

Konduga – Joint Rapid Assessment

Key Messages for Decision Makers

1. The prevalence of poor food consumption is relatively high (72 %). Newly displaced people are most affected (93%) compared to IDPs in camps (75%), residents (57%) and returnees (41%).
2. The reduced coping strategy index (rCSI) remains also high amongst the surveyed households (24). Newly displaced people are using more often food based coping strategies (29) in comparison to IDPs in camp (22), returnees (21) and residents (19)
3. Before the crisis, the main source of livelihood was farming and livestock rearing. At the moment, source of livelihood includes: manual labor and petty trading. Vast majority of male headed households (90%) have no livelihood activity.
4. Before the displacements the women used to survive on farming. Firewood has become the main source of income for women. However, they are faced with a huge threat, which is AOG attacks, abductions in the bushes as they go to gather firewood for cooking and sale.
5. Before insurgency, a market operated in central Konduga once a week (Tuesday). At the moment a makeshift market operates at the road side.
6. The main access to food is through food aid. Danish Refugee were providing food, more recently IRC is implementing a cash based transfer program. Humanitarian assistance has not been regular in Konduga.
7. The women indicated they preferred in kind food distribution because of price hikes. Majority of men (80%) also prefer food assistance as against CBT.
8. Households employ several livelihood coping measures as discussed, some of which include: sale of jerry cans and soaps (NFIs handed by NGOs) to buy food, clothes, personal belongings, reduction in number of meals, purchasing food on credit, depending on friends and families in MMC, sending children and women to beg, gathering wild fruits.
9. Farm lands within a perimeter of 3KM outside of Konduga town were deemed not safe, with scores of attacks, killings and abductions reported. IDPs and residents that cultivated their farm lands, could not access their farm due to the security threat on farm lands, hence resulting in loss of harvest.
10. Given the critical food security situation, there is an urgent need to provide assistance to affected populations. Prepositioning of emergency food stock in Konduga to respond to new influx could be an option to be considered to respond in a timely manner.
11. Considering the prevailing food security situation, continued influx of IDPs and weak market systems, scale up of Cash Based Transfer (CBT) is not recommended at the moment. Partners intervening in Konduga should have a contingency plan in order to shift from CBT to in-kind should food commodities prices continue to increase.

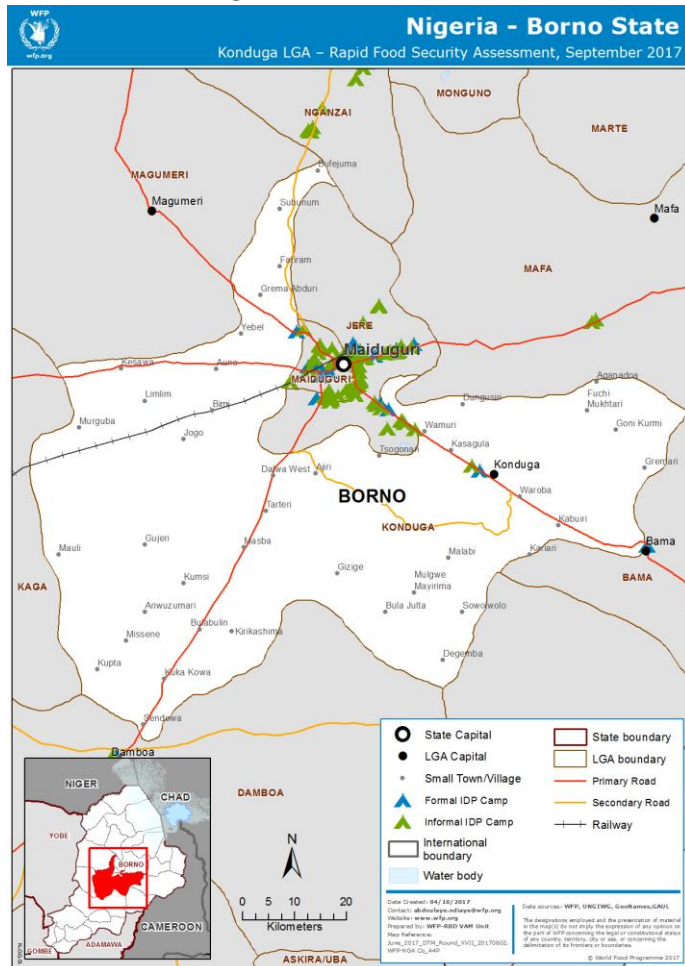
1. Background

The impacts of the ongoing insurgency attacks on both lives and properties in the North East states, especially Borno state has led to the mass displacement of entire households and communities. Hundreds of thousands have lost their livelihoods and are facing serious starvation. The recent counter military operations in Auno and surrounding LGAs to Konduga, have led to the influx of IDPs to Konduga. WFP and partners received information regarding the recent migration/movement of IDPs to Konduga.

Prior to this assessment being undertaken, WFP received reports from inter-agency, agencies providing humanitarian assistance to 45,000 beneficiaries in various interventions including cash, WASH, NFIs that about 20,000 IDPs reportedly arrived Konduga LGA.

This assessment mission sought to determine actual numbers of people recently displaced as a result of military operations or attacks by insurgents, market functionality in Konduga, availability of mobile network and humanitarian needs of affected populations.

From October 2016 Danish Refugee Council was intervening in Mandarari IDP camp, carrying out distribution of food in to over 40, 000 individuals, until March, 2017.



IRC is currently implementing a cash based transfer program in 10 communities (host community, IDPs and returnees). The caseload is 7,959 households (39,500 individuals) and each individual is receiving NGN 3,000 (per capita based transfer). The last distribution was done between 15th and 28th September 2017.

Some of the IDPs in Konduga camp have been living in the camp for 3 years, 2 years and less than a year. 60% of them have been in the camp for 3 years. According to SEMA representatives the camp has a population of about 1300 males, 2030 females, 1900 male children and 2250 female children. 47 newly arrived IDPs were reported and more are expected in the coming days, as screening of households is ongoing at the military facility in Konduga for recently freed communities in Konduga. Some findings below are excerpts from a preliminary survey of 262 households in Konduga from the 25th to 28th of September, 2017 done by WFP, a more detailed report on the survey will be shared.

2. Methodology

The assessment was conducted from the 25th to 29th of September, 2017. It was done at two stages with the first one being a household survey (262 HHs) and the second stage was some focus group discussions with key informant interviews (KII), men and women. A group of 30 men formed the panel for the FGDs, while women in the FGD, were about 28. Discussions centered around access to food, livelihood activities, access to markets, household sizes, livelihood coping strategies adopted by households and daily wages for laborers and humanitarian assistance/aid received.

3. General Overview

1. **Food consumption:** household survey showed that 72 % of households interviewed during the assessment have poor food consumption, and 16% have borderline food consumption and only 12 have acceptable food consumption. The prevalence of poor food consumption is high among the newly displaced persons (93%) compared to IDPs in camps (75%), residents (57%) and returnees (41%).
2. **Reduced coping strategies index:** the reduced Coping Strategy Index (rCSI) measures the use of five food consumption-based coping strategies during the seven days preceding the assessment. The rCSI remains high amongst the surveyed households (24). Newly displaced people are using more often food based coping strategies (29) compared to IDPs in camp (22), returnees (21) and residents (19).
3. **Food availability:** beneficiaries mentioned that food is scarce as majority of food items come from Maiduguri. According to them, food commodities are expensive majorly as a result of sudden cash inflows. Demand exceeds supply especially during the days of the CBT distribution. Important to add that the rains received in August/September were below normal thus expected reduced harvest. The insecurity also makes it harder for beneficiaries and hosts to go out further to cultivate. In addition, NFIs provided are also majorly sold to buy additional food.
4. **Infrastructures:** the general surroundings are remote characterized by very poor infrastructures including bad roads that hinder/delay access or delivery of commodities, no established markets though there is a makeshift one by the roadside (temporary in nature) that works as the main market, no visible retailer shops or businesses by the roadside and no electricity at the moment. Increased CBTs caseload would not work efficiently under such conditions. Retailors, merchants and agents would increase prices given the risks and added costs incurred to bring food, cash and other commodities closer to the camp.
5. **Telephone network:** The existing mobile money service was used by IRC (Implementing Partner) but linked to the poor quality of the network was forced to switch to a modality of direct cash delivery. Discussions in IDP Camp with women and men allowed to record that 19 man out of 80 (24%) have mobile phones but don't know how to use them properly as support is not always available or have not been trained, whereas 1 woman out 28 declared having a mobile phone. However, majority of the men declared owning a SIM card that could be used with a (borrowed) phone from Airtel, some relatives or other people to redeem their entitlements, as the SIM card was given by the implementing partner. 12 women out 28 declared having a mobile phone in their families, in custody of the man, which gives around 40% of HH having access to mobile phones. Only Airtel serves the surroundings and it is very weak. All other networks are not present at all. The implication is that mobile money even with Airtel is not feasible. IRC has been implementing CBTs with Airtel but there have been cases

where staff and Airtel agents come to the camp with cash to support the withdrawals due to failed network.

6. **Security:** general security situation is still tense. The last suicide bomb attack was precisely at the main market. This environment would make market monitoring impossible for staff, heavily impede beneficiaries' access to the markets and merchants/traders would also not be willing to supply food, etc. According to the acting commander of the area, ***“the biggest threat in Konduga currently is the suicide bombers.”*** Militaries, and NGOs like Samaritan care, IRC, DRC are present on ground however with most of the staff based in Maiduguri going back and forth. The military operations will resume on October, and this may result in additional influx of IDPs.
7. **Beneficiary preferences of food vs. cash:** there is overwhelming preference for food over cash for both men and women. For the men, the preference is largely due to high food costs at the market coupled with limited food availability. For the women, food lasts longer within the month than would cash. They wouldn't have to sale part of the food to buy firewood for instance and yet with cash, they would be forced to part with a portion of it as they do now to buy firewood, leaving the rest for food. Both men and women expressed their frustrations too with the current IRC led CBTs (poor network, inability to use phones and navigate the mobile money platform, illiteracy, etc.) thus preferring food.

4. Conclusion and recommendations

- The food security situation is critical and households are employing several coping strategies to get food. Given the critical food security situation, there is an urgent need to provide assistance to affected populations. Prepositioning of emergency food stock in Konduga to respond to new influx could be an option to be considered to respond in a timely manner.
- Under the current circumstances, CBT scale up is not feasible particularly due to insecurity, market conditions, poor roads, connectivity and overwhelming beneficiary preferences for food.
- The top priority need of the people is food, livelihood support, education and medical facility.

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