

# RAPID RESPONSE MECHANISM



In Northeast Nigeria

## NEEDS ASSESSMENT REPORT

Borno State - Ngala LGA - Gamboru Ward C

December 2021 – April 2022

## SITUATION OVERVIEW

### Background

Gaboru /Ngala is a Local Government in Borno state. Ngala has been recording spontaneous movements due to government policy on camp closure and ongoing fight between GF/NSAG and surrendering members of NSAG. The surrenders have triggered the recent movements to Gaboru where the returned population affected by the insurgency, are currently staying with approximately 571HH, representing 4,000 individuals with limited humanitarian assistance.

Considering the lack of capacity on ground and the reported deteriorating humanitarian situation, on April 21<sup>st</sup> and 22<sup>nd</sup>, 2021, the Rapid Response Mechanism (RRM) coordination group decided to launch a multi-sectoral needs assessment at Gaboru ward C. Three partners, NRC, DRC and Solidarités International (SI), conducted assessments in Gaboru word C Host Communities site.

- **GPS Coordinates:** Lat. N12° 22' 30" Long. 14° 12'11"
- **Communication:** There is Airtel network and SAT phone coverage in the area.
- **Security:** There was recorded incidents from 18-21<sup>st</sup> April 2022 at Wulgo and Nguro Yobeye.
- **Access to information:** through Face-to-Face interactions. The communities are informed about services provided to them, and they always give their feedback through suggestion box and direct complaints mechanism.
- **Market Functionality:** There is a functional market; although the main challenges to access it are distance and transportation. The market opens every day with Monday being the main market day.
- **Early Recovery and livelihood:** No update on DRR, community development plan, there is a Ministry of Reconstruction, Rehabilitation and Resettlement (MRRR) in place to guide the early recovery plan in Gaboru assessed areas.

### Need Assessment: Methodology and team composition

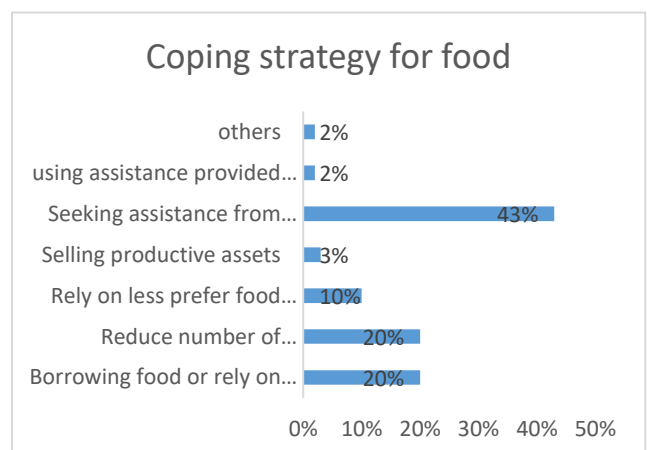
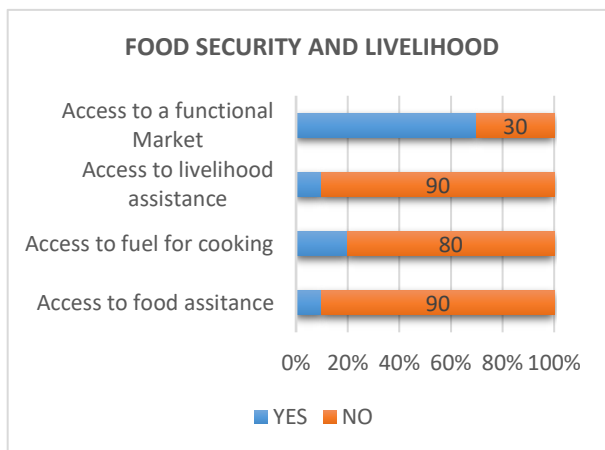
**On the 21<sup>st</sup> and 22<sup>nd</sup> April 2022**, a Multi-Sectoral needs Assessment was conducted in Gaboru Ward C Host community of Gaboru/Ngala local government area of Borno state by RRM partners (DRC, SI and NRC). The activity started with a pre-departure meeting on how to conduct effective and timely assessment and presenting the assessment tools to the facilitators before proceeding to the community. A total of 13 staff (38% female) conducted the assessment including 3 from DRC (2 male; 1 female) and 10 from SI (6 male; 4 female).

**On 21 April 2022**, the team conducted Key Informant Interviews (KII) with the following key informants (30% Female): Gaboru district head representative, Community leader (Lawan), 4 Bulma's, Youth leader, Women leader, 2 Representative of PwSN, 3 Health practitioners (INTERSOS Clinical supervisor, MSF Nutrition Officer, and MCH Health Supervisor), and 1 Community member. In addition, two Focus Group Discussions (FGD) were led with community members including 10 women and 10 men.

## 1. Food security/Livelihood

Across all the FGD interviews, it was reported that only few families benefited from food assistance since their arrival. Due to lack of food, people are adopting negative coping strategies: 20% of the respondents rely on reducing their daily meals intake, 15% relying on friends and relatives, 10% on begging. 20% of the respondents indicated that they have fuel for cooking while 80% do not have access to fuel for cooking. 55% reported risks/fear of attacks and rape from non-state-armed groups while collecting firewood from the bush. Food provided by WFP was consisting of rice, oil and maize. The main crops produced in the area are cowpea, maize, okra and sorghum. The main source of income to the community is farming, fishing and livestock rearing.

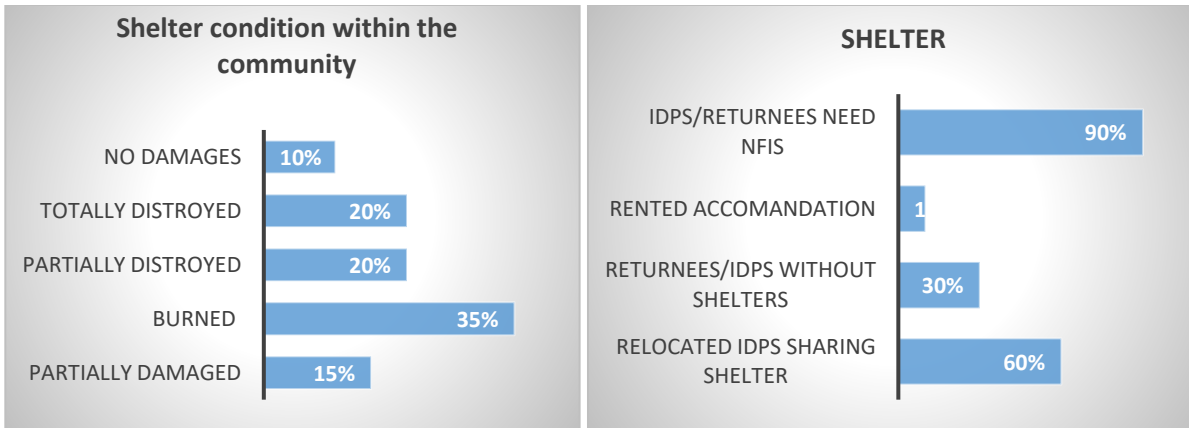
On the other hand, only 10% of the respondents received grinding machine and sewing machine as livelihood assistance, which was insufficient. There is a functional market in Gamboru as illustrated in the graph below.



## 2. Shelter/NFI

According to the respondents, 60% reported that there are on average 10 families per shelter while 5 individuals sleeping in each house. 60% of the relocated IDPs are sharing shelters within the host communities, whilst 30% are without shelter. 10% are paying N1,500 per room a month depending on the type of shelter they rent. Other type of shelters include self-made shelter/makeshift. In addition, the shelter conditions in the host community are: partially damaged (15%), burned (35%), partially destroyed (20%), totally destroyed 20%, without any damages (10%).

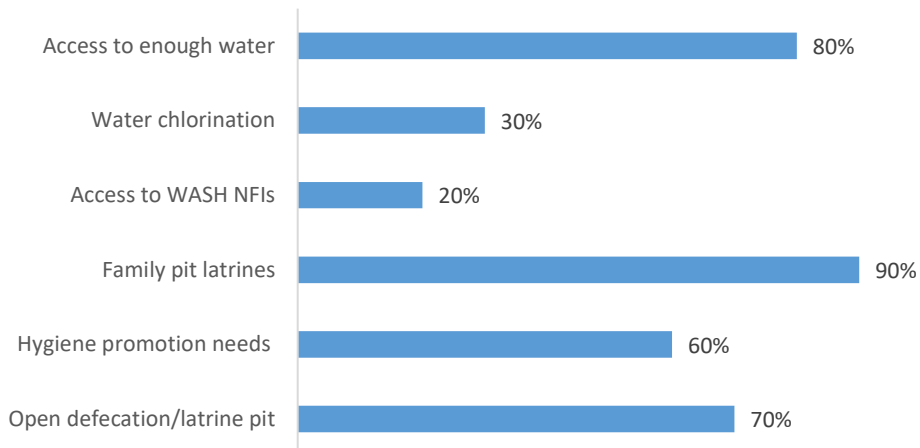
90% of the respondents reported the following most pressing NFI needs: blankets, mat/mattress, kitchen sets, mosquito nets, jerry cans, clothing, shoes, and hygiene supplies. Shelter kits and shelter repair kits are also needed as illustrated in the graph below.



### 3. WASH

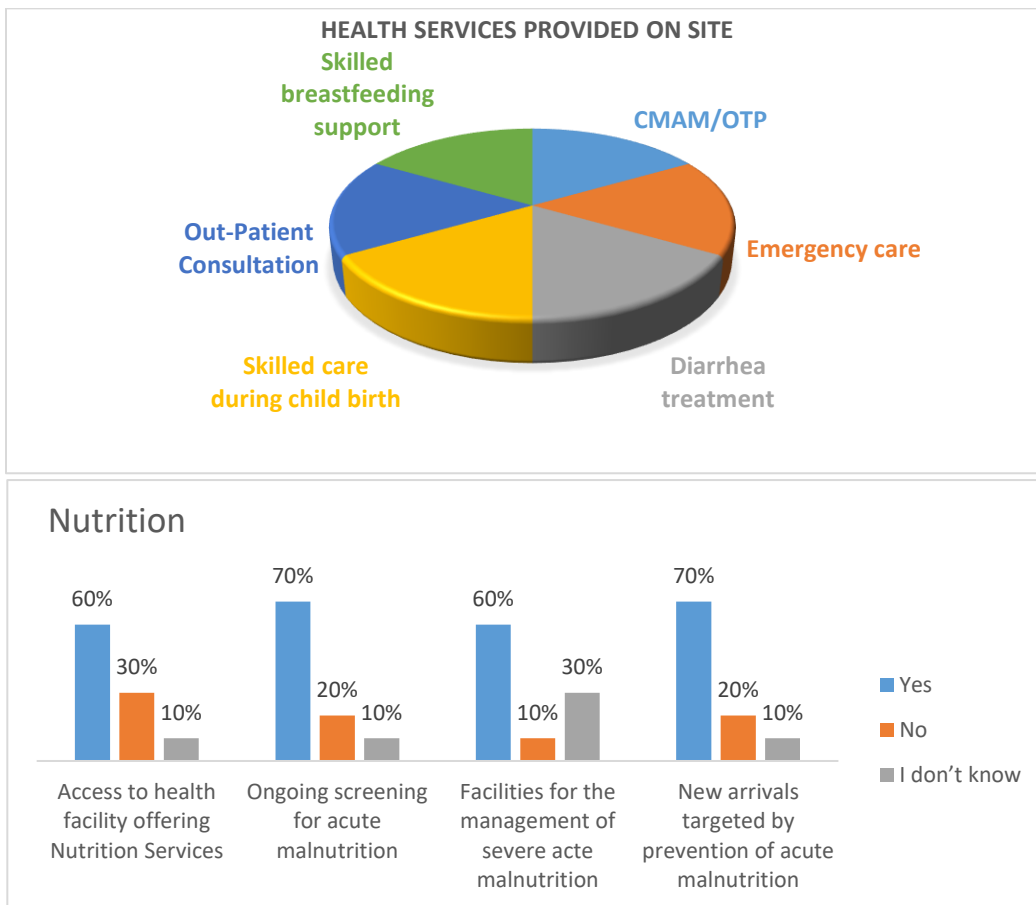
According to the respondents, 80% of the water sources come through hand pumps. Respondents reported that the water is not chlorinated. For 70% of the respondents, water quantity is adequate, however, there are insufficient water points, and women and children are mainly collecting water. 80% of the respondents reported challenges to access water because of the significant waiting time of 30min to one hour to fetch water, while 60% of the respondents need hygiene promotional activities as illustrated in the graph below.

#### Wash needs



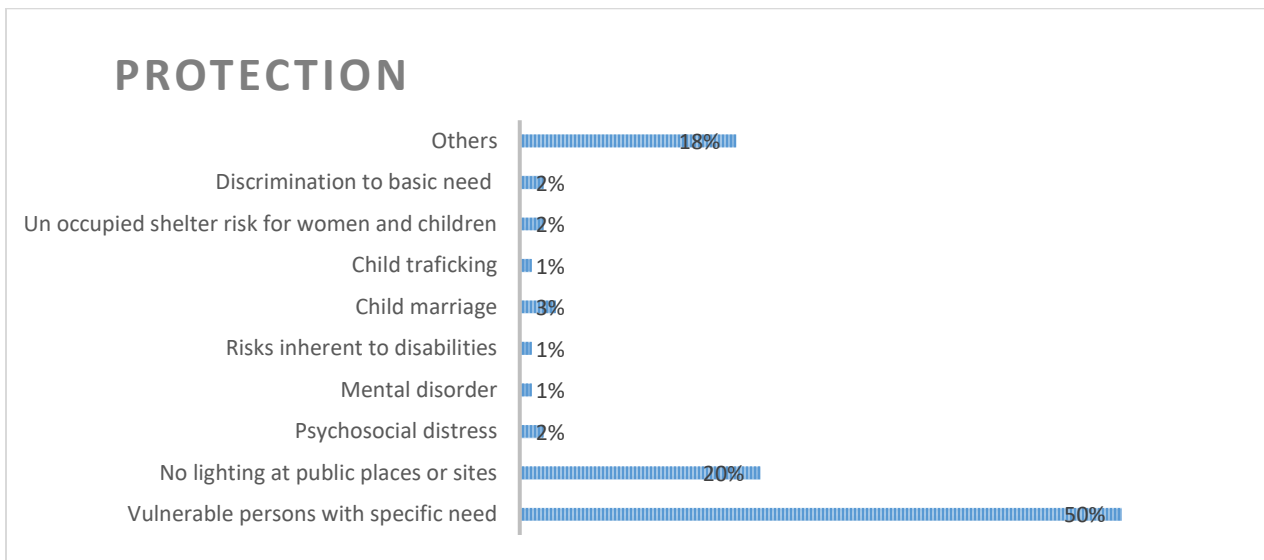
#### 4. Health/nutrition

According to KII, the health practitioners interviewed reported that, health facilities are functional in Gamboru where the relocated IDPs are currently residing. The available health services include Primary Health Care and mobile clinics. Main morbidities include meningitis, Malaria, Acute Watery Diarrhea, Chickenpox, Measles, and Mental health issues. The health care provided include emergency care, diarrhea treatment, skilled care for childbirth, outpatient consultations, skilled breastfeeding support and CMAM/OTP (Nutrition services). According to Nutrition key informant, the regular malnutrition MUAC screening show higher percentage of children at risk of malnutrition (yellow) up to 65%, and around 35% of children with Severe Acute Malnutrition (red) in the Community. 85% of the respondents were indicating access to facilities being less than 30 minutes walking distance while others walk one to two hours. 90% of the relocated IDPs and Host community reported using the services provided at the health facility. Staffs providing services in the facilities include Community Health officers (CHO), Nurses, Midwives, Lab technicians and they report drugs are available. Below illustrated in the graph:



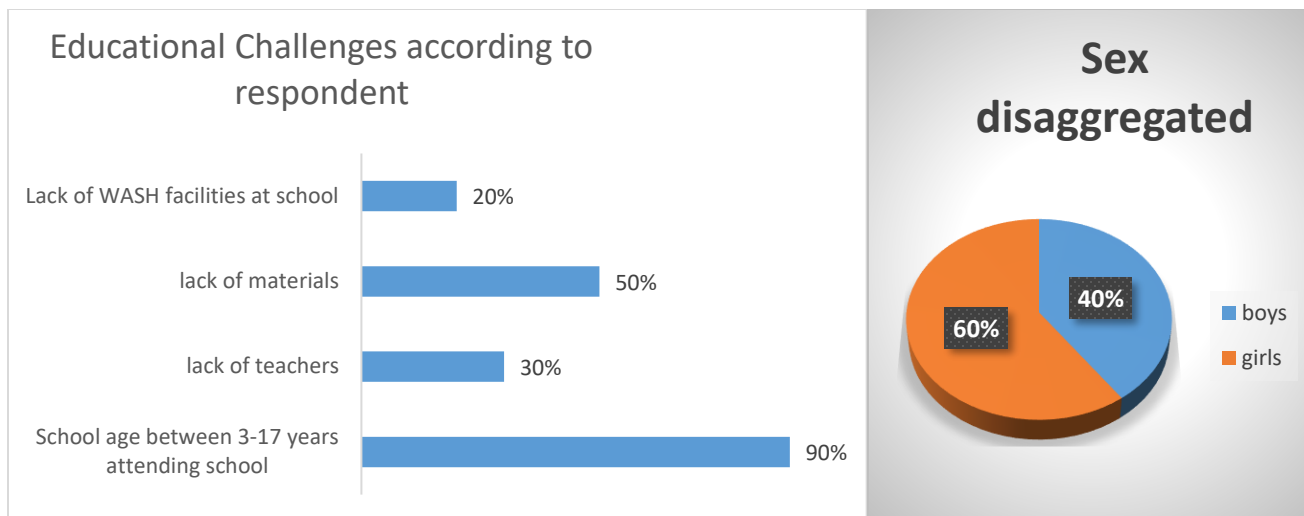
## 6. Protection

Across all interviews, the respondents reported that there is a restriction of movement 5-10km outside of the community. Respondents report that between 21-50% of households of the vulnerable population are with specific needs. 20% of respondents indicate that there is no lighting on site or in public places. There is fear of armed attack considering the attacks experienced in the last three months. There are Child Protection services and awareness on protection issues as well as referral pathways. All need to be strengthened. Indeed, according to respondents, common child protection risks include child marriage/early marriage (3%), psychosocial distress (2%), mental disorder (1%), child trafficking and child labor (1%) and risk inherent to living with a disability hampering mobility (1%). In addition, water points/toilets are being unsafe for women and girls due to possible threats of harassment. 2% of IDPs are collecting fuel/firewood in unoccupied shelters in the community while these places can expose girls and women to Gender-Based Violence (GBV). There is fear of being identified as a survivor of GBV due to stigma and shame, which constitutes a barrier/reason not to present their cases, even though GBV services are available in the assessed location. There are some children with disability, 2% face discrimination to access basic needs as illustrated in the graph below.



## 7. Education

A staggering 90% of the respondents interviewed across all interviews reported that school aged children (between 3 to 17 years) are currently attending school both formal and Islamic Sangaya education. According to the respondent's the main education barrier are lack of Materials (50%), lack of teachers (30%), schools being not equipped with WASH facilities (20%). Government employs the teachers with limited support. Of all students, 60% are girls while 40% are boys, with few classes for learning as illustrated in the graph below.



## Recommendations

Based on the assessment conducted, the team came up with the following recommendations on the conditions, gaps, and challenges of the relocated IDPs/Host community and Returnee in the assessed location.

### Food/livelihood

- 100% of the respondents across all interviews mentioned food as an urgent need.
- Increasing access to land for rainy season farming as well as provision of farming equipment (seed & tools) are highly recommended.
- Provision of livelihood training and support for self-reliance.
- Cash assistance is also highly recommended.

### Shelter/NFI

- Provision of permanent shelters for the Host Community and returnees.
- Provision of shelter materials to support IDPs in Gamboru ward C.
- Transitional shelters for IDPs in Host community are also recommended.
- Provision of shelter kits and shelter repair kits is also recommended.

### WASH

- There is urgent need for distribution of WASH/Dignity NFIs
- Reticulation/Rehabilitation of existing water points and sanitation facilities to improve access to water and sanitation facilities.
- It is also recommended that hygiene promotion activities are started to enable the population in the HC to improve their living conditions and prevent outbreaks of diseases.

### Nutrition

- There is also a need to improve nutrition support especially to children and women arrived from hard-to-reach areas for SAM treatment and Counselling.

### **Protection**

- Provision of Child Friendly Spaces as well as mental health support for traumatized children.

### **Education**

- Providing access to water, establishing temporary space for learning.
- Recruiting and supporting teacher's/staff.
- Provision of Educational/Instructional materials is highly recommended.