RAPID RESPONSE MECHANISM
In Northeast Nigeria

NEEDS ASSESSMENT REPORT
Borno State – Monguno
December 2021 – January 2022
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I. Executive summary

A. Assessment details

Date(s) of the assessment
- Action Against Hunger: 29 – 31 December 2021
- International Rescue Committee: 6- 7 January 2022
- Solidarités International: 29 December 2021

Sites assessed

The partners assessed a total of eight sites: five camps (Water Board Ext, Fulatari, Stadium, GGSS, Kuya) and 3 host communities (Low-cost, Kuya, Gana Ali).

<table>
<thead>
<tr>
<th>IDP Sites</th>
<th>Solidarités</th>
<th>AHH</th>
<th>IRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water Board Ext</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fulatari</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stadium</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>GGSS</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuya</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>HC Sites</td>
<td>Low-cost</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Kuya</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Gana Ali</td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

Methodology

The needs assessments were conducted using a Key Informant Interview (KII) methodology. A total of 112KIIIs were administrated across all sites with respondents that included a representative sample of IDPs, relocated IDPs and host communities and camp authorities. Camp chairmen and/or community leaders were consulted and informed on the planned assessments to coordinate field exercises and identify Key Informants to facilitate support and acceptance from the IDPs and communities.

Category of Respondents: The respondents included the following groups: IDPs residing at the sites for more than three months, relocated IDPs (within the past one month), host community members as well as Nutrition/Health Staff working at health/nutrition facilities in the catchment area.

Place of Origin: respondents were mostly from Monguno (for the majority), Baga, Kukawa, Marte, and Guzamala Local Government Areas (LGAs).

B. Emergency Background

On November 29, the Bakassi IDP camp in Maiduguri was officially closed. As a result, 41,852 people were relocated either by the government or moved out autonomously to Maiduguri Metropolitan Council (MMC), Monguno, Marte, Guzamala, and Gwoza LGAs. According to CCCM Sector in Monguno, by mid-December, a total of 12,465 people (8,283 children) arrived in Monguno, while new arrivals were still reported reaching the LGA on a daily basis. Some relocated IDPs reported receiving cash assistance from the government prior leaving Bakassi, however, according to sources, the cash was mostly used to pay for transport to reach Monguno and/or for shelter material at arrival site.

Some 7,795 people (3,049 children) were reported settling mainly in two IDP camp extensions (Water Board Extension and Fulatari). Another 4,676 people were being hosted by surrounding communities (3,021 children).
humanitarian situation in Monguno was already of concern before the recent influx and access to essential services, especially WASH facilities, is yet very limited.

Considering the lack of capacity on the ground and the reported deterioration of the humanitarian situation, on December 3, 2021, the Rapid Response Mechanism (RRM) coordination group decided to launch a multisectoral needs assessment at the reported arrival sites. Three partners, Action Against Hunger (AHH), Solidarités International (SI), International Rescue Comity (IRC), conducted assessments in five IDPs sites and three Host Communities sites.

The beginning of the assessments was delayed as Borno Government released statements on restrictions of humanitarian assistance in areas of returns. This combined with the letter addressed to humanitarian agencies on banning food and Non-Food-Items (NFI) distributions in places of relocation, delayed commencement of assessments as the humanitarian community sought clarifications on the implications of such measures. Both SI and IRC liaised with SEMA at the local level, to inform of assessments and possible RRM interventions. It was pointed out that the SEMA had approached humanitarian partners requesting their support in Monguno. SEMA in MMC, was also contacted to share information on the assessments, and support was requested from humanitarian partners.

C. Access to Services

Partners’ assessments highlight the following priority needs:

- **Food security**: 100% of respondents indicated that relocated IDPs did not receive any food assistance either prior or after arriving in Monguno. As a result, the majority of relocated IDPs is relying on negative copying strategies such as borrowing food, relying on support from friends and relatives, reducing (or skipping) the number of meals per day, or relying on less preferred expensive food. Respondents also reported that relocated IDPs did not receive livelihood assistance after being relocated to their new locations. Moreover, assessment respondents indicated that they do not have fuel for cooking, whilst high protection risk exist when collecting firewood.

- **Nutrition**: according to the Nutrition Sector’s 5W and New Arrival MUAC screening data, the number of SAM admissions increased in November/December 2021 (approximately 30% increase compared to October). The increase is against the expected decrease in acute malnutrition during the harvest/post-harvest. The increase might be attributed to the new arrivals of IDPs in November and December.

The RRM assessments indicate availability of health facilities at the assessed locations, offering services such as MUAC screening and CMAM interventions. According to respondents, however, feeding services are not offered in several of the health facilities/sites. In addition, some respondents indicated that there are no facilities available for the management of Acute Malnutrition in their new communities. Other respondents indicated that there had not been any nutrition services delivered recently in several of the assessed locations. Most respondents reported not being aware of whether relocated IDPs are being part of Micronutrient supplementation activities (e.g. MNP, Vitamin A, FeFol) in their new communities.

- **WASH**: water access is reported to be constrained as waiting time to collect water ranges from 30 minutes up to an hour. In addition, the great majority of respondents reported that the water was not treated/chlorinated. As for sanitation, many respondents reported practicing open defecation due to insufficient or inadequate latrines. In addition, the respondents indicated that the relocated IDPs did not receive any WASH NFI kits. The
top WASH priorities include: (i) improving access to safe water, (ii) provision of Hygiene kits, and (ii) increasing of sanitation facilities.

**Shelter:** the main types of Shelter used by the relocated IDPs include self-made shelter/makeshift, and to a much lesser extent, tents, rented accommodation, and open areas. All (100%) respondents highlighted that the relocated IDPs face a pressing need for NFIs, including hygiene supplements and blankets, jerry cans, mosquito nets, mats, and kitchen sets.

- **Health:** most respondents reported a health facility close to their new environment. The main types of facilities available include PHC and mobile clinics. Some of the respondents indicated that the relocated IDPs are currently using health services to access their health care.

- **Protection:** respondents indicated unaccompanied or separated children among the relocated IDPs however, the estimated number could not be ascertained nor confirmed during the assessment. A significant proportion of respondents reported water points/toilets being unsafe for women and girls. Similarly, many respondents believe that unoccupied shelters in the community represent places where women and girls can experience gender-based violence (such as assaults, rapes), especially when they walk around during firewood collection and pass by these vacated places where ill-intended individuals may be lurking in view of abusing women and girls walking by.

- **Education:** Answers from the respondents revealed clearly that several schools are not functional and that the number of out of school children is high. For safety reasons\(^1\), many secondary schools were closed or relocated to Maiduguri, however with on-going return movements, the reopening of secondary schools is urgent. Absence of teachers was also mentioned to impede Education. It is recommended that the education response to deploy volunteers to stand-in and teach while qualified teachers are still away.

D. **Main recommendations**

1. **Food Security**
   - Three-month food distribution is recommended in the IDP camps.

2. **Nutrition**
   - Organize a quick MUAC screening for the 8 sites and a SMART survey for Monguno.

3. **WASH**
   - Identify water points that need to be repaired to increase water access. Water trucking is an option, but rather expensive, so more sustainable alternatives need to be sought.
   - Provision of WASH/NFI/dignity kit package.
   - With the onset of the dry season, more latrines should become available as they become relatively cleaner than during the wet season and as the water table recedes, dislodging is recommended.

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\(^{1}\) In the past, high presence of NSAGs in Monguno area drove teachers away and made students feel unsafe.
4. **Access conditions: logistics**
Monguno can be accessed by road from Maiduguri. However, the security situation along the road is still volatile and unpredictable, cargo movement is still possible after security clearance from the military. Access to Monguno is also challenged by logistics bottlenecks. Administrative, military clearances in addition to roads checkpoints cause significant delays in interventions and restrain humanitarian access.

5. **Access restrictions**
No access restriction for women, girls, men, and boys was reported.

II. **RRM / AHH - Water Board Extension, Fulatari IDP camps & Gana Ali Host Communities**

A. **Assessment details**

**Date(s) of the assessment:** 29/12/201 to 31/12/2021  
**Assessment team:** AAH enumerators/Action Against Hunger  
**Sites assessed:** Waterboard extension camp (IDP camp); Fulatari camp (IDP camp); Gana Ali community (host community).

1. **Methodology**
Key Informant Interview (KII) were used as assessments methodology. A total of 42 KII were conducted across three locations comprising two IDP camps and one host community, with each community assessed through 14 KII sessions. This approach was employed to quickly gather key information on the humanitarian situation of relocated IDPs in camps and host communities.

As defined by the Multi Sector Need Assessment (MSNA) tool, the respondents included key stakeholders/community members as highlighted below.

**IDP camps - 14 KII**

Four key informants comprising the Camp chairman, SEMA focal person, CCCM focal person, and a Nutrition/Health Staff working at the nearest health/nutrition facility, and ten key informants among camp residents, of which eight were relocated IDPs (representative of men/women, persons with disabilities (PWD), and youths).

**Host Community - 14 KII**

Four key informants comprising the LGA chairman, the Bulama, the SEMA focal person, the Nutrition/Health Staff working at the nearest health facility, and ten key informants among camp residents, out of which eight were relocated IDPs (men/women, PWD, and youths).

The respondents are originally from communities around the northern part of Borno, including Monguno, Guzamala, Kukawa, and Marte LGAs. For 28.5 % of the respondents, Monguno is not their place of origin (see graph below for details).
According to interviewees, a total of 683 households (4,776 individuals) moved to the three sites, (see table below for reference).

<table>
<thead>
<tr>
<th>S/N</th>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monguno</td>
<td>71.5%</td>
</tr>
<tr>
<td>2</td>
<td>Guzamala</td>
<td>14.3%</td>
</tr>
<tr>
<td>3</td>
<td>Marte</td>
<td>7.1%</td>
</tr>
<tr>
<td>4</td>
<td>Kukawa</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

According to the assessments, relocated IDPs arrived at varied dates, as shown below:

<table>
<thead>
<tr>
<th>S/N</th>
<th>arrival</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>November to December 2021</td>
<td>52.3%</td>
</tr>
<tr>
<td>2</td>
<td>March to June 2015</td>
<td>12%</td>
</tr>
<tr>
<td>3</td>
<td>May to December 2016</td>
<td>21.4%</td>
</tr>
<tr>
<td>4</td>
<td>June 2017</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

81% of the respondents indicated that they could go back to their places of origin, against 19% who reported they could not go back to their places of origin due to insecurity.

2. Emergency background

FULATARI camp: Health/Nutrition gaps were reported as only one Government supported health facility is available at site. No WASH interventions or distributions were reported for the relocated IDPs.

Water Board Camp: Shelter, NFIs, Hygiene needs were reported along with shortage of latrine. Health and Nutrition activities are currently being supported by Action Against Hunger and PUI.

GANA Ali: There is need to intervene for health/nutrition since the community has only one health facility. No WASH intervention or distributions were reported.

B. Access to services

Based on the assessment report, 80.9% of the respondent reported that no aid had been provided to the new arrivals/relocated IDPs:
<table>
<thead>
<tr>
<th>S/N</th>
<th>Questions: When was the assistance provided to new arrivals/returnees?</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before leaving their previous locations</td>
<td>11.9%</td>
</tr>
<tr>
<td>2</td>
<td>Upon arriving at the site</td>
<td>2.4%</td>
</tr>
<tr>
<td>3</td>
<td>Currently provided</td>
<td>4.8%</td>
</tr>
<tr>
<td>4</td>
<td>No assistance</td>
<td>80.9%</td>
</tr>
</tbody>
</table>

Only 21.5% (aggregated) of respondents indicated they have received some assistance in cash (9.5%), food (4.8%) or NFI (7.1%) before leaving Maiduguri. The assistance currently provided is mainly for health services delivered by the existing health facilities, some informal food assistance from friends and family, and NFI distributions. As shown below, no WASH, education, and shelter interventions have been provided.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Intervention</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Food</td>
<td>4.7%</td>
</tr>
<tr>
<td>2</td>
<td>Shelter</td>
<td>0%</td>
</tr>
<tr>
<td>3</td>
<td>WASH</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>Health</td>
<td>11.9%</td>
</tr>
<tr>
<td>5</td>
<td>Education</td>
<td>0%</td>
</tr>
<tr>
<td>6</td>
<td>No assistance</td>
<td>66.7%</td>
</tr>
<tr>
<td>7</td>
<td>Others</td>
<td>11.9%</td>
</tr>
<tr>
<td>8</td>
<td>NFI</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

The assistance is provided by the state government, humanitarian organizations, and relatives living in the host communities where people moved to.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Organization</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Government</td>
<td>9.5%</td>
</tr>
<tr>
<td>2</td>
<td>UN/INGO/NGO</td>
<td>19%</td>
</tr>
<tr>
<td>3</td>
<td>No assistance</td>
<td>52.5%</td>
</tr>
<tr>
<td>4</td>
<td>Others/relatives</td>
<td>19%</td>
</tr>
</tbody>
</table>
1. **WASH**

According to the respondents, 76.2% of the water sources are from boreholes (public and those constructed by humanitarian organizations) out of which 81% are functional whilst 19% are non-functional. 71.4% of the respondents reported that the water is not chlorinated in the three assessed sites, while 19% reported batch chlorination. The assessment indicates that water availability is not currently a concern, as the water quantity is adequate, however, there are insufficient water points allowing quicker access to water retrieval. 52.4% of the respondents reported challenges to access water because of the significant waiting time to collect water, while 2.4% indicated that some new arrivals do not have access to water in the host communities due to its affordability:

<table>
<thead>
<tr>
<th>S/N</th>
<th>Water availability</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Everyone/nearly everyone has enough water for their needs (little to no problem)</td>
<td>28.6%</td>
</tr>
<tr>
<td>2</td>
<td>Everyone/nearly everyone has problems accessing enough water for their needs (access problems)</td>
<td>52.4%</td>
</tr>
<tr>
<td>3</td>
<td>Sometimes water access is easy, sometimes it is hard (intermittent access problems)</td>
<td>9.5%</td>
</tr>
<tr>
<td>4</td>
<td>Is enough water for some groups (host)</td>
<td>7.1%</td>
</tr>
<tr>
<td>5</td>
<td>Only people who can afford it have enough water (affordability problem)</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

57% of the respondents reported accessing more than 15 liters of water per day whilst 28.6% reported accessing less than 15 liters of water per person per day (PPD):

<table>
<thead>
<tr>
<th>S/N</th>
<th>Access to water</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>access to less than 15L/P/day</td>
<td>28.6%</td>
</tr>
<tr>
<td>2</td>
<td>access to more than 15L/P/day</td>
<td>57.1%</td>
</tr>
<tr>
<td>3</td>
<td>do not know the quantity of water they consume per/P/day</td>
<td>11.9%</td>
</tr>
<tr>
<td>4</td>
<td>do not have access to water</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

The main challenge reported for water is related to the time spent at water points:

<table>
<thead>
<tr>
<th>S/N</th>
<th>Time spent at water point</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt; 30 minutes to collect water</td>
<td>21.4%</td>
</tr>
<tr>
<td>2</td>
<td>&gt; 30 minutes to collect water and an hour</td>
<td>71.4%</td>
</tr>
<tr>
<td>3</td>
<td>I do not know the time it takes to collect water</td>
<td>7.1%</td>
</tr>
</tbody>
</table>
Additionally, 100% of the relocated IDPs reported not having water storage containers.

**Sanitation:** the assessment indicates lack of access to latrines. 66.7% of the respondents reported lack of safety for women and children as latrines are located far from where they are currently residing as well as most of the doors and locks are damaged. The relocated IDPs didn’t receive any WASH NFI kits at the time of this assessment.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Sanitation</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Without access to a latrine</td>
<td>85.7%</td>
</tr>
<tr>
<td>2</td>
<td>Access to the existing latrine</td>
<td>13.3%</td>
</tr>
<tr>
<td>3</td>
<td>Practicing open defecation</td>
<td>71.4%</td>
</tr>
<tr>
<td>4</td>
<td>Access to family pit latrine</td>
<td>19%</td>
</tr>
<tr>
<td>5</td>
<td>Access to either communal or VIP latrine constructed by the government and humanitarian organizations</td>
<td>9.6%</td>
</tr>
</tbody>
</table>

The three most urgent WASH needs are represented by lack of Hygiene kits and NFI, and insufficient sanitation facilities.

2. **Nutrition**

The assessment shows that there are health facilities in all three sites, offering services such as MUAC screening and CMAM interventions with no feeding services currently being provided in any of the health facilities/sites. Some nutrition services are currently being provided by Action Against Hunger and PUI at Water Board camp, Government at Fulatari camp, and PUI at Gana Ali Host community.

The assessment indicates that the relocated IDPs have access to a targeted supplementary feeding program (TSFP) for children less than five years, however no Micronutrient Powders (MNP) services are currently being provided.

The most urgent needs for the new arrivals are RUTF / Tom Brown², basic equipment, for the health /nutrition centre (SAM kits, Soap), and MNP.

3. **Food security**

All (100%) respondents reported that nonfood assistance was provided to relocated IDOs since their arrival in Monguno. Due to lack of food, people are adopting negative copying strategies as showed below:

---

² Tom Brown is a very nutritious meal mostly cereal, and vegetable based that is commonly used in Nigeria for weaning babies.
<table>
<thead>
<tr>
<th>S/N</th>
<th>Coping Strategies</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Households either reduce the number of meals eaten in a day or skip meals</td>
<td>45.2%</td>
</tr>
<tr>
<td>2</td>
<td>Borrow food, or rely on help from friends and relatives</td>
<td>26.2%</td>
</tr>
<tr>
<td>3</td>
<td>Take less preferred food and less expensive food</td>
<td>14.3%</td>
</tr>
<tr>
<td>4</td>
<td>Still surviving from the assistance provided before moving to Monguno</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

50% of the respondents indicated that they have fuel for cooking, while 50% do not have access to fuel for cooking. 57.1% reported risks of attacks from non-state-armed groups while collecting firewood from the bush. Negative coping strategies are being adopted due to lack of cooking fuel, as shown below:

<table>
<thead>
<tr>
<th>S/N</th>
<th>Coping with fuel scarcity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Help from friends and relatives</td>
<td>38.1%</td>
</tr>
<tr>
<td>2</td>
<td>Reducing the number of meals per day</td>
<td>30.9%</td>
</tr>
<tr>
<td>3</td>
<td>Undercooking food</td>
<td>16.7%</td>
</tr>
<tr>
<td>4</td>
<td>Sending children to work for fuel</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

100% of the respondents reported that no livelihood assistance was provided to the newly relocated IDPs. 54.7% of the respondents reported that the new arrivals have identified and can locate a functional market to buy food stocks and HH items, while 45.3% said they do not know where a functional market is located. The three most urgent needs of the relocated IDPs are food, cash, and cooking items.

4. **Education**

A staggering 95.2% of the respondents interviewed reported that nearly all children aged between 3 to 17 years are not currently attending any school. 61.9% of the respondents reported no schools available, 21.4% indicated lack of teachers, whilst 85.7% of the respondents indicated that the available schools are not equipped with WASH facilities.

5. **Health**

83.3% of the respondents reported health facilities being close to where the relocated IDPs are currently residing. The available health facilities include PHC (40.4%), mobile clinics (22.6%) OTPs (22.6%). Some of the health facilities located in other communities are easily accessible, with 64.3% of the respondents indicating facilities being less than 30 minutes walking distance. 90% of the relocated IDPs reported using the services at the health facility.

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3 The elementary schools in Monguno are functional, but the secondary schools have been relocated for reasons for the safety and security of adolescents and young people. Therefore, an analysis that does not factor age groups disaggregation (3-5; 6-12; 13-17 years) risks to be biased.
47.6% of the respondents indicated less than 10% of the new arrivals are persons with specific needs, 28.6% of the respondents indicated that between 11 – 20% of the new arrivals have persons with specific needs/vulnerability. 73.8% of the respondents interviewed indicate that people with specific needs usually face discrimination to access to essential services. In comparison, 26.2% of persons with specific needs have access to essential services without discrimination.

6. **Protection/Child protection & GBV**

23.8% of the respondents reported unaccompanied or separated children whilst 76.2% of the respondents say no unaccompanied or separated children among the relocated IDPs. However, the estimated number of unaccompanied children could not be confirmed. 54.8% of the respondents reported water points/toilets being unsafe for women and girls. In addition, 35.7% of the respondents indicated that the relocated IDPs are collecting fuel/firewood in unoccupied shelters while these places can expose girls and women to Gender-Based Violence (GBV). Gender-Based Violence (GBV) services are available in the three locations as indicated below:

<table>
<thead>
<tr>
<th>S/N</th>
<th>GBV services</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health care / medical services</td>
<td>30.9%</td>
</tr>
<tr>
<td>2</td>
<td>Psychosocial support</td>
<td>14.3%</td>
</tr>
<tr>
<td>3</td>
<td>Empowerment and livelihoods (safe spaces)</td>
<td>11.9%</td>
</tr>
<tr>
<td>4</td>
<td>Material assistance</td>
<td>9.6%</td>
</tr>
<tr>
<td>5</td>
<td>None</td>
<td>30.9%</td>
</tr>
<tr>
<td>6</td>
<td>Don’t know</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

7. **Shelter/NFI and MDS/CCCM**

As for Shelter, 40.5% of the respondents indicated that the relocated IDPs have access to Shelter within the host communities, whilst 59.5% reported no access to Shelter for the relocated IDPs. No shelter kits distributions since arrival were reported. 95.2% of the respondents indicated the relocated IDPs staying in self-made shelters or makeshift, while 4.8% reported the relocated IDPs currently staying in open areas. The great majority of the relocated IDPs remain in makeshift shelters. To a lesser extent, few of them are accommodated in tents and zinc shelters.

92.9% of the respondents agreed on the needs for NFIs as opposite to 7.1% who reported no NFI needs among the relocated IDPs. The respondents’ most pressing NFI needs are blankets, mat/mattress, kitchen sets, mosquito nets, jerry cans, and hygiene supplies.

C. **Main recommendations**

This Multisectoral Needs assessment collected rapid information on the conditions, gaps, and challenges of the relocated IDPs in the three locations assessed by the AAH team. The top three priority needs based on the assessment conducted in those three locations are 1. Food, 2. WASH & Health, and 3. NFIs. Other important needs are reported in CCCM/Shelter/NFI, health, and education.
1. **Food security**

Food security was indicated as the top priority intervention by the relocated IDPs, a few are copying with what they were able to carry from Maiduguri, however negative coping strategies are employed by the majority. AAH RRM recommends a three-month food distribution in the IDPs camps. This activity should be completed in coordination with partners on the ground.

2. **WASH**

In its gap analysis on Monguno, WASH sector calls for construction of emergency latrines alongside with distribution of sanitation kits in Fulatari and Water Board Extension. Needs were also raised for decommissioning and reconstruction of latrines in camps (approximately 505). Additionally, distributions of hygiene kits /WASH NFI are required for 640 households in camps & 433 households in host communities.

Based on the Key Informants Interviews, 52.4% of the respondents reported challenges to access water due to the significant amount of time to collect water. On December 7, 2021, the WASH sector, through the Monguno WASH LGA lead, shared a report on the urgent WASH need to support the relocated IDPs. The document indicated needs for water trucking in Fulatari camp (approx. 47m³), Water Board Extension camp (approx. 20m³), and Stadium camp (approx. 46m³). It also mentions that latrines were damaged, requiring reconstruction at GGSS camp (310) to meet the sphere standard.

85% of the respondents interviewed reported that the relocated IDPs do not have access to sanitation facilities and as a result open defecation is widely practiced. High risks of disease outbreaks exist if open defecation and dirty water are not controlled.

Hygiene promotion messages need to be prioritized by WASH partners to improve hygiene practices.

3. **Nutrition**

The assessments revealed that the relocated IDPs are currently benefiting from the health services provided for the IDPs already in the camps. The nutrition situation in the three locations needs to be monitored, especially since few health facilities are currently offering nutrition services to the relocated IDPs. AAH RRM recommends a MUAC screening and if possible, a SMART survey is conducted.

---

4 WASH Gap Analysis

A gap analysis exercise is conducted to assess the difference between the humanitarian needs and the response provided. Based on the Gap analysis report conducted in November, in Kuya the population of the camp was 9,977 however with the influx of people and the updated population count done in December by INTERSOS CCCM now rises to 20,567. That means within a month the population increased by 10,590 which is over 100% increase.

5 ibid
III. RRM / IRC Stadium IDP camp & Kuya Host Communities

A. Assessment details

1. Methodology

Date(s) of the assessment: 6-7 January 2022

Assessment team: IRC Enumerators

Sites assessed: Monguno LGA: Stadium Camp and Kuya Host Community

Methodology: a total of 28 Key Informant Interviews were conducted in both a camp and a host community site, after consultations were made with the camp chairman and the community leader who also participated in the identification of Key informants.

Category of Respondents: 32% were IDPs residing at the sites for more than three months, 18% were relocated IDPs (within the past one month), and 50% were host community members.

Place of Origin: 55% of the respondents originally hailed from Monguno, while 45% originated from Baga, Kukawa, Nganzai, Marte.

Displacement Duration: The assessment was carried out on 6-7 January 2022. Approximately 64% of respondents are IDPs that arrived at the site more than one month ago, while 36% are relocated IDPs that came within the past month.

2. Emergency Background

Analysis of Is assistance being provided to relocated IDPs

96% of the relocated IDPs in the surveyed communities reported that they had not received any assistance since they have arrived at their new locations while only 4% of the interviewed reported that they have received assistance since when they have arrived their new locations. Furthermore, 64% of the respondents reported that no assistance was provided prior reaching Monguno. in these locations where the survey was carried out.

57% of the women and men interviewed in this survey reported that there are no humanitarian services available in the surveyed communities, while 29% of the respondents reported availability of Health services, 7% of the respondents reported availability of Nutrition services, Food assistance, and shelter service; 4% of the respondents reported availability of Education and Water. The assessment show that there is almost no track of humanitarian services in the assessed communities. Some availability is reported for water Hygiene and sensitization.
According to respondents, the top three priority needs were food, WASH facilities, and shelter.

**B. Services**

**1. WASH**

43% of the respondents reported that the available water source for their domestic use is water from trucking. Another 43% said that the other option is a hand pump, which requires a long waiting time. 18% of the interviewed respondents also reported sourcing the water from public stand posts, and 4% referred to rainwater, which is seasonal, while the same 4% pointed to hand-dug well. This report showed that the surveyed communities' challenges could worsen after the water truck stopped supplying the community's water in January.

As indicated in the chart above, most of the respondents did not know if they had access to more than 15L/day of water; however, they reported widespread access challenges. The analysis also shows that 100% of the relocated
IDPs do not have containers for water storage. No respondents reported chlorination or other water treatment. Furthermore, the analysis showed that the time needed to collect water at fetching points is more than one hour. This analysis demonstrates water as a significant need at the sites.

The majority of the respondents (63%) reported no latrines were available for the relocated IDPs at the sites, with only 37% reporting latrines' availability. The available latrines reported by respondents are family pit latrines (50%) and community latrines (40%). Only 10% are reporting practicing open defecation. 67% of the respondents said that the latrines are safe for women and children, while 33% of the interviewed respondents reported that the few available latrines are not safe for women and children. Despite the low availability of latrines reported, open defecation is relatively low. Supporting the provision of safe latrines will mitigate the potential risk for a rise in the practice of open defecation.

2. Nutrition

Health facilities offering Nutrition services

Analysis of specific Nutrition Activity provided
The majority of respondents reported a health facility providing nutrition services at the site including OTP services and food supplements for malnourished children, as showed in the chart above. The analysis also showed a significant portion of the respondents saying they do not know if facilities offer nutrition services at the sites. Furthermore, 57% of the respondents reported that there had not been any nutrition services halted or closed in the recent past. In comparison, 43% of the relocated IDPs said that they do not know if any nutrition services were stopped or closed in the recent past.

43% of interviewed respondents reported that screening for acute malnutrition children is available. In comparison, another 43% of the respondents said that they do not know if screening for acute malnutrition in children is available at the sites. 14% of the respondents reported no screening for acute malnutrition children in their new communities.

29% of the respondents reported that there are no facilities available for Managing Acute Malnutrition in their new communities while 71% said that they do not know.

100% of the respondents reported that they do not know if the relocated IDPs are targeted with MNP activities (e.g., vitamin A, FeFoL) in their new communities.

29% of the respondents reported that the relocated IDPs are being targeted by the prevention of acute malnutrition (IYCF) while 71% said that they do not know.
The analysis shows a trend of low awareness for nutrition services at the sites, which could be due to recent relocation. This could be mitigated by increasing sensitization to available services.

3. **Food Security**

100% of the respondents reported that there is no food assistance for the relocated IDPs since they arrived to the new location.

60% of the relocated IDPs reported that they do not have fuel for cooking while 32% reported high risks when collecting firewood mostly as related to presence of non-State armed groups.

96% of the respondents reported that the relocated IDPs did not receive livelihood assistance after they had arrived at their new locations.

**Coping strategies**

The coping strategies as identified by the participants in the survey revealed that 61% of the respondents are borrowing food or relying on help from friends and relatives, 50% are reducing the number of meals eaten in a day or skipping meals, 21% relying on less preferred food and less expensive foods, 7% is selling off their assets.
4. **Protection**

25% of the respondents reported that they are yet to know locations in their new communities that are unsafe for women and girls while 18% referred to water points, 4% reported on unoccupied shelters in the communities and routes to access services in the communities. Women and girls that are not aware of these unsafe locations are to be sensitized regarding these locations.

36% of the women and men interviewed in the communities reported that there are no GBV services in the surveyed communities, 7% of the respondents reported of Health care/medical service and 4% of the respondents reported of safety/security access to justice and psychological support. This revealed that protection in the surveyed community is very low and needs intervention.

31% of the respondents reported that there are unaccompanied or separated children in the surveyed communities. There is need for child protection interventions targeting unaccompanied children in the survey communities.

Half of the interviewed women and girls in the surveyed communities reported that the relocated IDPs are unable to access basic services in their new communities without discrimination.
5. **Health**

96% of the respondents reported that there is a health facility close to their new environment. 43% of the respondents reported that the walking time to the health facilities is one to two hours while 57% said that it could take less than 30 minutes. 100% of the respondents reported that the relocated IDPs are using health services to access their health cares.

6. **Shelter/ NFIs**

82% of the respondents reported that the relocated IDPs do not have access to shelters. According to the respondents, the types of shelter available to the new arrivals or relocated IDPs include tents (4%), rented accommodation (4%), self-made shelter/makeshift (88%) and open area (4%).

100% of the respondents reported that they need Non-food Items. The type of NFIs needed by the relocated IDPs: 75% indicated hygiene supplement and blankets; 71% indicated jerry cans, mosquito nets, mats/mattresses; 68% indicated kitchen sets.
7. **Education**

42% of the school-aged children (3-17 years) within the new arrivals/relocated IDPs are not currently attending school.

**C. Main recommendations**

1. **Food security**
   - The RRM could consider a one-off food distribution targeting IDP Camps through WFP.
   - Identify and engage partners undertaking cash-based or food programming in Monguno to sustain initial support.

2. **Nutrition**
   - Engage Nutrition partners at the sites to ascertain the capacity to absorb the additional influx.
   - Increase sensitization messaging for nutrition services at the sites to improve the visibility and uptake of available services.
   - Engage Nutrition partners in Monguno to discuss the possibility to conduct a MUAC screening exercise to quickly assess the nutritional situation.

3. **WASH**
   - RRM could potentially distribute WASH NFIs and improve existing water sources reticulation.
   - Conduct hygiene promotion activities to avoid risky practices, which would reduce the possibility of an outbreak of disease.
   - Engage WASH partners in the field for further support.
   - Construct or repair/rehabilitate latrines.

4. **Other sectors**
   - Engage with partners in ISCG and in the field to support improved access to shelter services mainly NFIs including blankets, mats/mattresses, kitchen sets, mosquito nets, jerry cans, and hygiene supplies were identified as priority needs.
IV. **RRM / SI – GSS, Kuya IDP camps & Low-cost Host Communities**

A. **Assessment details**

*Date(s) of the assessment:* 29/12/2021  
*Assessment team:* SI enumerators, Solidarites International  
*Sites assessed:* GGSS (Camp), Kuya (Camp), and low-cost (HC)

1. **Methodology:**
   
   Key Informants Interviews were carried out in the three locations; the community leaders were consulted and informed on the planned assessments to gain support and acceptance from the community. The respondents were identified with the support of the community leaders. 42 key informants were interviewed (14 KII for each of the assessed area).

*Category of Respondents:* 89% of IDPs residing at the sites for more than three months and 11% of new arrivals/relocated IDPs recently returned to the areas of origin (within the past one month).

*Place of Origin:* 62% of the respondents initially originated from Monguno, while 38% are originally from Marte, Kukawa Monguno, Marte, Nganzai LGAs.

*Displacement Duration:* As of December 16, 2021, approximately 2,906 individuals arrived at the sites during the previous two weeks, while some 106,976 people, also IDPs, arrived at earlier dates, weeks or months ago.

B. **Emergency Background**

The staggering majority of respondents indicated that returnees are facing diverse humanitarian challenges with little or no access to basic needs, as they did not receive any assistance since they arrived at their new locations. In addition, pressure is exerted on the existing resources by the recent influx.

C. **Access to services**

![Graph 1](image)

The graph above shows the key informants' responses on the top needs that should be prioritized in Monguno.
In the areas assessed, 62% of key informants reported that the people have access to water (more than 15 liters per person per day). However, it takes from 30 minutes to more than one hour to collect water. This is a significant issue, as reported by 57% of the informants interviewed (Graph 3). According to IOM DTM 38 - November 2021, there were 9,977 IDPs living in Kuya camp and 20,567 in GGSS camp. According to the latest data from IOM CCCM in Monguno, a total of 20,515 people and 20,079 people are currently living in Kuya and GGSS camp respectively.

The key informants reported boreholes, water trucking, and public stand posts as the three main types of water sources available at the assessed locations (see graph below). It worth noting, based on the GAP analysis made by the WASH sector concerning Monguno, in Kuya, there are four functional boreholes providing 26 liters per person per day (L/PPD). However, the sudden influx of relocated IDPs increased the population by over 100% in this camp and increased the number of people trying to access water sources. Similarly, GGSS camp counts 7 boreholes, including five which are functional and three functional hand pumps. Based on the GAP analysis report, some 17L/PPD is provided. This is slightly above the emergency SPHERE standard of 15L/PPD. However, the increased population has put additional strain on access to water and further decreased the quantity of water per person per day. None of these functional water points are chlorinated.

A gap analysis exercise is conducted to assess the difference between the humanitarian needs and the response provided. Based on the Gap analysis report conducted in November, in Kuya the population of the camp was 9,977 however with the influx of people and the updated population count done in December by INTERSOS CCCM now rises to 20,567. That means within a month the population increased by 10,590 which is over 100% increase.
RRM/Sl's recommendation is to reticulate more water points to increase access to fetching points for people to collect water. It is also recommended to install online dosing pumps on the water points (boreholes) to treat the water through online chlorination.

**Access to sanitation infrastructure (latrines)**

Some 37 (88%) of the key informants interviewed reported that most of the relocated IDPs in the assessed areas (especially in camps) do not have access to sanitation facilities and are practicing open defecation due to latrine unavailability (see graph below). However, based on the GAP analysis report, there are 750 latrines in the Kuya camp, of which 40 need repairs. In GGSS, there are 1,439 latrines, of which 205 need repairs.

Specifically, for WASH, key informants reported water access, WASH NFIs, hygiene promotion, and access to sanitation facilities, as the top priority needs identified (see below graph).
RRM/SI’s recommendations include repairs of inadequate pits of latrines (40 in Kuya and 205 in GGSS) in addition to constructions of new latrines based on needs, hygiene promotion through key hygiene messages for the mitigation of waterborne diseases such as cholera. In addition, WASH NFIs should be distributed to the relocated IDPs.

2. **Nutrition**

88% of informants interviewed reported that the population has access to health facilities offering nutrition services (treatment, supplementary feeding, etc.). Based on the nutrition sector partners’ mapping in Kuya, there are two OTP’s (for IRC and PUI), two IYCF-F (for PUI and IRC), one TSFP (WFP), and one MNP (PUI) while in GGSS there are one OTP(IRC), one TSFP(WFP) and one IYCF-F (IRC).

RRM/SI recommends that a SMART survey be conducted to assess the nutritional status of children from 0-to 59 months, with key emphasis on the children from relocated IDP families. Based on the findings from the survey, a scale-up in nutrition response should be considered.

3. **Health**

83% of key informants mentioned that the relocated displaced persons do not have access to health services being provided at the facilities. 43% of key informants interviewed reported that the mobile clinics are the primary type of health facility is available. 67% of key informants interviewed reported that it takes over 30 minutes of waiting time to access health services.
RRM/SI recommends that mobile clinic services be increased to address the needs of the influx of relocated IDPs.

4. **Shelter, NFI, CCCM**

Some 27 key informants reported that the relocated IDPs don't have access to shelter while 15 other key informants indicated that the relocated IDPs have access to shelter. In addition, 20 key informants reported that most of the displaced people are currently being hosted in self-made shelters which is one of the coping strategies employed by the displaced persons (see chart below).
RRM/SI recommends for the shelter/NFI/CCCM sector to conduct a more in-depth need assessment to evaluate possible responses.

5. 🍽️ Food security

Based on the key informants' responses, 42 reported that the relocated IDPs didn’t receive food on arrival and as a result, negative coping mechanisms are being adopted including borrowing food or relying on support from relatives, selling firewood, sending children to work, reducing the number of meals eaten in a day, skipping meals, etc.

![Graph 15](image)

RRM/SI recommends a one-off three-month food distribution targeting the IDP camps.

6. 🏫 Education

Access to school

According to the key informants interviewed, a cohort of diverse challenges hinder access to school. Indeed, the key informants reported that the relocated displaced persons don’t have access to schools.

![Graph 16](image)

![Graph 17](image)

WASH facilities in schools

The key informants reported that schools are equipped with functional WASH facilities, though these are not gender segregated.
D. Main recommendations

The four top needs of the relocated IDPs range from **Food security**, **WASH**, **Nutrition**, and **Shelter**:

1. **Food security**
   Regarding food security, key informants reported that most of the relocated IDPs mentioned food as an urgent need, so a one-off distribution targeting the camps could help absorb the shock.

2. **WASH**
   RRM/SI recommends distributing WASH/Dignity NFIs, while reticulating existing water points to have improved access to water and rehabilitating existing sanitation facilities. There is a need to construct new latrines and showers. Lastly, it is recommended to carry out hygiene promotion activities to avoid risky practices and reduce the possibility of disease outbreaks.

3. **Nutrition**
   RRM/SI recommends conducting a SMART survey to assess the nutritional status of children from 0-to 59 months, with key emphasis on children from the relocated IDP families. Based on the findings from the survey, a scale-up in nutrition response should be considered.

   Regarding access to health services, the respondents reported that they could not access health services because the facilities lack medicines, equipment, vaccines or are too far from their location. These needs are to share with the ISCG and the health sector.

4. **Shelter/NFI**
   All the respondents identified shelter / NFIs as top priority needs, including blankets, mats/ mattresses, kitchen sets, mosquito nets, jerry cans, hygiene supplies. The RRM partners will communicate and advocate to other CCCM and ISCG partners to address these needs.
E. Photos
**F. RRM Need Assessment Questionnaire**

### BACKGROUND - ASSESSMENT INFORMATION

<table>
<thead>
<tr>
<th>Date of Assessment (day/month/year)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name / Organization / Staff ID</td>
<td></td>
</tr>
</tbody>
</table>

#### Assessment Site Information

<table>
<thead>
<tr>
<th>State</th>
<th>Borno</th>
<th>Adamawa</th>
<th>Yobe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Name/location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPS Coordinates (if available)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site category</td>
<td>IDP camp (formal)</td>
<td>IDP camp - informal (informal settlements)</td>
<td>Host Community</td>
</tr>
</tbody>
</table>

### GENERAL ASSESSMENT – KEY INFORMANT

<table>
<thead>
<tr>
<th>Category</th>
<th>Host community member</th>
<th>IDP residing at the site for more than three (3) months</th>
<th>New arrivals but whose place of origin is different from current location (within the past one month)</th>
<th>New arrivals recently returned to the areas of origin (within the past one month)</th>
<th>Gov Representative</th>
<th>Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>M</td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place of origin</td>
<td>State</td>
<td>Ward</td>
<td>Site/Location</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of arrival to the current location (day/month/year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If current location is different from place of origin, can people go back to their place of origin?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the estimate number of new arrivals/returnees living in the site (for the past month)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional if KI does not know this information</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Three top areas of origin of the arrival population at this site?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(State / LGA / Ward)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SERVICES

<table>
<thead>
<tr>
<th>Is assistance being provided to new arrivals/returnees?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was the assistance provided to new arrivals/returnees?</td>
<td>Before leaving their previous locations</td>
<td>Upon arriving at the site</td>
</tr>
<tr>
<td></td>
<td>No assistance</td>
<td></td>
</tr>
<tr>
<td>Others (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If assistance was provided prior moving this location, what was provided?

- Cash
- Food
- NFIs
- No assistance
- Others

Please specify what provided for each category.

If assistance is currently provided, what are the services available for new arrivals/returnees in this location?

Select all that apply:
- Food Assistance
- Shelter
- Water Hygiene and Sanitation
- Health
- Nutrition
- Distribution of NFIs
- Education
- No services
- Others (specify)

Who provides services for new arrivals/returnees?

Select all that apply:
- Government
- Humanitarian agencies (UN, INGOs, NGOs)
- No services
- Others (specify)

Please list the first three top priorities for the new arrivals/returnees:

1. 
2. 
3. 

WASH

Which statement would best describe the access to water for your community, in general, for the last 30 days? (meant water for Drinking, Bathing and Cooking)

- Everyone/nearly everyone has enough water for their needs (little to no problem)
- Everyone/nearly everyone has problems accessing enough water for their needs (access problems)
- Only people who can afford it have enough water (affordability problem)
- The situation changes all the time: sometimes water access is easy, sometimes it is hard (intermittent access problems)
- There is enough water for some groups (ex: hosts), but not for others (ex. IDPs) (status problem)

If the last one, specify who doesn’t have enough water

How many litres of water per day people have access to in this location?

- Less than 15L/day
- More than 15L/day
- Don’t know
- No access to water

What are the available sources of water in this site?

- Hand pump
- Hand-dug well (protected)
- Hand-dug well (unprotected)
- Stream/river
- Surface water/seasonal pond
- Public stand post
- Well
- Rainwater tank
- Water trucking
- Other (please specify)

Are the source(s) working?

- Yes
- No
**On average, how many minutes does it take for the people living in this site to collect the water needs for a household (incl. travel, waiting and filling the containers)?**

- [ ] Less than 30 minutes
- [ ] 30 min - 1 hours
- [ ] More than 1 hour
- [ ] Don’t know

**Do new arrivals/returnees have enough containers for water storage?**

- [ ] Yes
- [ ] No

If yes, please specify types of containers:

- [ ] Open defecation
- [ ] Family pit latrines
- [ ] Family VIP latrines
- [ ] Community latrines

Are there latrines available at this site/location for new arrivals/returnees?

- [ ] Yes
- [ ] No

**Type of latrines?**

- [ ] Open defecation
- [ ] Family pit latrines
- [ ] Family VIP latrines
- [ ] Community latrines

Are latrines safe for women and children?

- [ ] Yes
- [ ] No

If no, why

Have the new arrivals/returnees received any WASH NFIs in the recent past?

- [ ] Buckets
- [ ] Jerrycans
- [ ] Soap
- [ ] Aquatabs
- [ ] Plastic Kettle
- [ ] Women Hygiene Products / Tampons

Who distributed (name of Humanitarian agency / Gov)

Which of the chlorination (water treatment) methods have you observed?

- [ ] None
- [ ] Chlorination in the tank – direct chlorination in storage tanks
- [ ] Bucket Chlorination – direct chlorination in buckets/jerry cans
- [ ] Online Chlorination – chlorination system installed at pump; water extracted is chlorinated before going into the tank

What do you think are the most urgent needs that new arrivals/returnees require for Water, Sanitation and Hygiene

1.
2.
3.

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**NUTRITION – TO BE ASKED ONLY TO NUTRITION KEY INFORMANT**

**Existing Nutrition Interventions capacities and activities**

Are there health facilities offering Nutrition (treatment, supplemental feeding) services in the assessment sites?

- [ ] Yes
- [ ] No
- [ ] Don’t know

(only for Nutrition KII)

Activity specification - List the names and services they provide

Are there Nutrition services or sites that have been stopped or closed in the recent past?

- [ ] Yes
- [ ] No
- [ ] Don’t know

(only for Nutrition KII)

If yes, give reason why?

Are there any screening for acute malnutrition ongoing in this site?

- [ ] Yes
- [ ] No

(only for Nutrition KII)

If yes, results of most recent screening: (% red, % yellow, % green)
<table>
<thead>
<tr>
<th>Are there facilities for the management of severe acute malnutrition (facility or community based) (only for Nutrition KII)</th>
<th>□ Don’t know</th>
<th>□ Yes</th>
<th>□ No</th>
<th>□ Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes:</td>
<td>Stabilization Center (SC)</td>
<td>Outpatient Therapeutic Program (OTP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How have NEW ADMISSIONS trends to OTP programs changed since the new arrivals reached the location? (only for Nutrition KII)</td>
<td>□ Increased</td>
<td>□ Same as before</td>
<td>□ Decreased</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>OTP - Outpatient Therapeutic Program</td>
<td>Normal seasonal increase in acute malnutrition (lean season)</td>
<td>Influx of cases from other OTP sites which have shut down</td>
<td>MUAC screening or opening of new OTP sites</td>
<td>Diarrheal disease outbreak</td>
</tr>
<tr>
<td>What are the reasons for the OTP (increase/decrease) trends? (only for Nutrition KII)</td>
<td>□ TSFP &lt; 5 years</td>
<td>□ TSFP PLWs (PLW – Pregnant and Lactating Women)</td>
<td>□ BSFP &lt;5 years</td>
<td>□ BSFP PLWs</td>
</tr>
<tr>
<td>Can new arrivals access Targeted Supplementary Feeding (TSFP) or Blanket Supplementary Feeding Programs (BSFP)? (only for Nutrition KII)</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>Are new arrivals being targeted by Prevention of acute malnutrition (IYCF) being conducted? IYCF - Infant and Young Child Feeding (only for Nutrition KII)</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>If yes:</td>
<td>□ community IYCF</td>
<td>□ Health facility IYCF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are new arrivals being targeted by MNP Activities (e.g., vitamin A, FeFoL.) MNP – Micronutrient Powder Supplementation (only for Nutrition KII)</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>Have infant milk products and/or baby bottles/teats been distributed to new arrivals/returnees moved to this location? (only for Nutrition KII)</td>
<td>□ Yes – if so, by whom: ________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No</td>
<td>□ Don’t know</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do you think are the most urgent needs that new arrivals/returnees require for nutrition? (only for Nutrition KII)</td>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FOOD SECURITY**

**Food assistance**

Is food assistance provided at this site for new arrivals/returnees? □ Yes | □ No

If so, please describe (commodities, date of last distribution, which actor). Commodities ________________________________
Date of last distribution __________________

Distributed by _________________________

Are there households not receiving food assistance currently at this site (since new arrivals reached the site)?

- Yes
- No

If yes, WHAT ARE THE REASONS

Describe how people are coping with food and cooking fuel shortages and how they access food and cooking fuel.

If new arrivals ARE NOT provided with food assistance, what are the main coping strategies adopted by people?

- Using assistance provided before moving to this location
- Seeking assistance from aid agencies
- Reducing number of meals eaten in a day or skipping meals
- Relying on less preferred food and less expensive food
- Borrowing food, or rely on help from friends and relatives
- Selling productive assets
- Sending children to work
- Others (specify)

Is there (or do you have) fuel for cooking at this site?

- Yes
- No

If not, what are the main coping strategies for insufficient fuel?

- Reducing number of meals per day
- Selling food/ration to buy fuel
- Undercooking food
- Rely on help from friends and relatives
- Sending children to work
- Seeking assistance from aid agencies
- Others (specify)
<table>
<thead>
<tr>
<th><strong>Do people face any risks while collecting firewood?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If so, and you feel to share, what are the risks?

<table>
<thead>
<tr>
<th><strong>Main income sources / livelihood</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have new arrivals/returnees received assistance for livelihood?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If yes, please specify what received

<table>
<thead>
<tr>
<th>If new arrivals/returnees, have received assistance for livelihood, is this enough to restore livelihood?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

Why?

<table>
<thead>
<tr>
<th><strong>Market Trade – Food Security Related</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there a functional market at or nearby the site?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If no, since when and why?

<table>
<thead>
<tr>
<th>If the above is yes, what items can you access to the market?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>What do you think are the most urgent needs that new arrivals/returnees would require for their food assistance and livelihood?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>EDUCATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are school-aged children (3-17 years) within the new arrivals/returnees currently attending school?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

If no, why are children not going to school?

Choose the two most important:

- There is no school
- Classes are damaged
- There are no teachers
- The community is afraid of taking children to school
- There are no school materials
- There are not enough classes or classes are overcrowded
### If there is a school, is the school/learning site equipped with WASH facilities?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### If there is a school, how far is the water source from school?

<table>
<thead>
<tr>
<th>100m</th>
<th>More than 100m</th>
</tr>
</thead>
</table>

### If there is a school, are there latrines/toilets for boys and girls within the school premises?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### HEALTH

**Are there health facilities closest to the area that experienced new arrivals?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If there are health facilities, what type of health facility is closest to the area that experienced new arrivals/returnees?**

- PHC
- Secondary health facilities
- Mobile clinic only
- Other – please specify:
  - No health facility

**If there is a health facility, where is it?**

- In the same site / village where new arrivals are
- In another location

**If the health facility is in another location / village, how long does it take to walk there?**

- Less than 30 minutes
- 1-2 hours
- 2-4 hours
- More than 4 hours

**Are the new arrivals/returnees using the health services at the facility?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If no, why not?**

- Cannot pay
- Too far
- Lack of medicines/equipment/vaccines
- Health facility is damaged/non-functional
- Staff (doctors, nurses) not available
- Lack of safe delivery services (antenatal care, post-natal care etc.)
- Other ____________________

### PROTECTION, CHILD PROTECTION, GBV

**Are there households with specific needs/vulnerabilities in the new arrivals/returnees?** (Female Head of Household, Persons with disability, Persons with chronic illness, and other protection risk and needs)

<table>
<thead>
<tr>
<th>Less than 10% of the population</th>
<th>Between 11% - 20% of the population</th>
<th>Between 21% - 50% of the population</th>
<th>More than 50% of the population</th>
<th>None</th>
<th>Don't Know</th>
<th>Others ____________________</th>
</tr>
</thead>
</table>

**If Yes, do they have access to basic services without discrimination (Food, Health, Shelter, Etc.)**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Have there been tensions between populations (IDPs, Returnees/new arrivals, Host communities) including on access to housing, land and property, in the last month?**

<table>
<thead>
<tr>
<th>Once</th>
<th>Twice</th>
<th>More than twice</th>
<th>None</th>
<th>Don't Know</th>
<th>Others ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among the new arrivals/returnees are there children who are unaccompanied or separated Children?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----</td>
<td>----</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Unaccompanied children/minors) are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What’s the estimated number of unaccompanied or separated children?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What locations are considered as unsafe for women and girls?</td>
<td>Water points Toilets</td>
<td>Unoccupied shelters in the community During collection fuel/firewood session</td>
<td>Along routes to access services</td>
<td>Don’t Know</td>
<td>Prefer not to answer</td>
</tr>
<tr>
<td>What Gender Based Violence (GBV) services are available in the community?</td>
<td>Health care / medical services</td>
<td>Psychosocial support</td>
<td>Safety/security Access to justice</td>
<td>Empowerment and livelihoods (safe spaces)</td>
<td>Material assistance</td>
</tr>
</tbody>
</table>

**SHELTER/NFI & DMS/CCCM**

<table>
<thead>
<tr>
<th>Shelter/NFI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do new arrivals/returnees have shelters?</td>
</tr>
<tr>
<td>If not why?</td>
</tr>
<tr>
<td>In what kind of shelters are the new arrivals/returnee families staying?</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Please Rank the type of shelters from 1 to 3 based on how the majority of people are staying</td>
</tr>
</tbody>
</table>
### 3.

<table>
<thead>
<tr>
<th><strong>If rented, what is the monthly amount/contribution you pay (as applicable)?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there NFI needs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Blankets</td>
</tr>
<tr>
<td>□ Mats/ Mattresses</td>
</tr>
<tr>
<td>□ Kitchen sets</td>
</tr>
<tr>
<td>□ Mosquito Nets</td>
</tr>
<tr>
<td>□ Jerry Cans</td>
</tr>
<tr>
<td>□ Hygiene supplies</td>
</tr>
<tr>
<td>□ Others</td>
</tr>
</tbody>
</table>

### Key Informant Interviews (KII)

<table>
<thead>
<tr>
<th><strong>IDP sites</strong></th>
<th><strong>In each camp – 14 KII</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Key Informants including</td>
<td></td>
</tr>
<tr>
<td>- Camp chairman</td>
<td></td>
</tr>
<tr>
<td>- SEMA Focal Point</td>
<td></td>
</tr>
<tr>
<td>- CCCM Focal Point</td>
<td></td>
</tr>
<tr>
<td>- Nutrition/Health Staff working at the nearest health/nut facility</td>
<td></td>
</tr>
</tbody>
</table>

10 Key Informants among camp residents – 8 out of 10 at least are new arrivals/returnees
- Informants should be representative of Men/Women, PWDs, Elderly

<table>
<thead>
<tr>
<th><strong>Host communities</strong></th>
<th><strong>In each HC site – 14 KII</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Key Informants including</td>
<td></td>
</tr>
<tr>
<td>- LGA Chairman</td>
<td></td>
</tr>
<tr>
<td>- Bulama</td>
<td></td>
</tr>
<tr>
<td>- SEMA Focal Point</td>
<td></td>
</tr>
<tr>
<td>- Nutrition/Health Staff working at the nearest health/nut facility</td>
<td></td>
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</table>

10 Key Informants among camp residents – 8 out of 10 at least are new arrivals/returnees
- Informants should be representative of Men/Women, PWDs, Elderly