Multi-Sector Needs Assessment: Shelleng LGA

Nigeria, September 2018

Context & Assessment Methodology

Despite the increase in number of humanitarian actors responding to the crisis in north-eastern Nigeria, humanitarian needs continue to grow as the conditions of civilians displaced by the violent nine-year conflict remain dire. The conflict between armed opposition groups (AOGs) and Nigerian and regional security forces has resulted in 10.2 million affected peoplle, including remainees, internally displaced persons (IDPs), returnees and populations in hard-to-reach areas - in need of life-saving assistance in Adamawa, Borno and Yobe, the three most affected states in north-eastern Nigeria.[1] Information gaps persist, which complicate the humanitarian community's capacity for action grounded in solid evidence and effective coordination efforts.

In this context, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) and its Inter-Sector Working Group (ISWG) tasked REACH with conducting a multi-sector needs assessment (MSNA) in all accessible areas of the most affected northeastern states of Nigeria. This assessment, funded by the European Union Civil Protection and Humanitarian Aid (ECHO), was conducted from 25 June to 6 August 2018 through a total of 10,606 household surveys and 1,481 key informants interviews in 63 Local Government Areas (LGAs). 137 HH surveys were collected in accessible areas of Shelleng LGA with a confidence level of 95% and a margin of error of 10%. The MSNA results are only statistically representative per population group at the livelihood domain and state level.

Analysis Methodology

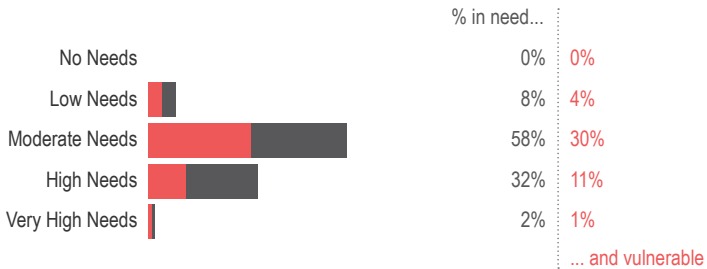
Two composite indices were created to estimate levels of unmet needs amongst assessed households in accessible areas:

1. Severity Scale: The severity scale indicates how severe the need of a household was in a given sector. Please refer to the indicator table in the annex of this factsheet for a list of the indicators that fed into the severity scale and what weight is assigned to each. **The sum of these severity scales for all sectors equals the Multi-Sectoral Severity Scale, which is a scale from 0 to 80 showing the overall severity of needs: the higher the multi-sector severity score, the more severe the needs experienced by a HH, regardless of sectors.**

2. Index of needs: A household scoring four or greater on the sector severity scale, is categorised as being in need of sectoral support. **The number of sectors in which a household was found to be in need is used to create the Multi- Sectoral Needs Ranking Categorisation, which ranges from "No Needs" to "Very High Needs".** Namely, 5 different categories were created, ranging from No Needs (needs in 0 sectors), Low Needs (needs in 1-2 sectors), Moderate Needs (needs in 3-4 sectors), High Needs (needs in 5-6 sectors) and Very High Needs (needs in 7-8 sectors). Additionally, a household matching any indicator of inherent household vulnerability is categorised as vulnerable.

Multi-Sectoral Findings

HH in Need by Multi-Sector Needs Ranking Categorisation and Vulnerability in LGA:

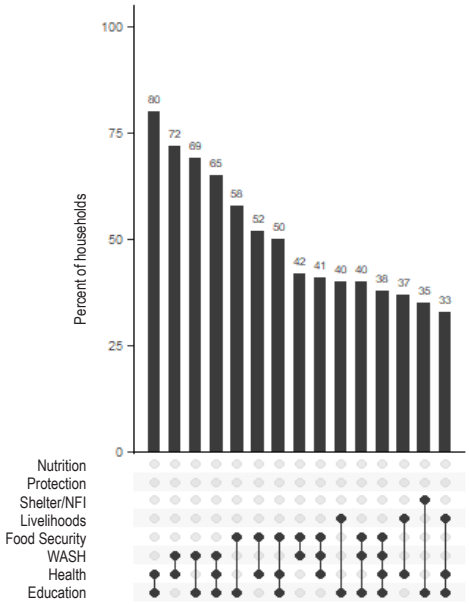


How to read the Multi-Sector Needs Ranking Categorisation and Vulnerability chart:

The dark grey bars and percentages refer to the proportion of households found to be in need of the number of sectors corresponding to each Multi-Sector Needs Ranking category (see methodology above). Of those, the bright red bars refer to those households that were concurrently found to be in need and vulnerable.

Average Multi-Sector Severity Score of all households in the LGA: 19.8/80

Common combinations of sectors in which HH were found to be in need:



[1] OCHA (February 2018) Nigeria 2018 Humanitarian Needs Overview.

Funded by European Union Civil Protection and Humanitarian Aid

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For more information on this factsheet, please email: reach.nigeria@reach-initiative.org

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Nigeria Multi-Sector Needs Assessment: Shelleng LGA

Demographics

Households considered vulnerable:[2] 47%

Estimated accessible population[3]: 248,625

5.4 Average HH size

3% Proportion of female-headed HHs.

% of HHs reporting the following vulnerable members:[4]

None	62%
Pregnant woman	27%
Lactating woman	10%
Separated child	N/A
Unaccompanied child	N/A
Person with chronic illness	1%
Person with mental disability	N/A
Person with physical disability	1%

Displacement[5]

Number of IDP HHs in Shelleng LGA[3]: 1,279

% of IDP HHs reporting last access to their area of origin (AoO):

Not since displaced	N/A
Within the week prior	N/A
1-2 weeks prior	N/A
2 weeks -1 month prior	N/A
1-3 months prior	N/A
More than 3 months prior	N/A

If no access to AoO, main barrier to accessing AoO:

N/A

If access to AoO, main reason to access AoO:

N/A

% of HH making active plans to leave current location; and if yes, when:

N/A Yes, active plans to leave
N/A No, but plans to leave someday
N/A No, plans to stay indefinitely

N/A Within the next month
N/A In 1-3 months
N/A In 4-6 months
N/A In more than 6 months

Top 3 push and pull factors to move to another location:

	Push factors	Pull factors
1	N/A	N/A
2	N/A	N/A
3	N/A	N/A

[2] Indicators entering in the measurement of households vulnerability can be found in the Annex p.6 of this factsheet.
[3] Estimated population in LGA based on initial sample using IOM DTM figures for displaced populations, as well as Vaccination Tracking System and Polio vaccination coverage datasets for non-displaced/host populations.
[4] Respondents could select multiple answers.
[5] The displacement section of the MSNA targeted only IDP HHs and therefore refers to a subset of the total sample.

WASH

Households in need of WASH assistance: 76%

Severity of WASH needs: 5.2

13% of HHs fell under the Sphere standard threshold of 15L per person per day of water available to cover their basic needs.[6]

% of HH by time needed and spent to collect water:

At the shelter, no travel	10%
Less than 15 minutes	17%
Between 15-30 minutes	31%
Between 31-59 minutes	27%
Between 1-2 hours	5%
More than 2 hours	10%
No response / Don't know	0%

42% of HHs reported that they needed more than 30 minutes to collect water for their daily use (travelling + queueing time).

% of HH reporting sources of water used in the 30 days prior to data collection for drinking, bathing and cooking:[7]

Water source type	Water source	Percentage
Improved Water Source	Borehole / tubewell	16%
	Public tap / standpipe	1%
	Piped into dwelling or plot	N/A
	Handpump	4%
	Protected well	2%
	Protected spring	N/A
	Water truck	2%
	Sachet water	N/A
Unimproved water source	Surface water	71%
	Unprotected well	22%
	Unprotected spring	1%
	Unprotected rainwater tank	2%
	Water vendor/Mai moya	N/A

% of HH reporting access to latrine:

23% Yes, access to latrine
76 No, open defecation in the bush
1% No, open defecation in designated area
0% No response/Don't know

Main type of latrine accessed by HH in LGA:

N/A

49% of HHs reported not having soap in their current location

Shelter & NFI

Households in need of shelter/NFI assistance: 36%

Severity of shelter/NFI needs: 4.4

Top 3 reported HH shelter types:

Traditional house (adobe/mud)	85%
Masonry building (bricks/blocks)	7%
Makeshift shelter	7%

[6] Based on the 2018 Sphere Handbook. Retrieved from: https://handbook.spherestandards.org/
[7] Respondents could select multiple answers.

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% of HH reporting damage to shelter, by severity of damage:

0% Completely destroyed
90% Partially damaged
10% Little to no damage

N/A of HHs reported being at risk of being evicted or forced to leave the current shelter in the month following data collection.

3.5 Average number of HHs sharing the same shelter.[8]

% of HH reporting ownership of non-food items (NFI):

Non-Food Item	% HH owning	Non-Food Item	% HH owning
None	N/A	Rope	26%
Blankets	59%	Cooking pots	92%
Sleeping mat	91%	Stainless trays	48%
Mosquito net	85%	Stainless cups	52%
Jerry cans	54%	Serving spoons	65%
Laundry detergent / bars	27%	Kitchen knife	82%
Bath soap	27%	10L Bucket	26%
Reusable sanitary pad	7%	Aquatabs	2%
Solar lamp	10%	School bags	5%
Foldable mattress	15%	School notebooks	7%
Kettle	51%	School textbooks	N/A
10L Basin	27%		

Health & Nutrition

Households in need of health assistance: **88%**
Severity of health needs: **5.6**
Households in need of nutrition assistance: **2%**
Severity of nutrition needs: **N/A**

42% of HHs reported at least one member being ill in the 15 days prior to data collection.

% of HH reporting distance to closest health facility:

28% Less than 2km
36% Within 2-5km
36% More than 5km
0% No response/Don't know

If any, main barrier reported by HH to accessing health services:

Cost of medicine

8% of HHs reported that one female member had given birth in the year prior to data collection.

% of HHs reporting that childbirth was attended by[9]

Skilled birth attendant	27%
Other health care worker	0%
Traditional birth attendant	18%
Other women in community	55%
No one	0%

[8] A household is defined as a group of people living in the same dwelling and eating from the same pot
[9] This question was asked as a follow-up and therefore refers to a subset of the population surveyed. Results should be considered indicative only.

46% of HHs had at least one child who had never been vaccinated.

2% of HHs had at least one child between 0 and 59 months suffering from moderate or severe acute malnutrition, as identified by MUAC and presence of absence of nutritional oedema.[10]

Food Security & Agriculture

Households in need of food assistance: **62%**
Severity of food needs: **5.5**

Food Consumption Score (FCS):[11]

	Average FCS	Poor	Borderline	Acceptable
Shelleng	43.9	18%	27%	55%

Average Reduced Coping Strategy Index (rCSI):[12]

8.4 (Medium use of coping strategies)

Within the 7 days prior to data collection, HH reported using the following coping strategies, for the following number of days, on average:

	Rely on less preferred and cheaper foods	Borrow foods from friends or relatives	Limit portion size at meal time	Reduce adult consumption to feed small children	Reduce number of meals eaten in a day
Days	2.3	0.8	1.3	0.7	1.2

Most commonly used fuel type for cooking:

N/A Firewood
N/A Charcoal
N/A Kerosene
N/A Gas
N/A Other / No response

Most commonly used fuel type for lighting:

81% Torchlight (battery)
10% Firewood
3% Kerosene lamp
6% Solar lantern
0% Other / No response

Most commonly used method for cooking:

98% Three-stone fire
2% Mud stove
0% Metal stove
0% Gas stove
0% Other / No response

Primary means of obtaining preferred fuel source:

1. Collect from within the community
2. Collect from outside the community
3. Purchase from local seller

64% of HHs reported that they had physical access to a market in the two weeks prior to data collection.

[10] This assessment used the proxy Global Acute Malnutrition (GAM) measurement, calculated with Middle Upper Arm Circumference (MUAC, inferior to 125mm) and presence or absence of nutritional oedema. Definition retrieved from: http://www.fao.org/fileadmin/user_upload/drought/docs/Definitions%20of%20common%20nutrition%20terms_FSNWG_2017.pdf
[11] The FCS is a composite indicator score based on dietary frequency, food frequency and relative nutrition importance of different food groups and their consumption by assessed population groups. Ranging from 0 to 112, the FCS will be 'poor' for a score of 28 and less, 'borderline' for a score between 28.1 and 42, and 'acceptable' above a score of 42.
[12] The reduced Coping Strategy Index (rCSI) is often used as a proxy indicator for household food insecurity. rCSI combines: (i) the frequency of each strategy; and (ii) their (severity). Higher rCSI indicates a worse food security situation and vice versa, with a score from 0 to 56.

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Top 3 reported barriers to accessing food items:[13]

Food prices are unusually high	76%
Market is too far away	73%
Limited resources to buy food	56%

% of HHs reporting access to land for growing crops or grazing livestock:

74% Yes, accessed amount needed
25% Yes, but not amount needed
1% Not able to access

% of HHs reporting access to water for growing crops or grazing livestock:

57% Yes, accessed amount needed
43% Yes, but not amount needed
0% Not able to access

% of HHs reporting that they were able to plant during previous dry season:

53% Did not plant or harvest
2% Planted but did not harvest
16% Planted but partially harvested
29% Planted and harvested

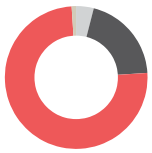
% of HHs reportedly planning to cultivate during the upcoming rainy season:

90% Plant and harvest on our land
10% Plant and harvest on other's land
0% Work as rented labour for someone else
0% Will not plant or harvest

Early Recovery & Livelihoods

Households in need of livelihoods assistance:	45%	Severity of livelihood needs:	4.4

% of HH reporting a change in the income level, as compared to the three months prior to data collection:



4% Increased
20% No change
75% Decreased
1% No response/Don't know

38% of HHs reported being in debt.

Top 3 reported livelihoods-based coping strategies used by HH:

Purchase food on credit	59%
Sell (non-productive) animals	47%
Borrow money	38%

18% of HHs reported using "crisis" or "emergency" livelihoods-based coping strategies.[14]

[13] Respondents could choose multiple answers.
[14] Livelihoods-based coping strategies can be divided into following three categories:
- Stress coping strategies such as: sell HH assets/goods, spend savings, sell (non-productive) animals, send HH members to eat elsewhere, purchase food on credit, or borrow money;
- Crisis coping strategies such as: sell productive assets, withdraw children from school, reduce expenses on basic services (education, health), harvest immature crops, consume seed stocks to be saved for next year, decrease expenditure on agricultural/animal-based activities and care;
- Emergency coping strategies such as: sell house or land, beg for money, engage in illicit/dangerous income activities, sell last reproductive animals, or have the entire HH migrate/displace.
More information on data collection and analysis of livelihoods-based coping strategies is available at: https://resources.vam.wfp.org/sites/default/files/CARI_Final_0.pdf

% of HHs reporting main means of accessing physical cash:

Cash in hand	84%
Bank withdrawal - ATM	2%
Bank withdrawal - counter	2%
Formal money transfer	0%
Informal money transfer	12%
Mobile phone money transfer	0%
No response/Don't know	0%
No access to cash	0%

Education

Households in need of education assistance:	92%	Severity of education needs:	7.8

76% of HHs had at least one child who was not attending any formal or informal education services, at the time of data collection.

66% of HHs had at least one child that had never attended formal education services, at the time of data collection.

Top 3 reported barriers to accessing education services, if any:[15]

Lack of resources to pay school fees	70%
School is too far away	43%
School is not functional	18%

92% of HHs reported not owning any of the school supplies mentioned in the NFI section (school bags, notebooks, textbooks).

Protection

Households in need of protection assistance:	7%	Severity of protection needs:	N/A

26% of HHs were located in a ward where incidents related to unexploded ordnances (UXOs) had been identified by key informants.

% of HHs reporting security incidents in area of residence in the three months prior to data collection:

1% Yes
99% No
0% No response/Don't know

Most commonly reported security incident:

N/A

Most commonly reported owned, legal identification in HH:

Voter identification card

1% of HHs reported that no adult possessed any kind of legal identification.

[15] Respondents could choose multiple answers.

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% of HHs reporting movement restrictions in their community:

No movement restriction	87%
Yes, only at night	13%
Yes, if several people travelling	0%
Yes, complete movement restriction	0%
Yes, 5-10km outside community	0%

% of HHs reporting that members have been missing or detained, at the time of data collection:

N/A Yes
N/A No
N/A No response/Don't know

Assistance & Accountability to Affected Populations (AAP)[16]

% of HHs reporting that they received humanitarian assistance in the six months prior to data collection:

6% Yes
94% No

% of HHs reporting source of humanitarian assistance received:[17]

International NGO	75%
National NGO	25%
Public authorities	0%
Assistance from community	0%
No response / Don't know	0%

% of HHs reporting that they were satisfied with the humanitarian assistance they received:

75% Yes
25% No
0% No response/Don't know

Most commonly reported reason for not being satisfied:

Not provided in a timely manner

% of HHs reporting that they felt they were treated with respect when receiving humanitarian assistance:

N/A Yes
N/A No
N/A No response/Don't know

Most commonly reported reason for not feeling respected:

N/A

% of HHs reporting that they felt safe when receiving humanitarian assistance:

Yes, safe	N/A
Not safe at point of distribution	N/A
Not safe on the way to distribution	N/A
Not safe anywhere	N/A
No response / Don't know	N/A

Most commonly reported reason for not feeling safe:

N/A

% of HHs reporting that they had access to the following means of communication:

Mobile phone	59%
Functioning radio	30%
Television	0%
Internet / Data at home	2%
None of these	9%

% of HHs reporting on their preferred way of giving feedback to aid workers on the assistance they received:[17]

Face to face at home	78%
Face to face at aid worker office	16%
Face to face to community	38%
Phone call (mobile phone)	14%
Text message (mobile phone)	3%
Complaint / Suggestion box	7%
Do not want to give feedback	4%

% of HHs reporting that they or their community leaders were asked about the humanitarian assistance they would like to receive in the 6 months prior to data collection:

7% Yes
93% No
0% No response/Don't know

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**.
Visit www.reach-initiative.org and follow us on Twitter: **@REACH_info** and Facebook: **www.facebook.com/IMPACT.init**

[16] In this section, all subsequent questions were following up on the first one: if the HH had reported having received humanitarian assistance. Therefore, results only refer to a subset of the population assessed and should be considered indicative only.
[17] Respondents could choose multiple answers.

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Annex - Sectoral Composite Indicators

Below is the list of all indicators feeding into the sectoral composite indicators, per sector and with the corresponding weight attached to each for the measurement of the sectoral severity scale and index of needs.

Sector	Indicator	Weighting
WASH	HH is without access to any improved water source	2
	HH has access to less than 15 litres per person per day	3
	HH is without access to a functioning latrine	2
	HH reports spending more than 30 minutes to collect water	2
	HH reports that there is no soap in the HH	1
Shelter / NFI	HH lives in an inadequate shelter	2
	HH shelter is damaged (partially or completely)	2
	HH is at risk of eviction	2
	HH owns less than half of items from basic NFI kit	2
	HH shares shelter with 2 or more families	2
Food Security and Livelihoods (Agriculture)	HH has a borderline / poor FCS	2 / 3
	HH has a high use on reduced Coping Strategy Index	2
	Safe Access to Fuel and Energy (SAFE) sub-composite	**2**
	HH reports using unsafe/unsustainable fuel for cooking	0.33
	HH reports using unsafe/unsustainable fuel for lighting	0.33
	HH reports using unsafe/unsustainable method for cooking	0.33
	HH reports unsafe/ unsustainable means of obtaining primary fuel source	0.33
	HH reports resorting to negative fuel coping strategies	2
	Access to market sub-composite	**2**
	HH reports no access to markets	1
	HH reports market-related barriers to accessing food items	1
	Agriculture / Access to land sub-composite	**2**
	HH was reportedly not able to plant / harvest last dry season	0.5
	HH reports not planning to cultivate this rainy season	0.5
	HH reports not accessing: amount of land needed / land at all	0.25 / 0.5
	HH reports not accessing: amount of water needed / water at all	0.25 / 0.5
Early Recovery and Livelihoods	HH income has decreased in the previous 3 months	2
	HH reports being in debt	2
	HH reports using "crisis" or "emergency" coping strategies	3
	HH reports no access to physical cash	3
Health	HH reports at least 1 barrier to accessing health services	2
	HH has child/ren without any immunization	2
	HH member had illness in the previous 2 weeks	2
	HH reports being too far from nearest health facility	2
	HH experiences childbirth without skilled birth attendant	2
Nutrition	HH has a moderately or severely malnourished child	10
Education	Household has children that are not currently attending any formal or informal school	3
	Household has children that have never attended any formal school	3
	Household reports any barrier in accessing schools	2
	Household reports not owning school supplies	2
Protection	HH is located in ward where explosive incidents were reported	2
	HH has experienced a security incident in previous 3 months	2
	HH adult members do not have any legal documentation	2
	HH experiences movement restrictions	2
	HH has members that are missing / detained	2

	Indicator
Household Vulnerability	Household is female-headed
	Household has at least 1 pregnant or lactating woman
	Household has at least 1 unaccompanied or separated child
	Household has at least 1 chronically ill or disabled member
	Household has a high age-dependency ratio (>75%)

Overview of MIRA Analysis Framework

The MSNA data collection and analysis was guided by the Inter-Agency Standing Committee (IASC) Multi-Sector/Cluster Initial Rapid Assessment (MIRA) Analytical Framework, to allow for an evidence-based understanding of where and for which population groups humanitarian needs are most severe; as well as to support a coordinated strategic plan by the humanitarian country team (HCT).

The MIRA framework supports stakeholders in the identification of the severity of the crisis, gaps in response, and priority areas for intervention.

Access the full research terms of reference and clean dataset for the Nigeria MSNA.

REACH Engagement within the HCT

Research Design

1. Information needs and gaps were identified by the Sectors early on.
2. Indicators for the MSNA were designed in coordination between REACH and each of the Sectors concerned through a process of revision, as well as through the establishement of an Assessment Working Group led by OCHA and co-led by IOM.

Data Collection

3. Trainings led by REACH on researchd design, questionnaire and tools.
4. Household-level data collection coordinated and conducted by REACH, with the support of other organisations in some of the locations assessed.

Data Analysis

5. Bilateral presentations through Sector Joint Analysis Workshops to discuss and obtain consensus on preliminary findings.
6. Cross-sectoral analysis further discussed at State-level HNO meetings in Adamawa, Borno and Yobe.

Engagement

7. Sharing of the data and analysis with OCHA and all the Sectors to ensure MSNA data can feed into 2019 Humanitarian Programme Cycle.

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