



# Basic Needs & Response Analysis Framework Report

## Pilot Assessment In and Around Informal IDPs Settlements in Borno State, Nigeria – JUNE 2017



**Save the Children**



United Nations  
**World Food Programme**



Funded by  
European Union  
Humanitarian Aid

**Disclaimer:** The assessment was undertaken in 3 LGAs of Borno state, MMC, Jere and Kunduga and visited 4 targets groups. The findings represent a comprehensive account of the humanitarian situation only in the assessed areas. The report should be interpreted in conjunction with other assessment or media reports, and IDPs figures from the Displacement Tracking Matrix (DTM) from IOM.

The assessment has been led by Okular Analytics with the participation and support from Save the Children UK, WFP and Plan International. The report is authored by Okular Analytics and was reviewed by partners before publication.

Cover photo: IDP camp in Mongono district of Borno State, Nigeria. © AFP, Feb 2017

# Borno State Displacement Profile, OCHA as of 19 April 2017

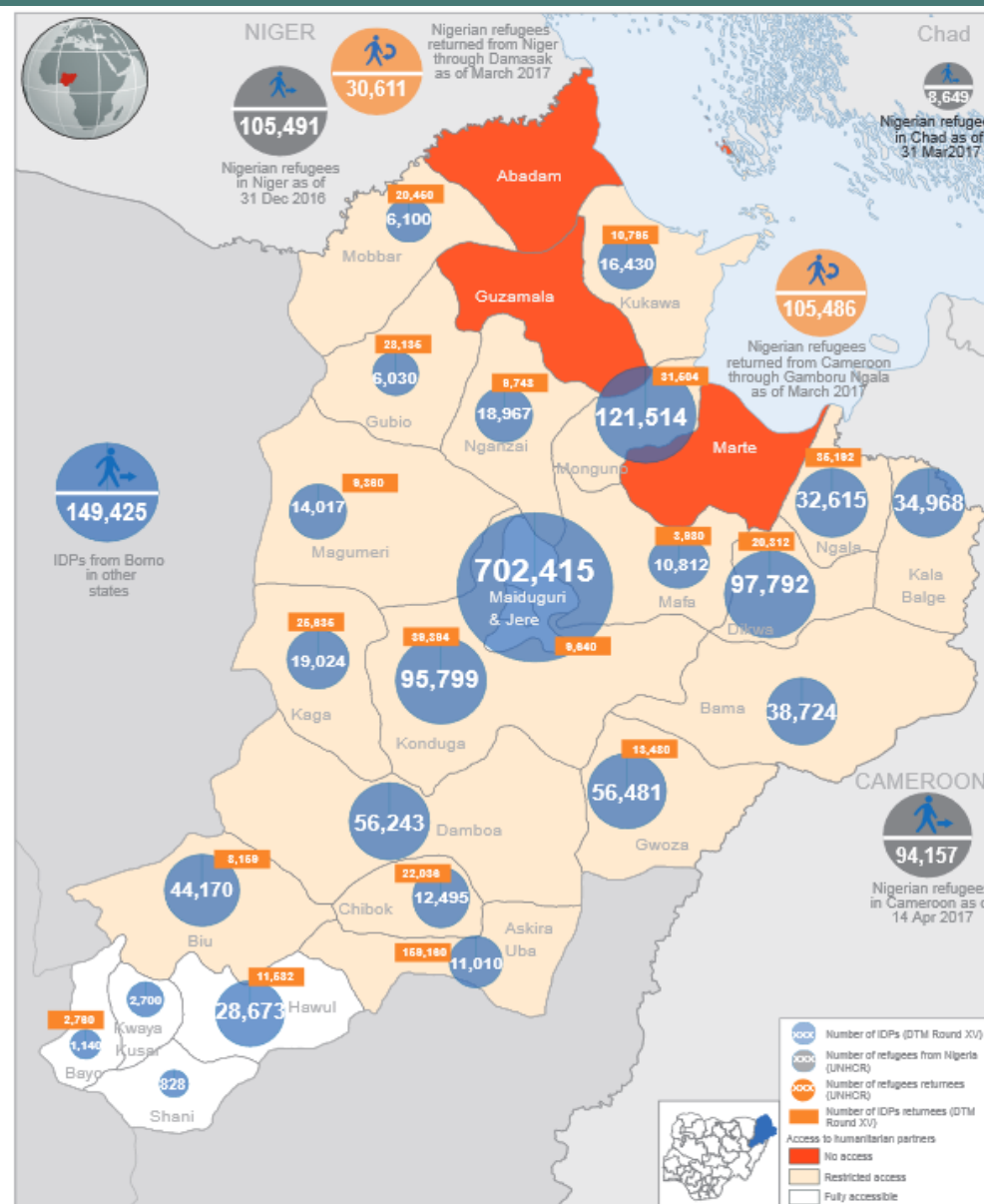
## KEY FIGURES<sup>1</sup>

**1.43 million**  
number of internally displaced people living in Borno  
9.5 per cent decrease compared to DTM RXIV

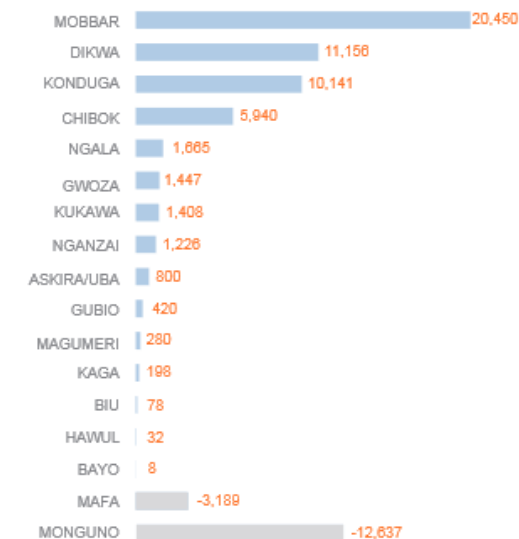
**0.45 million**  
number of people returning to their areas of origin  
9.1 per cent increase compared to DTM RXIV

## IDPs LOCAL GOVERNMENT AREAS (LGA) OF ORIGIN<sup>2</sup>

IDPs LGA OF ORIGIN	TOTAL IDPs FROM LGA	PERCENTAGE OF DISPLACED PEOPLE WITHIN THE LGA
BAMA	221,152	18%
GWOZA	220,799	26%
KONDUGA	188,224	16%
MAFA	173,090	6%
MARTE	139,630	0%
KUKAWA	119,520	14%
DAMBOA	117,984	48%
DIKWA	106,572	92%
MONGUNO	84,289	54%
KALA BALGE	34,968	100%
HAWUL	33,639	83%
NGALA	33,327	98%
KAGA	24,163	79%
MOBBAR	15,666	39%
ASKIRA / UBA	13,811	80%
NGANZAI	11,867	54%
MAIDUGURI	6,950	0%
GUBIO	6,159	98%
JERE	5,569	17%
ABADAM	3,638	0%
BIU	3,212	63%
CHIBOK	2,757	62%
MAGUMERI	2,300	100%
GUZAMALA	1,519	0%



## NUMBER OF RETURNEES BETWEEN THE PUBLICATION OF DTM RXIV AND DTM RXV<sup>3</sup>



The DTM Round XV assessment marked an increase of 39,432 IDPs. The largest number of returns was recorded in Mobbar LGA where most of the returnees came from neighboring Niger. Monguno and Mafa LGAs saw a sharp decrease in the number of returnees, where many of the displaced people travelled to their place of origin.

## CURRENT LOCATION OF IDPs FROM BORNO<sup>4</sup>



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Developed only for humanitarian activities purposes.

Update on: 19 April 2017

Sources: (1) DTM Round XV, UNHCR, (2) DTM Round XV (3) DTM Round XIV & XV

Feedback: ochanigeria@un.org For more information on Nigeria humanitarian activities: [www.humanitarianresponse.info/operations/nigeria](http://www.humanitarianresponse.info/operations/nigeria) <http://www.unocha.org/nigeria> <http://reliefweb.int/country/nga>



## Table of Contents

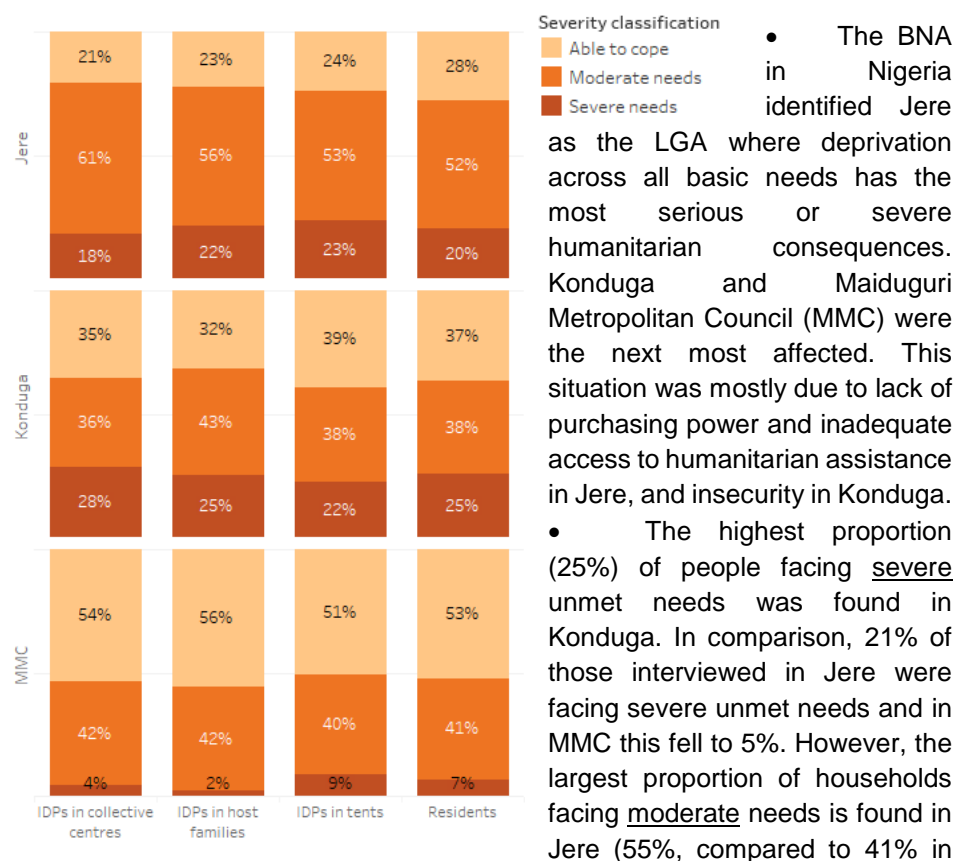
Borno State Displacement Profile, OCHA as of 19 April 2017 .....	3
Table of Contents .....	4
Abbreviations .....	4
A. Executive Summary .....	5
B. Basic Needs Assessment Background .....	7
C. Key Concepts and Definitions .....	8
D. Thematic scope of the BNA in Nigeria .....	12
E. Data Collection Techniques and Sampling .....	12
F. Activities and Timeframe .....	13
G. Limitations of the Methodology .....	13
H. How to Read Charts .....	13
I. Basic Needs Assessment - Key findings .....	16
Priority Areas and Population Groups .....	16
Priority Basic Needs .....	16
Underlying Factors .....	17
Markets and systems of service provision .....	18
Preferred Assistance Options .....	20
Survival and Minimum Expenditure Basket .....	20
Seasonality of Expenses .....	21
J. Statistical results - Demographics .....	23
K. Statistical results – Household Economy and Livelihoods .....	24
L. Statistical Results – Income Gap and Sources/Providers .....	26
M. Annexes .....	27
Annex 1 Detailed sampling plan .....	27
Annex 2 Household questionnaire .....	28
Annex 3 CGD questionnaire .....	30
Annex 4 Secondary Data Review – May 2017 .....	31
Annex 5 Debriefing and lessons learnt .....	38

## Abbreviations

<b>IOM</b>	International Office of Migration
<b>DTM</b>	Displacement Tracking Matrix
<b>LGA</b>	Local government Area
<b>BNA</b>	Basic Needs Assessment
<b>HHI</b>	Household interview
<b>CGD</b>	Community Group Discussion
<b>SDR</b>	Secondary Data Review
<b>IDPs</b>	Internally Displaced Persons
<b>EFSA</b>	Emergency Food Security Assessment
<b>WFP</b>	World Food Program
<b>MPG</b>	Multi-Purpose cash Grants
<b>MEB</b>	Minimum Expenditure Basket
<b>SMEB</b>	Survival Minimum Expenditure Basket
<b>MMC</b>	Maiduguri Metropolitan Council
<b>LGA</b>	Local Government Area

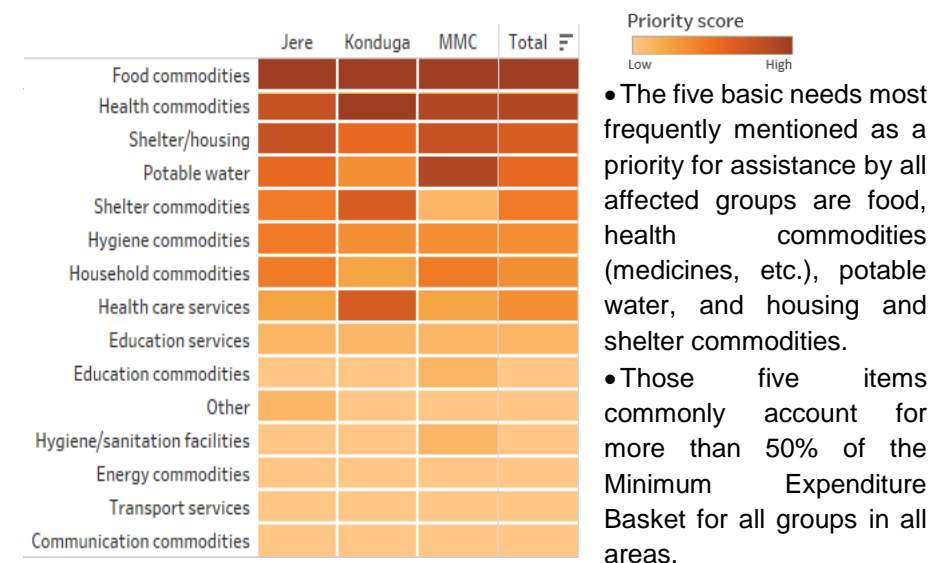
## A. Executive Summary

### 1) Priority geographic areas, affected groups and needs

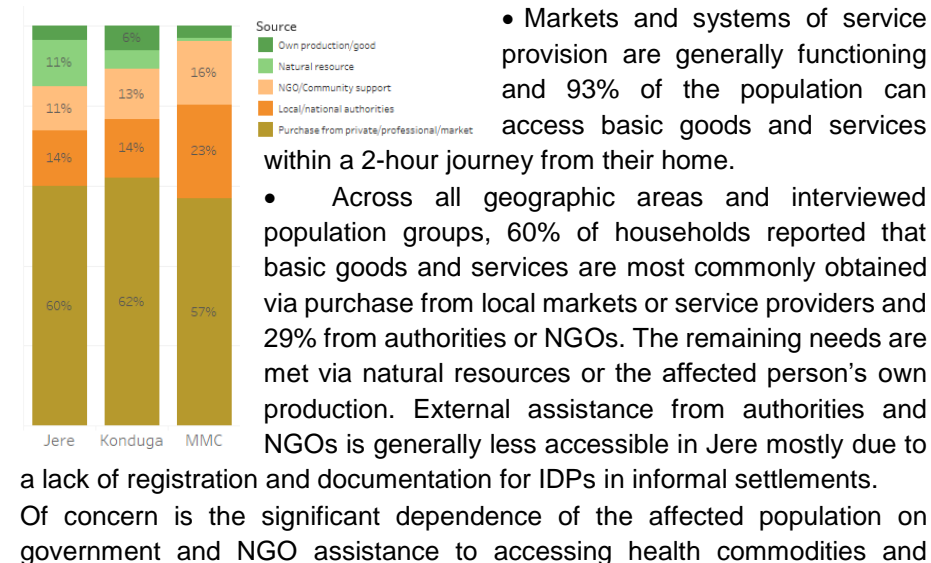


domestic production. In Konduga safety issues are the primary driver of unmet needs.

### 2) Composition of the basket of assistance

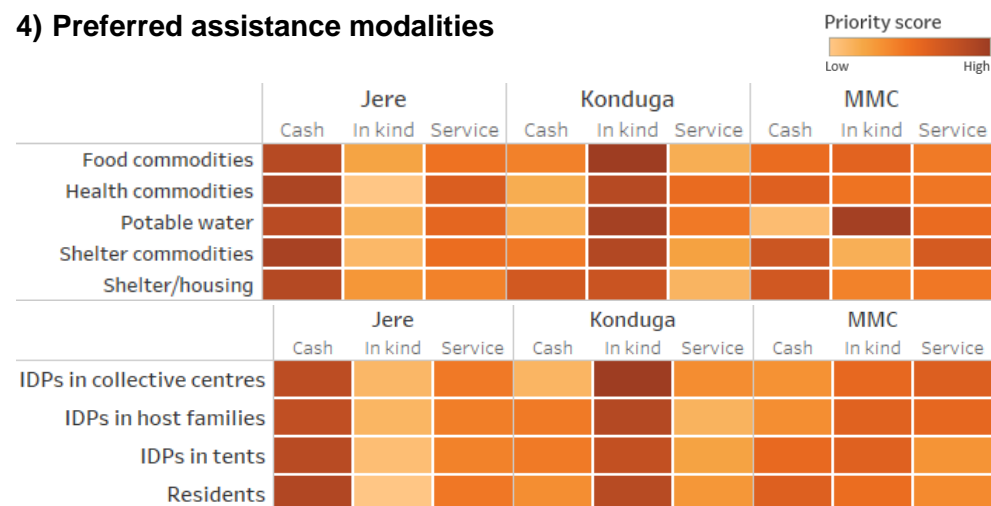


### 3) Critical markets and systems of service provision



potable water. This is especially significant for IDPs in collective centres and tents, in Konduga and MMC.

#### 4) Preferred assistance modalities



- Due to the proximity of markets and the availability of goods and services locally, cash assistance is the favoured response option in Jere where 68% of the households interviewed consider that priority needs originate in lack of purchasing power, lack of assistance from authorities or NGOs, and safety.
- Requests for in-kind support prevail in Konduga for all five priority needs for assistance. 73% of the respondents reported safety, purchasing power and physical constraints as the main drivers of unmet needs. Participants to CGDs in Konduga also reported issues with the quality of the locally available services and goods (CGDs). Cash was mentioned as the second preferred type of assistance for food, shelter commodities and shelter/housing.
- A mix of assistance modalities is preferred in MMC for addressing priority unmet needs in food and health commodities (either cash, in kind or service provision). Cash is preferred to access shelter commodities or housing, while in-kind support (water distribution) or service provision (new water points) were more commonly requested to access potable water.

#### 5) Minimum Expenditure Basket

- The most common size of one family in the visited areas is between 7 and 9 people. A family of 7-9 members would require an average grant of 99,000 NGN per month in Jere to meet basic needs, and 83,000 NGN in MMC. IDP

families in collective centres have the lowest monthly average level of expenditure (60,000 NGN) and IDPs in tents the highest (133,000 NGN).

- The Survival Minimum Expenditure Basket (SMEB) identified during the Community Group discussions in Nigeria include expenses related to food, health commodities and services, energy, potable water and hygiene/sanitation facilities. For an average family, the SMEB is roughly 41,000 NGN in Jere and 33,000 NGN in MMC. The average monthly expenses are higher for IDPs in tents and the lowest for IDPs in collective centres and host families.
- For an average family, meeting the top five priority needs for which assistance was most often requested represents an average expense of 55,000 NGN per month in Jere and 45,000 NGN in MMC. IDPs in tents generally have larger expense than IDPs in collective centres or host families, especially for food, housing (purchase or repair of tents), shelter commodities and medicines.
- Cash grants need to take into consideration prices, consumption and expense variation from one month to the other. Expenses in households generally increase during the rainy season, with some month to month variation (up to 13%). In addition, there are extraordinary costs such as critical medical incidents and shelter repairs. In case of a cash grant, it is recommended to increase the monthly transfer value of 10% to account for variation and cover any extraordinary expenses. Finally, cash grants need to account for the inflation rate in Nigeria (for instance, Nigeria's consumer prices increased 16.25% year-on-year as of May of 2017) and the average income levels of assessed households (15,000 NGN in Jere, 9,700 NGN in Konduga and 22,000 NGN in MMC)

#### 6) What's next?

- The results of the BNA will feed into a response analysis and planning process where the feasibility of different preferred modalities will be assessed. This process intends to enable humanitarian actors in Nigeria Humanitarian Response to review the findings of the Basic Needs Assessment (June 2017) and the Multi-Sector Market Assessment (July 2017) and to make recommendations around the most appropriate response options, including cash transfer/vouchers, in-kind aid, services or a mix of those. The Response Analysis aims to inform the choice of sound response modalities, based on the basic needs of the affected populations, their reported access to critical goods and services (via markets or service providers), their aid preferences and operational feasibility.

- Where MPG are found to be a viable approach, the response planning process intends to provide information for the design of the MPG transfer (including guidance on expected outcomes, targeting criteria, amount of the transfer, duration, and frequency).

## B. Basic Needs Assessment Background

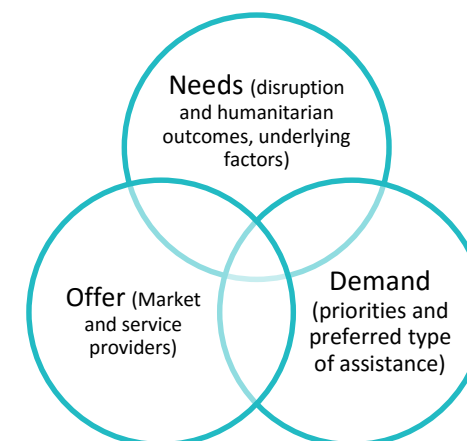
The Basic Needs and Response Analysis Framework and Toolkit (hereafter referred to as the Framework & Toolkit) is part of the ECHO ERC funded project to increase the uptake of Multi-Purpose Cash Grants (MPGs) in emergency responses for more efficient and effective humanitarian action. The purpose of the Framework & Toolkit is to:

- Generate a better understanding of changes since the beginning of the crisis, priority needs, capacities and preferences of affected people, and constraints faced by people in securing what they need from local markets/service providers.
- Strengthen response analysis by integrating beneficiaries' perspectives and identifying the most appropriate assistance modality (or mix of modalities). Should Multi-Purpose Grants be an appropriate response, either alone or alongside others, the Framework & Toolkit should support the design of such a grant.
- Complement existing guidance through explicit interpretation processes between needs identification and response design, especially under time pressure and in a collaborative setting.
- Suggest modalities for collaborative analysis and propose roles and responsibilities in initiating, planning and carrying out the needs assessment and response analysis.

The Framework & Toolkit specifications were drafted in February 2017 after consultations with members of the Cash Working Group at global level. The Basic Needs Assessment (BNA) in Nigeria is the first pilot of the tool. Lessons learnt from the pilot will be reviewed and used to draft a guidance document for Basic Needs in July 2017. The Framework and Toolkit design process is represented in the flowchart below.



To guide data collection and analysis, a conceptual framework was designed based on feedback from a global and a multi sectoral peer review group. The Framework & Toolkit was developed to consider primarily the needs and preferences expressed by the affected population (demand), but also the operational environment and the functioning/capacity of market and service providers (offer).



The preliminary list of basic needs comprising ten key items was obtained from a global review of items included in existing Minimum Expenditure Baskets and Minimum Living Standards studies. The list was reviewed and validated during the training of team leaders in Nigeria and a category “other” was used to reflect on possible basic items not included in the preliminary list.

The BNA in Nigeria is one piece of a larger set of assessments intended to establish the needs and the most appropriate response options in three Local Government Areas in Nigeria. It was implemented in May 2017 and is focused on understanding the needs and demands of the population. An assessment team composed of a lead facilitator (Okular Analytics), the Nigeria Pilot Coordinator seconded by CashCap and three field partners (WFP, PLAN International and ICAS for Save the Children UK) was assembled to conduct the BNA. It will be followed by the MSMA, an UNHCR-led assessment focusing on markets and services providers. Both assessment results will be used together for response analysis and planning.

The diagram on the next page details key decisions the Framework & Toolkit will ultimately inform. It covers both the information collected through the BNA in May 2017 and through the MSMA in July 2017. A response analysis workshop will be convened after the MSMA is completed to identify the most appropriate response options and cash transfer modalities.

### Key decisions informed by the Basic Needs Framework & toolkit

Which geographic areas and population groups

- The most severely hit by the emergency
- The most deprived and vulnerable as a result of the shock

The composition of the basket of assistance (which needs to be addressed)

- by household composition
- by type of impact suffered
- by the household's situation in emergency

What critical markets and systems of service provision?

- Main commodity markets
- Service systems (public and private)
- Labour markets
- House stocks

Which of the needs can be best addressed through which (mix of) assistance modality?

- Cash transfers
- In-kind
- Service provision
- A mix of the above

If Cash transfers, what Cash modality?

- Unconditional & unrestricted Cash (MPG)
- Conditional & unrestricted Cash
- Unconditional & restricted Cash (vouchers)
- Conditional & restricted Cash

If Cash transfers, what amount?

- By household size
- By cost of basket

## C. Key Concepts and Definitions

**Basic needs:** The concept of basic needs refers to the essential goods, utilities, services or resources required on a regular or seasonal basis by households for ensuring survival AND minimum living standards, without resorting to negative coping mechanisms or compromising their health, dignity and essential livelihood assets. An initial list of 10 essential items was selected based on a meta-review of existing Minimum Expenditure Baskets and Living Standards. A category “other” allows respondents to enunciate other items that they consider important for their survival and minimum living standards. In Nigeria for instance, 64 respondents mentioned agricultural inputs in addition to the 10 included in the initial list.

### List of basic needs, BNA Nigeria

Category	Items included
Food	Staple, vegetable, meat, milk, condiments, oil, sugar, salt, etc.
Potable water	Water, containers, treatment, etc.
Shelter	Rent, furniture's, material, repair, etc.
Household items	Utensils, pots, mats, blanket, mosquito net, cooking set, etc.
Sanitation/hygiene	Clothing, washing, basic items (soap, toothbrush, pads, diapers, etc.)
Education	School fee, uniforms, shoes, stationaries, books, transport, etc.
Healthcare	Medicine, healthcare, delivery, baby kit, critical event, etc.



Energy	Cooking, lighting, charging, heating (kerosene, electricity, firewood, charcoal, etc.)
Transport	All except education (transport to work, health centre, markets, etc.)
Communication	Phone, credit, internet, etc.
Others	Agricultural inputs, seeds and tools

The list was further broken down between commodities and services for each category, when relevant. The following table provides with the final list of items used for the BNA in Nigeria.

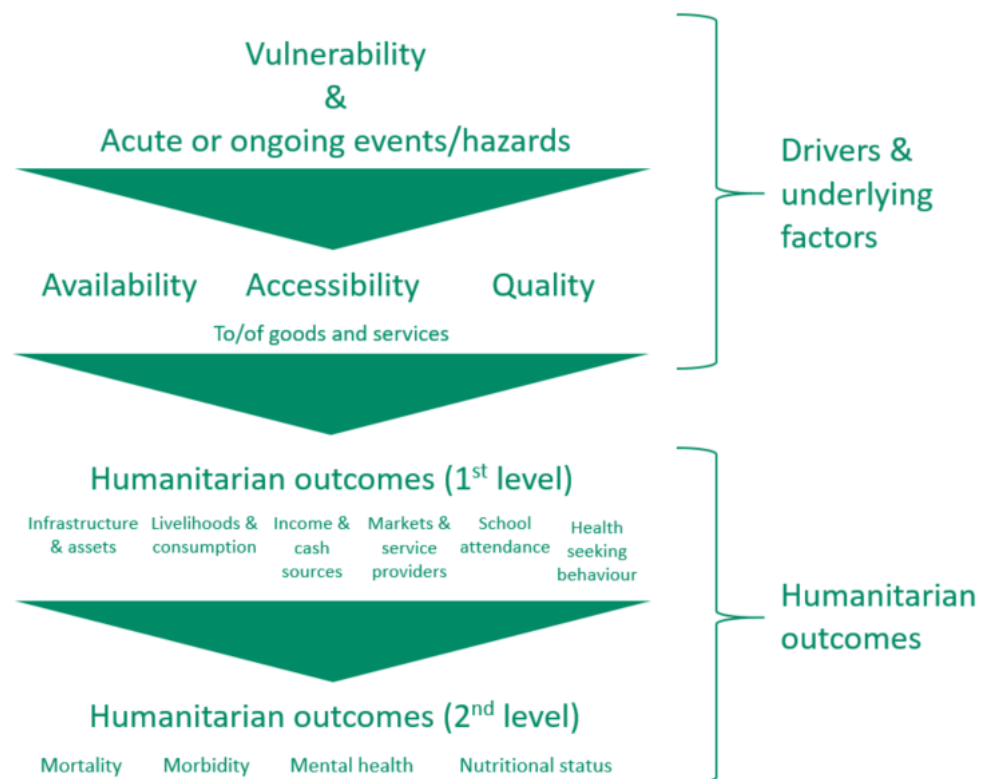
Category	Commodities and services included
Food	Food commodities (Staple, vegetable, meat, milk, condiments, oil, sugar, salt, etc.)
Health	Health commodities (medicine, drug, baby kit, etc.) Health care services (Health staff and centre, Primary/secondary health care, etc)
Water	Potable water (Water, containers, home treatment)
Shelter	Shelter commodities (furniture's, material, repair, etc.) Shelter services (rent, purchase)
HH items	Households commodities (Utensils, pots, mats, blanket, mosquito net, cooking set, etc.)
Hygiene and sanitation	Hygiene/sanitation commodities (Clothing, washing, basic items (soap, toothbrush, pads, diapers, etc.) Hygiene/sanitation facilities/services (toilets, shower, bath, etc.)
Energy	Energy commodities for heating, cooking, lightning and charging (kerosene, electricity, firewood, charcoal, etc.)

Transport	Transport services (All except education (transport to work, health centre, markets, etc.)
Education	Education commodities (uniforms, shoes, stationaries, books, etc.) Education services (transport, school fees, teachers, school building, canteen, etc.)
Communication	Communication commodities (Phone, credits, internet, etc.) Communication services (phone providers, phone towers, internet network, etc.)

**Underlying factors** refer to the set of events or mechanisms that contribute directly or indirectly to humanitarian outcomes and involves identifying and understanding the drivers or causal mechanisms that contribute the most to unmet needs. For instance, increased food insecurity can be the result of lack of food on the markets and/or lack or insufficient income to purchase it. Identifying underlying factors is essential to design programs that are relevant and address the root cause of the issue<sup>1</sup>.

#### *Underlying factors and humanitarian outcomes*

<sup>1</sup> An example of non-pertinent response would be offering cash assistance to achieve food security when the underlying factor is not related to lack or insufficient income to buy food, but to the actual unavailability of food in the local markets.

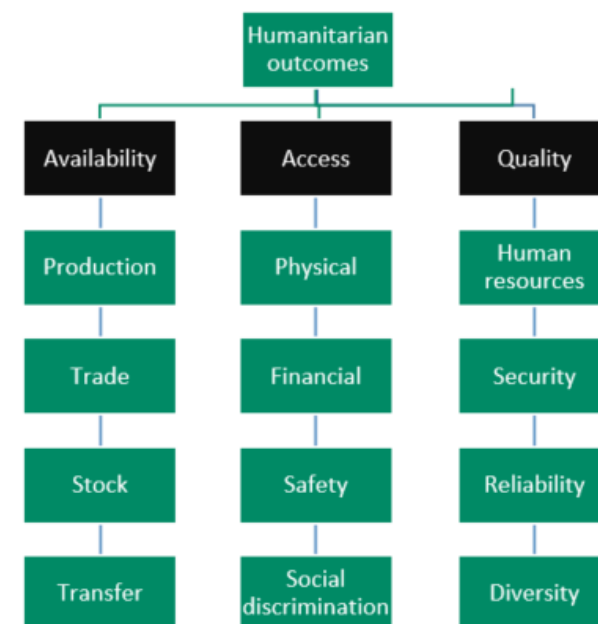


**Typology of underlying factors.** A typology of underlying factors commonly influencing humanitarian outcomes and measurable in emergencies (e.g. not requiring in depth assessments) is proposed in the diagram below.

*Main categories and sub-categories of underlying factors*

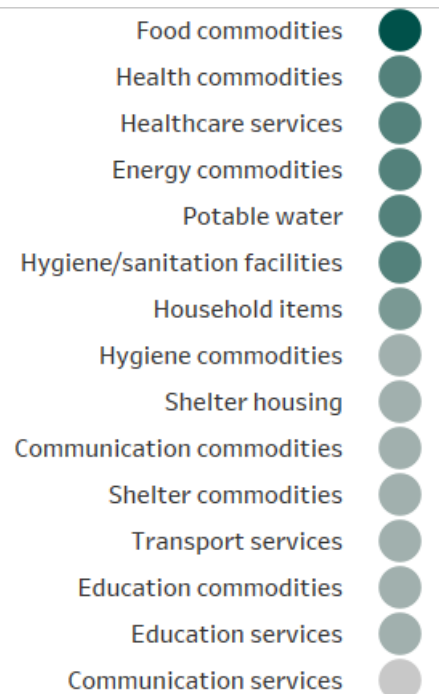
*Accessibility* refers to people's ability to access and benefit from goods and services. It often concerns the physical location of services (distance, road access, bridges, etc.), but can also be influenced by purchasing power, social discrimination or safety and security issues that constrain movements.

*Availability* refers to the physical presence of goods and services in the area of concern through all forms of domestic production (e.g. agriculture), trade (commercial imports), stock (food reserve, contingency stocks, etc.) and transfer (aid or subsidies or services) by a third party (the national government, local authorities or humanitarian actors).



*Quality* refers to the degree of excellence, benefits or satisfaction one can enjoy when consuming a good or a service. Quality may depend on the number of people with the required skills and knowledge to perform a given service or produce a good, but is also influenced by reliability (consistency of quality over time), diversity and security of the provided service or good (i.e. water quality, sterilization of medical tools, etc.).

**Criticality:** It is commonly established there is no universal list of basic needs and they will vary based on context (see point above). Similarly, and depending on the situation, not all basic needs have the same importance or contribute the same way to living standards. For instance, shelter and clothes will be considered as critical in contexts of low temperatures, energy less important in areas of warm temperatures, etc. To understand the criticality of basic items from the point of view of the population, CGDs participants were asked to establish the importance of each basic needs, based on their contribution to three main dimensions: health/survival, dignity and personal development of family members, or a combination of those. In Nigeria, all participants ranked food as the commodity the most essential to health/survival, followed by health commodities and services, energy, potable water and hygiene/sanitation facilities. Communication services, education and transport services are considered critical to personal development and dignity but not health/survival.



**Minimum Expenditure Basket (MEB) and Survival Minimum Expenditure Basket (SMEB).** The Minimum Expenditure Basket entails the identification of basic needs items and the minimum amount of money required for a household to be able to meet them, on a regular or seasonal basis. It is based on the average cost of the items composing the basket, in normal times. MEBs, which can be calculated for various sizes of households, allow users to estimate the expenditures gap as well as the impact suffered by various household groups. The Survival Minimum Expenditure Basket is more restrictive and refers to the minimum amount of money required to meet the basic needs essential to ensure health and survival of the household members. In the BNA, the criticality metric (see above) was used to calculate the Survival Minimum Expenditure Basket, by filtering required expenses for all basic items considered as critical for health/survival.

**Seasonality of consumption of goods and service utilization:** Consumption and utilization of basic goods and services vary from one month to the other. To plan effectively the response for several months, stakeholders involved in response analysis need to have an idea of the current cost of life but also about future price differences. Expenditures are a proxy of consumption and are used here to understand variations across the year.

The BNA captured three types of variation from normal monthly expenses:

- Seasonal changes and the related changes in demand for certain services or commodities (rainy season, dry season, malaria season, etc.)
- One off expenses, e.g. school fee, visa renewal, taxes, etc.
- Extraordinary expenses, for instance IDPs who have just arrived may have to purchase a tent, mattresses, hygiene items, etc.

**Affected groups:** The BNA in Nigeria targeted several affected groups to understand the different degree of impact and the diversity of situations for each. The following definitions, adapted from IOM, were used to guide data collection and respondent selection.

- *Resident:* A family who is residing in the LGA and who has not been displaced nor returned since the beginning of the crisis.
- *IDPs in host community:* IDPs who are temporarily living with family, relatives or friends.
- *IDPs in tents:* IDPs located and finding accommodation in open-air settlements, made-up of tents.
- *IDPs in collective centres:* IDPs located and finding accommodation in pre-existing buildings and structures.

**Before the crisis and now:** Respondents were asked to compare the situation before the crisis and now for particular variables of the BNA (sources of income, cash, expenditures, etc.). It was decided to use “2015” in the graphs to refer to the common “Before” date, as most of the IDPs interviewed were displaced during this year.


## D. Thematic scope of the BNA in Nigeria


The overall purpose of the Basic Needs Assessment in Nigeria was to assess the extent to which affected population groups (residents, IDPS in collective centre, IDPs in host families and IDPs in tents) currently meet their basic needs in three LGAs of Borno states (Konduga, Jere and MMC) and which response options would best address current gaps, including in-kind, cash-based interventions, services and technical assistance, or a combination. The thematic scope of the assessment included the following:





## E. Data Collection Techniques and Sampling

To achieve objectives, four research methods were combined: Secondary Data Review (SDR), Household Interviews (HHI), Community Group Discussions (CGDs) and team leaders structured debriefings.

 **SDR:** A systematic desk review was conducted at the onset of the assessment to identify the affected groups and main sectoral issues. The SDR allowed to establish the baseline humanitarian profile of the targeted areas, refine the design and sampling of the field assessment and was used to complement and triangulate the results of the field data collection. In total, 144 documents about the humanitarian situation in Nigeria were reviewed for the period 1<sup>st</sup> January-10<sup>th</sup> May 2017. The findings are available in annex 4.

 **HHI:** 1.138 HHs heads of households were selected for interviews (see Annex 1 for details on the sampling), based on the number of informal IDP camps provided by IOM DTM Round XV. A structured questionnaire of 207 questions was developed (see annex 2) to conduct face to face interviews. The sites were selected based on access and spread across the LGA. The household selection process inside sites was random, using the pen technique. Head of households (male and female) were selected for the household interviews. Enumerators were required to confirm the respondent as the head of the household before formally starting the interview. More sites were visited and households interviewed in Jere, since it is the LGA with the most IDPS in tents and collective centres. ODK and tablets were used to conduct the questionnaires.

 **CGDs:** a semi-structured interview template of 192 questions was developed to collect information on basic needs for each visited affected groups and discuss main issues and priorities (see Annex 3). In total, 32 CGDs were conducted with a total of 216 males and 176 females. ODK and tablets were used to conduct the questionnaires.

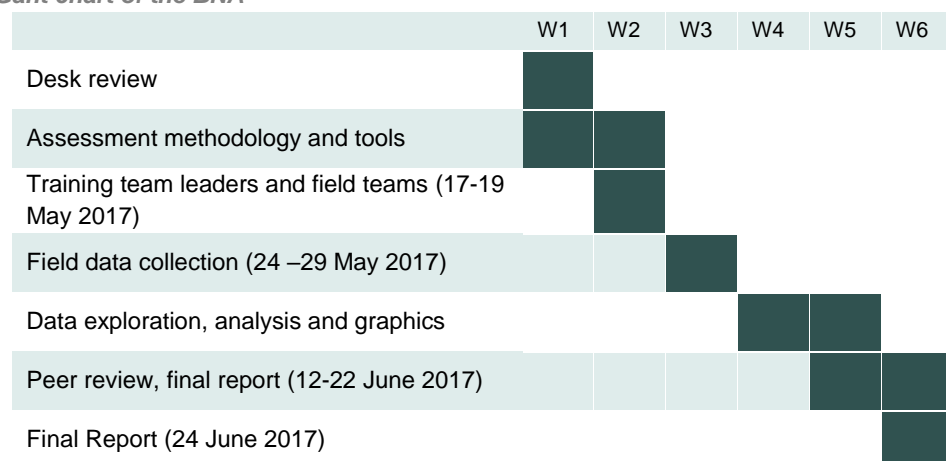
 **Team leader's debriefings:** A structured interview was conducted with all team leaders to collect feedback on the usefulness and acceptance of the tools by the affected population, as well as specific feedback on questionnaire and topics sensitivity. Results of the debriefings are available in Annex 5.



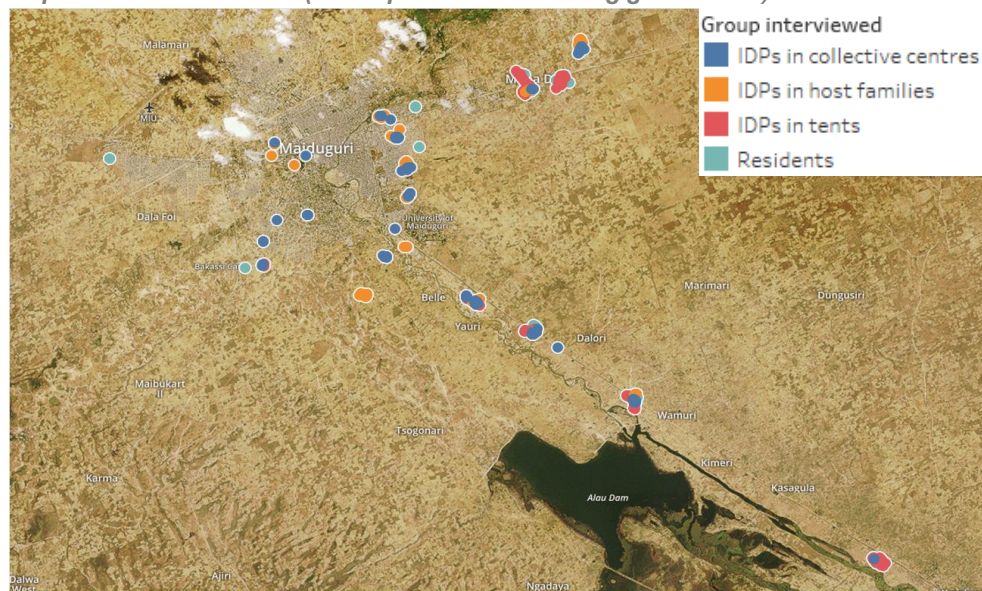
## F. Activities and Timeframe

Key milestones of the BNA are presented in the Gantt chart below and a sample of assessed locations (based on tablets with functional GPS) is shown on the map below.

*Gantt chart of the BNA*



*Map of BNA visited areas (From questionnaires using geolocation)*



## G. Limitations of the Methodology

When reading the Basic Needs Assessment report, the following limitations or considerations should be kept in mind:



**Generalization:** The selection process for the IDP sites visited was purposive (based on spread across the LGA as well as accessibility). The BNA identified commonalities and differences among key groups and LGAs. Within sites, the selection process was entirely random, with the notable exception of IDPs in host families, for whom enumerators had to use snowball effects to find next respondents.



**Gender:** While the selection process for Community Group Discussions ensured a good participation of females (176 out of 392 participants), only 302 female head of households were interviewed during the BNA, out of 1.138 respondents. The disaggregation of results by gender is theoretically possible, but the limited sample size of the female population requires caution when analysing the findings.



**Estimates of humanitarian population figures and dynamics:** The population figures provided in this report are estimates extracted from available secondary data (IOM DTM Round XV). They should be considered with caution as population movements in the assessed LGAs are frequent. The situation in the three visited LGAs being quite dynamic, the timespan validity of the information contained in this report is limited. Results should be reinterpreted in the light of future significant demographic and contextual changes.



**Date of arrival:** IDP dates of arrival has a significant influence on humanitarian conditions and unmet needs, as suggested by the analysis of the small sample of IDPS who have arrived less than 3 months ago (65 households out of 1.138). This limited sample does not allow making any robust conclusions but any further assessment should consider this variable as a driver of unmet basic needs and select respondents accordingly.

## H. How to Read Charts

This section provides guidance to the readers on how to read and interpret each type of chart used in the BNA report.

**Ranking questions:** The questions from which the ranking heat maps are extracted always imply a preference, based on top three ranking. The calculation is derived from the theory of election systems, the Borda count<sup>2</sup>. The measurement scale is ordinal. While there is a rank order in the numbers assigned to the categories of the variable, the “distance” between the preference levels is not equal or known. Note also that a “lower” ranking, demand, priority or preference does not imply an “absence of need”. It only means that other items or interventions are requested, preferred and given more importance and that the item does not qualify regularly in the top three preferences as expressed by the population. Therefore, the heat maps display only the most frequently mentioned “top three” items.

**Severity scores:** After asking standard questions regarding the situation for a given basic need, the enumerators asked Heads of Households to provide an indication of the severity of the consequences of shortages or disruption for a given basic need and for the next three months (humanitarian outcome). A weighted severity score was then calculated using the median criticality metric (1 to 5) obtained from the Community Group Discussions and the median humanitarian outcome metric (1 to 5) obtained from the household interviews. The final score, ranging from 1 to 25, was used as a proxy for determining the severity of the conditions of affected groups or of geographical areas.

To calculate the percentage of households with moderate or severe needs, the criticality metric obtained from the CGDs was used to filter basic needs critical to health/survival. Then severity categories were grouped using three classes:

- Score 1-10: Able to cope
- Score 11-20: Population facing moderate needs
- Score 21-25: Population facing severe needs

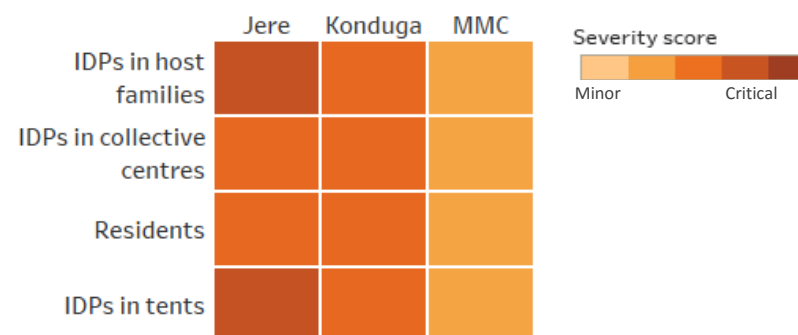
#### Severity scales and classification

Score	Description	Severity category	Response category
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1-5	More than half the population interviewed consider that there are no worries with the basic need and they will be able to cope in the next 3 months	Minor	Able to cope
6-10	More than half the population interviewed consider they should be able to cope in the next three months, even if no additional assistance is provided	Moderate	
11-15	More than half the population interviewed consider facing shortages and fear not being able to cope in the next 3 months if no additional assistance is provided	Serious	Moderate needs
16-20	More than half the population interviewed consider shortages to have consequences on the health of the family members in the next 3 months if no additional assistance is provided	Severe	
21-25	More than half the population interviewed consider shortages to have life threatening consequences in the next 3 months if no additional assistance is provided	Critical	Severe needs

The severity scores are represented in the Basic Needs Assessment report using heatmaps. For instance, the following graph should be read as:

*More than half of the IDPs families in tents interviewed in Jere considered shortages in basic items to have consequences on the health conditions of their family members if no additional assistance is provided in the next three months.*

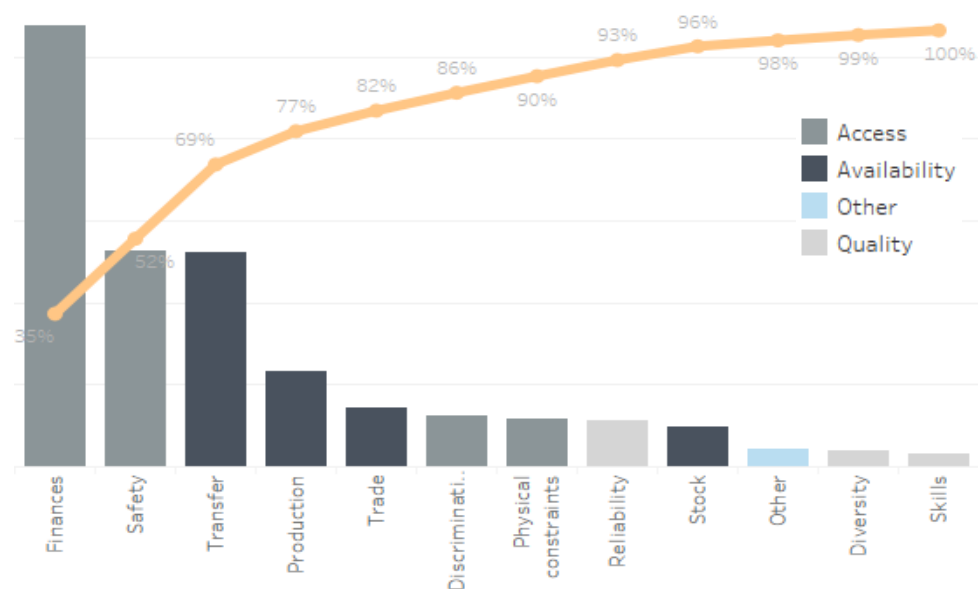


<sup>2</sup> The Borda count determines the most preferred items of an election by giving each response a certain number of points corresponding to the position in which it is ranked by each respondent. Once all preferences have been counted, the item with

the most points is determined as the most preferred. See ACAPS Resources: [http://www.acaps.org/resourcescats/downloader/heat\\_maps\\_as\\_tools\\_to\\_summarise\\_priorities/69](http://www.acaps.org/resourcescats/downloader/heat_maps_as_tools_to_summarise_priorities/69)

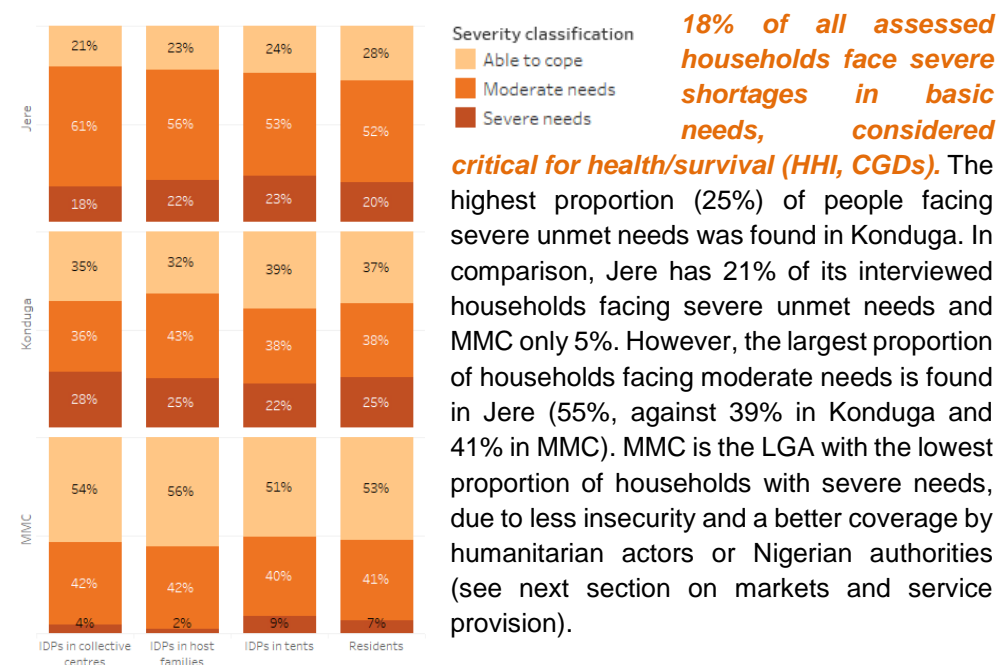
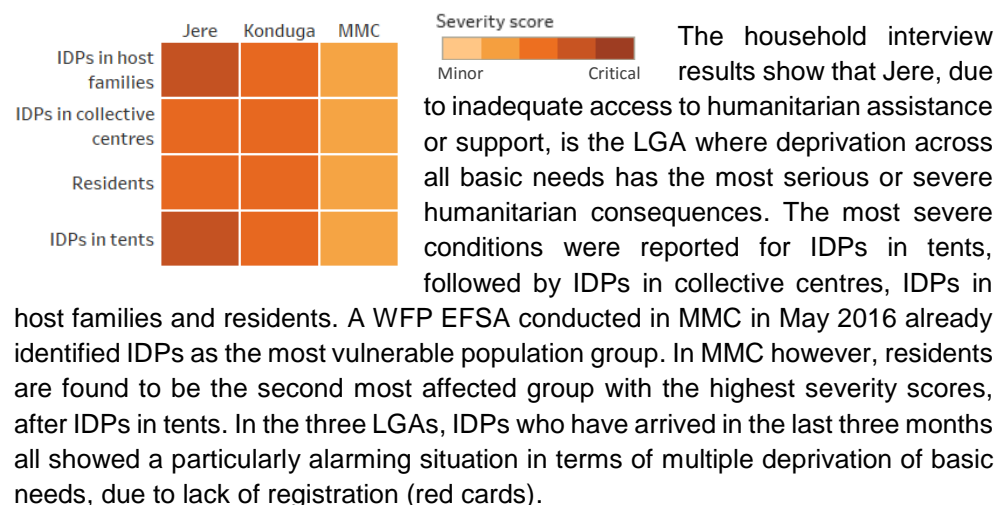
**Underlying factors:** The contribution of underlying factors to humanitarian outcomes is shown using a Pareto chart. This type of chart is used when analysing data about the frequency of problems or causes in a process, when there are many problems or causes and it is important to focus only on the most significant or when analysing broad causes by looking at their specific components. The BNA is primarily interested in how much accessibility, availability and quality issues contribute to unmet priority needs. The bars indicate the number of time an underlying factor was mentioned by the head of household as contributing to priority unmet needs. The bars are placed on the graph in rank order, that is the bar at the left has the highest contribution to priority needs. A cumulative orange line is used to add the percentages from each bar, starting at the left (highest contributor) bar. The colour of the bar encodes the category of underlying factors. The following graph would read as follows:

*Head of households mentioned that priority needs originates in 77% of the cases from issues related to lack of financial power, safety, transfer (support from government, authorities or humanitarian actors) and domestic production. Issues are mostly related to accessibility rather than availability of goods and services.*



# I. Basic Needs Assessment - Key findings

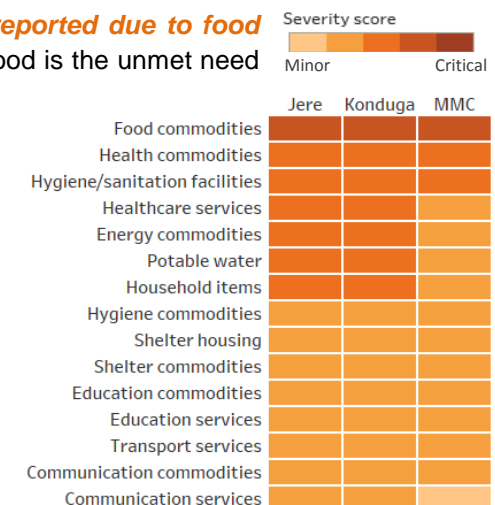
## Priority Areas and Population Groups



## Priority Basic Needs

**Severe humanitarian conditions are reported due to food shortages at household level (HHI).** Food is the unmet need

with life threatening consequences the most frequently reported in the three LGAs. Considered as not life-threatening but still as having consequences on the health of family members is lack of access to health commodities, hygiene/sanitation facilities, health care, energy and potable water (with the notable exception of MMC where only shortages in medicines and hygiene/sanitation facilities were reported to have impact on health status). The unmet basic needs considered having no health or life threatening consequences are the lack of communication, transport, shelter and education. However, it should be noted that the severity scores for education, shelter and hygiene commodities, particularly in Jere and Konduga, indicate borderline conditions and coping capacities.



The alarming food insecurity conditions faced by assessed households is a finding consistent across geographical areas, population groups visited and data collection technique used (HHI, SDR, CGDs and debriefings with team leaders). Results of the food consumption score index available in section K of this report are also very alarming. Shortages at the household level are mostly due to accessibility issues, and rarely from unavailability of food on local markets. The most common food insecurity underlying factors are the lack of purchasing power combined with food price increases and reduced access to cash sources, safety issues (especially in Konduga) impeding access to markets, lack of support from government, local authorities or humanitarian actors and decreased domestic agricultural production due to displacement. Significant price increases in Borno state were recorded by WFP between December 2016 and April 2017, with up to 42% for some of the staple foods such as beans and maize, this latest being the major food purchase for poor and very poor households in Borno state (Save the Children Household Economy Approach, May 2017). Food insecurity and malnutrition are prevalent and widespread in Borno state, with 19% GAM and 3.1% SAM rates in both MMC and Jere LGAs (2016 ACF SMART survey).



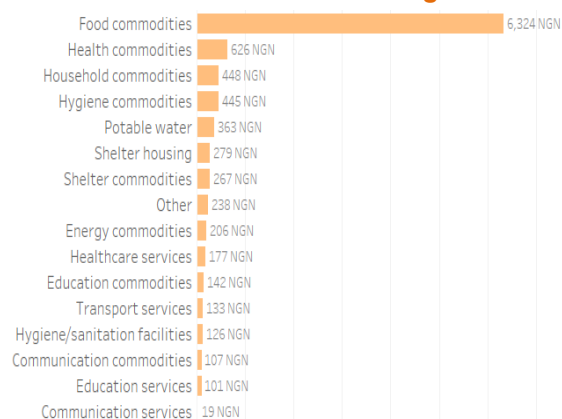
**Priority needs include food, health commodities, shelter/housing and potable water (HHI).** Unsurprisingly, when asked about their top three priority needs for

	Jere	Konduga	MMC	Total
Food commodities				
Health commodities				
Shelter/housing				
Potable water				
Shelter commodities				
Hygiene commodities				
Household commodities				
Health care services				
Education services				
Education commodities				
Other				
Hygiene/sanitation facilities				
Energy commodities				
Transport services				
Communication commodities				

assistance, all affected groups across all geographical areas mentioned food first, followed by health commodities, shelter / housing, potable water and shelter commodities, hygiene and household commodities. Health care services and shelter commodities were particularly mentioned in Konduga. In addition to those, housing and potable water were reported as priority needs in MMC. Importantly, some unmet basic

needs which shortages were previously mentioned as having an impact on the health status of the population (see previous section, e.g. hygiene/sanitation facilities in all visited LGAs except MMC, and energy commodities in Jere and Konduga) were not prioritized for assistance, indicating clear preferences for a few basic items. In Jere, a few heads of households mentioned agricultural inputs (seeds, tools, etc.) as a priority for assistance (category “others”).

**Families would allocate on average more than 60% of a ten thousand Naira donation to food purchase (HHI).** Households’

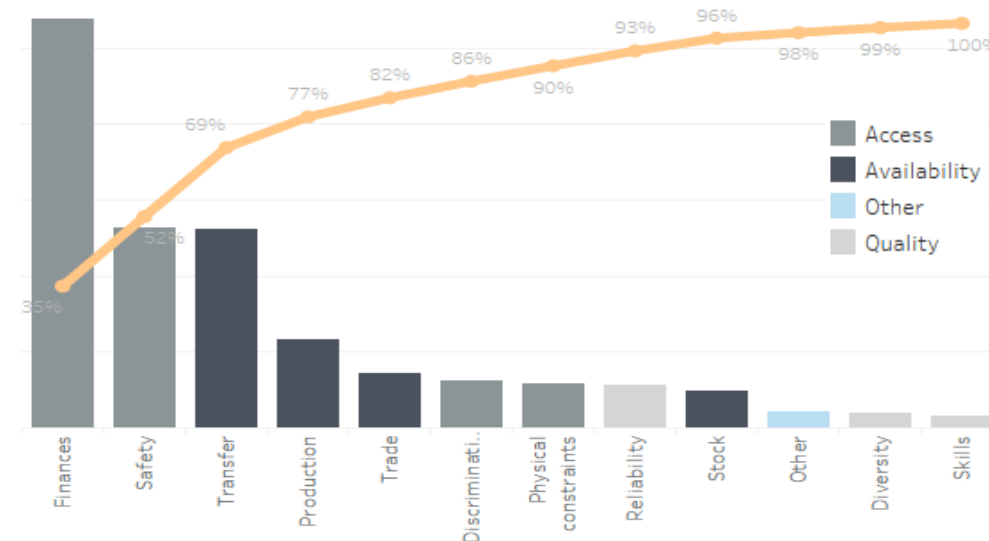


prioritization for food assistance is confirmed by the fact that they would allocate to food expenditures most of a hypothetical, unrestricted cash transfer of 10,000 NGN. This expenditure would be followed by spending on health commodities, household and hygiene commodities, water,

housing and household commodities).

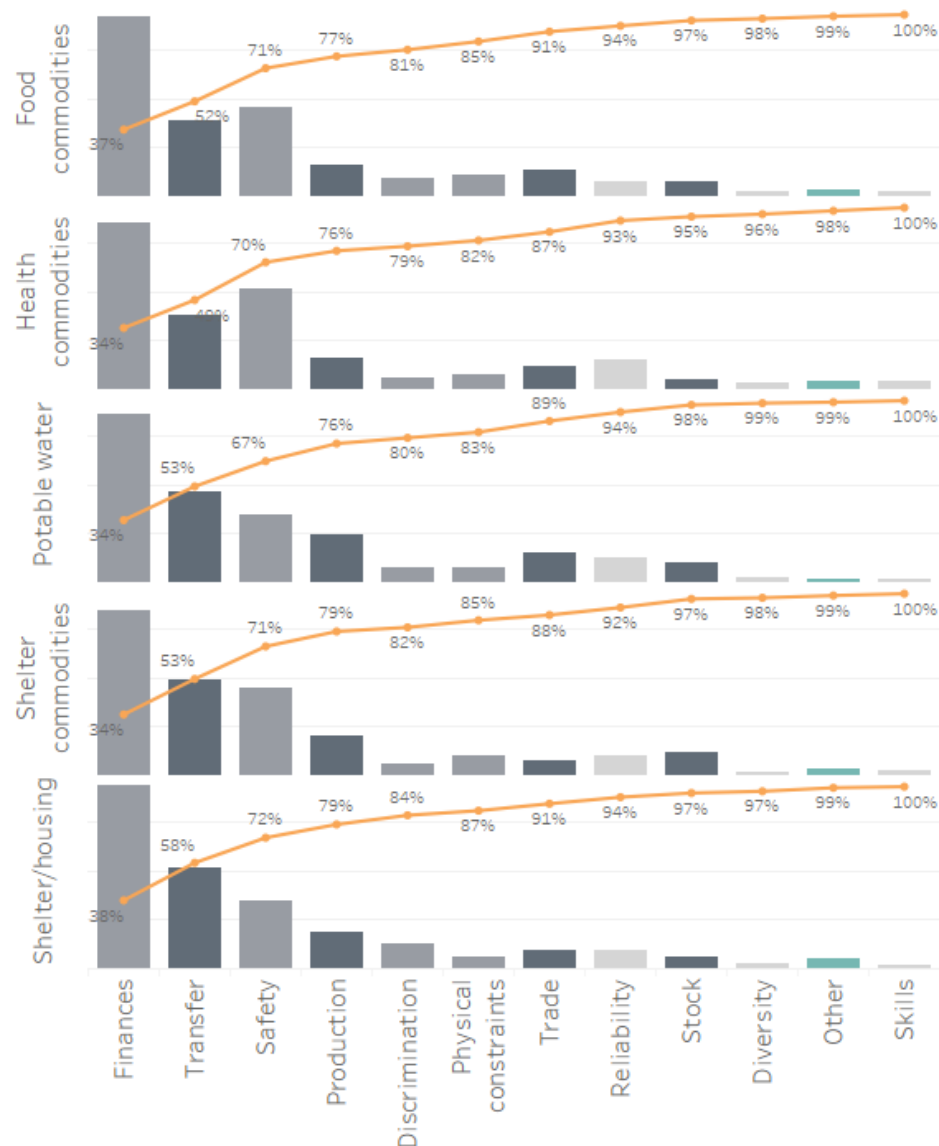
## Underlying Factors

**Lack of purchasing power, safety, assistance and domestic production issues are the underlying factors contributing the most to unmet needs.**

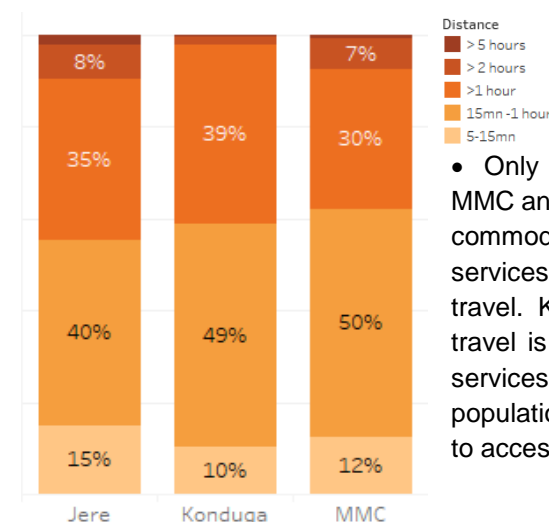


- Humanitarian conditions are mostly driven by accessibility issues rather than availability or quality (HHI). In MMC and Jere, the main underlying factor behind the unmet needs is the lack of purchasing power. In Konduga, safety issues are the primary driver contributing to unmet needs.
- Discrimination was more frequently mentioned in Jere due to the absence of registration and inability to access services due to lack of documentation. Physical constraints were more frequently mentioned in Konduga and MMC than in Jere. Trade (commercial import) was considered more frequently an issue in MMC than Jere and Konduga.
- Trade (commercial import) issues are mentioned as an underlying factor only in 5% of the cases, indicating that goods and services are generally available in local markets. Similarly, issues related to the quality of goods and services contribute little to the current humanitarian situation in the three visited LGAs.
- IDPs living with host families are less concerned about safety as a factor that affects their living conditions and capacity to meet basic need. IDPs in tents, who are more visible and receiving more attention and assistance from government and local organisations, consider less frequently transfer issues as contributing to the current situation when compared to affected residents and IDPs in host families.

*Low purchasing power, lack of assistance, insecurity and decreased domestic or local production are the underlying factors contributing the most to the top five unmet basic needs identified as a priority for assistance (HHI)*



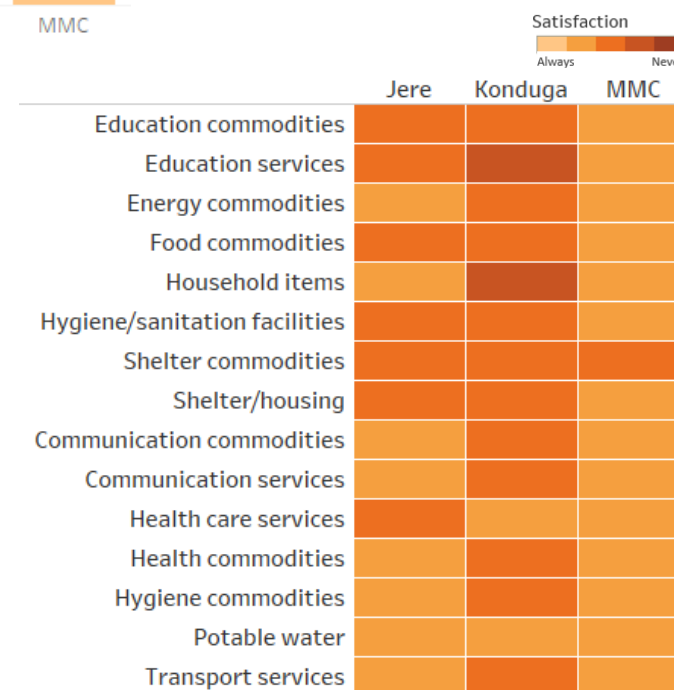
## Markets and systems of service provision

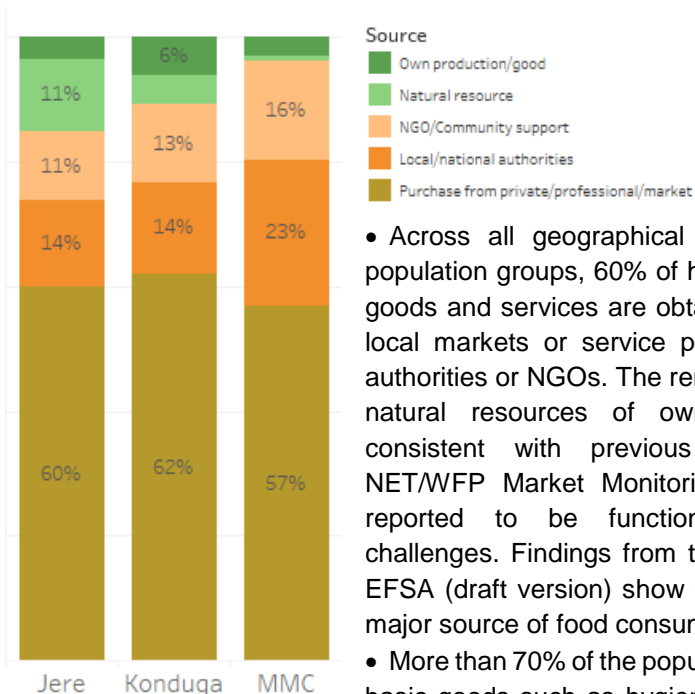


*Markets are available within a 2 hours' distance for 93% of the population (HHI). Key findings include:*

- Only 7% of the interviewed population in MMC and Jere reported that obtaining shelter commodities, education and communication services required more than two hours of travel. Konduga is the LGA where the less travel is required to access basic goods and services, while nearly 10% of the assessed population in Jere require more than 2 hours to access local markets or service providers.

- CGD's participants in MMC reported a good level of satisfaction regarding the quality of goods and services that they usually access. The biggest concerns related to the quality of goods and services were reported in Konduga, especially for education services and household items for IDPs in tents and host families.





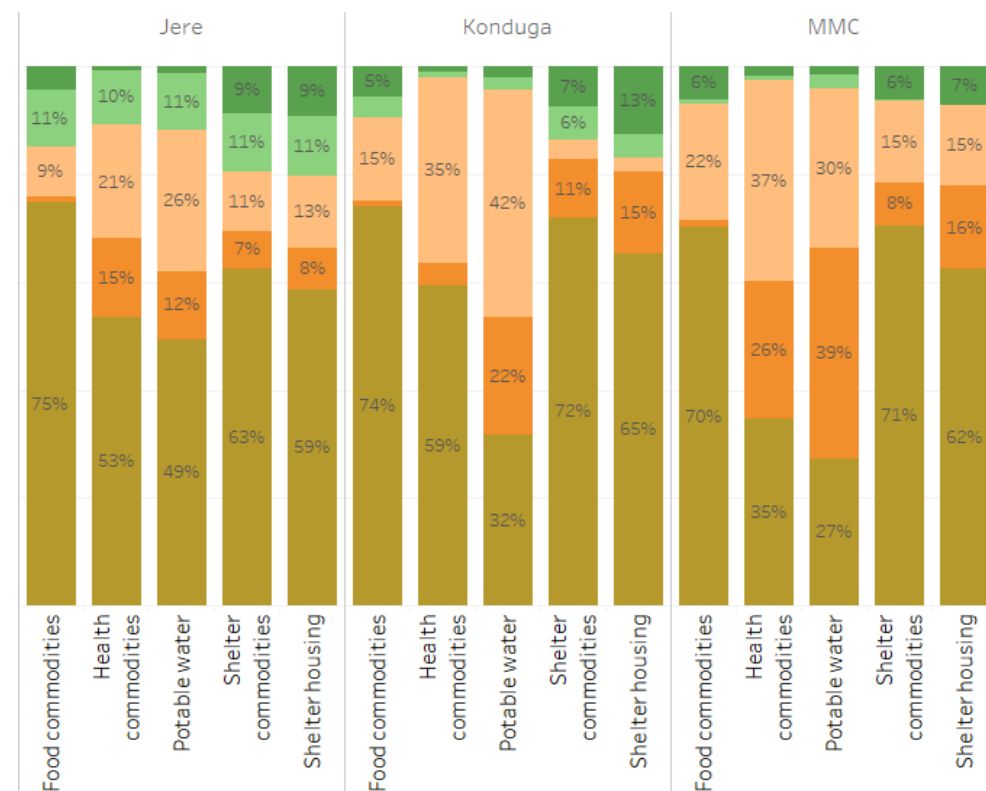
- Across all geographical areas and interviewed population groups, 60% of households reported that goods and services are obtained via purchase from local markets or service providers and 29% from authorities or NGOs. The remaining is obtained from natural resources of own production. This is consistent with previous findings from FEW NET/WFP Market Monitoring where markets are reported to be functional despite insecurity challenges. Findings from the WFP February 2017 EFSA (draft version) show that market remains the major source of food consumed within households.

- More than 70% of the population interviewed obtain basic goods such as hygiene, household, food and

communication commodities by purchasing from local markets. Health care, communication, potable water and education are the services mostly accessed from local authorities or NGO support.

- A greater proportion of basic needs is covered by local authorities or NGOs in MMC when compared to Jere and Konduga, especially in the case of health commodities, health care and education. The coverage of basic needs by the local authorities or NGOs is greater for IDPs than for residents, especially in matters of health, potable water, communication and education.
- The basic items the least covered or supported by local authorities and NGOs across all visited LGAs are food, communication commodities, household items, energy and shelter commodities.
- Energy (for heating, cooking, etc.) is the item which is the most often obtained using natural resources. Hygiene/sanitation facilities, housing and shelter commodities are the items that people generally build themselves.
- Details of sources and providers for each basic need and affected groups are presented in the section L, Statistical Results – Income Gap and Sources/Providers

**73% of the assessed population obtain food, the most pressing need, through purchase on local markets.** The following graph presents the sources or the main providers of basic goods and services for the top five unmet basic needs identified as a priority for assistance.

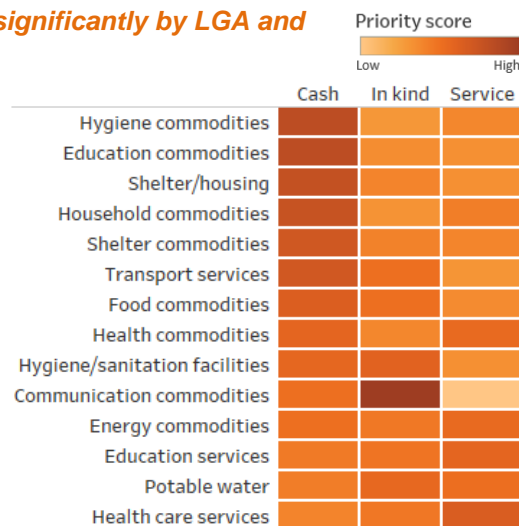


- In MMC and due to better accessibility to assistance, 53% of households' access priority items through local markets or service providers and 41% through local authorities or NGOs. MMC and Konduga population rely heavily on assistance from government or NGOs for accessing health commodities and potable water.
- External assistance is less accessible in Jere (main source for 24% of the interviewed population) and Konduga (31%). In Jere, 16% of the population interviewed rely on own production or natural resources for meeting their priority basic needs, especially for shelter commodities and housing.

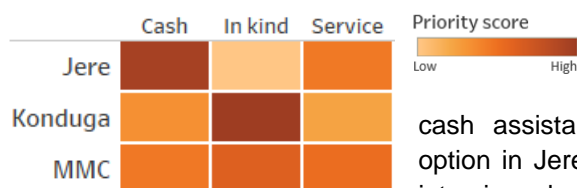
## Preferred Assistance Options

*Preferred assistance options differ significantly by LGA and types of basic need*

- Cash assistance is the preferred modality for assistance especially for hygiene commodities, education commodities, shelter/housing, household and shelter commodities, transport and food.
- Direct service provision was especially requested to cover health unmet needs (medical consultation and medicine prescription), education services and energy commodities. In-kind support was especially requested for communication commodities (credits), hygiene/sanitation facilities and potable water.



*Addressing the top five unmet basic needs identified as a priority for assistance calls for different assistance modalities (HHI).*

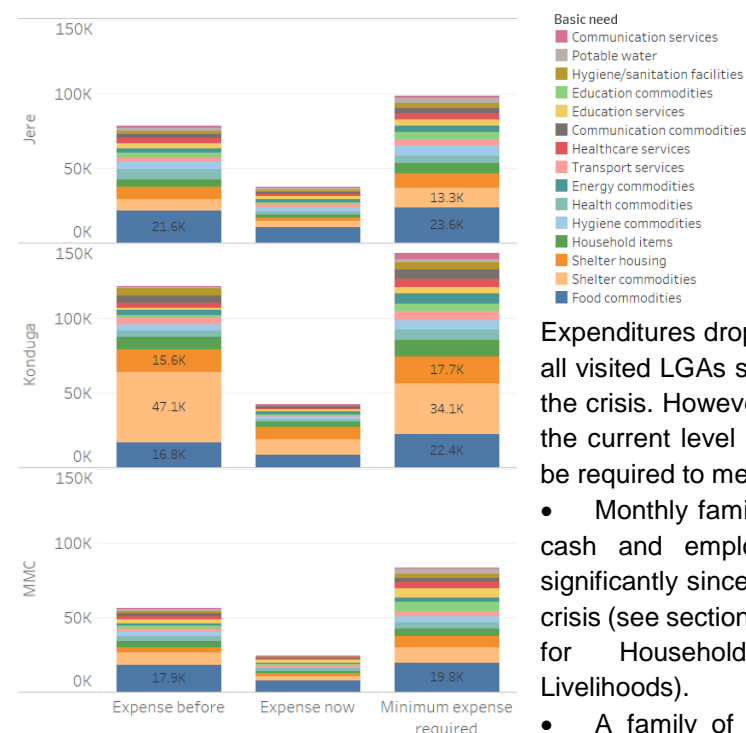


- Due to the proximity of markets and the availability of goods and services locally, cash assistance is the favoured response option in Jere where 68% of the households interviewed consider that priority needs originate in lack of purchasing power, transfer and safety issues.

- Requests for in-kind support prevail in Konduga where 73% of the population assessed report safety, purchasing power and physical constraints as main underlying factors of unmet needs. Cash was especially requested to support families in accessing food, shelter commodities and shelter/housing.
- A mix of assistance modalities is preferred in MMC for addressing priority unmet needs in food and health commodities (either cash, in kind or service provision). Cash is however preferred to access shelter commodities or housing, while in-kind support (water distribution) or service provision (new water points) was requested to access potable water.

## Survival and Minimum Expenditure Basket

*Current expenses are nearly twice less as pre-crisis expenditure levels, however should be three times that amount to ensure minimum living standards*



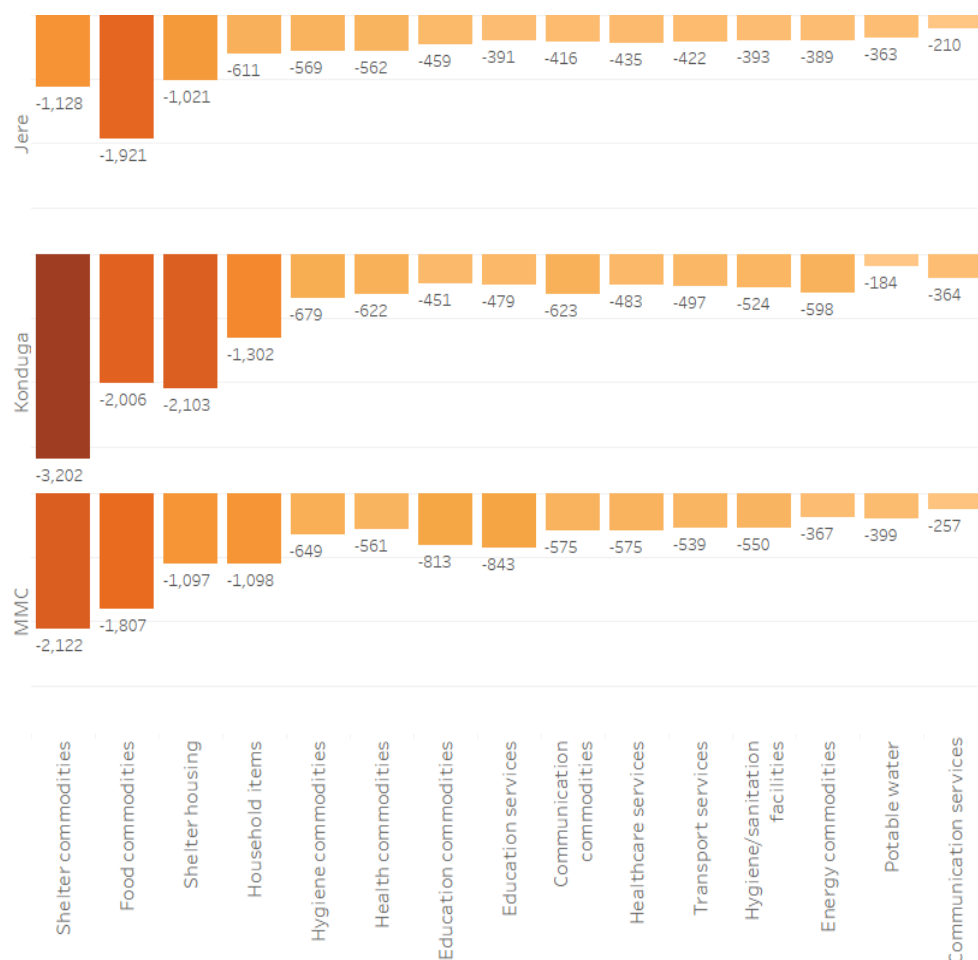
The minimum expenditure required to meet basic needs for a family of 7-9 people is the highest in Konduga, then Jere and MMC.

Expenditures dropped nearly by half in all visited LGAs since the beginning of the crisis. However, nearly three times the current level of expenditure would be required to meet basic needs.

- Monthly family income, access to cash and employment all dropped significantly since the beginning of the crisis (see section K, Statistical Results for Household Economy and Livelihoods).
- A family of 7-9 members would require an average expenditure of 94.000 NGN per month to meet basic needs. This amount varies by geographical areas (Konduga families would require approximatively 144.000 NGN, MMC families 83.000 NGN and Jere families 99.000 NGN). IDP families in collective centres have the lowest average level of expenditure (72.000 NGN) and IDPs in tents the highest (129.000 NGN).
- Food, Shelter (both housing and commodities) and household items account for nearly half of current expenditures levels. In Konduga especially, expenses related to shelter commodities and housing are three times higher than food.
- For a family of 7-9 people, the Survival Minimum Expenditure Basket (based on items considered as critical for survival by participants to CGDs) is roughly 44.000 NGN in Jere, 48.000 NGN in Konduga and 36.000 NGN in MMC.



**The average expenditure gap (NGN) is the highest for shelter commodities, food, housing and household items.** The expenditure gap reported by the population (based on current expenses vs minimum required) is the highest in shelter commodities, food, shelter housing, household items and hygiene commodities, in order of magnitude.

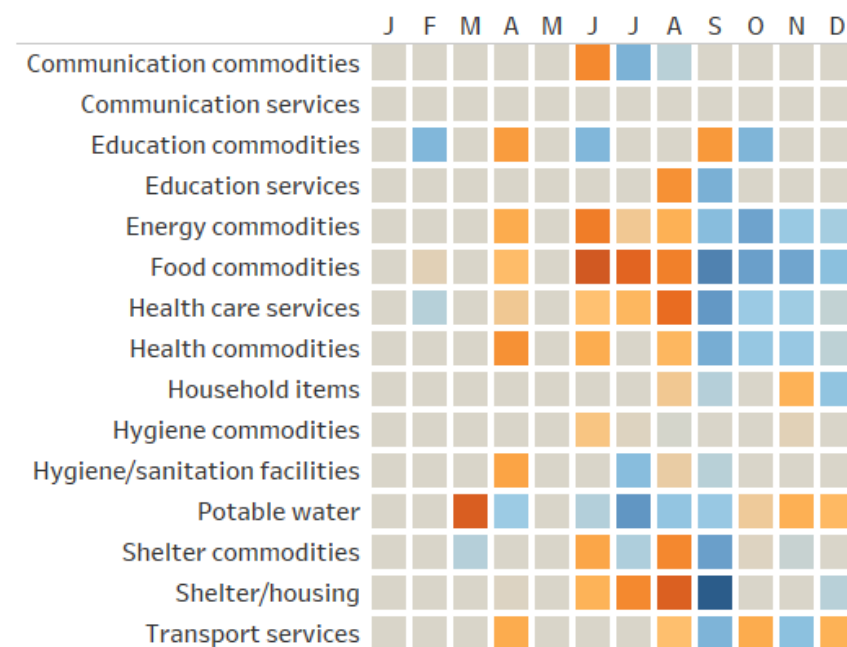
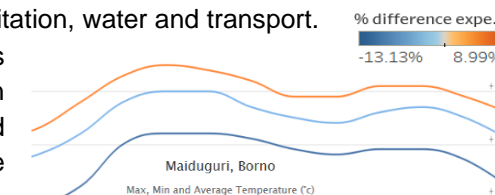


Food, shelter commodities and housing (where the largest gaps were reported) were all mentioned as a top priority for assistance by the assessed population. The expenditure gap for shelter commodities is especially high in Konduga compared to Jere and MMC.

## Seasonality of Expenses

**Expenses vary based on season, with variation ranging from -13% up to 9% from one month to the other (CGDs).** Average family expenses per month vary based on season and one off costs (e.g. school fees, etc.). According to CGDs participants, month to month variations range from -13%, up to + 9%. However, those results should be read with caution in a context of high inflation and insecurity.

- The most expensive months of the year on average are June, July and August due to the rainy season and the increase in transport costs. The food basket is more expensive during rainy season, and expenses especially increase for health care and drugs (increased cases of diseases) and shelter/housing or shelter commodities (repairs, protection).
- At the peak of the dry season during the first trimester, higher prices are reported for energy, food, health, hygiene/sanitation, water and transport.
- At the end of the year, the tendency is for prices to go down with exception made for potable water, household items and transport services whose prices increase.

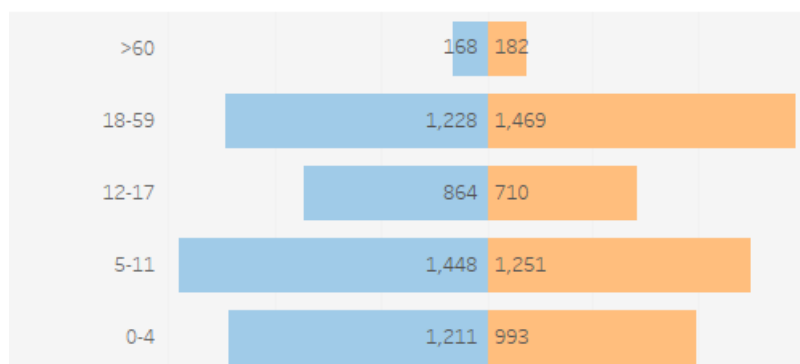


*Extraordinary costs mostly include health emergency consultation, repairs for houses or buying tents, celebrations and dislodging of latrines (CGDs).* The extraordinary, yearly expenses reported through the CGDs were grouped by themes and included:

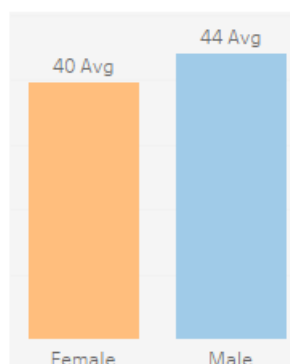
- Extraordinary expenses for emergency healthcare generally range between 5.000 and 10.000 NGN per year and are required for medical emergencies, delivery, accidents or critical health conditions.
- Expenses to repair shelter or housing following natural hazards range between 1.000 and 10.000 NGN, and those to buy tents amount from 7.000 to 20.000 NGN.
- Expenses related to celebrations and ceremonies range between 8.000 and 55.000 NGN
- Finally, expenses to clean or dislodge latrines might amount to 5.000 NGN on average, and phone repairs/replacement may range from a few hundreds to 3.500 NGN.

## J. Statistical results - Demographics

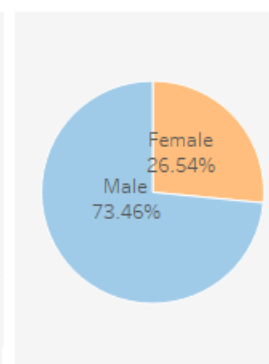
Population pyramid



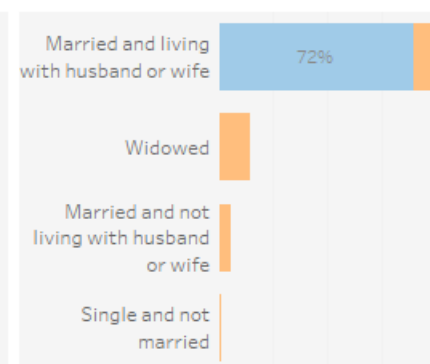
Respondent's age



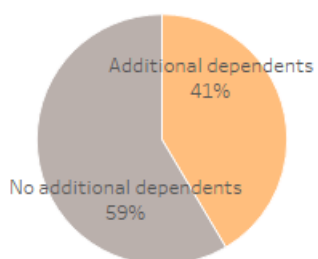
Respondents gender



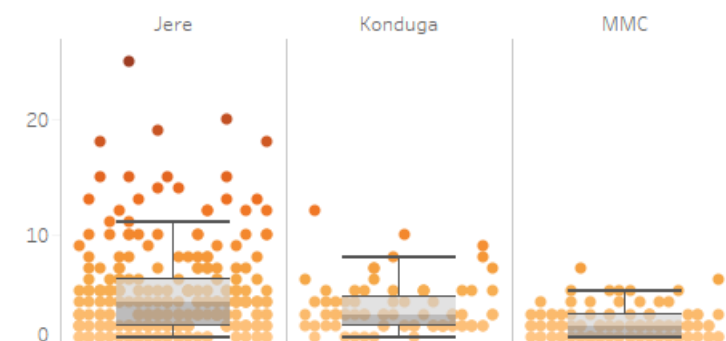
Marital status of respondent



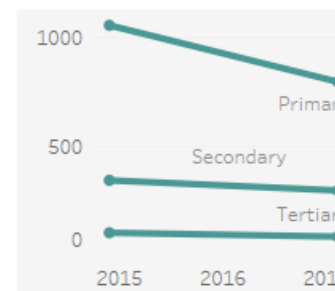
% of household with additional dependents



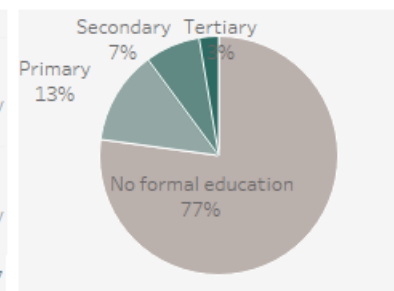
# of additional family members since crisis began



# of children attending school



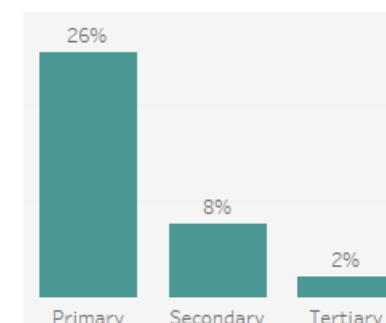
Highest education level in the family



% of people with specific needs

	Jere	Konduga	MMC	Total	# with specific needs
Pregnant or lactating women	7.7%	7.8%	5.2%	7.2%	686
Separated minors related or not related to the family	7.9%	0.6%	2.3%	4.4%	419
Chronically ill people or critical medical conditions	1.9%	1.0%	1.8%	1.6%	153
Visual hearing or speech impairment	1.5%	0.9%	1.1%	1.2%	119
Conflict related physical and permanent disability	1.8%	0.7%	0.6%	1.2%	114
Non-conflict related physical and permanent disability	1.8%	0.8%	0.4%	1.2%	114
Mental disability	0.7%	0.5%	0.6%	0.6%	59

School aged children (4-18yo) currently attending school

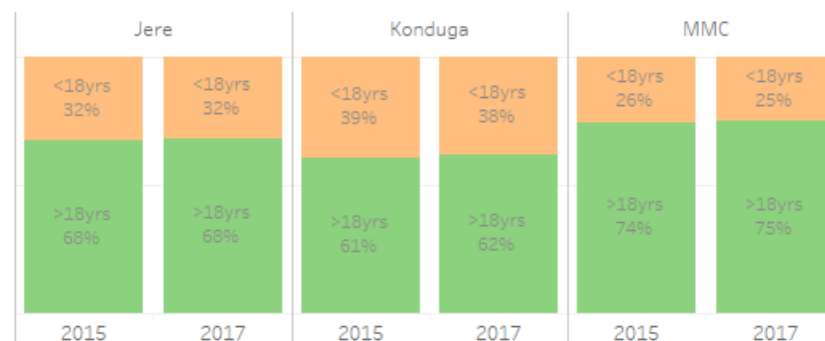


## K. Statistical results – Household Economy and Livelihoods

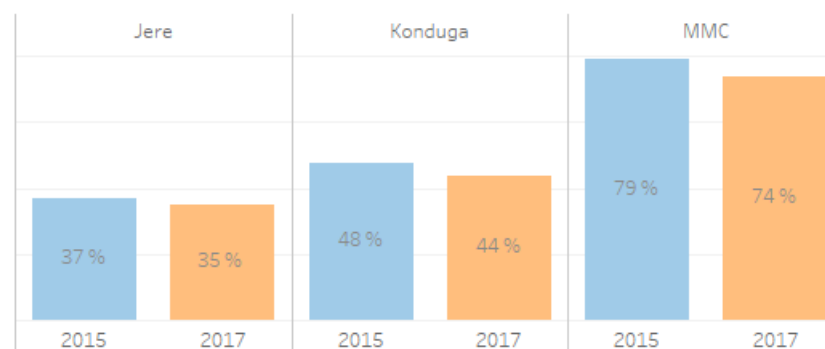
% HH with at least one regular source of income (before and after)



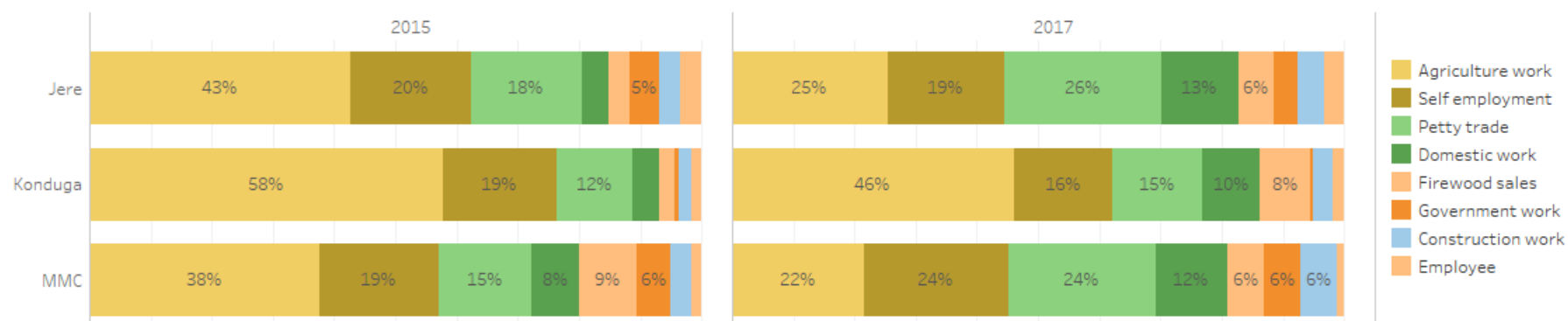
Age of working members of the family



% of family members 18-59 yo with regular income

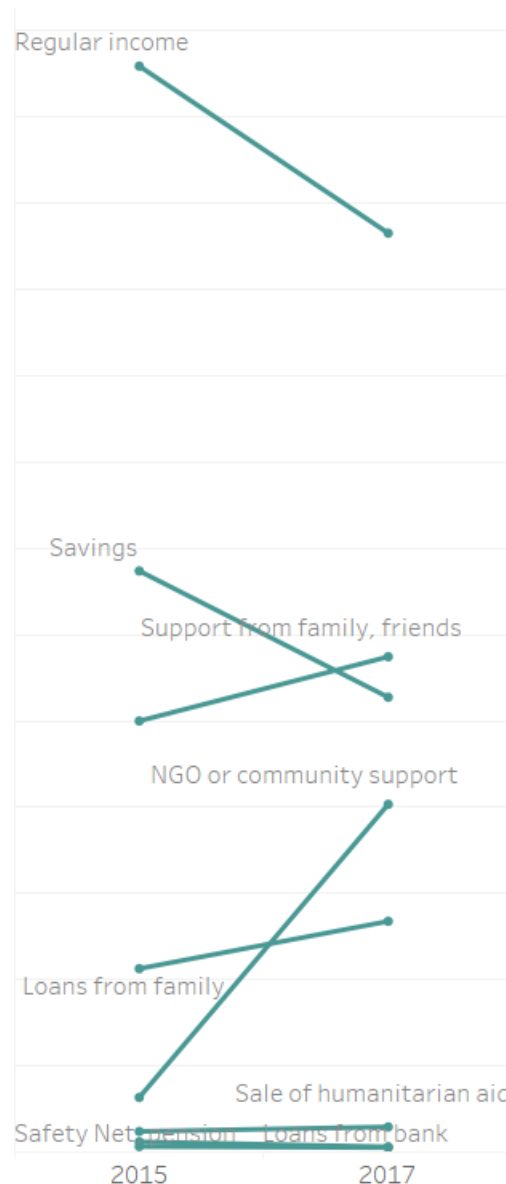


Sources of incomes (before crisis and now)

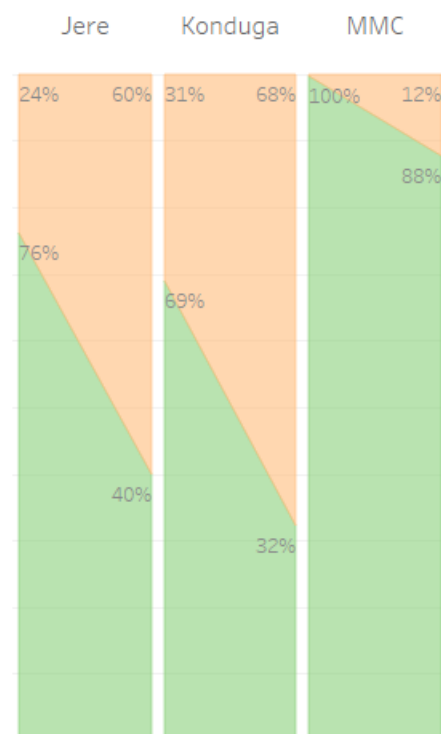




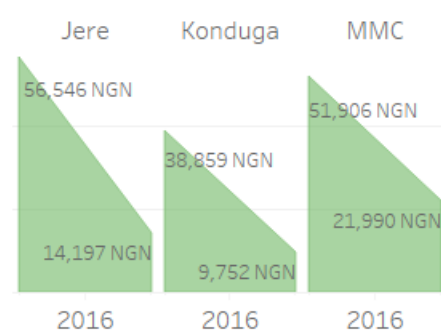
## Main sources of cash (priority order) before the crisis and now



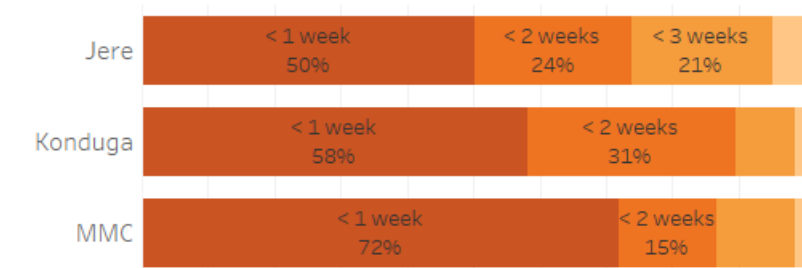
## % HH with access to cash to face expenditures



## Average monthly family income

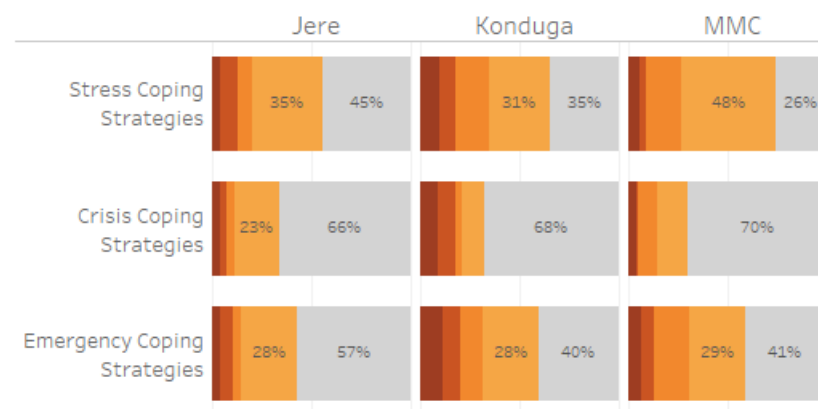


## Days saving can sustain expenditures

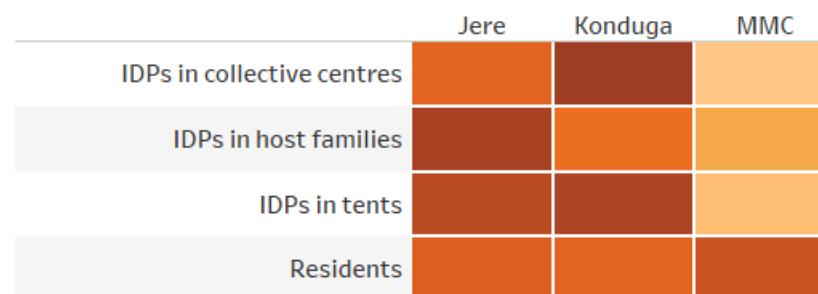


## Livelihood coping strategies

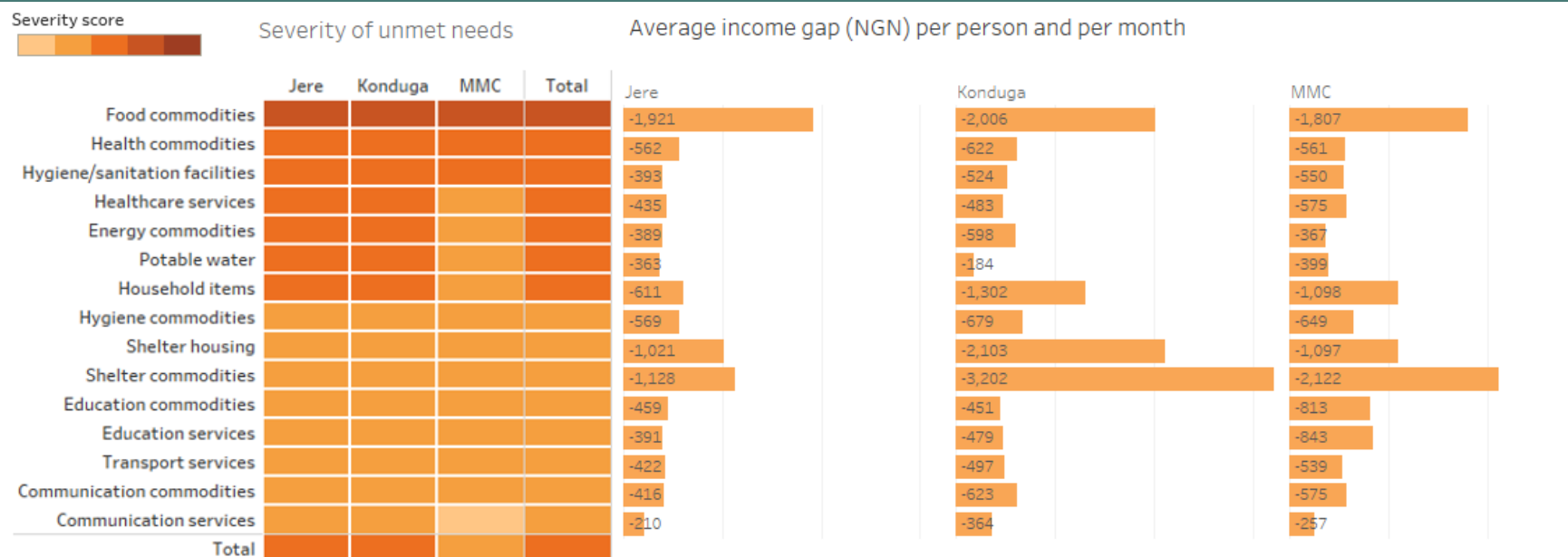
More than weekly Once in a month Never  
Weekly Occasionally



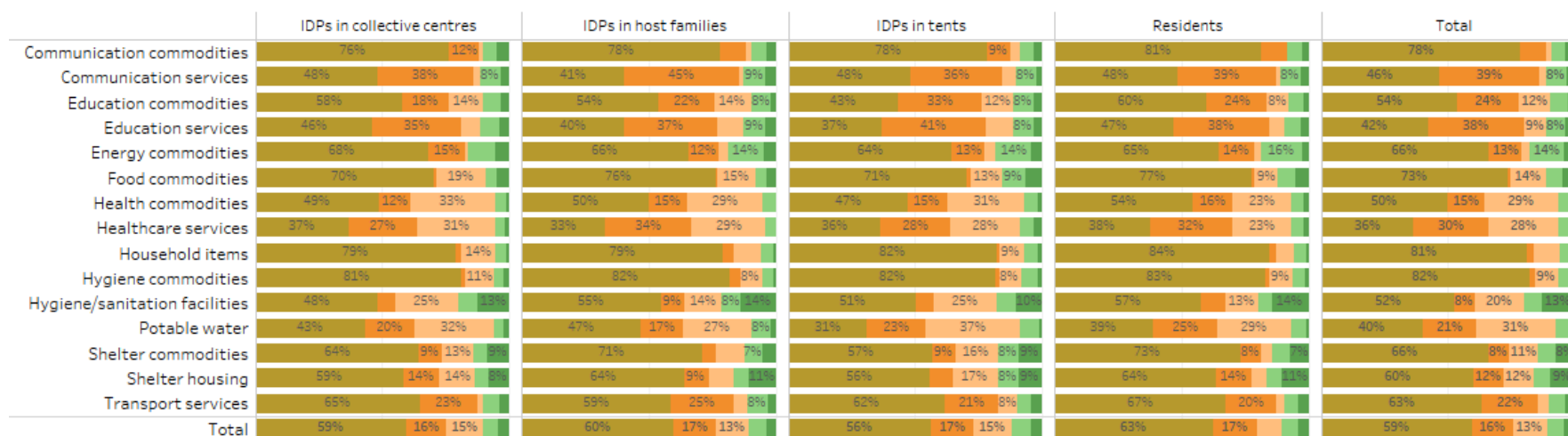
## Food consumption score index



## L. Statistical Results – Income Gap and Sources/Providers



### Sources for and providers of basic needs



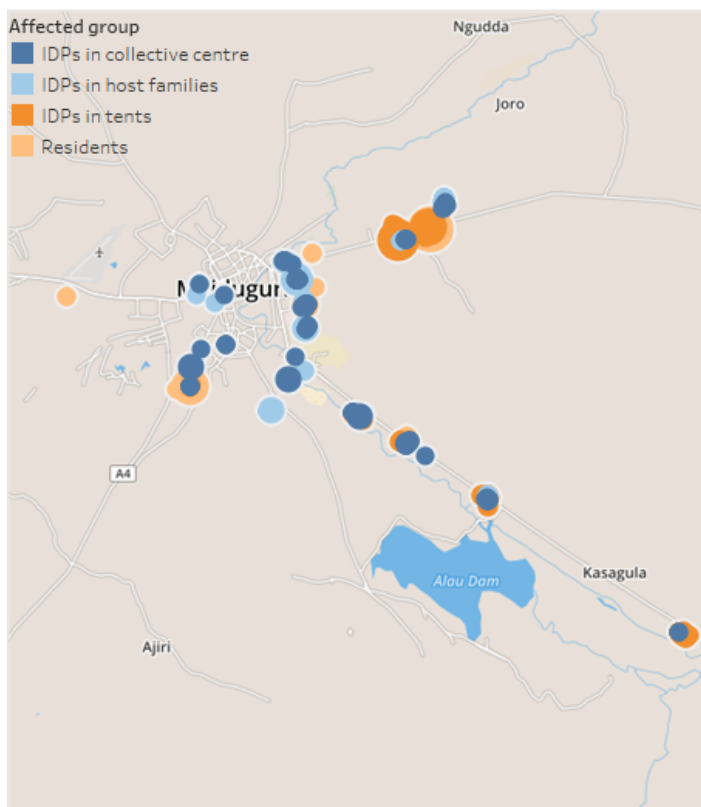
Source

- Purchase from private/professional/market
- Local/national authorities
- NGO/Community support
- Natural resource
- Own production/good

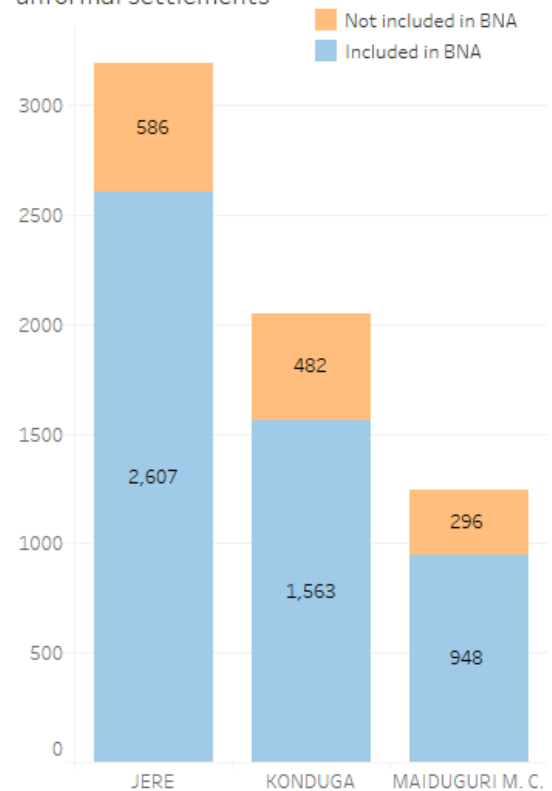
## M. Annexes

### Annex 1 Detailed sampling plan

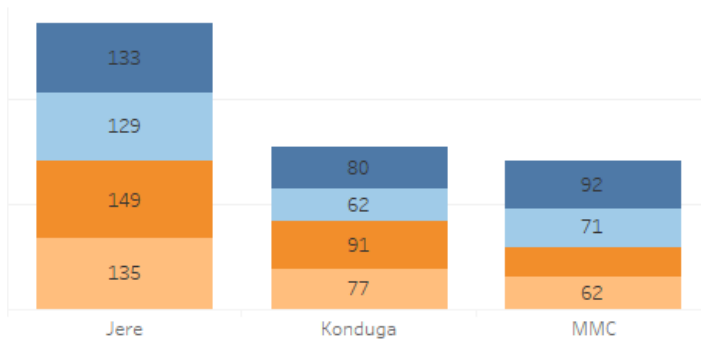
Map of visited areas



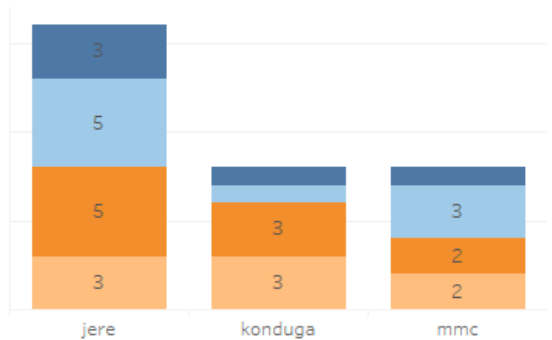
Number of IDPs HH visited out of total in informal settlements



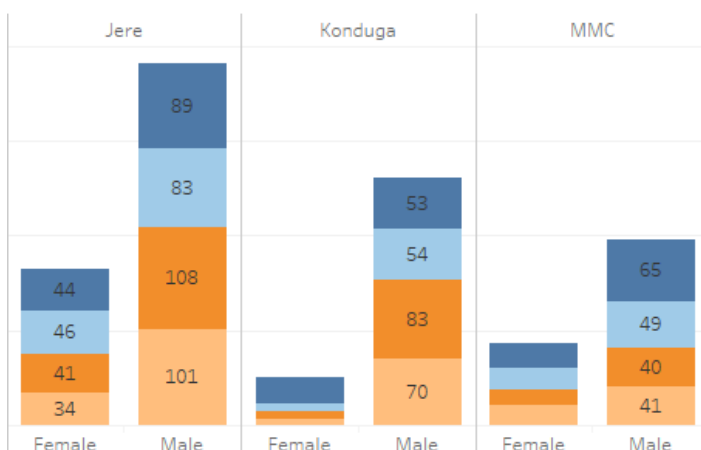
Number of interviews - Head of households



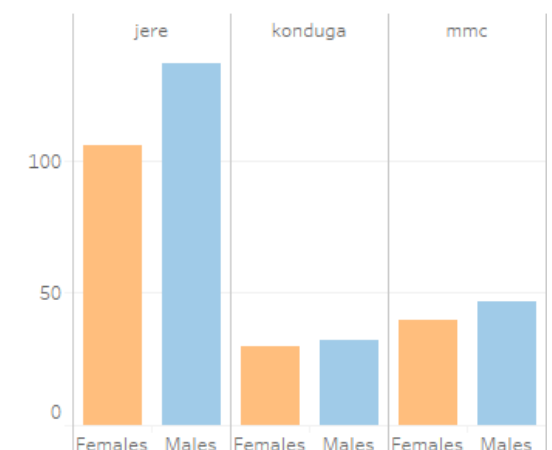
Number of interviews - CGDs



Gender household respondents



Number females and males for CGDs



## Annex 2 Household questionnaire

### Basic needs assessment - Household Interview Tool ver. 1.3 – Nigeria Pilot

**Pre-screening questions (tick boxes). If one of these boxes is not ticked, stop interview.**

- ☐ Interviewee is **Head of household** (He/She is the main responsible to provide for the family members) ☐ Interviewee is currently residing in this LGA  
☐ Interviewee participates voluntarily and is informed that the interview is completely anonymous ☐ Interviewee is informed he is selected randomly and that there is no guarantee of assistance being delivered after the interviews are processed

#### A. General

<b>A1. Date of interview</b>	<b>A2. LGA Name</b>	<input type="checkbox"/> MMC <input type="checkbox"/> Mobbar <input type="checkbox"/> Jere <input type="checkbox"/> Kondunga <input type="checkbox"/> Jere <input type="checkbox"/> Mafa	<b>A3. Type of group</b>	<input type="checkbox"/> Residents <input type="checkbox"/> Displaced in collective centre <input type="checkbox"/> Displaced in tents <input type="checkbox"/> Displaced in host families	<b>A4. Enumerator ID</b>
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#### B. Household demography and profile

<b>B1. Age</b>	years
<b>B2. Sex of Respondent</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>B3. Marital status of respondent (Tick one only)</b>	<input type="checkbox"/> Married and living with husband or wife <input type="checkbox"/> Married and not living with husband or wife <input type="checkbox"/> Widowed <input type="checkbox"/> Single (not married)
<b>B4. What describes best your FAMILY situation now (Tick one only)</b>	<input type="checkbox"/> Resident and never left <input type="checkbox"/> Displaced and arrived more than 3 months ago <input type="checkbox"/> Displaced and arrived in the last 3 months <input type="checkbox"/> Displaced and returned <input type="checkbox"/> Others (specify)

<b>B5. What is the total number of people from your family living NOW under "one roof" (mark "0" if none) (if respondent is IDP in host family, capture only the family members of the IDP family)</b>	
# male 0-4 years old	
# female 0-4 years old	
# male 5-11 years old	
# female 5-11 years old	
# male 12-17 years old	
# female 12-17 years old	
# male 18-59 years old	
# female 18-59 years old	
# of male >60+	
# of female >60+	
<b>Total Household members (SUM)</b>	

<b>B6. How many people are in the family you are living with? (only for IDPs in host families)</b>	
<b>B7. Since the beginning of the crisis, do you have additional people dependent on you? If yes, how many? (mark "0" if none)</b>	

<b>B8. Do you have family members living currently with you and with special needs (mark "0" if none) (In case of IDPs in host family, the question refers only to the IDP family and not the host family)</b>	
# with non-conflict related physical and permanent disability	
# with conflict related physical and permanent disability	
# with mental disability	
# with visual, hearing or speech impairment	
# chronically ill people/critical medical conditions	
# separated minors (related or not related to the family)	
# pregnant or lactating women	
<b>Total household members with special needs (SUM)</b>	

<b>B9. What is the highest education level of the heads of family? (Tick one only)</b>	
<input type="checkbox"/> No formal education <input type="checkbox"/> Primary school <input type="checkbox"/> secondary school <input type="checkbox"/> Tertiary school	
<b>B10. How many of your children go regularly to formal school? (mark "0" if none)</b>	<b>Before</b> <b>Now</b>
# of children in primary school	
# of children in secondary school	
# of children in tertiary school	

#### C. Family Economy and Livelihoods

<b>C1. How many members of your family contribute to the family income?</b>	<input type="checkbox"/> Refuse to answer
	<b>Before</b> <b>Now</b>
>18 years old	
<18 years old	

<b>C2. What were/are your family member's regular sources of income? (read out loud, tick all that apply). <input type="checkbox"/> Refuse to answer</b>	
<b>Before</b>	<b>Now</b>
Government work (civil servant, etc.)	Government work (civil servant, etc.)
Petty trade (small scale trade)	Petty trade (small scale trade)
Self-employment (private business)	Self-employment (private business)
Firewood sales	Firewood sales
Domestic work (house worker, etc.)	Domestic work (house worker, etc.)
Construction work	Construction work
Agricultural work	Agricultural work
No family member with regular income	No family member with regular income
Other (Specify)	Other (Specify)

<b>C3. How were/do you commonly access/receive/obtain cash? (Rank 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>)</b>	<b>Before</b> <b>Now</b>
ATM	
Bank withdrawal (counter)	
Formal money transfer (Western union, money agent, etc.)	
Informal money transfer (unformal transfer networks)	
Mobile phone money transfer	
Hand to hand	
No access to cash	

<b>C4. Can you give us an estimation of your total family income per month before and now? (enter amount in NGN) <input type="checkbox"/> Refuse to answer</b>	
<b>Before</b>	<b>Now</b>

<b>C5. What were/are the main sources of cash allowing you to face current expenditure? (Rank 1<sup>st</sup> source, 2<sup>nd</sup> source, 3<sup>rd</sup> source)</b>	
<b>Before</b>	<b>Now</b>
Regular income (work, sales, employment)	Regular income (work, sales, employment)
Savings	Savings
Safety nets (pension, insurance)	Safety nets (pension, insurance)
Loans (bank, government)	Loans (bank, government)
Loans (family, friend, remittances)	Loans (family, friend, remittances)
Support (family, friend, remittances)	Support (family, friend, remittances)
NGO/community support (Cash, vouchers)	NGO/community support (Cash, vouchers)
Sale of humanitarian aid	Sale of humanitarian aid
No cash sources available	No cash sources available
Other (Specify)	Other (Specify)

<b>C6. How many days can your current savings sustain expenditures without external assistance or regular income? <input type="checkbox"/> I don't know <input type="checkbox"/> Refuse to answer</b>	
---	--

<b>C7. How often in the PAST 7 DAYS have members of your family relied on any of the following actions to meet food needs? (1=1 day, 2=2 days, 3=3 days, etc.)</b>	
Rely on less preferred and less expensive foods	
Find new ways to maintain and store food so that it could be reused	
Borrow food, or rely on help from a friend or relative	
Gather wild food, hunt, or harvest immature crops	
Look for food in garbage	
Limit portion size at mealtimes	
Restrict consumption by adults for small children to eat	
Reduce number of meals eaten in a day	

<b>C8. How often in the PAST 30 DAYS have members of your family relied on any of the following actions to meet basic needs? (1=Never, 2=Once in the month, 3=Occasionally (few times a month), 4=Weekly, 5=More than weekly)</b>	
Using Savings	
Buying goods/services on credit	
Borrowing money from family/friends	
Selling family assets (jewellery, phone, furniture)	
Spending less money on other needs	
Selling productive assets/means of transport	
Taking jobs that are high risk, illegal and/or socially degrading	
Begging	
Sending children family members to beg	
Removing children from school	

#### D. Basic needs

<b>D1. In the current situation, is access to [basic need] enough to meet/satisfy the basic needs of your family members? Read each out loud, then rate them from 1 to 5</b>	<b>D2. If no additional assistance is provided to your family in [basic need], are you worried about the consequences of this shortage for your family in the next three months?</b>
1: Largely sufficient to cover all our family needs 2: Sufficient to cover all our family needs 3: just enough/barely enough to cover all our family needs 4: Insufficient to cover all our family needs 5: Totally insufficient to cover all our family needs	1: I don't feel worried at all about meeting this need 2: I feel worried but we should be able to cope 3: I feel worried for some or all family members and I'm not sure we will be able to cope 4: I feel worried for the health of some or all family members 5: I feel worried for the life of some or all family members
Answer D1 and then move to D2, D3, D4 and D5 for each basic need, back to back	

<b>List of basic needs</b>	<b>D1</b>	<b>D2</b>
Food commodities (Staple and non-staple, etc.)		
Health commodities (drugs, etc.)		
Health care services (Health staff, facilities, etc.)		
Potable water (including containers, treatment, etc.)		
Shelter commodities (furniture, building material, etc.)		
Shelter/housing (rent, purchase, construction services, etc.)		
Households items (Utensils, mats, blanket, mosquito net, cooking set, etc.)		
Hygiene commodities (Clothing, washing, soap, toothbrush, pads, diapers, etc.)		
Hygiene/sanitation facilities (toilets, shower, bath, etc.)		
Energy commodities for heating, cooking, lightning and charging		
Transport services (All except education, to work, health centre, markets, etc.)		
Education commodities (uniforms, shoes, stationaries, books, etc.)		
Education services (transport, fees, teachers, etc.)		
Communication commodities (Phone, credit, etc.)		
Communication services (providers, towers, network, etc.)		
Other (Legal support, special needs, etc.)		





# Annex 3 CGD questionnaire

## Basic needs assessment – Community Group Discussion Tool ver. 1.3 – Nigeria Pilot

Hi, how are you? Let me introduce myself. I am \_\_\_\_\_ from (your agency) and I am responsible for collecting information that will help us better understand your basic needs, on behalf of the humanitarian community. It is anonymous and confidential and will take roughly 1 hour. We will be talking first about what you consider to be basic needs and how you are meeting them. We will then try to understand how much does it cost for one family to meet those basic needs. But first let me make sure of the following: **Pre-screening questions: (tick boxes) If one of these boxes is not ticked, stop interview.**

☐ Participants all belong to a same affected group (e.g. IDPs, returnees, Non IDPs, etc.) ☐ Group participants are all head of households ☐ Participants participate voluntarily and are informed that the interview is completely anonymous

### A. General

A1. Date of interview	A2. LGA Name	A3. Site name
A4. # of participants	A5. # of males	A6. # of females
		A7. Affected group

☐Residents ☐Displaced in collective centre ☐Displaced in tents ☐Displaced in host families

**B1. Let's discuss how essential certain basic services or goods are to you in the current situation. Under the current conditions, would you say accessing [basic need] is:**

- 1: Essential to guarantee the dignity of family members
- 2: Essential to guarantee personal development of family members
- 3: Essential to guarantee dignity and personal development of my family members
- 4: Essential to guarantee health/survival and dignity of family members
- 5: Essential to guarantee health/survival, dignity and personal development of family members

**B2. Availability:** Within 1 hour of your living place, is [basic need] always available or are you facing some shortages and it is sometimes difficult to find [basic need]? Read each out loud, then rate from 1-5

- 1: Always available
- 2: Most of the time available
- 3: Sometimes available
- 4: Rarely available
- 5: Never available

**B3. Accessibility:** Let's discuss about your capacity to obtain or purchase [basic need]. Do you always find easy to purchase/obtain [basic needs] or is it sometimes difficult? Read each out loud, then rate from 1 to 5

- 1: Very easy to purchase/obtain/access
- 2: Easy to purchase/obtain/access
- 3: Sometimes difficult to purchase/obtain/access
- 4: Very difficult to purchase/obtain/access
- 5: Impossible to purchase/obtain/access

**B4. Quality:** Let's discuss about the quality of [basic need] you generally access/obtain. Are you always satisfied with the quality of [basic need] you access or are you sometimes unsatisfied? Read each out loud, then rate 1-5

- 1: Always satisfied with quality of [basic need]
- 2: Most of the time satisfied with quality of [basic need]
- 3: Not always satisfied with quality of [basic need]
- 4: Rarely satisfied with quality of [basic need]
- 5: Never satisfied with quality of [basic need]

**B5. For each basic need where at least a score 3-5 was selected in availability, access or quality, please indicate which type of assistance could be provided to help solve the issue.**

Possible types of interventions are in kind aid, cash assistance or service provision. In kind aid are goods or commodities (food, hygiene kit, etc.). Service provision include a transfer of competency (medical consultation, teaching, advises, etc.). Cash include the delivery of money, sometimes with some conditions. Please write the favoured assistance in details

Food commodities (Staple and non-staple, etc.)				
Health commodities (drugs, etc.)				
Health care services (Health staff, facilities, etc.)				
Potable water (including containers, treatment, etc.)				
Shelter commodities (furniture, building material, etc.)				
Shelter/housing (rent, purchase, construction services, etc.)				
Households items (Utensils, mats, blanket, mosquito net, cooking set, etc.)				
Hygiene commodities (Clothing, washing, soap, toothbrush, pads, diapers, etc.)				
Hygiene/sanitation facilities (toilets, shower, bath, etc.)				
Energy commodities for heating, cooking, lightning and charging				
Transport services (All except education, to work, health centre, markets, etc.)				
Education commodities (uniforms, shoes, stationaries, books, etc.)				
Education services (transport, fees, teachers, etc.)				
Communication commodities (Phone, credit, etc.)				
Communication services (providers, towers, network, etc.)				
Other (Legal support, special needs, etc.)				

**B6. What is the minimum amount of cash currently required to meet the basic needs of one average size family (2 parents and 5 children) for one month in Nigerian Naira (NGN)**

**B7. Is there any seasonal costs, e.g. lean season, winter, etc. If yes, from when to when? Can you tell us the average seasonal cost per month. Keep blank if there is no cost in this category**

Period, e.g. Jan-Mar Average monthly cost

**B8. Is there any other one off costs, e.g. school fee, gas, etc. If yes, from when to when? Can you tell us the average seasonal cost per month. Keep blank if there is no cost in this category**

Period, e.g. Jan-Mar Average monthly cost

**B9. Is there any extraordinary costs, e.g. shelter construction, HH items, etc. If yes from when to when? Can you tell us the average seasonal cost per month. Keep blank if there is no cost in this category**

Period, e.g. Jan-Mar Average monthly cost

Food commodities (Staple and non-staple, etc.)						
Health commodities (drugs, etc.)						
Health care services (Health staff, facilities, etc.)						
Potable water (including containers, treatment, etc.)						
Shelter commodities (furniture, building material, etc.)						
Shelter/housing (rent, purchase, construction services, etc.)						
Households items (Utensils, mats, blanket, mosquito net, cooking set, etc.)						
Hygiene commodities (Clothing, washing, soap, toothbrush, pads, diapers, etc.)						
Hygiene/sanitation facilities (toilets, shower, bath, etc.)						
Energy commodities for heating, cooking, lightning and charging						
Transport services (All except education, to work, health centre, markets, etc.)						
Education commodities (uniforms, shoes, stationaries, books, etc.)						
Education services (transport, fees, teachers, etc.)						
Communication commodities (Phone, credit, etc.)						
Communication services (providers, towers, network, etc.)						
Other (Legal support, special needs, etc.)						

## Annex 4 Secondary Data Review – May 2017

### 1. Jere LGA

#### Key figures

	Total number	% of total pop
Total population (2016)	288,430	
Total IDPs	306,568	106.3%
In public building	64,735	22.4%
In tents	9,594	3.3%
In Host community	232,239	80.5%
IPC phase 1	87,847	30.4%
IPC phase 2	127,227	44.1%
IPC phase 3	69,672	24.1%
IPC phase 4	18,175	6.3%
IPC phase 5	-	-

Sources: [DTM XV 2017](#), OCHA 2016, IPC March 2017

#### Background situation

**Conflict events:** According to ACLED data, from January to November 2016, three violent incidents took place in Jere, two of which saw Boko Haram carry out violence against civilians (ACLED 2016). In the first four months of 2017, at least four violent incidents occurred in Jere, three of which were cases of violence against civilians carried out by armed groups (ACLED 2017). On 22 March 2017, fire caused by a PBIED (person-borne improvised explosive device) destroyed the Muna Gulamba camp in Jere LGA, killing four people, including 2 children. Two solar boreholes and 180 households' shelters were also destroyed ([UNICEF 31/03/2017](#))

**Humanitarian profile:** According to the XV round of the Displacement Tracking Matrix, 44 displacement sites were identified in Jere LGA as of March 2017, making it one of the LGAs with the highest number of displacement sites in Borno State ([DTM XV 2017](#)).

306,568 internally displaced persons (50,950 households) were reported, representing a decrease of 29,197 compared to February 2017. 74,329 IDPs were

living in camps, while 232,239 were reportedly living outside camps. 9,594 IPDs were reportedly living in seven tents settings, 64,458 were living in 36 collective centers, and 250 were in the only transitional center identified ([DTM XV 2017](#)). The reduction in number of IDPs in the DTM XV compared to the previous issue is mainly due to return of IDPs to their place of origins, but in some cases it is also caused by a correction in figures from the previous round ([DTM XV 2017](#)). As of April, 2017, the majority of the displaced in Jere LGA were mainly from Bama, Gwoza, and Konduga LGAs (Save the Children 26/04/2017).

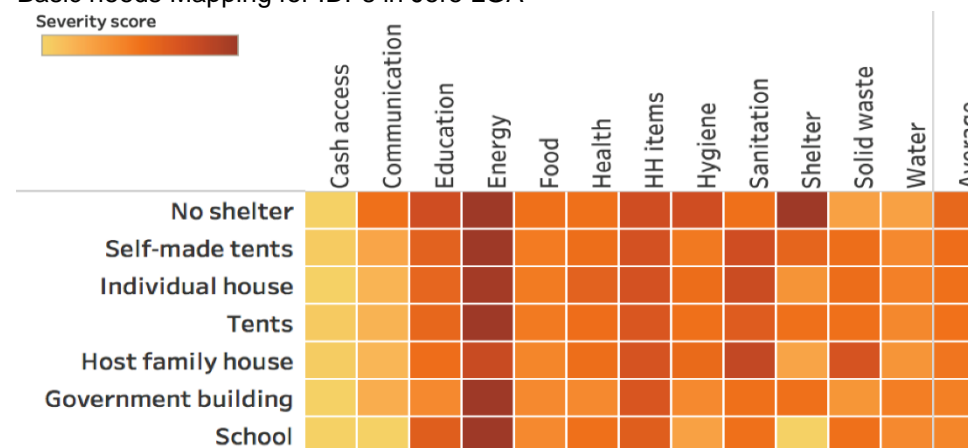
#### Humanitarian access

As of 6 February, Jere LGA was one of the six LGAs accessible to the United Nations ([OCHA 06/02/2017](#)). As of April 2017, insecurity in Jere is reportedly declining, but sporadic suicide attacks still occur ([FEWSNET 30/04/2017](#)). Almost all wards in Jere are accessible, except for Tuba, Dusuma, Khadammari, and Gongulolong, which are only partially accessible (Humanitarian Access Situation Tracking Sheet 07/04/2017).

In Jere, access to humanitarian aid is increasing for IDPs in official camps, while it is reduced for those in host communities ([FEWSNET 30/04/2017](#)).

#### Basic needs

##### Basic needs Mapping for IDPs in Jere LGA



Sources: [DTM XV April 2017](#)

The top three basic needs in Jere LGA were access to Energy, Sanitation, and household items, as of March 2017. Additionally, access to solid waste

management, education, health, hygiene, and food are also problematic. On the average, the IDPs with no shelter are the groups with the highest severity of needs (DTM April 2017). According to HEA findings for Jere LGA, as for Maiduguri MC, slightly below 45% of displaced households were categorized as “Very poor” (no livestock, and limited items including cellphone), almost 30% as “poor” (few items, cellphone, bicycle), while only slightly above 15% were classified as “middle” income, and around 10% had higher income. 41% of the “very poor” households were earning their income through self-employment, while 60% of the “poor” were gaining through casual labour. Cash assistance and e-vouchers contributed to 24% and 30% of the income of “poor” and “very poor” displaced families respectively. SCI e-vouchers covered 96% of very poor IDP households’ monthly food need, and the need of 66% of “poor” displaced families (Save the Children 26/04/2017).

**Sanitation:** Over 80% of the assessed IDPs sites don’t have access to proper sanitation (DTM April 2017).

**Households items:** Less than 75% of the assessed IDPs sites have access to cooking materials and mosquito nets (DTM April 2017).

**Food:** in Jere LGA, 69,672 (24.1%) people were reported to be in IPC Phase 3 food insecurity as of March 2017. In the same period 18,175 (6.3%) people were in IPC Phase 4 emergency food insecurity (IPC March 2017). As of October 2016, the global acute malnutrition in Jere was reported to be 12.4%, above the WHO 10% classification for “serious” ([FEWSNET 28/02/2017](#); [ACAPS 12/04/2017](#)).

**Health:** On 27 February 2017, health officials confirmed a case of Lassa fever in Zabarmari village, Jere LGA. The patient was hospitalized on 20 February. In January, Jere LGA was reportedly one of the LGAs with continued transmission of measles cases ([Health Cluster 05/03/2017](#)).

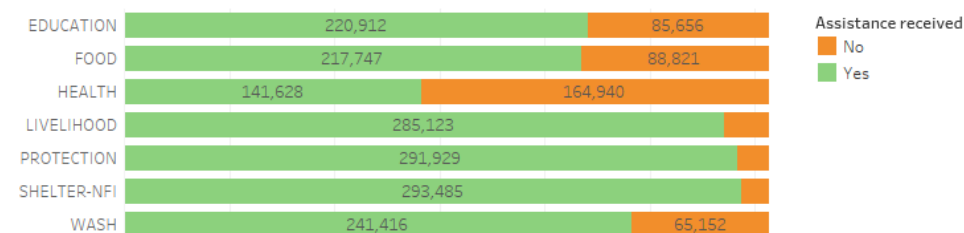
**Cash:** 75.7% of displaced sites indicated cash as main source for obtaining food (DTM April 2017).

For what concerns host communities, 45% are categorized as “very poor” (no livestock, and limited items including cellphone), while 25% are “poor” (few items, cellphone, bicycle), as of 26 April 2017. Host communities relying on agriculture cannot access farmlands in the outskirts of town because of frequent attacks on farmers. Therefore, poor and very poor households get from casual

labour 77% and 59% of their livelihoods respectively, while domestic labour contributed to 26% of yearly income for “very poor” households. 20% of poor and 29% of very poor households generated income through self-employment. SCI e-vouchers covered the need of 69% of “very poor” host families, and 51% of “poor” host households (Save the Children 26/04/2017).

In Jere, only 57.1% of market traders have employed people as of November 2016, compared to 89.3% in Maiduguri LGA ([WFP 16/03/2017](#)).

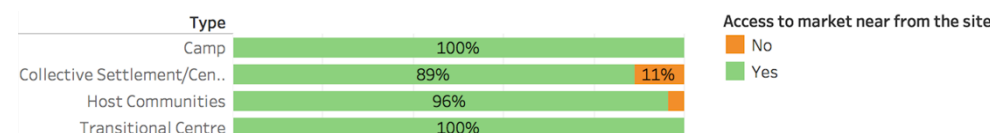
### Assistance received



Sources: [DTM XV April 2017](#)

As indicated by DTM data, the main gaps in assistance to displaced population were in the Health, Food, Education, and WASH sectors. Only 46.2% of IDPs (141,628 people) received health support, 71% (217,747 individuals) received food assistance, 72% (220,912 people) received support to education, and 78.7% (241,416 persons) received WASH assistance. Additionally, minor gaps were reported in livelihood, protection, and shelter/NFI support, with only 7%, 4.8%, and 4.3% without assistance in the respective sectors ([DTM XV April 2017](#)).

### Market access near IDPs sites



Sources: [DTM XV April 2017](#)

According to DTM data, in Jere LGA, 100% of IDPs in camps and transitional centres have access to nearby markets as of April 2017, compared to 96% of the displaced



living in host communities and 89% of those living in collective settlement ([DTM XV April 2017](#)).

### Information gaps

- Basic needs of non-displaced affected people.
- Lack of information on disability and vulnerable populations
- Lack of information on assistance received by host communities

## 2. Konduga LGA

### Key figures

	Total number	% of total pop
Total population (2016)	213,811	
Total IDPs	95,799	44.8%
In public building	67,682	32.1%
In tents	750	0.3%
In Host community	27,367	12.8%
IPC phase 1	20,269	9.5%
IPC phase 2	28,201	13.2%
IPC phase 3	21,151	9.9%
IPC phase 4	17,626	8.2%
IPC phase 5	881	0.4%

Sources: [DTM XV 2017](#), OCHA 2016, IPC March 2017

### Background situation

**Conflict events:** Between 2016 and the first four months of 2017, six attacks against civilians by armed groups were reported in Konduga LGA (ACLED 2016; ACLED 2017). In the last week of March 2017, ten people were abducted by Boko Haram in Konduga area during raids targeting civilians ([UPI 29/03/2017](#)).

**Humanitarian profile:** In Konduga, 15 displacement sites with 95,799 people displaced (17,151 households) were identified as of March 2017, representing an increase of 5,285 people compared to the previous month ([DTM XV 2017](#)). The

influx of displaced people in Konduga LGA was reportedly “continuous” between January and February 2017 ([CCCM Cluster 28/02/2017](#)). As of March 2017, 68,432 displaced people were living inside camps, while 27,367 were reportedly living outside camps. 750 IPDs were reportedly living in on tent settings, and 67,682 IDPs were living in 14 collective centers ([DTM XV 2017](#)).

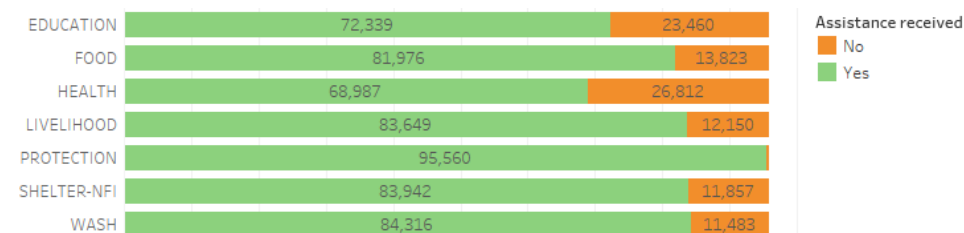
As a result of increased access, 39,394 people returned to Konduga LGA as of March 2017, making it one of the LGAs in Borno with the highest number of returnees. It represents an increase of 10,141 returnees compared to February 2017 ([DTM XV 2017](#)). On 16 March 2017, a fire destroyed the 6,200-person IDP camp of Mandarari in Konduga, spread from the cooking area, also killing three and injuring six ([UNICEF 31/03/2017](#)).

### Humanitarian access

Military operations freed areas of Konduga LGA making it more accessible since mid-December 2016 ([ACAPS 27/01/2017](#)). However access to other areas of Konduga was still limited as of March 2017 ([ACAPS 12/07/2017](#); [Cadre Harmonisé 10/03/2017](#)). As of April 2017, Auno, Konduga, Yajiwa, and Dalori wards were reportedly accessible, while Jakana ward was only partially accessible, and the rest of Konduga LGA was not accessible (Humanitarian Access Situation Tracking Sheet 07/04/2017). As of February 2017, UN staff using the street going from Maiduguri to Konduga were requested to travel with armed escort, while everyone using the route between Konduga and Bama were obligated to travel with military escort or mobile patrols (Humanitarian Access Situation Tracking Sheet 19/04/2017).

As of 30 April 2017, operations of Nigerian Armed forces to clear areas of Sambisa Forest in Konduga LGA are continuing ([Health Cluster 30/04/2017](#)).

### Assistance received

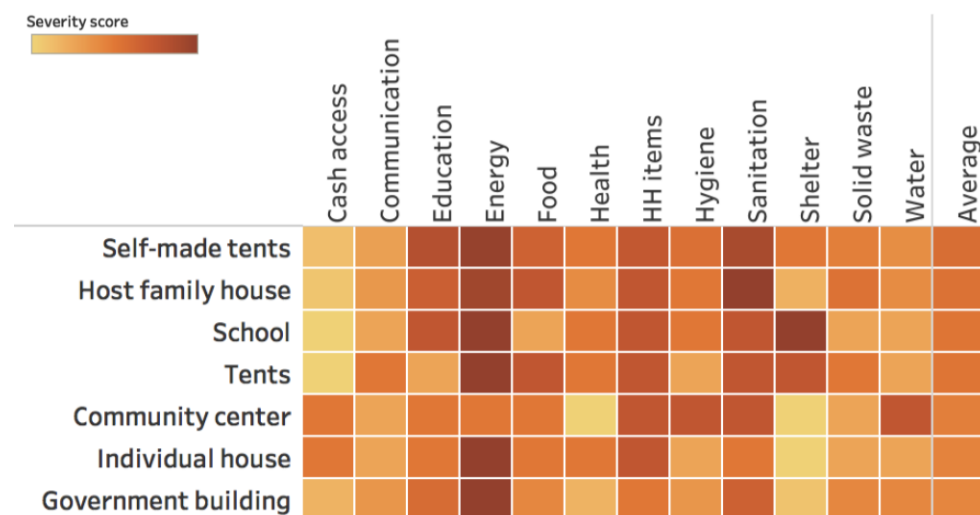


Sources: [DTM XV April 2017](#)

As of April 2017, DTM data indicated that the main gaps in assistance for the displaced population were in the sectors of Health, Education, and Food in Konduga LGA. Additionally gaps in terms of Livelihood, shelter/NFI, and WAS support were also reported. 30% (26,812 people) of IDPs had not received health support, 24.5% (23,460 people) were lacking assistance to education, 14.4% (13,823 people) had not received food assistance, 12.7% (12,150 individuals) were lacking livelihood support, 12.4% (11,857) were without shelter/NFI, and 12% (11,483) had not received WASH support. Finally, 239 people (0.2%) experienced gaps in protection assistance ([DTM XV April 2017](#)).

### Basic needs

Basic needs Mapping for IDPs in Konduga LGA



Sources: [DTM XV April 2017](#)

The top three basic needs in Konduga LGA as of March 2017 were reportedly access to Energy, Sanitation, and household items. Moreover, issues concerning access to education, food, and hygiene, were reported. The IDPs staying in self-made tents were on average the most in need, according to DTM data (DTM April 2017).

**Sanitation:** 80% of the IDPs sites doesn't have access to proper sanitation facilities (DTM April 2017).

**Household items:** 50-75% of the IDPs sites have access to cooking items and mosquito nets (DTM April 2017). The need for NFIs and emergency shelter assistance was also reported, due to a fire that affected Boarding School in Konduga LGA ([OCHA 13/04/2017](#)).

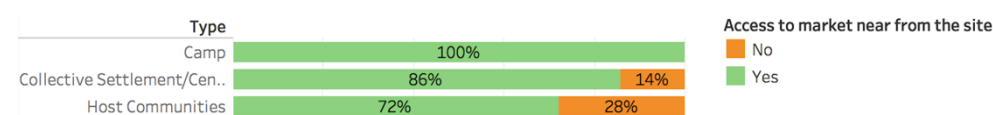
**Education:** Less than 50% of sites with IDPs in school age have access to education (DTM April 2017).

**Food:** 9.9% of the population (21,151 people) are reported to be in IPC Phase 3 food insecurity, while 8.2% (17,626 people) are in IPC Phase 4 "Emergency", and 0.4% (881 people) are in IPC Phase 5 "Famine" situation (IPC March 2017). As of October 2016, the global acute malnutrition rate in Konduga was 15.2%, well above the 10% threshold indicated by WHO ([FEWSNET 28/02/2017](#); [ACAPS 12/04/2017](#)).

**Hygiene:** Lack of washing facilities and soap are reported in IDP sites, but hygiene promotion programs are in place and no open defecation is reported (DTM April 2017).

**Cash:** 32.4% of sites with IDPs in Konduga LGA reported cash as main source of accessing food (DTM April 2017). 12% of traders in Borno State, many of them in Konduga LGA, stored agricultural products from last season to sell them in 2017. Low stocks of most products were reported as of November 2016, except for groundnut oil ([WFP 16/03/2017](#)). In Konduga child labour represented a significant issue as of November 2016, as many children were reportedly involved in collection of firewood for sale. Additionally, such activity increases abuse risk for young girls ([UNHCR 11/2016](#)).

### Market access near IDPs sites



Sources: [DTM XV April 2017](#)

In Konduga LGA, 100% of IDPs in camps, 86% of those in collective settlements, and 72% of displaced in host communities have access to markets nearby, as of April 2017 ([DTM XV April 2017](#)).

## Information gaps and Map

- Basic needs of non-displaced affected people.
- Information on market stocks as of 2017
- Lack of information on disability and vulnerable populations
- Lack of information on assistance received by host communities

## 3. Maiduguri MC LGA

### Key figures

	Total number	% of total pop
Total population	712,173	
Total IDPs	395,847	55.6%
In public building	50,685	7.1%
In tents	615	0.1%
In Host community	344,547	48.4%
IPC phase 1	234,681	32.9%
IPC phase 2	297,263	41.7%
IPC phase 3	211,213	29.7%
IPC phase 4	39,114	5.5%
IPC phase 5	-	-

Sources: [DTM XV 2017](#), OCHA 2016, IPC March 2017

### Background situation

**Conflict events:** ACLED data reported, between January 2016 and April 2017, over 23 instances of violence against civilians in the LGA Maiduguri Metropolitan Council, perpetrated mostly by Boko Haram (ACLED 2016; ACLED 2017). On 26 April 2017, three suicide bombings occurred in Maiduguri MC killing one and injuring several. Boko Haram insurgents have reportedly intensified attacks in Maiduguri area in recent months, targeting in particular villages surrounding the metropolitan area, as well as military locations and IDP camps, ([The Guardian - Nigeria 26/04/2017](#); [Health Cluster 31/03/2017](#)).

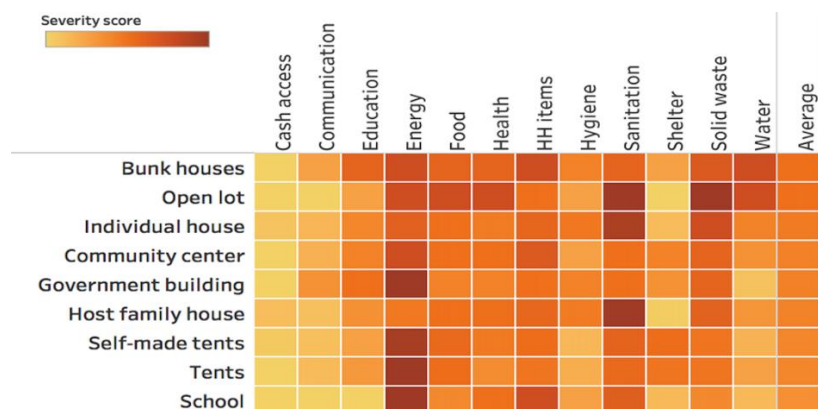
**Humanitarian profile:** As of March 2017, 395,847 IDPs (72,410 households) were reportedly living in Maiduguri MC, representing a 49,467-decrease compared to the previous month. 344,547 of the displaced were staying in host communities, and 51,300 in camps. Of the displaced people living in camps, 615 were living in three tent-settings, while 50,685 were staying in 36 collective centers. The decrease in number of IDPs recorded in March 2017 is mostly due to increased return of displaced people to their places of origins as more territory is being liberated by the national security forces, however some of the decrease is also due to correction in displacement figures from previous rounds of DTM ([DTM XV 2017](#); [UNICEF 15/02/2017](#)). The influx of displaced people into Maiduguri MC, as well as in other LGAs, was reportedly “continuous” in the first two months 2017, with lack of contingency stocks hindering relief ([CCCM Cluster 28/02/2017](#)).

### Humanitarian access

The level of insecurity in Maiduguri MC is reportedly declining, however sporadic attacks still occur ([FEWSNET 28/04/2017](#)). As of 7 April 2017, only the wards of Gamboru, Lamisula, Gwange III, and Gwange I in Maiduguri MC were reportedly accessible. As of February, the road from Maiduguri to Damboa was accessible by anyone only with military escort or mobile patrol. UN staff could use the roads from Maiduguri to Konduga, to Monguno, to Mafa, and to Gubio with military escort. Only the road from Maiduguri to Damaturu, through Benisheikh, was reportedly accessible without the need for any escort or patrol (Humanitarian Access Situation Tracking Sheet 19/04/2017).

### Basic needs

Basic needs Mapping for IDPs in Maiduguri LGA



As of March 2017, the top three needs per sector in Maiduguri MC were reportedly Sanitation, Energy, and Solid Waste Management, according to DTM data. Gaps in household items, food, and health assistance were also reported. The most vulnerable group of displaced people were those living in Bunk Houses (DTM April 2017). In Maiduguri around 45% of displaced households were categorized as “Very poor” (no livestock, and limited items including cellphone), according to HEA findings, while almost 30% were classified as “poor” (few items, cellphone, bicycle). Around 15% were categorized as “middle” income, and almost 10% were classified as having a higher income. 60% of the “poor” families were gaining through casual labour, while 41% of the “very poor” households through self-employment. 24% and 30% of the income of “poor” and “very poor” displaced families respectively were coming from e-vouchers and cash assistance. 66% of the monthly need of “poor” families and that of 96% of very poor IDP households’ were covered by SCI e-vouchers (Save the Children 26/04/2017).

**Sanitation:** Over 80% of displaced people don’t have access to proper sanitation facilities (DTM April 2017).

**Household items:** Less than 75% of the displaced have access to basic household items as well as mosquito nets (DTM April 2017).

**Food:** in Maiduguri MC, GAM was reported above the 10% threshold indicated by WHO as “serious”, as of November 2016 ([ACAPS 12/07/2017](#); [NIEWG 06/02/2017](#)). As of March 2017, 211,213 people (53.3% of the displaced people – 29.7% of total population) were reportedly in IPC Phase 3 “Crisis” food insecurity, while 39,114

(9.9% of IDPs – 5.5% of total population) were in IPC Phase 4 “Emergency” situation (IPC March 2017).

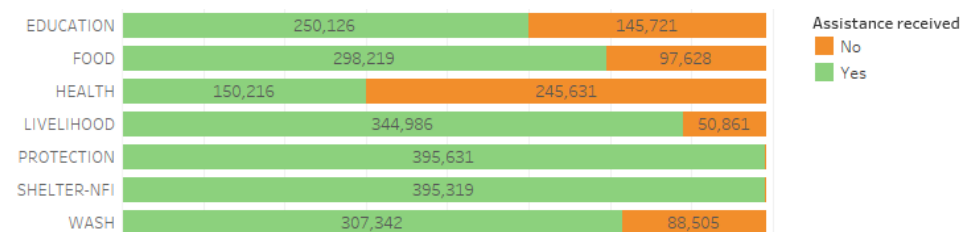
**Education:** In camps in Maiduguri MC the lack of school feeding was reportedly hampering attendance, as of March 2017 ([UNICEF 15/03/2017](#)).

**Health:** As of January 2017, continuous transmission of measles was reported in Maiduguri MC. At the end of February 2017, a case of Lassa fever was reported at Umaru Shehu hospital in Maiduguri ([Health Cluster 05/03/2017](#); [UNICEF 28/02/2017](#)).

As of April 2017, HEA findings regarding host communities in Maiduguri MC and Jere LGA, classified 45% of households as “very poor” (no livestock, and limited items including cellphone), and around 25% as “poor” (few items, cellphone, bicycle). 20% of poor and 29% of very poor households reportedly generated their income through self-employment. Attacks on farmers prevented many agricultural host communities from accessing farmlands outside the town, so 77% and 59% of the livelihoods of “very poor” and “poor” families respectively came from casual labour. 26% of yearly income for “very poor” households was reportedly deriving from domestic labour. 69% of the needs of “very poor” host families, and 51% of the need of “poor” host households were covered by SCI e-vouchers (Save the Children 26/04/2017).

In Maiduguri MC, markets, in particular Monday Market, are reportedly functioning at almost pre-conflict levels. Monday Market is the largest market of Lake Chad area and reports indicated that it is well supplied with main staples ([FEWSNET 28/04/2017](#)).

### Assistance received

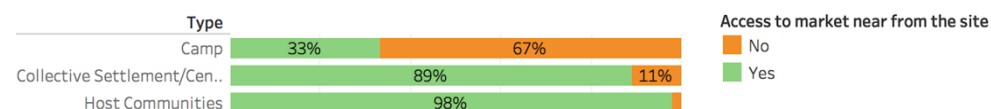


Sources: [DTM XV April 2017](#)



As of April 2017, according to DTM data, the main sector with gaps in assistance was reported to be health, with over 62% (245,631 individuals) of the displaced without support. Additionally issues in support to education, food, and WASH, were reported, with assistance gaps of 36.8% (145,721 people), 24.7% (97,628 persons), and 22.3% (88,505 individuals) respectively. Additionally, 50,861 IDPs were without livelihood support, while 216 were without protection assistance, and 528 were without shelter/NFI assistance ([DTM XV April 2017](#)).

### Market access near IDPs sites



Sources: [DTM XV April 2017](#)

In Maiduguri MC, around 67% of displaced people in camp settings do not have access to a food market, while 98% of the IDPs staying in host communities and 89% of those in collective settlements have access to markets nearby ([DTM XV April 2017](#)).

### Information gaps

- Basic needs of non-displaced affected people.
- Lack of information on disability and vulnerable populations
- Lack of information on assistance received by host communities

## Annex 5 Debriefing and lessons learnt

### General considerations:

- 4 out of 11 team leaders found the training largely insufficient or insufficient and recommend in the future a real pilot in affected communities to test the tool, as well as more time to train the enumerators. It is recommended to keep the training 3 days minimum in the future for team leaders and to ensure a two days training for enumerators.
- Random selection for IDPs in host families was not always possible for 4 out of 11 team leaders. For IDPs in public buildings, tents or for the affected population, random selection was undertaken with a few exceptions.
- All team leaders considered the household survey as very well (55%) or well received (45%). Community group discussions were considered as very well received by 63% of the team leaders and well received by 37%.
- IDPs in tents, in collective centres and in host families were mentioned as priority groups for assistance by all team leaders. This confirm the findings of the BNA. Food, potable water and shelter commodities were the three priority basic needs to address mentioned by the team leaders. This confirm some of the findings of the BNA.
- Health commodities, hygiene and household items were mentioned by 80% of team leaders as easy and quick to address using cash transfer. This confirm the findings of the BNA, especially since those items are generally available on the local markets.
- 60% or more team leaders mentioned potable water and hygiene/sanitation facilities as difficult to address using cash transfer, as those basic needs require more often service provision, e.g. rehabilitation/construction of water point, etc.

### BNA questionnaire:

- The HH survey was completed in 45mn on average, and the community group discussion 50-60mn.
- 1 team leader out of 11 considered that seeds or farming inputs were missing from the initial list of basic needs. In addition, 2 team leaders considered shelter commodities and communication commodities as optional categories for the list of basic needs.
- One team leader mentioned that the question on number of days the savings could sustain expenditures and the question on allocation of 10.000 NGN were difficult to answer for respondents. No questions from the CGD were considered too difficult to answer.

### Improvements of BNA questionnaire for the future:

- Displacement status: Add a category “more than one year ago”
- Setting: Add a category Urban/rural in the general information section of the HH questionnaire.
- Add a question for the site name in the general information section of the HH questionnaire
- 10.000 NGN allocation: Add an option for savings and debt repayment in case the HH wants to save money and not spend the entire amount on the proposed list of basic needs
- Add question on existence and extent of debts in the HH questionnaire.
- Review scale on number of days’ savings can sustain expenditure and add “more than 3 weeks”, “more than 4 weeks”, etc.