**DEMOGRAPHICS**

Of the 206 HHs surveyed, 45% reported being IDPs and 55% reported being from the HC.

35% of IDP HHs were reportedly female-headed, among HC HHs this was 39%.

77% of survey respondents from IDP HHs were female, in HC HHs this was 78%. The HH female-to-male ratio was 1.06 in IDP HHs and 1.17 in HC HHs.

**HH Members by Age Group**

<table>
<thead>
<tr>
<th></th>
<th>IDPs:</th>
<th>HC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17 years</td>
<td>59%</td>
<td>57%</td>
</tr>
<tr>
<td>18-59 years</td>
<td>40%</td>
<td>41%</td>
</tr>
<tr>
<td>Above 60 years</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Reported Marital Status of HoH**

<table>
<thead>
<tr>
<th></th>
<th>IDPs:</th>
<th>HC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Married</td>
<td>76%</td>
<td>79%</td>
</tr>
<tr>
<td>Widowed</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Divorced</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

There were an average of 4.9 HH members in IDP HHs and 4.7 in HC HHs.

**Reported Number of Members per HH**

<table>
<thead>
<tr>
<th></th>
<th>IDPs:</th>
<th>HC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fewer than 4</td>
<td>19%</td>
<td>29%</td>
</tr>
<tr>
<td>4-6</td>
<td>51%</td>
<td>39%</td>
</tr>
<tr>
<td>More than 6</td>
<td>30%</td>
<td>32%</td>
</tr>
</tbody>
</table>
The poverty thresholds used are based on the cost of the food SMEB defined by the WFP and the poverty threshold set by the NBS. Expenditure patterns reflect household choices and higher spending levels indicate more capacity to absorb future shocks.

The poverty thresholds used are based on the cost of the food SMEB defined by the WFP and the poverty threshold set by the NBS. Expenditure patterns reflect household choices and higher spending levels indicate more capacity to absorb future shocks.

20% of IDP HHs reported having at least one member with a disability, compared to 17% of HC HHs.

Most Commonly Reported HH Needs

IDPs: 1. Food 57% 2. Livelihoods 19% 3. NFI 12%  
HC: 1. Food 51% 2. Livelihoods 31% 3. NFI 10%

Understanding protection needs was addressed through safety in the community, barriers to accessing humanitarian assistance and the prevalence of child labour. Indicators that are likely to be key to protection vulnerability, such as prevalence of gender-based violence, child-headed households, and presence of unaccompanied minors, were not included in the assessment due to the sensitive nature of such questions. Hence, no explicit protection vulnerability score was calculated.

6% of IDP HHs reported at least one child (younger than 18 years) engaging in harsh labor, it was 3% of HC HHs.

3% of IDP HHs and 4% of HC HHs reported at least one member in the household facing barriers in accessing humanitarian assistance.

Among IDPs, the most commonly reported frequency for receiving cash assistance was monthly for IDPs (reported by 40% of IDP HHs receiving cash assistance). In the HC, cash assistance was commonly received monthly (reported by 62% of HC HHs receiving cash assistance).

Among IDPs, the average HH dependency ratio was found to be 2.7 dependents (non-autonomous adults, children, elderly) to 1 non-dependent (able-bodied, working-age adults), compared to 3 for HC HHs.

Of the IDP HHs receiving in-kind assistance, 32% reported that the amount received was not sufficient to meet HH needs, it was 18% of HC HHs. Of IDP and HC HHs receiving cash, 24% and 50%, respectively reported that the amount received was insufficient.
Understanding of food security vulnerability is based on the Consolidated Approach for Reporting Indicators of Food Security (CARI), which combines the Livelihood Coping Strategy Index, the Food Consumption Score, and the average share of household food expenditure.

Among IDPs, the top reported option for accessing credit was friends & family for IDPs (reported by 67% of HHs). In the HC, the top reported option was friends & family (reported by 86% of HHs). However, 11% of IDP HHs and 4% of HC HHs reported no access to credit.

Three areas mainly inform the energy vulnerability of a household: presence of barriers to access energy sources, time taken to access primary energy sources and the use of inefficient energy products as the primary source of fuel.

According to the majority of IDP HHs (44%), food assistance was the most important source of food, while this was market purchased for the majority of HC HHs (75%).

The average reported travel time to buy food was 39 minutes for IDP HHs and 29 minutes for HC HHs. The most common mode of transportation used to buy food was public transportation for IDPs (reported by 63% of HHs) and public transportation for the HC (reported by 56% of HHs).

The most preferred mode of receiving food assistance was in-kind among IDPs (reported by 47% of HHs) and in-kind in the HC (reported by 67% of HHs).

25% of IDP HHs reported petty trading was the HH’s main source of income, and 45% of HC HHs reported petty trading as the main source of income.

The majority of IDP HHs (70%) reported their main source of cooking fuel to be firewood_charcoal, and the majority of HC HHs (73%) reported firewood_charcoal to be their main source of fuel. The most commonly reported transportation mode used to access cooking fuel was walking for IDP HHs (78%) and walking for HC HHs (80%).

Among IDP HHs, the average reported per capita monthly expenditure on energy was 408 naira. For HC HHs, the average reported per capita monthly expenditure on energy was 505 naira.

Among IDPs, the most preferred mode of receiving energy assistance was cash (reported by 55% of HHs), and in-kind was the most preferred in the HC (reported by 60% of HHs).
Understanding of household shelter needs is approached through assessing type of shelter and shelter conditions. Some of the indicators that are likely to affect shelter vulnerability, such as threat of evictions, security of the tenure agreement and household crowding index, fell outside the scope of this assessment. Hence, no explicit shelter and NFI vulnerability score was calculated.²⁵

Most Commonly Reported HH Shelter Types⁹
IDPs: 1. Free public housing 41%
2. Rented public housing 26%
3. Rent-free private housing 23%
HC: 1. Rented public housing 36%
2. Rent-free private housing 22%
3. Rented private housing 15%

%HHs By Observed Shelter Condition
IDPs: 17% Good
56% Fair
20% Poor
6% Worst
HC: 32% Good
50% Fair
12% Poor
4% Worst

Reported Tenure in the Settlement for IDPs
24% Less than 6 months
3% 6-11 months
5% 1-2 years
68% More than 2 years
The most preferred mode of receiving shelter assistance was in-kind among IDPs (reported by 57% of HHs) and in-kind in the HC (reported by 65% of HHs).⁴

Most Commonly Reported Preferred Modalities Of NFI Assistance²
IDPs: 34% Cash
63% In-kind
3% Voucher
HC: 31% Cash
68% In-kind
1% Voucher

The WASH vulnerability is combination of water and hygiene vulnerability. Water vulnerability pertains to the quantity and the quality of water, whereas hygiene vulnerability considers the type of latrine used.

HH WASH Vulnerability Score¹⁷
IDPs: 56% Low
44% High
HC: 72% Low
28% High

HH Water Vulnerability Score¹⁸
IDPs: 73% Low
27% High
HC: 84% Low
16% High

HHs Reporting Unimproved Main Water Source¹⁹
IDPs: 0%
HC: 0%

Average Daily Quantity of Water Available to Each HH Member¹⁹
IDPs: 39 Litres
HC: 65 Litres

HH Hygiene Vulnerability Score²⁰
IDPs: 61% Low
39% High
HC: 74% Low
26% High

Most Commonly Reported HH Latrine Types⁸
IDPs: 1. Public 45%
2. Public pit 23%
3. Private pit 16%
HC: 1. Household latrine 64%
2. Private pit 18%
3. Public pit 8%

Reported Presence Of Key NFI Items¹⁶
IDPs: 100% Shelter
100% WASH
99% Kitchen
99% Others
HC: 100% Shelter
100% WASH
100% Kitchen
100% Others
Among IDP HHs, the average reported monthly per capita expenditure on WASH was 244 naira. For HC HHs, the average monthly per capita expenditure on WASH was reported to be 363 naira.

The average reported walking time to the nearest latrine was 3 minutes for IDP HHs and 2 minutes for HC HHs.

45% of IDP HHs were found to have high risk hand washing practices, it was 42% for HC HHs.

Of all (98% IDP and 92% HC) HHs with reported presence of women of reproductive age, 15% and 18% respectively reported not using sanitary pads in the 3 months prior to data collection.

HEALTH

The health vulnerability indicator focuses on factors that influence an individual’s ability to mitigate health risks. The health vulnerability indicator is informed by the accessibility and availability of health care and the time taken to reach the nearest health facility.

### HH Health Vulnerability Score

- **IDPs:**
  - High: 4%
  - Low: 96%
- **HC:**
  - High: 12%
  - Low: 88%

### Average Reported Round-trip Travel Time to Access Healthcare

- **IDPs:** 22 minutes
- **HC:** 24 minutes

% Of HHs reporting having at least one sick HH member who did not receive medical treatment in the 30 days prior to data collection:

- **IDPs:** 4%
- **HC:** 12%

### Average Reported Travel Time to Go to School

- **IDPs:** 23 minutes
- **HC:** 20 minutes

Among IDP HHs that reported not receiving medical treatment in the last month, the most commonly reported barrier to accessing healthcare was: closed health center (25% of HHs), for HC HHs, this was: traditional remedy (31% of HHs).

The most common mode of transportation used to access healthcare was: walking for IDPs (reported by 55% of HHs) and public transportation for the HC (reported by 54% of HHs).

EDUCATION

Primary education is free and compulsory in Nigeria, however, surveyed families face several barriers to ensure all the children have access and remain in education. The HH education vulnerability score considers time taken to travel to school and the enrollment status of school-aged children.

### HH Education Vulnerability Score

- **IDPs:**
  - High: 27%
  - Low: 73%
- **HC:**
  - High: 12%
  - Low: 88%

### Average Reported Travel Time to Go to School

- **IDPs:** 23 minutes
- **HC:** 20 minutes

25% IDP HHs and 12% HC HHs reported having at least one school-aged child in the family not enrolled in school.

For IDP HHs, the most common mode of transportation used to go to school was walking (reported by 71% of HHs), and walking for the HC (reported by 64% of HHs).

The most preferred mode of receiving education assistance was in-kind among IDPs (reported by 48% of HHs) and in-kind in the HC (reported by 47% of HHs).
VENA Factsheet - Jere LGA, Borno State

METHODOLOGY

A stratified cluster sampling designed at LGA level was utilized with the primary sampling unit defined as the settlement/camp, and the secondary sampling unit is the households within those locations. Sampling is conducted at a 90% confidence interval with a 10% margin of error per strata.

Data collection was conducted by trained field surveyors through home visits and took place between 16 March and 1 April 2020 in six LGAs, namely Askira/Uba, Gujba, Hawul, Jere, Maiduguri and Michika which were selected on the basis of having the highest number of people in need, as defined by the 2019 HNO. In total, 1,381 HH surveys were conducted with head of households or their equivalents.

The respondents were asked about their income, expenses and barriers to accessing essential needs and services. As the methodology relies on self-reported levels of expenditure, productive assets and assistance, there is potential for inaccuracies and bias. To avoid extreme outliers, only the distribution of all values from zero to 99% was considered in the analysis. The last one percent of each distribution were replaced with blank values.

ACRONYMS

CARI  Consolidated Approach to Reporting Indicators of Food Security
FCS  Food Security Score
GBV  Gender Based Violence
HC  Host Community (Includes both non-displaced and returnees)
HH  Household
HNO  Humanitarian Needs Overview
IDP  Internally Displaced Person
LCSI  Livelihood Coping Strategy Index
LGA  Local Government Area
NFI  Non-Food Items
SMEB  Survival Minimum Expenditure Basket
WASH  Water, Sanitation and Hygiene
WFP  World Food Programme
WG  Washington Group

ENDNOTES

1 Host communities includes both non-displaced and returnee population.

2 The food SMEB is the collection of food items that will make up for the minimum calorie requirement per capita per day as defined by WFP.

3 Poverty threshold is defined as any household that spend less than 137,430 naira per person per year, according to National Bureau of Statistics (NBS).

4 Non-responses have been removed.

5 Economic vulnerability score is based on the cost of the food SMEB as defined by WFP and the Nigerian extreme poverty threshold numbers produced by Nigerian Bureau of Statistics. A HH has a high vulnerability if the monthly per capita expenditure on food is less than the per capita cost of the food SMEB for the respective LGA. A HH has a moderate economic vulnerability if the total per capita monthly expenditure is lower than the extreme poverty threshold numbers.

6 Currency was converted using the average February 2020 rate of 359 naira to 1 United States Dollar provided by the Nigerian Central Bank.

7 Assistance insufficiency is a self-reported indicator reported by HH that are unable to meet at least 50% of their essential needs while using assistance.

8 Disability is calculated using the globally accepted standard of Washington Group on Disability Statistics (WG)

9 Respondents could select multiple answers.

10 Addressing protection vulnerability is informed by the principles and standards of international refugee and human rights frameworks, other areas of international law, and how these are applied in individual country contexts.

11 Harsh or hazardous labour as defined by ILO

12 Food vulnerability is informed based on globally recognised standards provided by CARI (Consolidated Approach for Reporting Indicators of Food Security)

13 FCS is calculated using the standard formula developed by WFP.

14 LCSI is calculated using the globally accepted standard defined by WFP.

15 Energy vulnerability classification was based on the REACH Uganda VENA assessment. Vulnerability was calculated based on a combination of barriers to access, time taken to gather cooking fuel and the primary light source.

16 Key NFI items were identified and categorised according to Nigeria shelter cluster.

17 WASH vulnerability score is a composite of water and hygiene vulnerability score. If a household is highly vulnerable in water or hygiene, then it qualifies to be vulnerable for WASH as well.

18 Water vulnerability is informed using two indicators: the per capita water available per day and presence of improved water sources. If a HH has less than 15 litres per capita per day of water available or is accessing unimproved water sources such as open spring, borewell etc. as primary water source then the household is considered vulnerable.

19 List of improved water sources as defined by Nigeria WASH cluster.

20 If a household is using an uncovered latrine or members of the household are defecating openly, then the household is considered to have high hygiene vulnerability.

21 High-risk hand washing behaviour - A HH reporting not washing hands before or after majority of key activities during the day like eating, defecating, feeding children etc. is considered to be high risk hand-washing behaviour.

22 Only HHs with women of reproductive age were asked about sanitary pad use.

23 Health vulnerability - HH reporting not receiving medical treatment for a sick member in last 30 days or the health facility is more than an hour away by foot.

24 Education vulnerability - A Household with at least one school-aged child not enrolled in school or schools are more than 30 minutes away by foot are considered to be vulnerable.

25 Shelter and NFI indicators were informed by the Nigeria shelter cluster technical guidance document.