available and the size of the sample generated by a 5% margin. Surveys were collected using

¹ Source OCHA Nigeria, Humanitarian Dashboard as of 25 August 2016
Mobenzi for ease of collection, data transfer and analysis. The resulting data was cleaned before analysis.

3 HOUSEHOLD DATA

75% (184) respondents surveyed were from Damboa Central Ward; the remainder were from wards around the town and in smaller numbers, the next majority being from Azur/Multe/Forfor (14%, 33) which is where Sabon Gari is situated.

61% of respondents identified themselves as host (148); 24% were IDPs living in Damboa after moving from other areas (58) and 15% were Returnees, mostly all IDP returnees except one Refugee returnees. 80% of respondents described their current living context as urban (195) and the remainder as rural (49).

72% of respondents were male (176) with 28% female (68). The youngest respondent was 18 years old, and the oldest was 90. The head of the household was male in 86% of the cases (210), with female headed households making up 14% of the sample (34).

Average household size was 12.2 people, with the following average demographic breakdown:

<table>
<thead>
<tr>
<th>Female U5</th>
<th>Male U5</th>
<th>Female 5-18</th>
<th>Male 5-18</th>
<th>Female Adult</th>
<th>Male Adult</th>
<th>Female 60+</th>
<th>Male 60+</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.81</td>
<td>1.55</td>
<td>1.91</td>
<td>2.00</td>
<td>2.39</td>
<td>1.89</td>
<td>0.37</td>
<td>0.30</td>
</tr>
</tbody>
</table>

Enumerators reported a number of very large households; in follow up discussions it is understood that in these cases enumerators have recorded the populations of entire household compounds as a single household. As a result, the average household size of 12 (or median of 10) may not be considered authoritative. However, discussions with other actors also conducting assessments showed similar average household sizes, indicating that households may be larger than the standard size of 7 in Damboa.

61% of male respondents were able to read and write (150), compared to 20% of female respondents (49).

43% of respondents had been displaced once (104); 42% twice, and 15% more than twice. The majority of respondents had been displaced for 1-2 years (108).

45% of respondents were living in mud brick houses (110). 27% of respondents were living outside of private houses, including in public buildings (12), tents (9) huts (13) and unfinished buildings (24). 26% were living in brick built houses (63). 50% of respondents were living in their own home (122); 27% were either hosting IDPs (20), being hosted themselves (17) or sharing with relatives (28). Observation during the assessment noted that the vast majority of these homes were damaged in some way, either missing roofs, structural walls or suffering fire damage. 16% of respondents reported their housing was temporary (38), which under this survey was taken to mean that they were not expecting to remain in their current dwelling for the long term. 86 respondents noted that they were paying rent for their current home, with the majority (76) paying in cash rather than in kind. The average rent was 3186 Naira per month, with a range of 500 - 24,000 Nairas per month.
In terms of additional needs at within the household, respondents collectively noted 37 people with physical disabilities; 9 people with mental disabilities; 19 with chronic illness; 16 unaccompanied minors; 24 children being treated for malnutrition and 46 pregnant and/or lactating women.

4 WASH

WATER SUPPLY

The assessment shows that most respondents are reliant on one main source of water; 80% of respondents noted drawing from one water source, with the remaining 20% drawing from 2 or more sources. Of those reporting one source for water, the largest majority were using water sellers (74/196), with the second largest majority using electricity operated boreholes (68/196), and followed by open dug wells (26/196). Where multiple sources were used, these tended to be a combination of water drawn from electric boreholes and water sellers. There was no clear correlation between the household location and the type of water source used.

62% of respondents (152/244) are drawing water from protected sources, however, rapid observation of boreholes (used by the population and water sellers) hand pumps and dug wells noted that many of these were in poor states of repair, and could not be considered fully protected.

When asked whether they faced any difficulties accessing water from their preferred water source, 70 respondents said that they could not access water all the time, 56 said that water was too expensive, and 40 said that their source was seasonal or dry. The expense of water is of particular concern given the numbers of households reliant on water vendors for their main supply, however, the vast majority of respondents, 114, said that they did not face issues with accessing water. The average quantity of water collected per day was calculated at being 7.06 lpcd, less than half of Sphere standards.

Water containers were clean and covered in 61% of households, with 16% clean but not covered. On average, households possessed storage containers sufficient to hold around 100l; when comparisons were made across individual respondents regarding household size and total quantity of water containers, mostly households did not have access to sufficient containers to meet their needs.

160 respondents reported their water was clear; the most common issues reported with water quality were saltiness (49 respondents), turbidity (24 respondents) and general contamination (21 respondents). The majority of respondents (69) noted that they did not know about any kind of water treatment; for those indicating knowledge and practice of water treatments of some form, this was mainly related to proper storage (56), cleanliness of containers (42) and cloth filtration (54).

The majority of respondents who do not pay for water are drawing from open hand dug wells (27). For those that pay, the majority are using water sellers (99) and electric boreholes (83). 139 of those paying for water are paying 10 Naira/20l jerry can, which compared with average household size, gives an estimated daily expenditure of 94 Naira on water alone if Sphere Standards are being met. Where some households reported paying up to 240 Naira for water from water vendors, this was cross checked to confirm a price of 240 Naira for 10-14, 20l jerry cans (or one full ‘push push’ cart). Payment for water is a concern when contrasted against household expenditures for the month (see Income and Debt below) and the reliance on debt as a means of accessing funds for regular expenditures.
SANITATION

Household sanitation is a particular concern. Whilst it is encouraging that 186 respondents report defecating in a household latrine nearly half of household pit latrines (47%) were reported as damaged in some way. 52 respondents noted they defecated in communal latrines, and 17 noted that they openly defecated or into drainage or plastic bags.

The vast majority of household latrines are pit latrines (97%), with some household observations noting use of a rudimentary urine diversion system. The majority of respondents (186) were using latrines that were shared by 20 or fewer people.

HEALTH AND HYGIENE

51 households reported persons sick with diarrhoea within the last two weeks, with a total of 121 individuals suffering from diarrhoea. The majority of individuals were infants under 5 at 42% of cases. 11 respondents noted a death in the family within the last month, with a total of 23 deaths. The majority of deaths (11) were female infants under 5. The leading causes of death were diarrhoea (5 cases) and malaria (4 cases).

62% of respondents could name three practices for good hygiene. Hand-washing with soap, practicing good food hygiene and drinking safe water were the most frequent answers, with proper waste disposal and management of faeces rating much lower.

55% of respondents noted that women use cloth as a means to manage their menstruation, followed by 22% noting disposable pads.

The assessment found that around 50% of households were using bins and not practicing indiscriminate waste disposal. The majority of respondents (176) noted that young boys were most often responsible for waste disposal. Flies and cockroaches were observed in 162 and 106 households respectively.

5 FOOD SECURITY

The assessment indicates clear shortfalls in incomes and access to food, with a majority of households in Damboa consistently unable to access sufficient food. Half of all households are considered food
insecure using food consumption scores; an extraordinary 81% of households register medium or severe levels of hunger under the household hunger score. Markets, however, are functioning in Damboa, with food primarily supplied from Gombe/Biu markets.

FOOD CONSUMPTION SCORES

Food consumption score data shows large shortfalls in food access in Damboa, with only 51% of households with an acceptable diet. Of this remaining 49%, 16% of households have poor food consumption, relying on staple carbohydrates most days of the week and pulses no more than once every two days: consumption of fruit, vegetables or animal protein is highly constrained, in line with reduced incomes and the limited types of food that people are able to grow or produce for themselves. Amongst all households, 43% are not consuming any form of animal protein.²

HOUSEHOLD HUNGER SCORES

Only 19% of households reported little or no hunger in the household using the household hunger score. The large number of households falling into the moderate hunger group indicates that food access for the large majority of households is erratic, with households frequently going days without eating (reported by 60% of households in the past month).³ A comparison of food consumption and household hunger scores indicates that households with moderate or severe hunger (as indicated by HHS) make up 78% of those falling in the ‘acceptable’ food consumption group. Even for those households with varied and richer diets, consistent access to food still poses a key issue.

HOUSEHOLD DIETARY DIVERSITY SCORE

Oxfam conducted a rapid food security assessment in Damboa in August ahead of commencing food distributions. Household Dietary Diversity Scores (HDDS) from that study have already been reported, but it is worth noting that the average HDDS from August was a relatively low 3.8. The only food groups that at least 50% of households reported consuming in the previous 24 hours were main staples, pulses and vegetables.

INCOME AND DEBT

Roughly half of all households reported their primary source of income as farming, a figure which likely reflects the current seasonality of labour in Damboa. Other key sources of income for households include self employment/skill labour (15%), casual labour (9%) and petty trade (8%). Forty-five percent of households report taking on loans in the past 30 days alone, with a median value of loans of 15,000.

² Oxfam has used cut-offs of 21 and 35 for categorising food consumption as poor, borderline or acceptable. This is in line with the frequency of consumption of oils/fats and sugars, which average 2.4 and 2.2 times per week respectively. Even amongst the households with the highest food consumption scores, consumption of both of these food groups does not approach the frequency that would justify using 28 and 42 cut-offs.

³ During previous assessments using the household hunger score, Oxfam encountered significant misunderstanding of the standard question regarding households going days without any food from respondents who had not eaten a cooked meal in the reference period. Oxfam used a modified version of this question, first screening for households who had gone without cooking before asking if they had gone entire days without eating.
Naira. Median expenditure for the past month was reported as 42,800 Naira: despite problems with collecting this type of data, respondents appear to indicate they are using debt as a major supplement to their income. Food expenditure dominated the expenditure breakdowns, with a median value of 19,000 Naira/household/month. As highlighted earlier, average household size is not considered reliable from this survey, so determining average expenditure (or as a proxy for income) is not realistic with this data set.

MARKET FUNCTION

Oxfam conducted a brief series of interviews with traders and the traders association in Damboa as part of this assessment. Traders report that the primary source of food supplies for the Damboa market is the Biu-Gombe route, with traders generally travelling only as far as Biu, and to a lesser extent, Maiduguri. Traders are able to purchase on credit with their suppliers, and required to repay the value of goods within one week – from the traders’ perspective, this would be the way they would be able to quickly increase supply in response to increased demand due to cash or voucher programming. Estimates of the number of food wholesalers vary from 20-40, with the higher estimate coming from the traders association. The current harvest period means that prices for crops are at the low point of the cycle, and it is important to note that there is price harmonisation amongst traders for food commodities purchased from local farmers. Finally, traders reported that groundnut production is high this year in Damboa, due to restrictions on the cultivation of tall crops by security forces.

6 PROTECTION

The majority of the respondents said they felt safe in their current location (88%) and protected by the community (93%). Female respondents, however, felt proportionately less safe and protected than male respondents. This showcases that while perceived safety and community protection by the affected populations is high, women and girls remain more exposed to potential violence and abuse. Special attention must be given for residents of the Alkari area in Damboa as they felt less protected and safe in comparison to respondents from other localities.

PROTECTION CONCERNS FOR WOMEN, GIRLS, MEN AND BOYS

Women and girls in Damboa LGA are most at risk of child labour (46), early marriage (41), restriction on freedom of movement (35), forced marriage (24), rape (24) and domestic violence (23). The higher number of responses highlighting concerns specific to girls highlights that they may be at heightened risk of coping strategy-induced GBV than women. Conversely, men and boys are most at risk of restriction on freedom of movement (53), forced labour (48), domestic violence (46), of being killed (42), child labour (40) and kidnapping or abduction (31). The higher exposure of men and boys to restriction on freedom of movement, forced labour and domestic violence could be related to their roles as providers of the family and expected responsibilities by family members in situations of distress and displacement. To keep in consideration is that domestic violence is not necessarily inflicted by members of the opposite sex, but it rather stems from gender roles and expectation, and could be perpetrated by men and women on boys or by elders on men and boys. A higher risk of killing, kidnapping and abduction also relates to practices of men and boys to accept greater risks to undertake livelihood activities, including going to more insecure areas outside the LGA headquarters, and thus expose themselves to Boko Haram, cross fire or other types of attacks.
The risk for girls to GBV is extremely high as they remain at heightened risk of early marriage and child labour, which also affects boys but to a marginally lower extent. Rape, sexual exploitation and transactional or survival sex remain of major concerns. If analysed in comparison to the violence women and girls have been subjected to across North-east Nigeria, the risks women face in Damboa LGA remain high and worrisome. Special attention needs to be directed also to the risk men and boys take to undertake livelihood activities as these may subject them to killing, high-risk jobs, exploitation from employers, abduction or kidnapping. Detention risks for men and boys in Damboa LGA are extremely low. Ninety per cent (90%) of the respondents felt there were no obstacles in moving in and out of the community or area they live in. When analysed with high risk of lacking freedom of movement that affected population face, this could indicate that populations have high level of movement within the government held areas but highly restrictive outside it. Amongst the 10% of respondents that answered negatively, the majority said they were not able to move freely because they were too afraid of moving outside the community (17). This included both male and female respondents, with the percentage of female marginally higher than that of male. Other reasons mentioned were: Nigerian forces (3), Civilian Joint Task Force members (2), and other community members (1) preventing them. Only male respondents said that the Nigerian Security Forces were preventing them from moving freely in and out of their community.

FULFILMENT OF PRIORITY NEEDS

Priority needs remain highly unfulfilled for the affected populations in Damboa LGA, with only safe water and food above the half way mark. The most unfulfilled need is mental health. This is followed by legal services, formal dispute resolution, financial support, asset support for livelihood activities, education and traditional dispute resolution. Basic need such as shelter, sanitation and healthcare remain highly unaddressed, while protection from violence and abuse continues to be a major concern.
This table below shows the average scoring that respondents gave when asked to what level are their needs fulfilled between zero to ten, with zero indicating completely unfulfilled and ten completely fulfilled, in relation to:

<table>
<thead>
<tr>
<th>Needs</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>6.26</td>
</tr>
<tr>
<td>Shelter</td>
<td>4.21</td>
</tr>
<tr>
<td>Safe water</td>
<td>5.76</td>
</tr>
<tr>
<td>Latrine</td>
<td>4.86</td>
</tr>
<tr>
<td>Education</td>
<td>3.05</td>
</tr>
<tr>
<td>Healthcare</td>
<td>4.59</td>
</tr>
<tr>
<td>Mental health</td>
<td>1.39</td>
</tr>
<tr>
<td>Financial support</td>
<td>2.39</td>
</tr>
<tr>
<td>Traditional dispute resolution</td>
<td>3.91</td>
</tr>
<tr>
<td>Formal dispute resolution</td>
<td>2.82</td>
</tr>
<tr>
<td>Legal services</td>
<td>2.16</td>
</tr>
<tr>
<td>Asset support</td>
<td>0.45</td>
</tr>
<tr>
<td>Protection from violence</td>
<td>4.85</td>
</tr>
<tr>
<td>Protection from abuse</td>
<td>4.7</td>
</tr>
</tbody>
</table>

**SOCIAL COHESION AND INCLUSION OF VULNERABLE INDIVIDUALS**

Social cohesion between IDP and Host community members is highly precarious in Damboa, with nearly one every two respondents stating that the relationship is tense – 49% of respondents. This is particularly high in comparison to initial data from the protection study undertaken in and around Maidiguri. A higher percentage of female respondents (54%) stressed the tense relationship between Host and IDPs in comparison to male respondents (47%). The precarious relationship between IDP and Host attaches heightened onus on humanitarian agencies to better understand the dynamics between the two in Damboa LGA and undertake activities in a way that ameliorate community tensions. This can be done, amongst other methodologies, by enhancing the participation of Host community in the way humanitarian assistance is undertaken, increase transparency and information dissemination, and continue to provide need-based assistance rather than status-based.

Over 80% of respondents said they ensure vulnerable populations have access to humanitarian assistance. They do this by directing humanitarian agencies to the vulnerable population (126), collecting assistance on their behalf (100), sharing their assistance with them (76) and supporting them whenever asked (72). Moreover, there is common practice amongst the affected population to consider vulnerable population an integral part of the community and as such ensure they are not excluded in times of crisis (45). However, amongst the respondents that would not ensure access to vulnerable groups, the majority said that is due to each individual being responsible for their own and their family’s survival (32). Other reasons for non-inclusion are the lack of humanitarian assistance that is available and that they receive (8), vulnerable groups being accustomed to exclusion (6) and the lack of time to look after others (3). This indicates that while there is a high level of community-led inclusion of vulnerable groups there are elements and practices within the affected populations that can lead to the exclusion of highly vulnerable individuals or households, especially if the humanitarian assistance is not commensurate to the needs of the affected population. To avoid excluding most vulnerable popula-
tions humanitarian agencies must direct additional efforts towards assessing who the most vulnerable are in a certain context, and ensuring their staff members, community mobilisers and community leaders engage with the affected population to be directed towards them.

COMMUNICATION WITH THE AFFECTED POPULATION

The most preferred form of communication for the affected community to either provide or receive information is through community leaders (168). This is followed by: staff members of humanitarian agencies (64), community volunteers (62) and mobile phone calling (47). These preferred modes of communication showcase a high level of trust of the community on their respective leader as the main conduit of information between them and the humanitarian agency, and the desire to have direct verbal channels of communication with humanitarian agencies. Word of mouth (20), religious leaders (12), radio messages (10), loudspeakers (6) are the least preferred choices, with notice boards (1) and internet—based platforms (1) being the least preferred of them all.

7 SUMMARY

For WASH, immediate needs are improvement and diversification of water sources; observation during the assessment noted many broken hand-pumps, and a broken pumped system within Damboa Central. High daily expenditures on water are particularly concerning in an area where people are struggling to purchase food, and as such, require immediate support or the provision of free or subsidised sources during an interim period while town supplies are bought back into functionality.

Household sanitation is particularly pressing, especially given that household compounds are over capacity and that much household infrastructure has been destroyed. Whilst health data shows no major cause for alarm, the combined effects of poor nutrition and poor WASH infrastructure could exacerbate existing levels of malnutrition and impact on family health, therefore integrated programmes to address both food security and increase access to water and sanitation facilities is required.

For food security, there are immediate and widespread gaps in food access. Needs are widespread enough to justify blanket coverage, a course of action that is also supported by the day to day difficulties households face with accessing food. Cropping has been possible this season, although this is only the beginning of a longer process of livelihoods recovery, and households will require ongoing food assistance for the foreseeable future while predominantly agricultural livelihoods can be re-established. As noted by Mercy Corps’ July 2016 assessment, market function would support cash transfer programming in Damboa. Furthermore, it is important to understand how the dynamics of immediate food needs interact with both livelihoods recovery and shelter recovery, given the substantial and longer-term work required for both.

All affected populations remain at risk of concerning types of GBV. Women and girls are at high risk of child labour, early marriage and restriction on freedom of movement, while men and boys are most at risk of restriction on freedom of movement, forced labour and domestic violence. Risk of rape and domestic violence remain high amongst girls and women, and of killing and abduction amongst men and boys. When analysing freedom of movement this does not necessarily reflect freedom of moving in and outside the area of residence, as this was highlighted only by 10% of respondents, but most likely moving outside areas controlled by the Nigerian Security Forces. Subsequently, this causes obstacles to livelihood activities in a predominantly agrarian society where the majority of the rural terrain is not in the control of the Nigerian Security Forces. Accordingly, any form of livelihood assistance must be
carefully analysed to ensure it does not put populations at risk. Moreover, the high level of unmet needs coupled with GBV issues correlated with unfulfilled basic needs and limited access to livelihood activities, requires an integrated humanitarian assistance that may be need to continue over an extended period of time.

The precarious relationship between IDP and Host requires humanitarian agencies to provide assistance in a way that ameliorates tensions. This, amongst other, requires enhanced participation from all communities and continued need-based assistance. Moreover, it also requires a more effective communication with communities. This must be undertaken through a combination of community leaders, staff members of agencies and community volunteers, as these were the preferred modes of communication. While high level of inclusion of vulnerable groups was professed by the communities, humanitarian agencies need to remain careful as there are elements and practices within these communities that can lead to the exclusion of highly vulnerable individuals or households, especially if the humanitarian assistance is not commensurate to the needs of the overall affected population.