



# Local Government Area Settlement Profiling

Bama Town, Bama LGA  
January 2019  
**BORNO STATE**

## CONTEXT AND METHODOLOGY

Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced.<sup>1</sup> Most were displaced within Borno State, particularly to urban centres in accessible Local Government Areas (LGAs).<sup>2</sup> The humanitarian response is challenged by information gaps including, but not limited to, a lack of clarity on the security environment in inaccessible areas outside of urban centres, clarity on the availability of services and persons' access to services in accessible locations and the varying vulnerabilities of beneficiaries. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in 6 accessible LGA towns in Borno State, aims to support multi-sectoral coordination and evidence-based response at the LGA level through information management.

This factsheet presents evidence-based data on household (HH) needs and access to basic services in Bama town, through results from a quantitative multi-sectoral survey and comprehensive infrastructure mapping. The HH level data sheds light on specific needs and vulnerabilities, and is complemented by secondary data on displacement patterns. For the infrastructure mapping, data collection teams identified and recorded the GPS locations and main characteristics of water access points, latrine blocks, schools, marketplaces, and health facilities. Both the HH survey and infrastructure mapping data was collected between 3 and 11 December 2018. 237 HH surveys were conducted in Bama town (119 HH surveys at formal camps and 118 at host community sites), with a representative sample at site level with a confidence level of 95% and a margin of error of 8%.

## DEMOGRAPHICS

The estimated population of Bama is **61,860**, including **29,480** Internally Displaced Persons (IDPs).<sup>3</sup>

**50%** of HHs lived in formal camps, while **50%** lived in the host community.

### Population displacement status per site:

	Formal camp	Host community
IDPs	100%	1%
Non-displaced	0%	0%
Returnees	0%	99%

**24%** of households were female-headed in the formal camp, and **20%** in the host community.

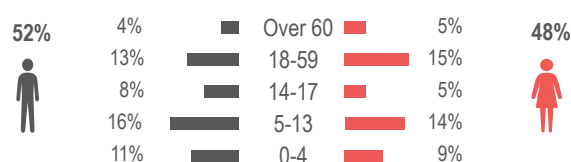
### % of HHs with single Head of households (HoH), by gender:

	Formal camp	Host community
Female, single-headed HH	13%	17%
Male, single-headed HH	2%	8%

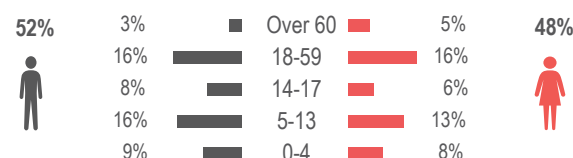
### % of HHs reporting the following vulnerable members:

	Formal camp	Host community
Pregnant or lactating women (PLW)	42%	40%
Separated / Unaccompanied children	8%	18%
Chronically ill persons	9%	29%
Persons with physical/mental disability	3%	18%

### Age and sex of HH members - Formal camps



### Age and sex of HH members - Host community



## PRIORITY NEEDS

### Top 3 reported needs of HHs per site:

Formal camp	Host community
1 Food	1 Food
2 Non-food items (NFI)	2 Livelihoods
3 Education services	3 Shelter support

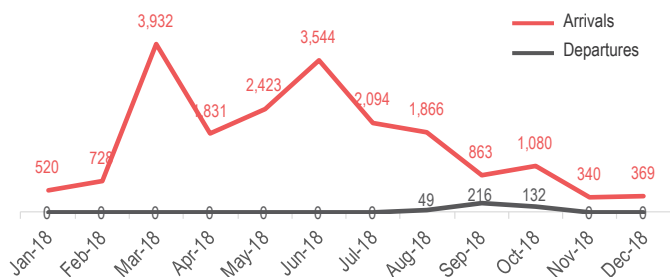
<sup>1</sup> More detailed refugee and IDP figures for Nigeria can be found at the UNHCR Data Portal: <https://data2.unhcr.org/en/situations/nigeriasituation>

<sup>2</sup> Local Government Areas constitute the 2<sup>nd</sup> administrative level in Nigeria. As of December 2018, only urban centres were accessible in most LGAs, and two out of the 27 LGAs in Borno State were inaccessible (OCHA, December 2018).

<sup>3</sup> Estimated population figures were calculated based on the Vaccination Tracking System (VTS) and the IOM Displacement Tracking Matrix (DTM), December 2018, [Round XXVI dataset of site assessment](#).

## DISPLACEMENT

### Arrivals vs. departures in Bama town in 2018:



**19,590** arrived to the location between January and December 2018, and **397** departed from the location.<sup>4</sup>

### Reported movement intentions of IDP HHs per site:<sup>5</sup>

	Formal camp	Host community
Plan to stay permanently	16%	0%
Would like to move in the future	81%	100%
Currently planning to move	1%	0%
No response / Don't know	3%	0%

### Push factors: Top 3 reasons why HHs planned to leave current location, among those who reportedly planned to move at the time of the survey, per site:<sup>5,6</sup>

	Formal camp	Host community
1	Lack of access to land	N/A
2	Lack of social network	N/A
3	N/A	N/A

### Pull factors: Top 3 reasons why HHs planned to move to another location, among those who reportedly planned to move at the time of the survey, per site:<sup>5,6</sup>

	Formal camp	Host community
1	Access to land	N/A
2	Join family	N/A
3	N/A	N/A

## FOOD SECURITY

### Top 3 reported ways of accessing food, per site:<sup>6</sup>

	Formal camp	Host community
1. Food distributions by NGOs	78%	1. Purchase in local markets 93%
2. Food distributions by government	46%	2. Own cultivation 21%
3. Purchase in local markets	16%	3. Purchase at markets outside 18%

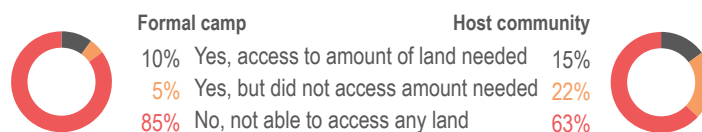
**87%** of HHs in the formal camps reported that they did **not have physical access to a marketplace**, as opposed to **33%** in the host community, in the two weeks prior to data collection.

### Most commonly reported barriers to accessing food per site:<sup>6</sup>

	Formal camp	Host community
1. Limited / no income	64%	1. Unusually high prices 49%
2. Unusually high prices	18%	2. Market too far away 35%
3. Can't access land due to insecurity	7%	3. Limited / no income 33%

**16%** of HHs in the formal camps and **23%** in the host community reportedly **needed access to land** in the 3 months prior to data collection.

### % of HHs who were able to access land per site, among those who needed access:<sup>5,6</sup>



### Most commonly reported barriers to accessing land, if any, among those who needed access, per site:<sup>5,6</sup>

	Formal camp	Host community
1. Insecurity	86%	1. Insecurity 56%
2. Charges too expensive	10%	2. Land already taken 52%
3. Land already taken	5%	3. No barrier 22%



## EARLY RECOVERY & LIVELIHOODS

**49%** of HHs in the formal camps, and **25%** in the host community reported having **no access to income**.

### Top 3 reported sources of income for HHs per site:<sup>6</sup>

	Formal camp	Host community
1. Casual labour	24%	1. Small business 26%
2. Selling natural resources	14%	2. Casual labour 22%
3. Remittances from relatives	13%	3. Agriculture 18%

**42%** of HHs in the formal camps, and **21%** in the host community reported having **no access to cash**.

### Top 3 reported livelihoods-based coping strategies used in the 30 days prior to data collection, per site:<sup>6</sup>

	Formal camp	Host community
1. Borrow money	55%	1. Borrow money 44%
2. Begging	48%	2. Purchase food on credit 40%
3. Purchase food on credit	42%	3. Sell non-productive animals 26%

**7%** of HHs in the formal camps, and **12%** in the host community reportedly resorted to marrying off a HH member under 18 **to cope with the lack of income**.

<sup>4</sup>IOM Emergency Tracking Tool (ETT) January - December 2018, Report No. 48.- 99.

<sup>5</sup>This question refers to a subset of the population surveyed. Results should be considered indicative only.

<sup>6</sup>Respondents could select multiple answers.

## WASH

**43%** of HHs living in formal camps, and **35%** of those living in the host community reported **not having enough water** to meet their basic needs in the 30 days prior to data collection.

### Most commonly sources of water used by HHs per site:<sup>7</sup>

Site	Water source	Percentage	Water source type
Formal camp	Borehole / tubewell	70%	Improved water source
	Handpump	39%	
	Public tap	32%	
Host community	Handpump	63%	Improved water source
	Borehole / tubewell	59%	
	Water vendor / Mai moya	30%	Unimproved water source

**58%** of HHs living in formal camps, and **40%** of those living in the host community reported that they needed **more than 30 minutes to collect water** (including traveling and queueing) for their daily needs.

### % of HHs reporting the following issues, if any, when collecting water:<sup>7</sup>

	Formal camp	Host community
Long queueing	82%	62%
Long traveling	58%	47%

**11%** of HHs living in formal camps, and **36%** of those living in the host community reported that their main source of drinking **water was of average or bad quality**.

The most commonly reported reason for average or bad quality water in formal camps and host community: **Water tastes bad**.<sup>7</sup>

### % of HHs reporting the frequency with which they treated the main source of HH water per site:

	Formal camp	Host community
Yes, always	25%	7%
Yes, sometimes	16%	5%
No, water is clean	58%	67%
No, treatment not available	1%	19%
Other / No response / Don't know	0%	2%

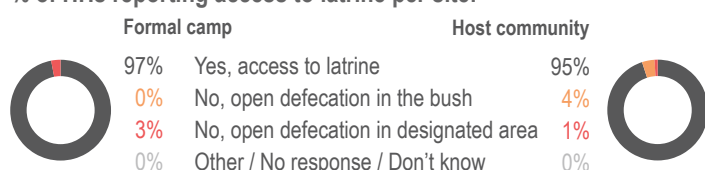
### Most commonly reported water treatment method per site:

**Formal camp:** Aquatabs **Host community:** Boiling water

**54%** of HHs living in formal camps, and **45%** of those living in the host community reported **not having soap in their HH**.

The most commonly reported reason among those who reported not having soap: **"Ran out of it"** in the formal camps (50%) and **"Cannot afford it"** in the host community (49%).<sup>8</sup>

### % of HHs reporting access to latrine per site:



<sup>7</sup> Respondents could select multiple answers.

<sup>8</sup> This question refers to a subset of the population surveyed. Results should be considered indicative only.

<sup>9</sup> Percentages calculated based on the 6 HHs (5%) in the formal camps and 5 HHs (5%) in the host community that reported that some HH members did not use / could not access the latrines.

### Main reasons for HH members not using latrines, as reported by HHs where not all HH members had access to it, per site:<sup>7,8,9</sup>

Formal camp	Host community
1 Not safe for children	1 Not safe for children
2 Latrine damaged	2 Latrine damaged
3 N/A	3 N/A

### Most commonly reported trash disposal methods, per site:

**Formal camp:** Dedicated site / public trash bins, burned

**Host community:** Dedicated site / public trash bins, burned

## SHELTER & NFIS

### Top 3 reported shelter types, per site:

Formal camp	Host community
1. Tent 76%	1. Masonry building 68%
2. Emergency shelter 22%	2. Traditional house 28%
3. Collective tent 2%	3. Emergency shelter 2%

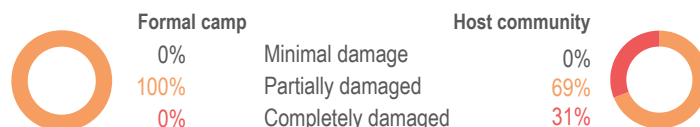
### % of HHs reportedly living in each shelter occupancy arrangement, per site:

	Formal camp	Host community
Owned / purchased	48%	72%
Rented	0%	7%
Squatted with permission	29%	10%
Squatted without permission	1%	2%
Hosted by relative	0%	3%
Hosted by community member	1%	6%

**88%** of HHs living in the host community reported that they **had a written rental contract**, among those who were renting their shelter.<sup>8</sup>

**14%** of HHs living in formal camps, and **58%** of those in the host community reported that their **shelter was damaged**.

### % of HHs reporting severity of damage to housing per site:<sup>8</sup>



The main reported reason for damage of housing among formal camp and host community HHs: **Storm / wind** in the formal camps (100%), and **Fire** in the host community (88%).<sup>7,8</sup>

### Least owned NFI kit items, by % of HHs reporting having them:<sup>7</sup>

Formal camp	Host community
1. School textbooks 1%	1. School textbooks 5%
2. Aquatabs 2%	2. School notebook 8%
3. Reusable sanitary pads 3%	3. School bags 9%

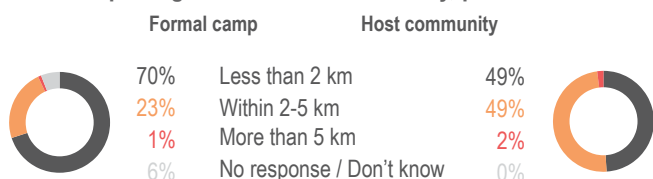
## HEALTH

**34%** of HHs living in formal camps, and **33%** of those living in the host community reported that **at least one member had been ill** in the 15 days prior to data collection.

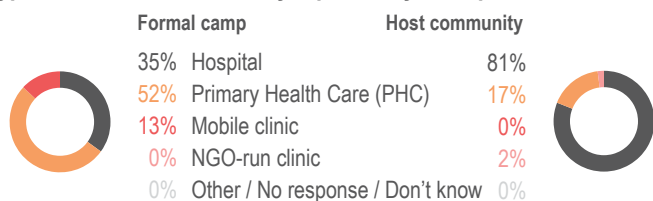
### Most commonly reported symptoms by HHs, per site:<sup>10,11</sup>

Formal camp	Host community
1. Fever 53%	1. Fever 77%
2. Coughing 48%	2. Vomiting 36%
3. Vomiting 13%	3. Coughing 21%

### % of HHs reporting distance to health facility, per site:



### Type of closest health facility reported by HHs, per site:



### Top 3 reported barriers to accessing healthcare, if any, per site:<sup>10</sup>

Formal camp	Host community
1. No barrier 95%	1. No barrier 53%
2. Medicine not available 3%	2. Medicine not available 23%
3. Facility occupied by armed group / Health facility too far away 2%	3. High cost of medicine 15%

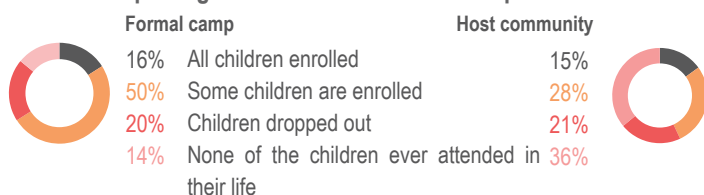
**15%** of HHs living in formal camps, and **28%** of those living in the host community reported that **one female member had given birth** in the three months prior to data collection.

The **main location of birth**: **NGO facility** in the case of HHs in formal camps (60%); **At home** for host community HHs (70%).<sup>11</sup>

**60%** of HHs living in formal camps reported the birth was assisted by a **skilled birth attendant**, and **45%** of host community HHs' were **assisted by a traditional birth attendant**.<sup>11</sup>

## EDUCATION

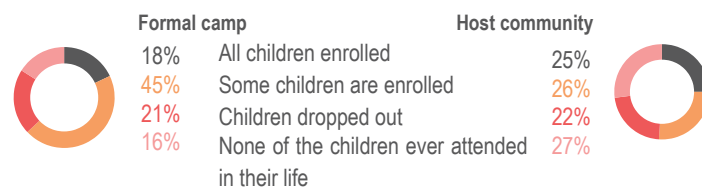
### % of HHs reporting access to formal education per site:



<sup>10</sup> Respondents could select multiple answers.

<sup>11</sup> This question refers to a subset of the population surveyed. Results should be considered indicative only.

### % of HHs reporting access to informal education per site:



**64%** of HHs living in formal camps, and **44%** of those living in the host community reported that children had **access to a child-friendly space**.

### Top 3 reported barriers to accessing education, either formal or informal, per site:<sup>10</sup>

Formal camp	Host community
1. No barrier 84%	1. No barrier 64%
2. Children busy helping at HH 9%	2. Children busy helping at HH 12%
3. Children busy begging 3%	3. Lack of means to pay fees 10%

## PROTECTION

**2%** of HHs living in formal camps, and **7%** of those living in the host community reported that they **experienced a security incident** in the three months prior to data collection.

Among those who experienced an incident, HHs living in formal camps reported that most often the security incident took place **in their area of origin** (50%) or **during the displacement journey** (50%). HHs living in the host community most frequently reported that it happened at **their current location** (75%).<sup>10,11</sup>

### Most commonly reported types of security incidents, among those who experienced an incident:<sup>10,11</sup>

Formal camp	Host community
1. Abduction 50%	1. Abduction 50%
2. Armed attack 50%	2. Armed attack 50%
3. N/A N/A	3. Killing / physical violence 38%

**71%** of HHs living in formal camps, and **47%** of those living in the host community reported that some or all of the adult HH members were **lacking identity documents**.

**76%** of HHs living in formal camps, and **57%** of those living in the host community reported that some or all of the children in the HH were **lacking a birth certificate**.

### Type of movement restriction reported by HHs, if any, per site:

	Formal camp	Host community
Yes, during evening / night	54%	18%
Yes, 5-10 km outside of camp	15%	1%
Yes, when in a small group	5%	3%
Yes, complete movement restrictions	4%	1%
No restrictions	22%	77%

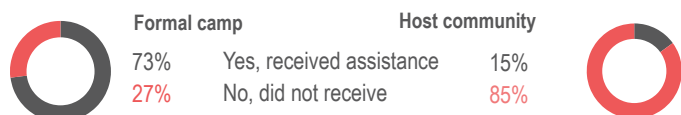
**90%** of HHs living in formal camps reported that the movement restrictions were **imposed by the military**, and **7%** that it was **self-imposed**. In the host community, it was **50%** and **35%** respectively.

**2%** of HHs living in formal camps, and **10%** of HHs living in the host community reported someone from their HH or community having been injured or killed by **explosives**. Most commonly reported location of the accident for both sites: **Agricultural lands**<sup>12</sup>



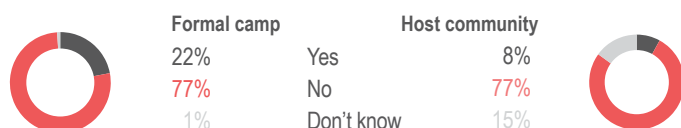
## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

% of HHs who reportedly received assistance in the 3 months prior to data collection, per site:



The **main source of assistance** at both sites was **international organizations**.

% of HHs that reported that they or their community had been asked about what aid they would like to receive during the 3 months prior to data collection, per site:<sup>13</sup>



<sup>12</sup> Respondents could select multiple answers.

<sup>13</sup> This information refers to a subset of the population assessed and therefore results should be considered indicative only.

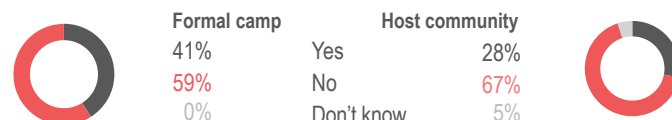
<sup>14</sup> For more information on indicators related to protection mainstreaming, see: <http://www.globalprotectioncluster.org/themes/protection-mainstreaming/>

**Most commonly reported types of humanitarian assistance received, per site:**<sup>12,13</sup>

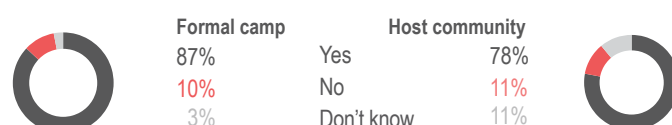
**Formal camp:** Food support (93%), WASH assistance (57%)

**Host community:** Food support (89%), Health assistance (17%)

% of HHs that reported that the assistance received was appropriate to their needs or the needs of the community, per site:<sup>13</sup>



% of HHs that reported feeling treated with respect by aid workers while receiving assistance, per site:<sup>13,14</sup>



### About REACH

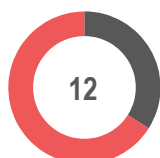
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: [reach.nigeria@reach-initiative.org](mailto:reach.nigeria@reach-initiative.org). Visit [www.reach-initiative.org](http://www.reach-initiative.org) and follow us on Twitter: @REACH\_info and Facebook: [www.facebook.com/IMPACT.init](https://www.facebook.com/IMPACT.init)

## INFRASTRUCTURE MAPPING



### Health facilities

2 primary health care centres, 1 hospital, 4 clinics, 1 mobile clinic, 4 non-functional facilities



**Most commonly reported barrier to being fully functional:**  
**Structure is damaged**

**Malaria medicines** were the most frequently needed medicines

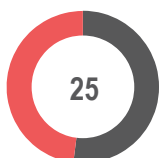
**2** health facilities reportedly experienced a cholera outbreak

**30%** of the functional health facilities had no access to improved water sources



### Education facilities

13 primary schools, 12 non-functional facilities



**Most commonly reported barrier to being fully functional:**  
**Structure is damaged**

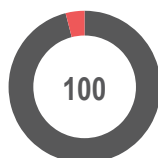
**43%** of functional facilities had no access to functioning latrines

**100%** of functional facilities had access to improved water sources



### Marketplaces

13 central, open air markets, 28 market shops, 55 small shops, 4 pharmacies



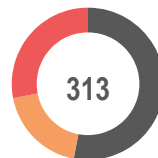
**Most commonly reported barrier to being fully functional:**  
**Contamination by rats/pests**

**6** reported marketplaces were permanently closed



### Water access points

Top 3 reported: 148 boreholes, 106 hand pumps, 29 public taps



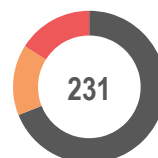
**Most commonly reported barrier to being fully functional:**  
**Long waiting time**

**206** out of the 227 functional or partially functional water points were public



### Latrine blocks

49% separated by gender



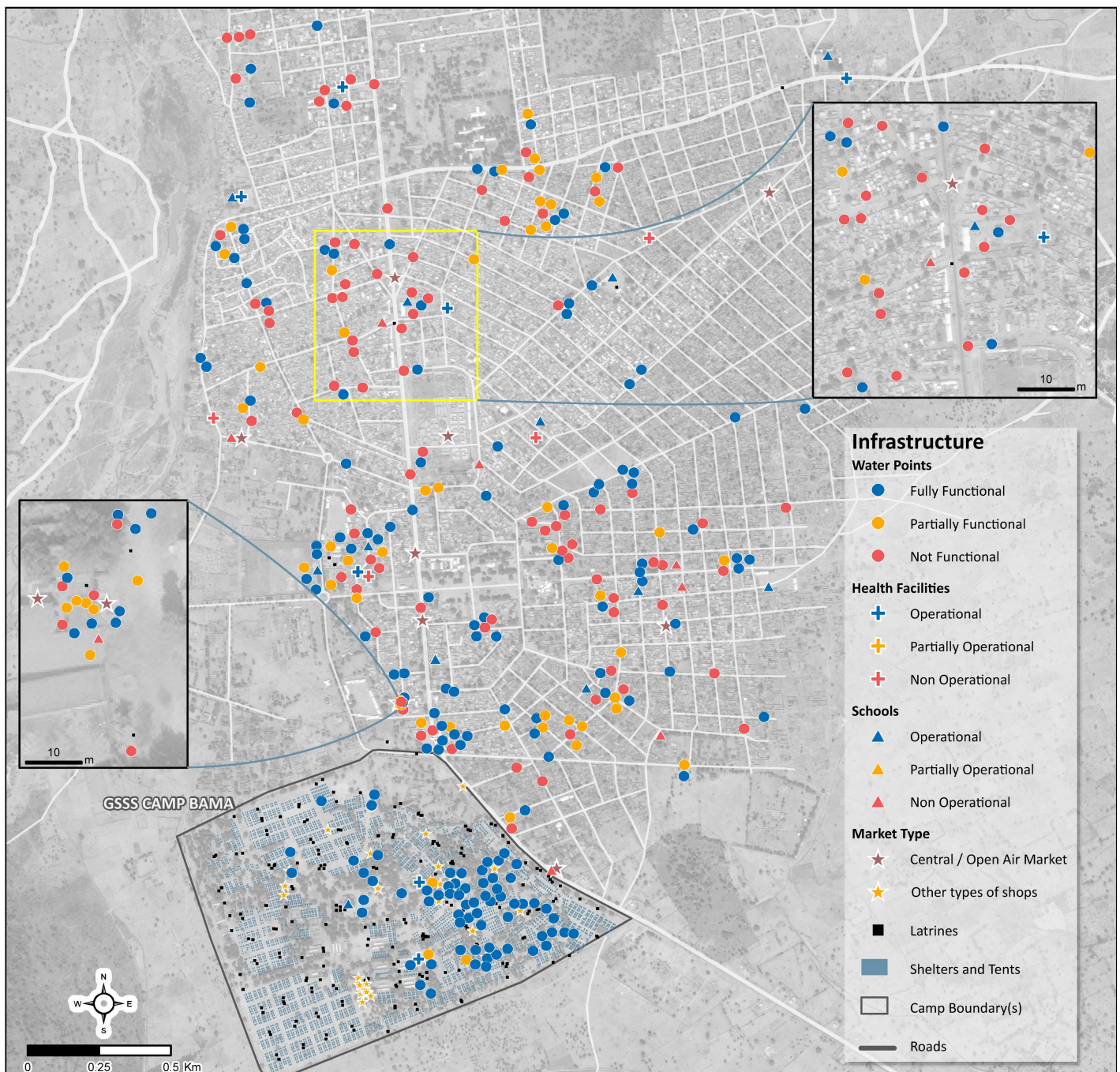
**Most commonly reported barrier to being fully functional:**  
**Latrines are not safe**

Infrastructure type functionality: ■ Functioning ■ Partially functioning<sup>15</sup> ■ Not functioning

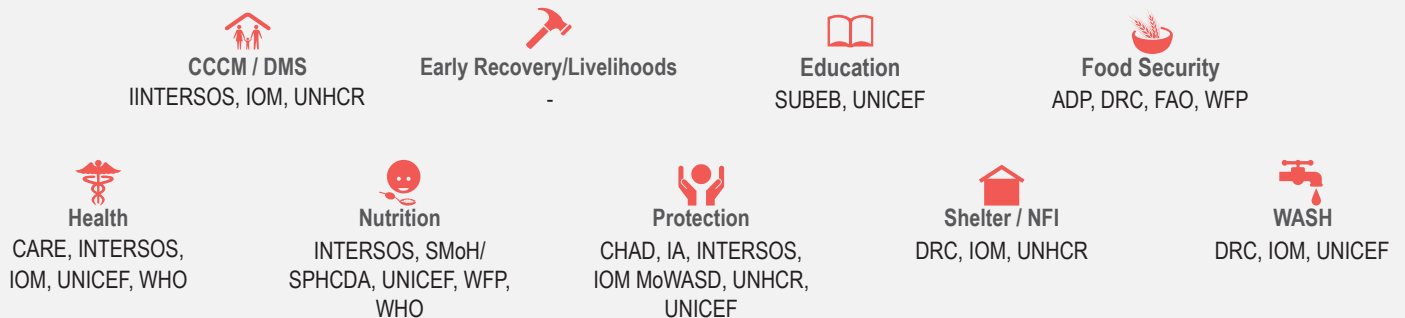
<sup>15</sup> "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines; "Partially functioning" educational facilities can include issues such as damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" water access points can include issues regarding the quality of water, lack of fuel to operate water point, long waiting times, damaged structure, or insufficient water; "Partially functioning" latrines can include issues such as such as lack of hygiene, crowdedness, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity.



## Bama Settlement Infrastructure, as of 11 December, 2018



## Who does What, Where?<sup>16</sup> - Bama town: 15 partners



<sup>16</sup> OCHA (October 2018) - Ongoing humanitarian activities, Partners' 3W matrix (internal document)