

Multi-Sectoral Rapid Assessment Survey

Location: Rann, Kala Balge LGA, Borno State



Rann residents queued up for a TdH soap distribution. Source: TdH Nigeria, (May, 2019)

TdH NIGERIA MAIDUGURI

22/06/2020

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Abstract

Rann is a town Kala Balge LGA of Borno State, Nigeria. The town accommodates about 75, 000 IDPs displaced as a result of the Boko Haram/ISWAP insurgency since 2010¹. Rann is one of the localities in north-eastern Nigeria that have become accessible to humanitarian organizations. Emergency assistance is gradually being increased in areas that were previously unreachable. In Rann, IDPs struggle with serious food shortages and severe acute malnutrition. Humanitarian access to the area has been difficult due to insecurity and bad roads, as stated by United Nations Office for the Coordination of Humanitarian Affairs in its press release. On 17 January 2017, the Nigerian Air Force mistakenly bombed the camp, leaving at least 52 people dead and over 100 injured².

On 14 January 2019, Rann was overrun by insurgents amid a general increase of insurgent attacks in the area, and destroyed, with many inhabitants fleeing across the border to Bodo in Cameroon. Though the Nigerian military and allied Cameroonian Armed Forces forces subsequently retook Rann, they later abandoned it, so that Boko Haram launched another raid against the town on 28 January 2019. The militants again set the settlement ablaze, murdered local elders, and caused tens of thousands to flee. This time, the refugees from Rann relocated to Goura in Cameroon. However the IDPs have mostly returned to the town with the return of security forces³. TdH is currently implementing WaSH and Health projects in Rann funded by the Nigerian Humanitarian Fund (NHF). In lieu of this and the tentative NHF 2020 grant, TdH has carried out a multi-sectoral gap assessment focusing on Health and WASH to aid a focused situational analysis pursuant to a humanitarian intervention. The results are presented in this report and summarily, the top 3 service needs identified by HH are:

1. Food assistance
2. Health support
3. Education support

¹ Quinn, Ben; Akinwotu, Emmanuel (17 January 2017). ["Nigeria air strike: dozens dead as camp for internally displaced people hit by mistake"](#). *The Guardian*. Retrieved 18 January 2017

² ["Islamic State insurgents overrun northeast Nigerian town: security..."](#) 14 January 2019. Retrieved 21 January 2019 – via [www.Reuters.com](#).

³ Paul Carsten (1 February 2019). ["After Nigerian army abandoned town, Boko Haram slaughtered at least 60"](#). *Reuters*. Retrieved 24 February 2019.

Context

Rann is a town Kala Balge LGA of Borno State, Nigeria. The town accommodates about 75, 000 IDPs displaced as a result of the Boko Haram/ISWAP insurgency since 2010⁴. Rann is one of the localities in north-eastern Nigeria that have become accessible to humanitarian organizations. Emergency assistance is gradually being increased in areas that were previously unreachable. In Rann, IDPs struggle with serious food shortages and severe acute malnutrition. Humanitarian access to the area has been difficult due to insecurity and bad roads, as stated by United Nations Office for the Coordination of Humanitarian Affairs in its press release. On 17 January 2017, the Nigerian Air Force mistakenly bombed the camp, leaving at least 52 people dead and over 100 injured⁵.

On 14 January 2019, Rann was overrun by insurgents amid a general increase of insurgent attacks in the area, and destroyed, with many inhabitants fleeing across the border to Bodo in Cameroon. Though the Nigerian military and allied Cameroonian Armed Forces forces subsequently retook Rann, they later abandoned it, so that Boko Haram launched another raid against the town on 28 January 2019. The militants again set the settlement ablaze, murdered local elders, and caused tens of thousands to flee. This time, the refugees from Rann relocated to Goura in Cameroon. However the IDPs have mostly returned to the town with the return of security forces⁶. TdH was previously implementing WaSH and Health projects in Rann funded by the Nigerian Humanitarian Fund (NHF). In lieu of this and the tentative ECHO 2020 grant, TdH is carried out a multi-sectoral needs assessment focusing on Child Protection, Health and WASH to aid a focused situational analysis pursuant to a humanitarian intervention.

Objectives

The main objectives of the need's assessment was to determine the Households needs and service gaps in teams of WASH and Health and a focus on evaluating the knowledge of HHs in relation to the COVID-19 virus. This would be invaluable in justifying and fine-tuning an effective and efficient humanitarian relief intervention based on the NHF grants.

Location

The assessment was carried out in Rann town, Kala Balge LGA of Borno state, Nigeria.

⁴ Quinn, Ben; Akinwotu, Emmanuel (17 January 2017). ["Nigeria air strike: dozens dead as camp for internally displaced people hit by mistake"](#). *The Guardian*. Retrieved 18 January 2017

⁵ ["Islamic State insurgents overrun northeast Nigerian town: security..."](#) 14 January 2019. Retrieved 21 January 2019 – via [www.Reuters.com](#).

⁶ Paul Carsten (1 February 2019). ["After Nigerian army abandoned town, Boko Haram slaughtered at least 60"](#). *Reuters*. Retrieved 24 February 2019.



Fig. 1. Aerial Map showing of Rann

Methodology

A standardized quantitative survey questionnaire (in Appendix) was used in order to acquire a more in-depth and comprehensive statistically backed data on needs and KAP concerning the aforementioned sectors at the household level, and data was collected via KoboCollect (an android based mobile data collection application of Kobotoolbox). Questionnaires obtained data on demographic and socio-economic characteristics, contextual needs, knowledge, attitudes, and practices regarding WASH and health.

Sampling

The estimated population of Rann town is about 40,000 individuals and based on the estimated HH size of 6 persons per HH, the estimated number of HHs in Rann is about **6,666 HHs**⁷. The estimated representative sample size for a HH population of **6,666 HHs** is **363 HHs**. The required sample size of **363 households** was calculated using the sample size calculator application domiciled on <https://www.surveysystem.com/sscalc.htm>, based on the estimated HH population of **40,000**, a confidence level of 95% and a confidence interval of 8. A confidence interval of 8 was used instead of the preferred confidence interval of 5 in order to drop the quantity of the sample size due to the limited number of phones for data collection at our disposal

⁷ From an estimated population of 40,000 individuals (Average population per HH is 6 based on TdH 2018 estimates)

Duration

The survey was carried out for 2 days from 18th June to 19th June 2020.

Maps

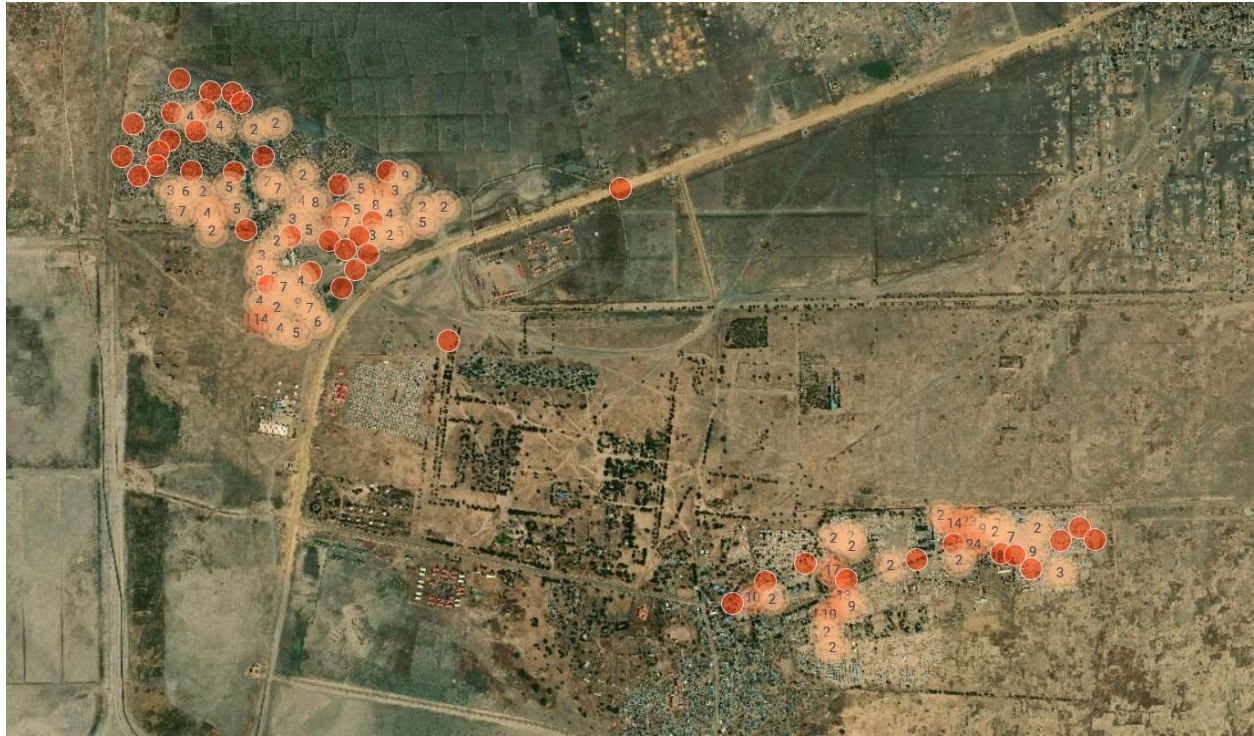
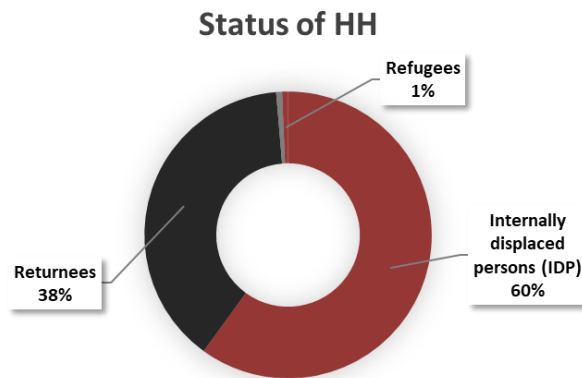


Fig.2. Aerial Map of Rann showing the locations surveyed.

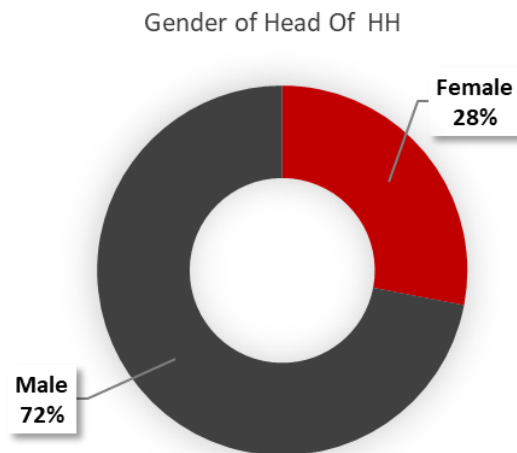
Results

Demographics

The average population of individuals per HH in Rann is 8. It is important to note 60% of HH in Rann are IDPs, 38% are returnees while 1% are non-displaced/host community HHs.



28% of HHs are women headed households.



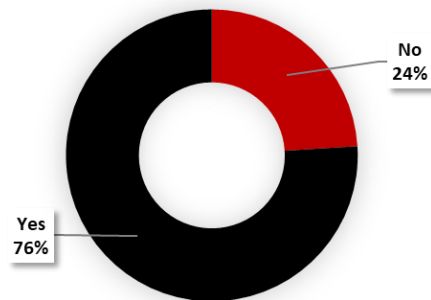
WASH

Water Access

24% of the HH said they don't have access to water, while 76% have access to water.

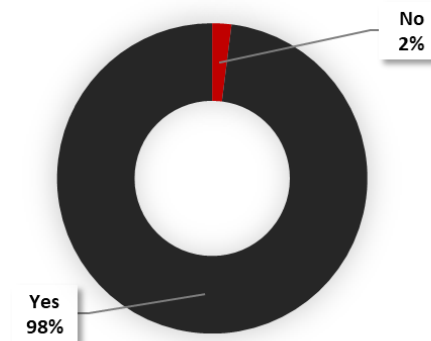
75% of HH who said they have access to water said they are you worried about the quality of the water that you drink.

Do you have access to sufficient drinking water?



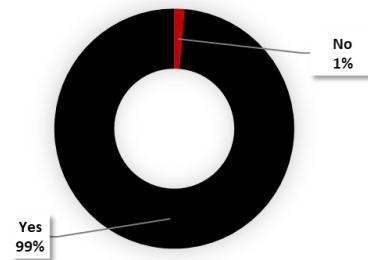
98% of HH who worried about the water the water they drink said they treat their water

Do you treat your water before use?.



99% of HH said they have enough water to meet their HH needs, 1 % said the don't have enough water to meet their house need, HH that don't get enough water to meet their house need said they adjust for the lack of water by Reducing the rate of water consumption both for Drinking and other purposes and Spend money usually ment for other things to buy water or Receive water on credit / Borrow water

Do you have enough water to meet your household needs?

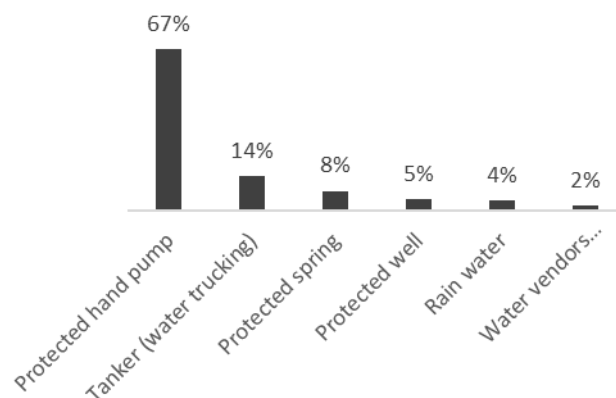


The top three main sources of drinking water for HH in Rann are

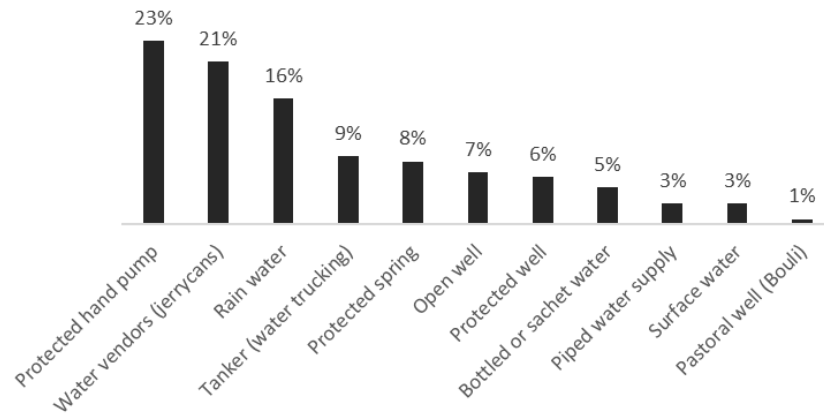
- Protected Hand Pumps
- Water vendors
- Rainwater

A ranking of the top main sources of water for HH in Rann represented in the chart below

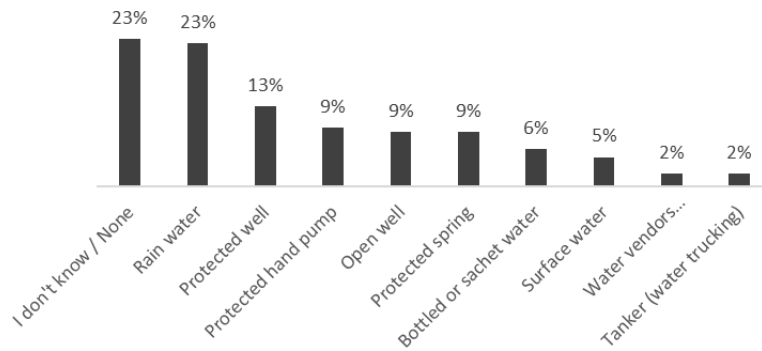
In this season, what is your first main sources from which you get your DRINKING water?



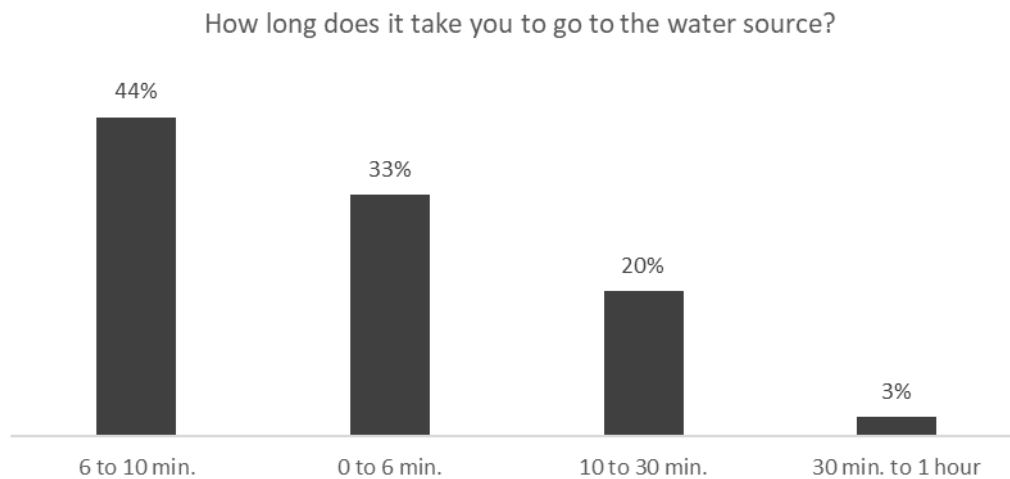
In this season, what is your second main sources from which you get your DRINKING water?



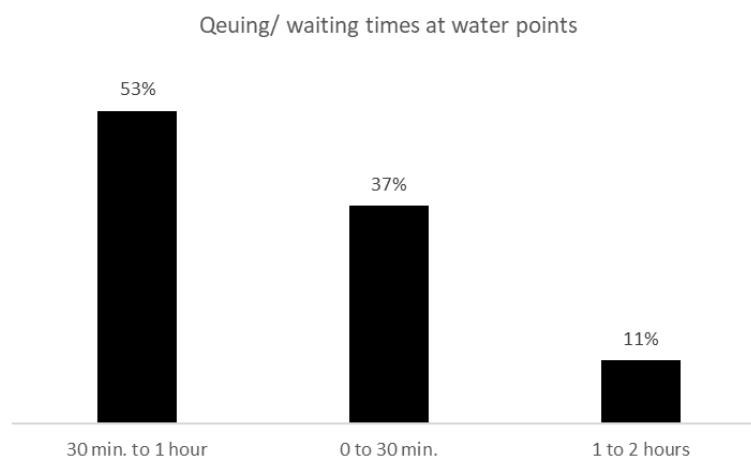
In this season, what is your third main sources from which you get your DRINKING water?



It takes 44% of HHs 6 to 10 mins to walk to their source of water and it takes 33% less than 6mins. Its Important to observe that it takes 23% of HHs more than 10 minutes to walk to the water point.



53% of HHs in Rann spend between 30 mins to 1 hour at the water points on the waiting queues before they fetch water.



The average number of times HHs collect water per day in Rann is 4.

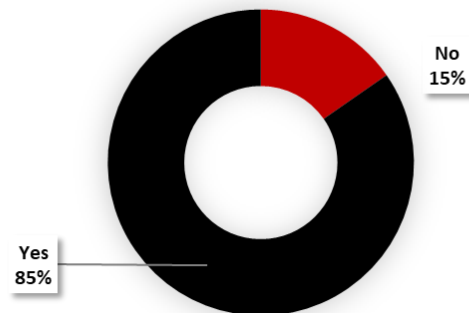
HHs have an average of 4 water containers per HH for water collection.

The average TOTAL volume of ALL the water containers used per HH to collect water is 45 liters.

Therefore, the average water collected per HH per day is 180 liters and based on the average HH size of 8 persons per HH, **the average water collected per person per day is 22.5 liters.**

15% of HHs in Rann do not have a water storage container.

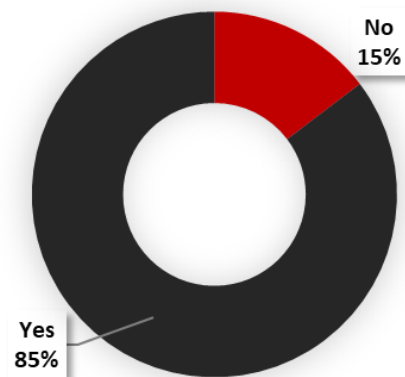
Do you have a water storage container at your household?



Hygiene Promotion

15% of HHs did not have soap in their houses

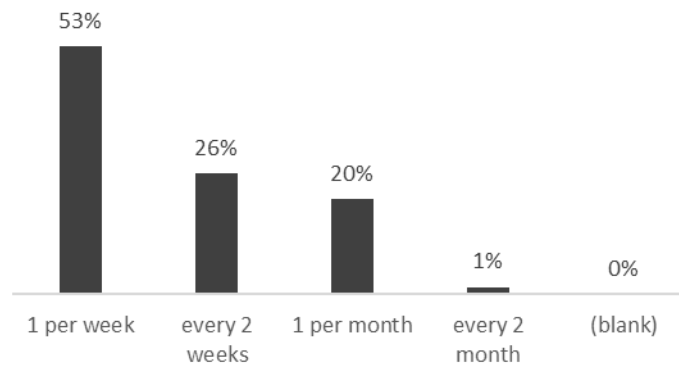
Do you have soap in your household?



100% HH said they wash their container, how ever 53% said they clean their container only once a week, 26% said every twice a weeks and 20 % cleans their container once per month,

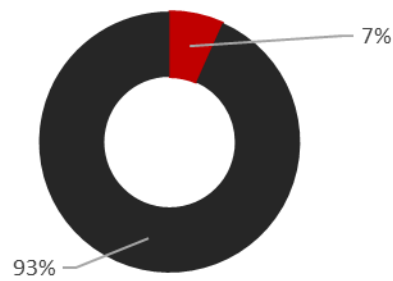


How often do you clean your container



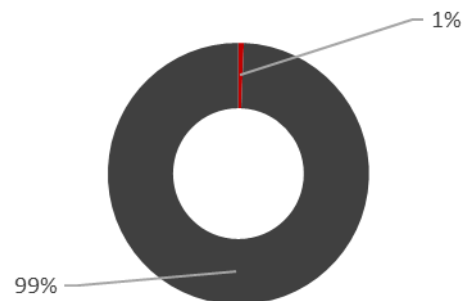
7% of the HH in Rann DO NOT have a hand washing point

Do you have a hand washing point in your yard?

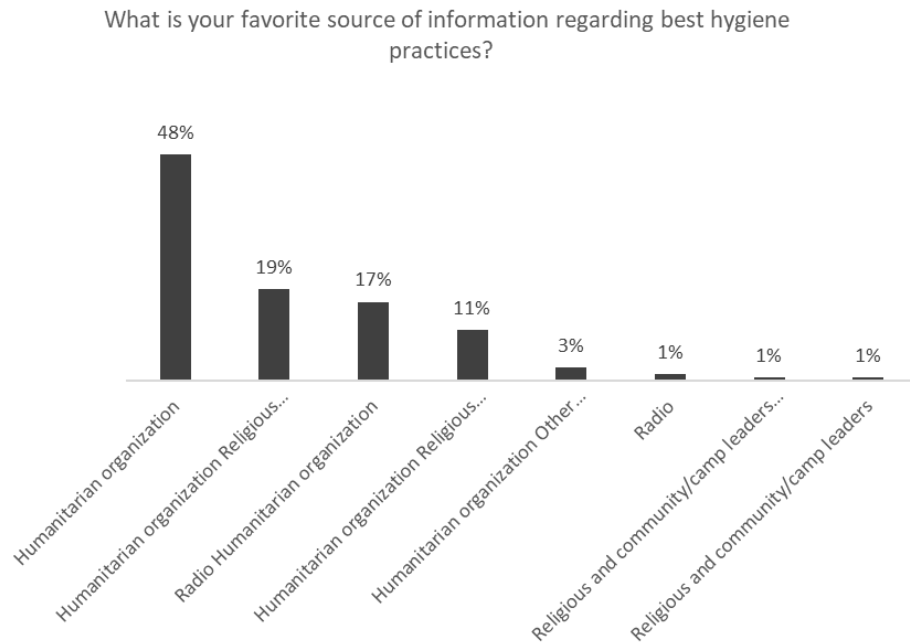


Its important to know that most of the HH in Rann attended hygiene promotion in the last 1 month

Did you attend any hygiene promotion session in the last 1 month?



45% of HH in Rann says the Humanitarian organization are their favorite source of information regarding hygiene practice, 19 % said Humanitarian organization, Religious and community/camp leaders 17% relays on Radio Humanitarian organization.



Access to Sanitation facilities

The Top three priority of the HH Rann are.

Access to Food

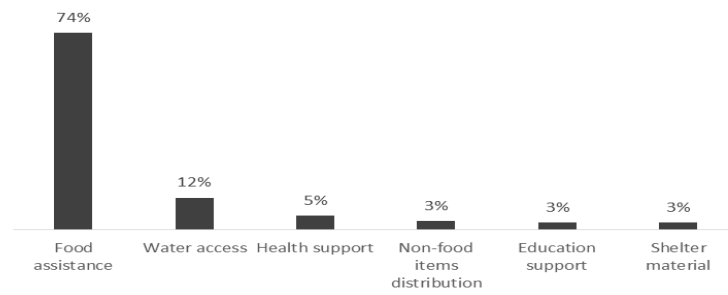
Access to Health services

Education to support

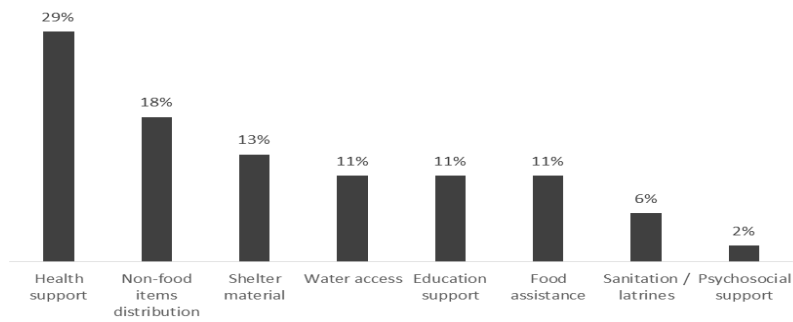
A ranking of the top main Priority of HH in Rann represented in the charts below



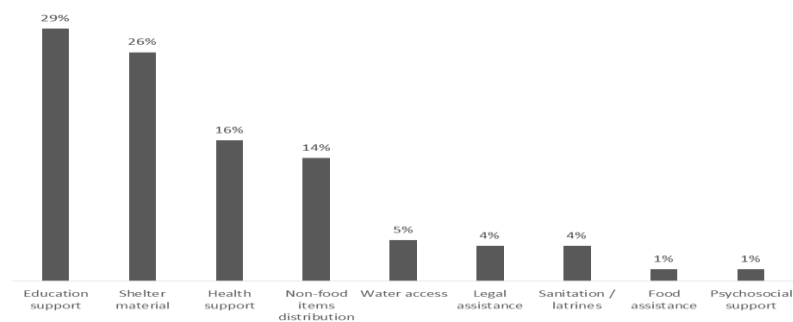
First priority needs for HH in terms of service



Second priority needs for HH in terms of service

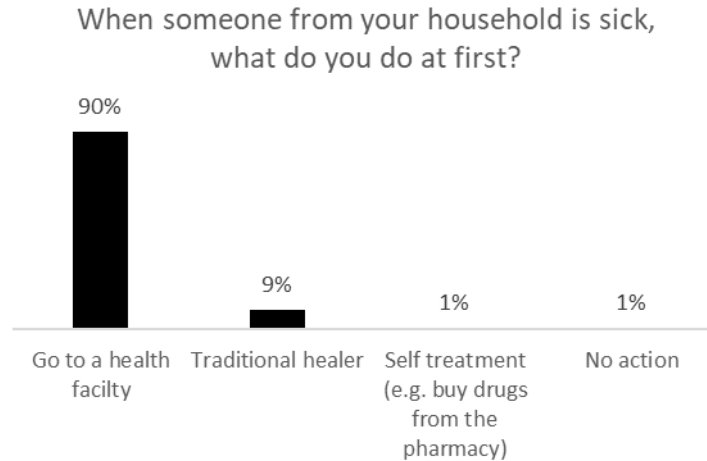


Third priority needs for HH in terms of service



Health

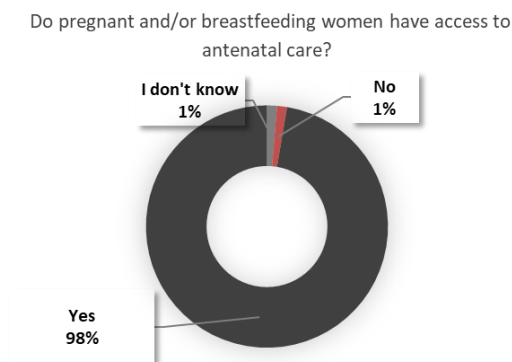
90% of HHs in Rann visit a health care facility when somebody is sick in their HH. 10% either do self-treatment, or indulge in traditional medication, 1% do nothing.



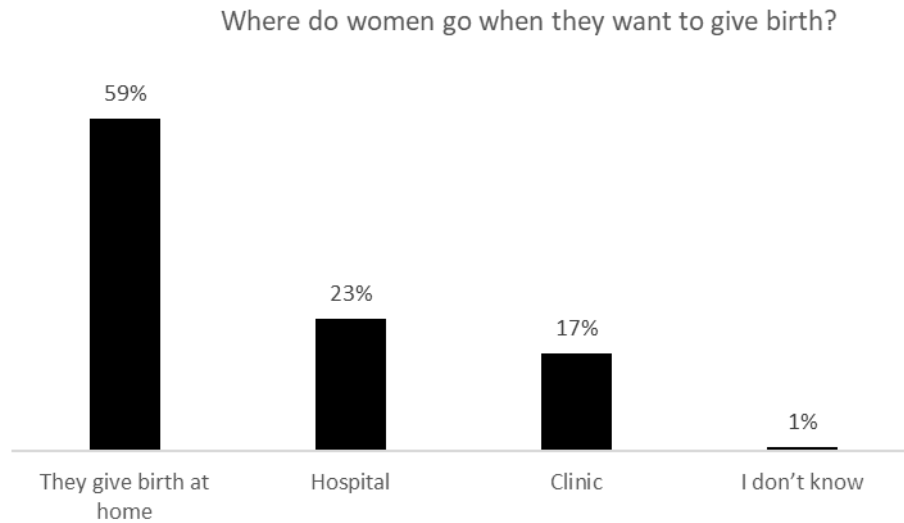
83% of the HHs that visit a health facility said they visit a Primary health care center/clinic. 13% visit a Government hospital or Primary health care center/clinic, 6% visit a Primary health care center/clinic or sometimes they do not use any health facility.

It is important to note that all the HHs who visit a health facility said the services are free

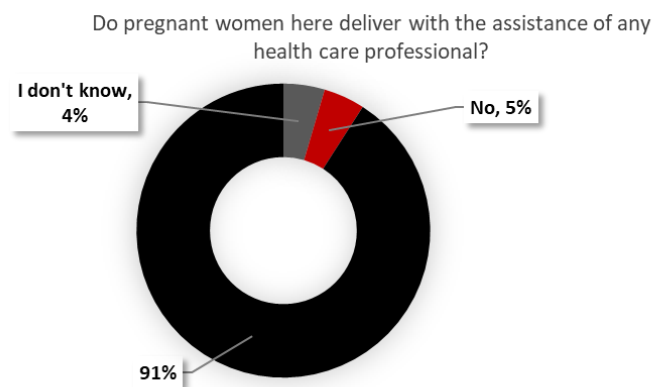
98% of HHs said women have access to antenatal care.



59% of women in Rann said they give birth at home.

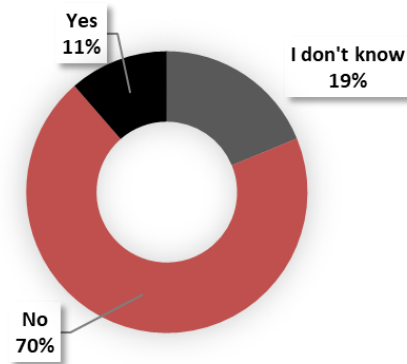


5% of HHs said pregnant women in Rann DO NOT deliver with the assistance of any healthcare professional.



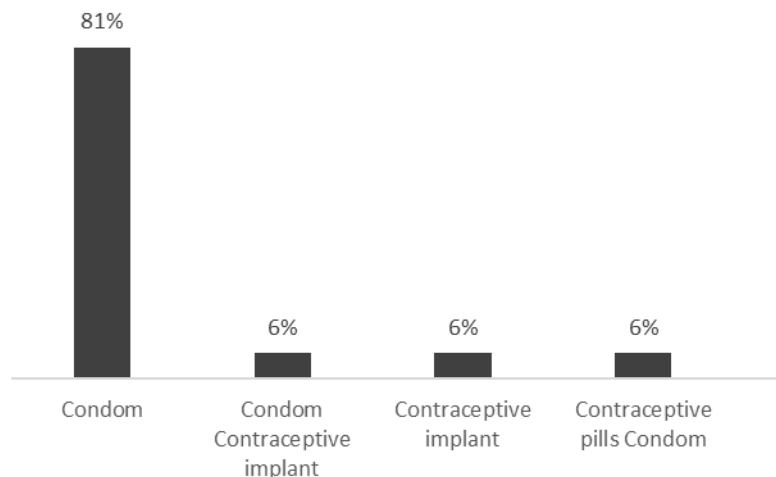
70% of women in Rann DO NOT prevent or delaying getting pregnant.

Do women in this community prevent unwanted pregnancies
(delay or avoid getting pregnant)?



81% of the HH in Rann uses condom to prevent or avoid getting pregnant.

How do they delay or avoid getting pregnant?



54% of HHs said in the most recent 2 weeks, a household member has suffered a health problem.

10% of HHs said in the past 2 month a child under the age of 5 in their household passes away, of this families that lost a child under 5, an average of 1 per HH died is course due to sicknesses

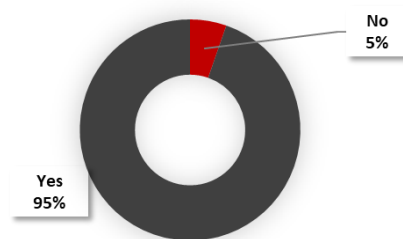
3% of HH said in the last 2 months a pregnant women from the household passed away, of such family who lost a pregnant woman , an average of 1 per HH died was due to sickness.

It is important to note that there was no record of the dead of a pregnant woman due to child birth

COVID-19

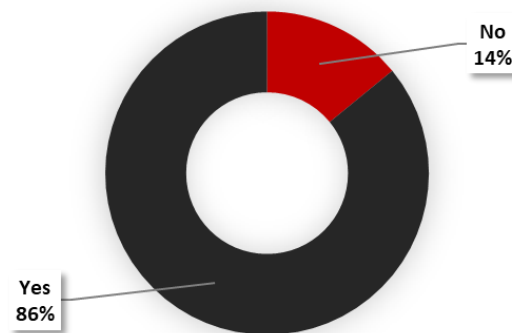
5% of the HH in Rann HAVE NOT heard about COVID-19

Have you heard about the COVID-19 virus.



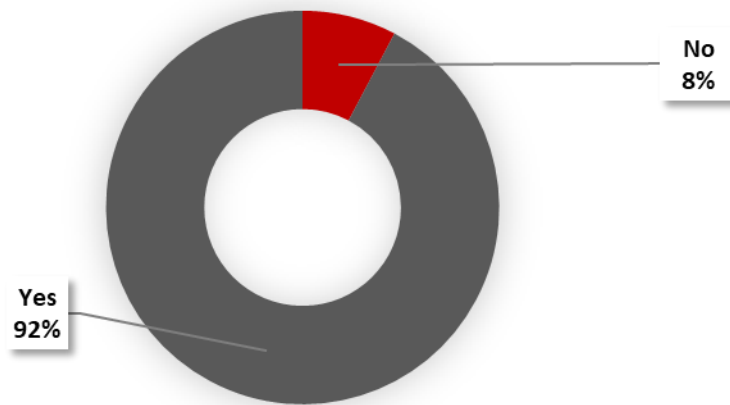
14% of the HH that have heard about COVID-19 **DO NOT** know the symptoms.

Do you know symptoms associated with COVID-19?



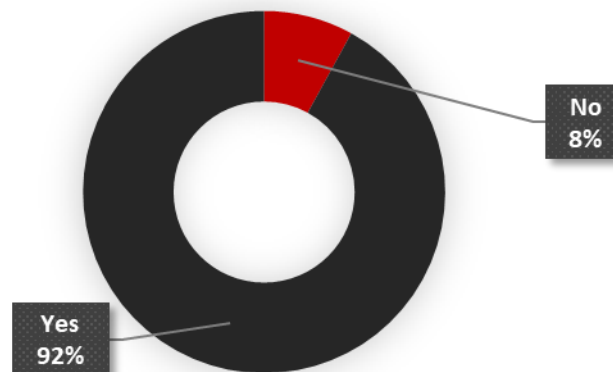
8% of the HH in Rann DO NOT know how to prevent the spread of COVID-19, while 92% knows an average 2 (two) ways of preventing the spread of COVID-19

Do you know how to prevent the spread of the virus.?



8% of the HH in Rann DO NOT participate in awareness raising session on COVID-19

Did you or a member of your household participate in awareness raising session on COVID-19 topic.



Summary and Conclusion

The average population of individuals per HH in Rann is 8. It is important to note that 60% of HHs in Rann are IDPs while 38% are returnees and 1% are refugees.

WASH

Water Access

- 53% of HHs in Rann spend more than 30 mins up to 1 hours at the water points on the waiting queues before they fetch water.
- HHs have an average of 4 water containers per HH for water collection.
- The average water collected per person per day is 22.5 liters
- 15% of HHs (approximately 1875 HHs) in Rann do not have a water storage container.
- 52% of HHs (approximately 10,625 HHs) have less than 9 liters per person per day water storage capacity

Hygiene Promotion

- 2% of HHs (approximately 250 HHs) DO NOT treat their water before drinking.
- 15% of HHs (approximately 1,875 HHs) do not have soap.
- 7% of HHs in Rann (approximately 875 HHs) DO NOT have a hand washing device in their HH.
- 1% of HHs (approximately 125 HHs) have not attended any hygiene promotion session in the last 1 month.

Health

- 10% of HHs either self-medicate, or indulge in traditional medical practices etc., when somebody is sick
- 2% of HHs said women DO NOT have access to antenatal care.
- 59% of women in Rann said they give birth at home.
- 5% of HHs said pregnant women in Rann do not deliver with the assistance of any healthcare professional.
- 70% of women in Rann DO NOT preventing or delaying getting
- 10% of HHs said in the past 2 month a child under the age of 5 in their household passes away, of this families that lost a child under 5, an average of 1 per HH died is course due to sicknesses
- 3% of HH said in the last 2 months a pregnant women from the household passed away, of such family who lost a pregnant woman, an average of 1 per HH died was due to sickness.

Humanitarian Service needs

The top 3 service needs of HHs are:

1. Food assistance
2. Health support
3. Education support

APPENDIX



NHF 2020
Multi_Sectoral Rapid /

1. Survey Questionnaire:

