

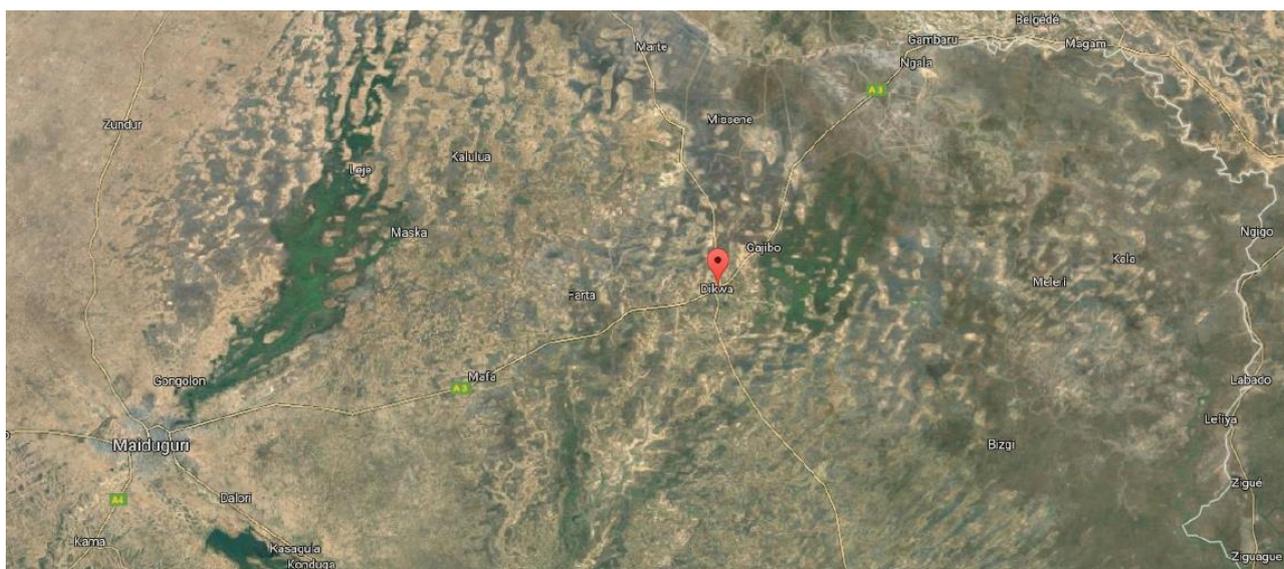
## MULTI SECTOR INITIAL RAPID NEEDS ASSESSMENT TO DIKWA TOWN

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Basic details			
Date(s) of field assessment	19 <sup>th</sup> April 2017		
LGA	Dikwa	Location name	Dikwa town
Location type (town / village / camp )	Town, LGA capital	Sub-location name	



Desk review of other assessments
Alert received from WHO on Dikwa IDP influx, 3 <sup>rd</sup> April Subsequent exchanges through RRM Working Group in MMC NRC initial assessment report, 11 <sup>th</sup> April

Methodology note
<p>Methodology is based on key informant interviews (KII), AGDM focus group discussions (FGDs) and structured direct observation (DO). The tools used are adjusted to the context and designed to triangulate information collected. Methodology design tries to capture maximum extend of information from multiple sources and taking into account views and needs of various groups in the population in shortest possible timeframe.</p> <p>Assessment team members are trained on the methodology received pre-departure brief and de-brief upon return; team members speak languages locally used and include male and female.</p> <p>Total of 2 KII and 5 (2 IDP, 1 host, 3 F/2M) FGDs were conducted.</p> <p>Additionally, information obtained from other source (i.e. desk review) was included in this report.</p> <p><b><i>Due to the short timeframe for data collection errors and omissions are possible. Please share any comments and observations on the quality and accuracy of this report with the author as soon as possible through: <a href="mailto:filip.lozinski@nrc.no">filip.lozinski@nrc.no</a></i></b></p>

**Context, general security situation, population movements**

Dikwa town is a LGA HQ and a town on a trading route, between Mafa and Ngala, on the border with Cameroon. Following the displacement of the population the town sustained significant damage to the houses and infrastructure (however subjectively less than other towns, i.e. Damasak). By end of last year large proportion of residents returned to Dikwa town, including those originating from nearby villages. However, due to military operations in the area, the town started to receive large numbers of IDPs from surrounding locations. While still some of Dikwa original residents remain displaced, IDPs from surrounding areas constitute by far majority of population of the town (estimated at 70% of current pop.).

Since mid-March there is a continuous daily influx of IDPs in Dikwa due to which the total population caseload has reached to at least 150,000 people (as of WHO initial alert) in both camps and host community. The influx is from Bama, Ngala and surrounding villages of Dikwa LGA and ongoing.

Security situation inside Dikwa town remains relatively good, however there were IED attacks in recent weeks. No major tensions between various communities were noted.

**Estimated population and affected population in the area; numbers, description and registration initiatives**

Location	Estimated current population of site	Total HH	HH assessed as in need
Damasak Town	IDPs	At least 14 000	95%
	Host community		
	Returnees	7 000	90%
	<b>TOTAL</b>	At least 21 000 (150 000 indiv.)	At least 20 000

SEMA, Nigerian military and other actors may have accurate population figures; WFP and its IP MercyCorps are conducting registration for general food distributions. MSF may also be able to provide further updates on pop. Numbers. The numbers were also acquired from initial WHO report. Furthermore Nigerian Red Cross/ICRC conducted a general food distribution in December 2016 for approx.. 150 000 persons – suggesting this was the number of returnees and IDPs in Dikwa at the time. Unfortunately more reliable information was not obtained by the time of concluding this report.

The 2006 census gave an estimated number of 105,909 inhabitants (though need to be taken with caution)

Unfortunately more reliable information on the scale of the recent influx is also not available. Through discussions with KI and FGDs, some communities receive currently between 50 to 100 persons daily; there are close to 20 communities in total. Most (all?) IDPs are directed to the transit site called 20 Houses Estate, where they stay for 2 weeks in very overcrowded and difficult conditions; it was estimated that in this site up to 3000 persons are accommodated at each given moment (and possibly more).

**Key problems and priorities identified by the affected population**

Priorities stated during all interviews:

1. Food
2. Water
3. Shelter
4. NFI – cooking utensils, sleeping mats, hygiene items
5. Alternative to firewood or security during its collection

**EXTERNAL CAPACITY - LOCAL AND INTERNATIONAL ORGANISATIONS OPERATING IN THE AREA**

**Implementing organisation and type of programme**

Number of organizations are delivering assistance in Dikwa, however coordination needs to be improved.

- IOM is constructing shelters (400 units) and UNHCR is planning a shelter intervention
- MSF is providing health services, screening and vaccination
- FHI 360 is operational in Dikwa providing health care service in collaboration with UNICEF and ICRC at MCH clinic. Besides, FHI 360 are collaborating with Ministry of Health to make Dikwa general hospital operational in the month of April. FHI 360 will open one additional PHC closer to the IDP camp in the coming week. Outreach activities already started in Dikwa including: mobile clinical services, screening and referral and health education
- WFP and its partners MercyCorps and Christian Aid are conducting registration of population and newcomers, in anticipation of general food distribution to be carried out in the week starting 24<sup>th</sup> April.
- ICRC is providing, in addition to health support, shelter (1000 units) and restoring family links
- WHO – undertook vaccination campaign
- Unicef – water container distributions
- More organizations were conducting assessments in recent days.

**Information in this section need to be verified with respective organizations. It is based on information received in the field by assessment teams, not from the organizations’ representatives.**

**SHELTER AND ESSENTIAL NON-FOOD ITEMS (NFIs)**

Approximate based on observations and KII

50% of buildings will require some rehabilitation (light to medium), the other 40% do not need rehabilitation, 10% is totally destroyed

Transit site for incoming IDPs, 20 Houses Estate, is significantly overcrowded (hosting on average 3,000 individuals on daily basis, with a transition time up to 2-3 weeks) and lacks most basic services and infrastructure.

IDPs are living in makeshift shelters – 70% settled in informal camps without any site planning and 30% in hosted in existing buildings, with host families. Some shelters received ICRC plastic sheets and other materials, now many require replacement. Many, especially newly arrived IDPs are reportedly staying without any shelters (i.e. 20 Houses Estate and Bullabulin Extension site)

After leaving the transit site (a process whereby IDPs needs to be received in one of the communities by its leader) IDPs can stay in that location without fear of further relocations.

One of the IDP sites is a school used as collective shelter; at one point it may be evicted by government in order to re-start education activities.

Cooking utensils, sleeping mats, water containers, light sources and hygiene items are few and highly needed.

**WATER, SANITATION AND HYGIENE (WASH)**

**Water availability is cited as main priority across all interviews.**

Extremely serious problem of water availability mentioned in all FGDs and KIIs. There are not enough accessible water points to satisfy the demand; the main water source is a borehole (free flow in the past and currently equipped with a solar pumping system), often out of work; very long waiting times (up to 10 hours) are reported as daily problem. Tensions are high at the water points. Some people resort to collecting spillage water from the water point, adopting only the sedimentation system to treat the water. There is no water management committee established.

Some boreholes are privately owned. Reportedly 1 jerrycan (20l) cost 50 naira. For comparison: in MMC 12-14 jerrycans with

delivery are sold for 100N. Nigerian Military base is having water source but access to it is often restricted; additionally walking distance is significant.

Some boreholes are damaged/not operational and some require fuel for operation. Boreholes are generally deep – reported 350M, tapping the middle aquifer. Lead contamination reported as problem for more shallow. Detailed assessment is required.

Open defecation is common. Few available latrines are mostly broken/not usable. Sanitation is not cited as priority, thus suggesting the need for hygiene promotion.

No bathing facilities and significant problem with water availability. Very limited availability of soap or female hygiene items.

No solid waste management.

**FOOD SITUATION AND LIVELIHOODS**

**Food situation is cited as main priority across all interviews.**

Food is reported as serious challenge. Some returnees and IDPs received one-off distribution in December 2016 (18.000HH/150 000 persons by Nigerian Red Cross and ICRC), new arrivals received nothing and had to rely on sharing or other coping strategies. More recently ICRC/SEMA/MSF are provided some wet feeding upon arrival. Currently WFP partners are preparing for general food distribution, to start in the week of 24<sup>th</sup> April.

One of the coping strategies for people was to collect firewood for sale (as trading access to MMC is possible). Others had sold all HH assets or resorted to begging.

Now people eat 1 time a day. Food consumed is mainly maize, millet, rice, beans.

Food stocks are minimal.

Food utilization – cooking equipment is available, but limited and often shared. Firewood is the only source of energy and is being collected however with long walking distance and security fears. Military sometimes escort woman collecting firewood. Specific incidents were however not mentioned.

**LIVELIHOODS**

Majority of population has no resources to restart agricultural activities (in which more than 90% found occupation before the crisis were engaged in) – such as seeds, tools, other inputs or livestock.

Prior to the crisis population engaged in farming (rain fed and irrigated vegetable gardens), and some livestock.

**MARKETS AND MARKET SUPPLY CHAINS**

Market is functioning quite well, limited by the limited cash available by customers. Sale of firewood as one of few livelihood IGA is widely practiced.

Traders have easy access to Dikwa from MMC with military escort. Supply of fuel is restricted; Some suggested that there are restrictions on transporting food out of Dikwa town.

**LEGAL DOCUMENTATION, HOUSING, LAND AND PROPERTY ISSUES**

NTR

EDUCATION
Reportedly one public school is operational. Second school is currently hosting IDPs, but there are plans to re-open it in near future.

ADDITIONAL INFORMATION – LOGISTICS , COMMS AND ACCESS
<p><b>ACCESS</b>                      Access by UNHAS helicopter (landing site at the military compound).                      Access by road under military escort from MMC</p> <p><b>COMMUNICATIONS</b>                      No network service providers from Nigeria</p> <p><b>TRANSPORT, FUEL ACCESSIBILITY, ELECTRICITY SUPPLY, OFFICE/STORAGE SPACE</b>                      No fuel storage or sale observed. Some smuggling reported (1l cost 500N)</p> <p>No electricity supply from the national grid.</p> <p>Limited office space, usually requiring rehabilitation works (masonry, roofing, electrical and plumbing installations etc.).</p> <p>Storage capacity - CHH</p>