



GOALPRIME ORGANISATION NIGERIA

# MULTI-SECTORAL NEEDS ASSESSMENT

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MEARL TEAM

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# LIST OF ABBREVIATIONS AND ACRONYMS

WASH:	Water, Sanitation, and Hygiene
HHs:	Households
PDM:	Post Distribution Monitoring
MEAL:	Monitoring, evaluation, accountability, and learning
KAP:	Knowledge, Attitudes and Practice
IDPs:	Internally Displaced Persons
HC:	Host Community
NGOs:	Non-governmental Organization
CCCM:	Camp Coordination and Camp Management
GPON:	GOALPrime Organization Nigeria
SEMA:	State Emergency Management Agency
LCG:	Local Coordination Meeting
LGA:	Local Government Area
AAP:	Accountability to the Affected Population
CV:	Community volunteers

# EXECUTIVE SUMMARY

The comprehensive assessment of Water, Sanitation, Hygiene (WASH), Education, Health, Protection and Shelter conditions in Kala-Balge Local Government Area (LGA) reveals severe challenges exacerbated by recent flooding. Data collected from 161 respondents, comprising host community members and Internally Displaced Persons (IDPs), underscores critical gaps in water access, sanitation, hygiene practices, shelter conditions, education, protection and healthcare services.

Key findings include:

- **Water Access and Quality:** Limited availability of clean and safe water, with most respondents depending on unreliable sources such as hand pumps.
- **Sanitation and Hygiene:** High prevalence of open defecation (66% of respondents) and poor sanitation facilities, compounded by the lack of handwashing stations (157 respondents).
- **Shelter Conditions:** Flooding has rendered the majority of shelters inadequate, with 148 classified as being in poor condition and none offering adequate protection from harsh weather.
- **Education:** Flooding has severely disrupted education, with 156 (97% of) respondents reporting that their children were not enrolled in school due to damaged infrastructure, financial constraints, and safety concerns.
- **Health:** Common illnesses has reportedly increased in the community such as diarrhoea (137 respondents), malaria (138 respondents), and Typhoid Fever (104 respondents) dominate, alongside poor access to essential medicines and health services.
- **Protection:** 97% of children in Kala-Balge from the responses received are out of school hence translating to protection concerns as the children engage in other survival mechanisms vis-a-vis travel and labor in Cameroon to raise monies to support their families. Although there is an intervention on ground targeting 150 children which ends by March through a TDH consortium, more support is needed urgently.

The data points to an urgent need for interventions to address these deficits and improve the quality of life for the affected population. Prioritized responses should include improving water quality, addressing protection concerns for children, enhancing sanitation infrastructure, restoring shelter conditions, and reinvigorating education and health systems to build resilience against future crises.



## INTRODUCTION

The devastating floods in Kala-Balge Local Government Area (LGA) have significantly affected the living conditions of both host communities and Internally Displaced Persons (IDPs). This assessment was conducted to evaluate the impact of the flooding on Water, Sanitation, and Hygiene (WASH), Shelter, Education, Health sectors and the resulting protection concerns for children and their caregivers to identify key challenges and recommend targeted interventions. By understanding the community's needs, this report aims to guide effective humanitarian

responses and long-term recovery plans.

The findings are based on data collected from 161 respondents (family heads), comprising both host community members and IDPs. The analysis focuses on the current state of essential services, identifies priority areas for action, and provides a roadmap for addressing critical gaps in the aftermath of the floods.

Key findings include:

## ▲ Objectives:

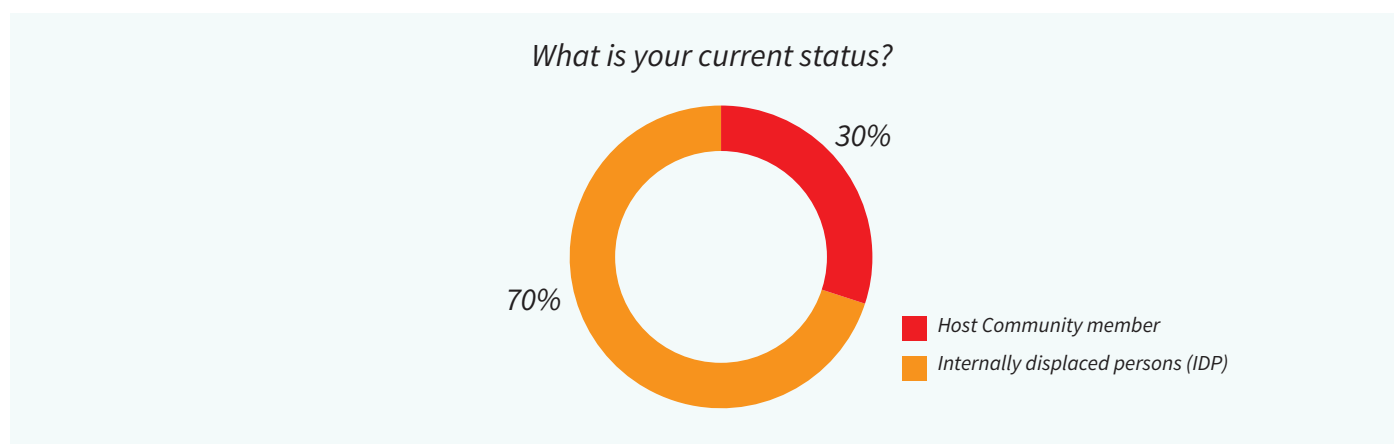
1. To evaluate the availability and quality of water, sanitation, and hygiene facilities.
2. To assess the condition of shelters and the impact of flooding on housing security.
3. To analyze the disruption to education caused by the floods and the barriers to school enrollment.
4. To examine the health challenges, including the prevalence of common illnesses and access to healthcare services.
5. To propose actionable recommendations for humanitarian interventions and long-term recovery.
6. To understand the resulting protection concerns for children and their caregivers as a result of the impact analysis of other the above sectors

## DETAILED BREAKDOWN

### ▲ Demographics

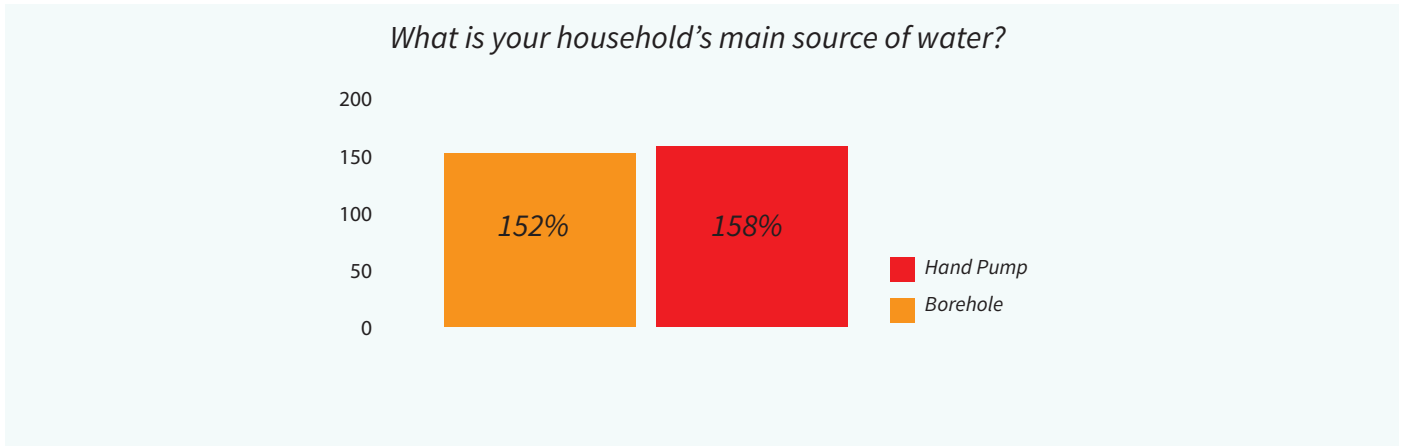
The assessment covered 161 respondents, comprising 49 host community members and 112 internally displaced persons (IDPs). This indicates a significant presence of displaced individuals in the area, due to crises and disasters.

The majority of respondents (70%) are IDPs, indicating a high level of displacement and the likely strain on resources in host communities.



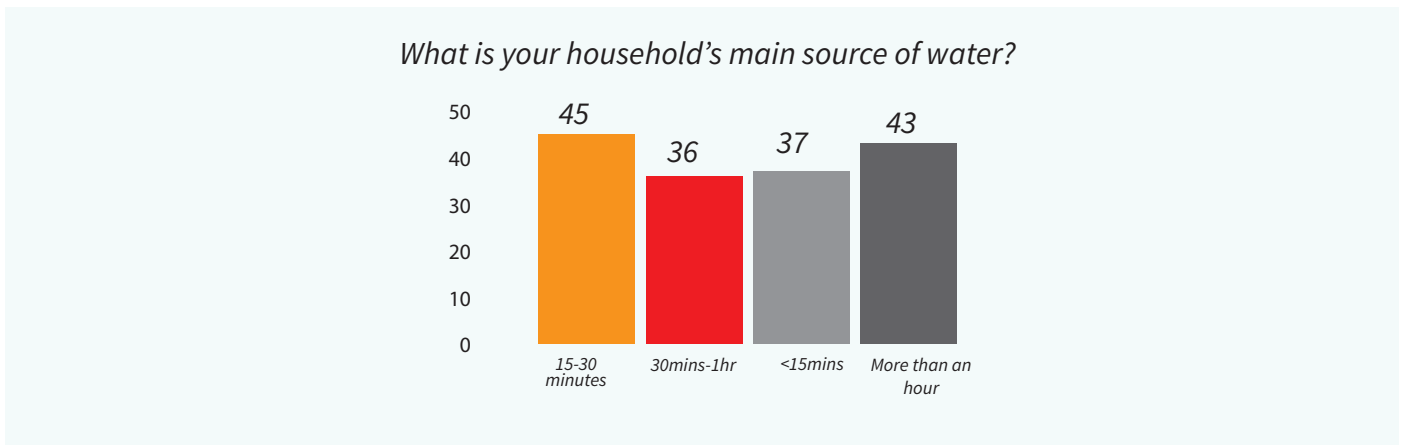
### ▲ *Primary Water Sources*

The primary water sources for the community are boreholes (152 respondents) and hand pumps (158 respondents), There is a need to expand borehole and hand pump installations.



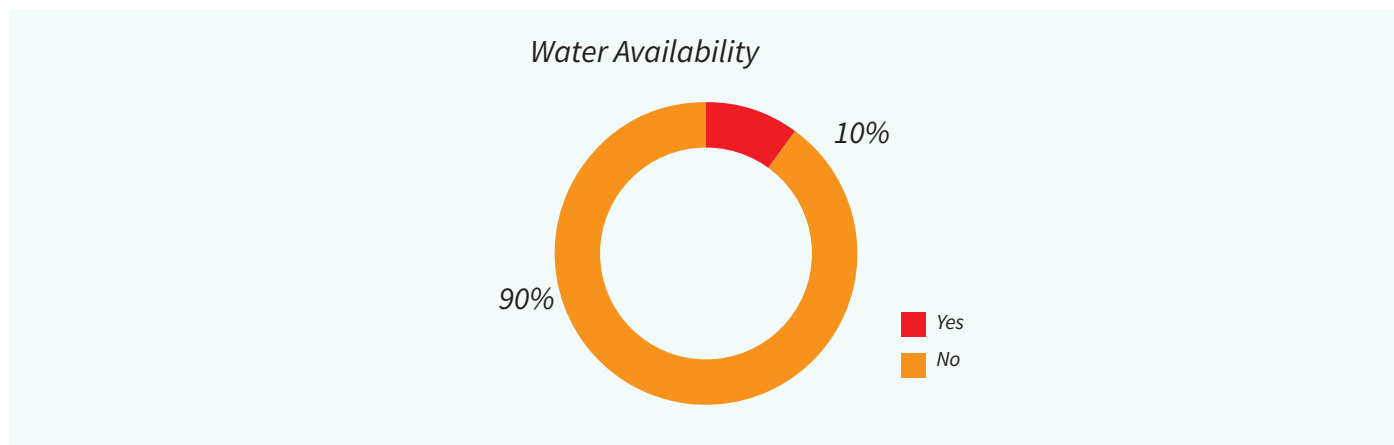
### ▲ *Time to Access Water*

Access times vary, with 37 respondents reporting less than 15 minutes, 45 reporting 15-30 minutes, 36 reporting 30 minutes to 1 hour, and 43 reporting more than 1 hour. Over 49% of respondents take more than 30 minutes to access water, contributing to water scarcity and limiting time for other productive activities. Hence there is a need to establish closer water points to reduce time spent fetching water and improve daily efficiency. Proximity to water sources is as critical as their availability.



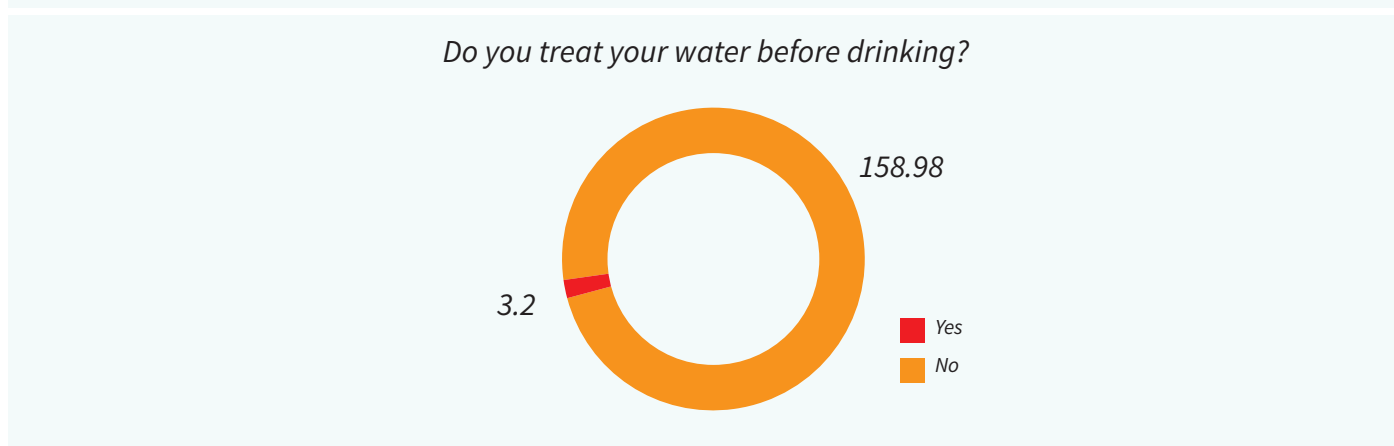
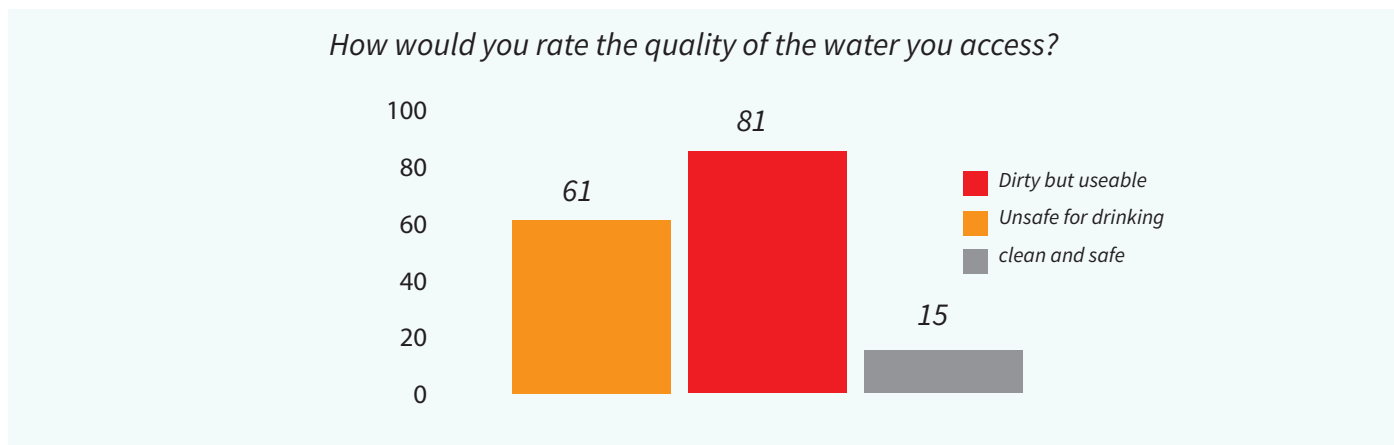
### ▲ *Time to Access Water*

Water availability is a major issue, with only 16 respondents indicating that water is available throughout the day, while 145 reported it is not. Only 10% have access to water throughout the day, reflecting poor infrastructure or resource management. There is a need to improve water management and distribution systems to ensure continuous availability. Water resource management must also prioritize sustained access.



## ▲ Water Quality

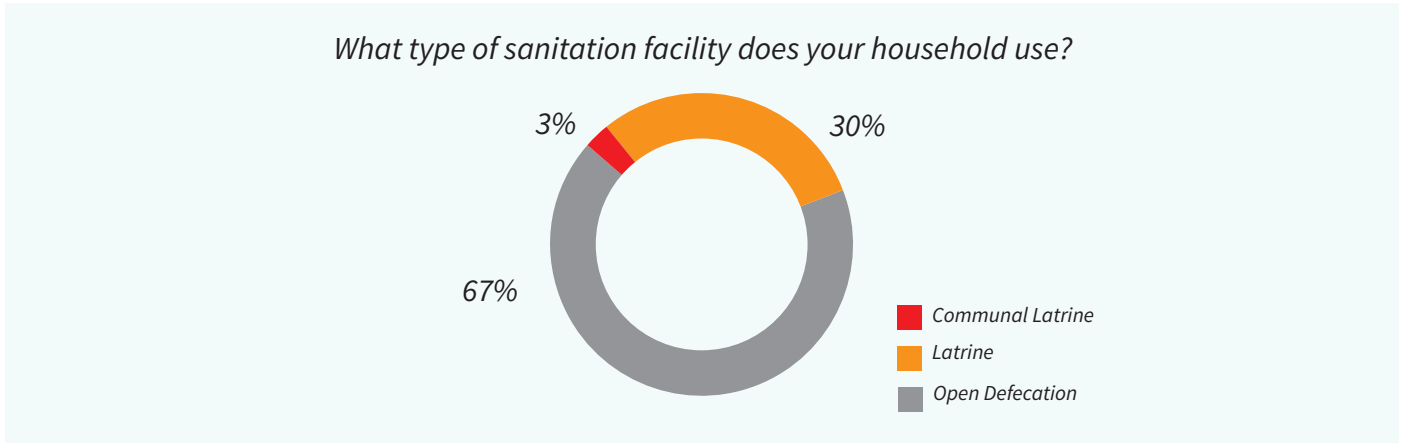
Water quality is also a concern, with only 15 respondents describing their water as clean and safe, 81 as dirty but usable, and 65 as unsafe for drinking, 40.4% use unsafe drinking water, increasing health risks like cholera and diarrhoea. Only 3 (1.9%) respondents treat their water, all using chlorination, while 158 (98.1%) do not treat their water at all. There is a noticeable need to promote water treatment options (e.g., chlorination) and distribute treatment kits widely. Since, untreated water remains a major public health concern in vulnerable communities.





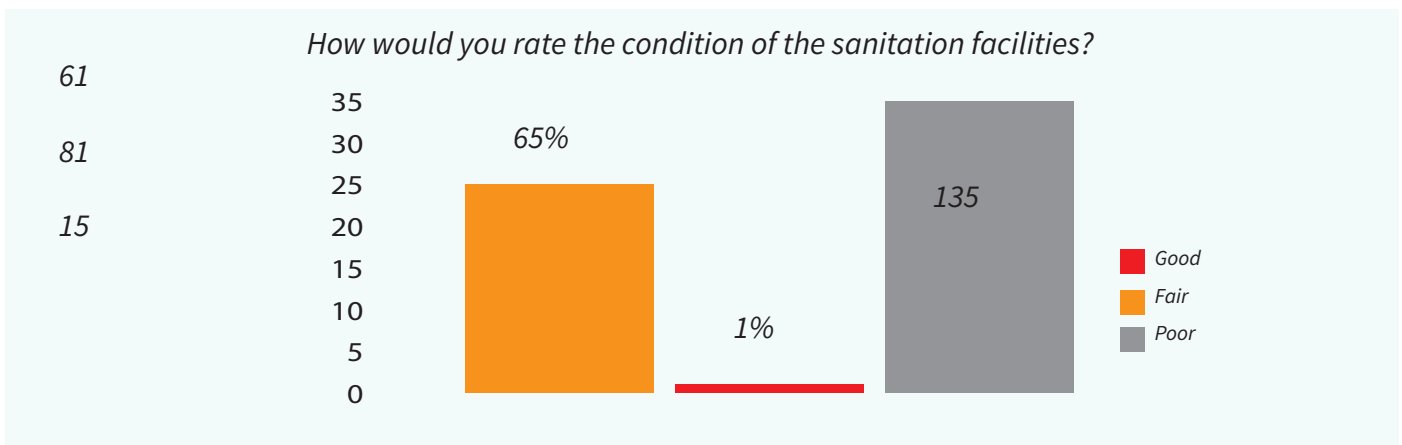
### Sanitation Facilities

Sanitation facilities are inadequate, with 107 (59%) respondents practicing open defecation, 49 (27%) using latrines, and only 5 (2.8%) using communal latrines. Open defecation (66.5%) is the predominant practice, posing significant public health risks, hence there is a need to build and rehabilitate communal and household latrines to reduce open defecation, nevertheless, behavioural change campaigns must accompany infrastructure projects for lasting impact



### Condition of Sanitation Facilities

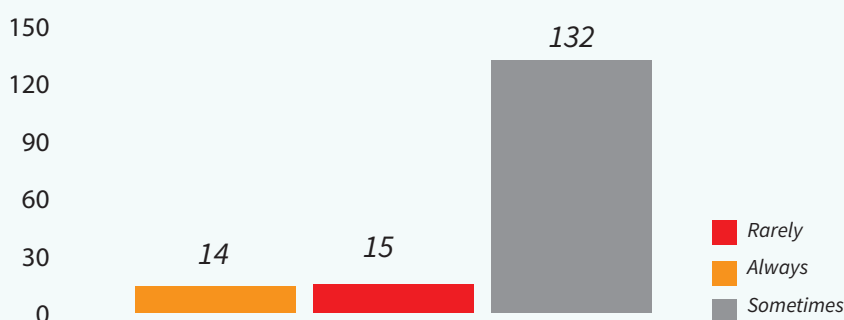
The condition of these facilities is poor, with 135 (74.5%) respondents rating them as poor, 25 (13.8) as fair, and only 1 (1%) as good. Poor sanitation facility conditions (83.8%) hinder hygienic practices and increase health risks. Hence, there is a need to invest in constructing durable sanitation facilities and training communities in their maintenance, since only community involvement in facility maintenance can ensure sustainability.



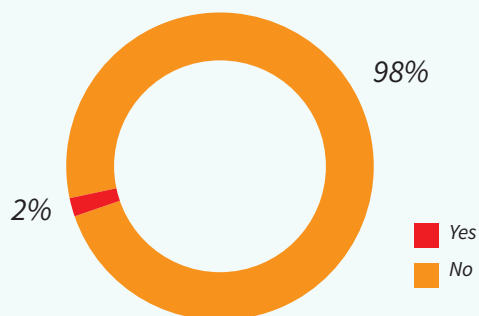
## ▲ Access to Handwashing Facilities

Access to handwashing facilities is severely limited, with only 4 respondents having access to soap and water. Only 2% of respondents have access to handwashing facilities, increasing disease transmission risks. Handwashing practices are inconsistent, with 14 (7.7%) respondents always washing hands, 132 (72.9%) sometimes, and 15 (8.2%) rarely. There is a need to provide handwashing facilities and promote hand hygiene through campaigns and demonstrations. Basic facilities like handwashing stations are often overlooked but critical for disease prevention.

How frequently do household members wash hands with soap after using the toilet?

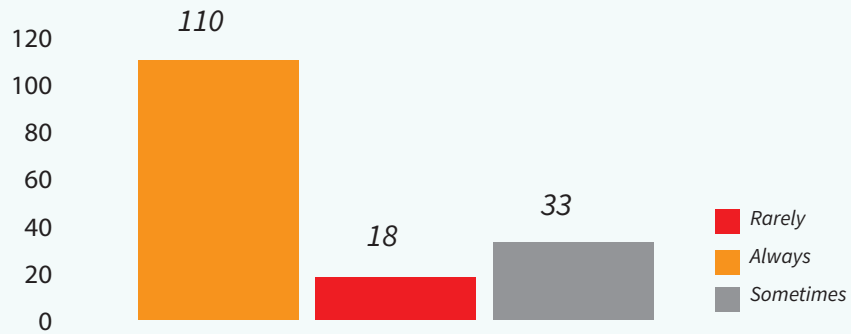


Do you have access to handwashing facilities with soap and water?



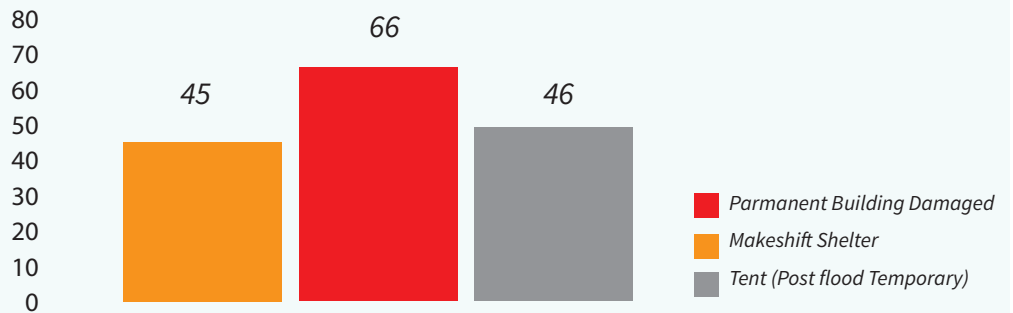
Solid waste disposal is predominantly done by dumping in open areas (110 respondents, 60.8%), with some burning waste (33 respondents, 18.2%) or relying on authorities for collection (18 respondents, 9.9%).

How frequently do household members wash hands with soap after using the toilet?



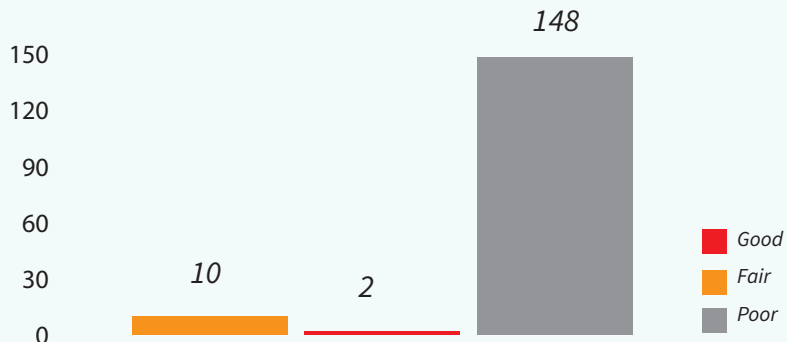
▲ Type of Shelter Post-Flood

What type of shelter do you currently live in due to the flood?



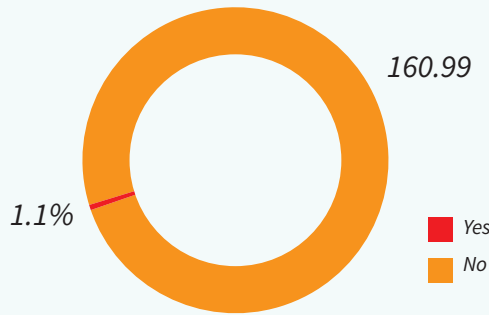
Post-flood shelter conditions are dire, 28% rely on makeshift shelters, and 31% live in Tent (post-flood temporary), while 41% lives in flood-damaged permanent buildings, highlighting inadequate shelter solutions. Hence, there is a need to provide durable, weather-resistant shelter materials and train communities in self-construction techniques.

What type of shelter do you currently live in due to the flood?



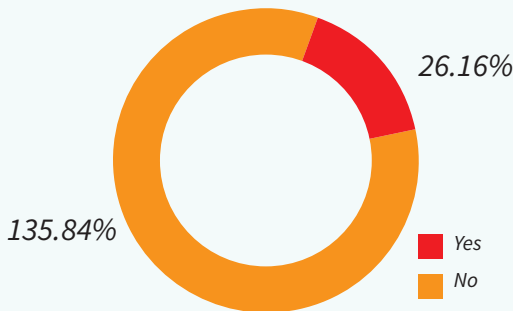
The condition of these shelters is predominantly poor (148 respondents, 82%), with only 10 reporting fair (6%) conditions and 2 (1%) reporting good conditions. Privacy and space are significant issues, with 160 (88%) respondents reporting inadequate privacy and space.

*Do you have enough privacy in your shelter after the flood?*

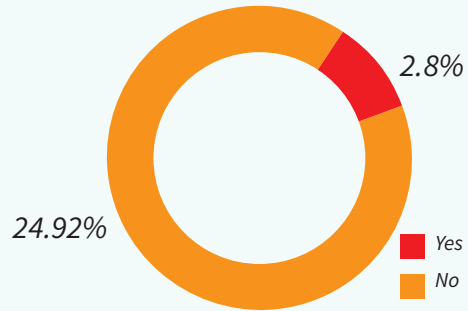


Urgent shelter repairs are needed for 16% of households. Only 1% reported having received assistance. None of the shelters provide protection from bad weather.

*Does your shelter need repairs due to flood damage?*



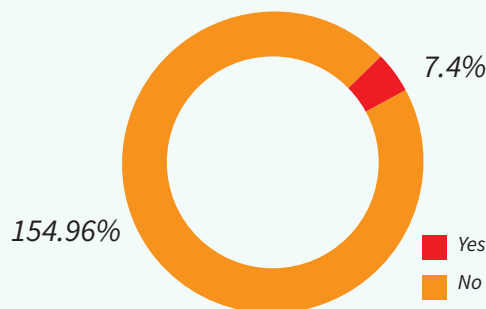
*Have you received help with your shelter repairs post-flood?*



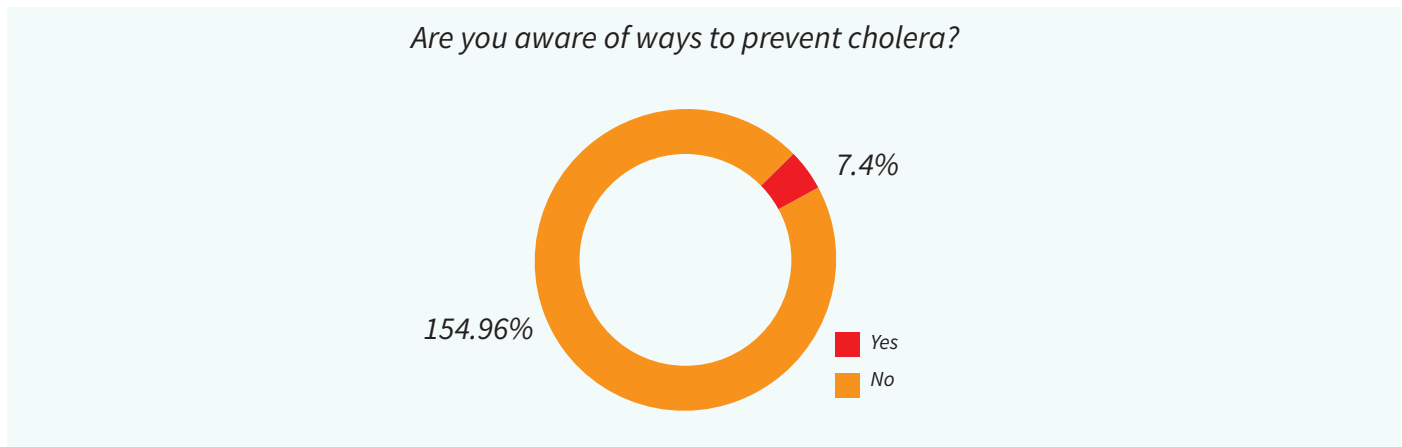
### ▲ Cholera Awareness

Cholera affected persons in 4% of households in the past three months, with 96% reporting safe.

*Has your household experienced a cholera outbreak in the past 3 months?*



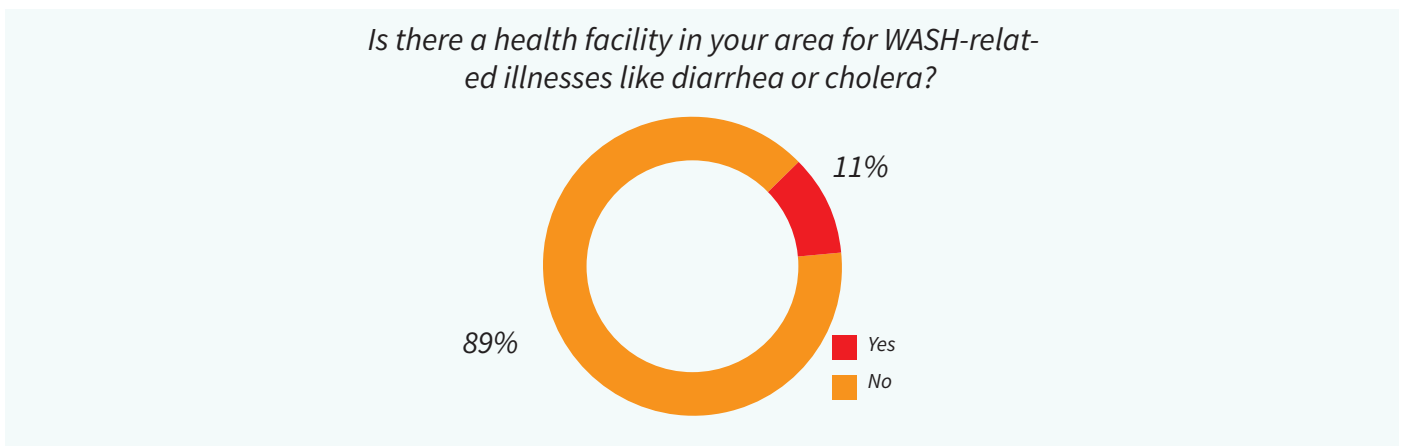
Awareness of cholera prevention is low, with only 4% respondents aware of prevention methods, that is 96% of respondents lack awareness of cholera prevention, increasing the likelihood of outbreaks.



There is a need to continuously conduct widespread hygiene promotion campaigns to improve cholera prevention knowledge. Especially, given that awareness campaigns are critical in preventing the spread of waterborne diseases.

### ▲ *Health Facility Access*

Health facilities for WASH-related illnesses are scarce, with only 11% respondents reporting their availability.



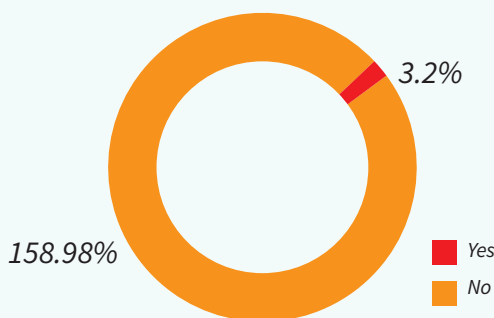
Participation in hygiene promotion campaigns is minimal, with only 8% respondents having participated.

*Have you participated in any hygiene promotion campaigns?*



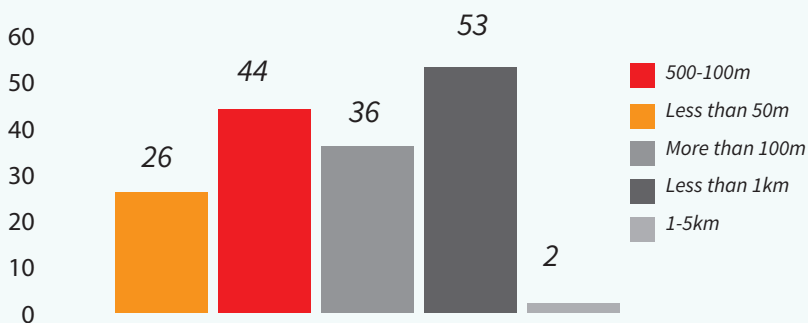
Chlorination at water points is almost non-existent, with only 2% respondents reporting its availability. Sanitation kits have been received by only 8% respondents.

*Chlorination at water points*



Most respondents live within 1 km of a health facility, yet access remains low due to limited services or flood impact.

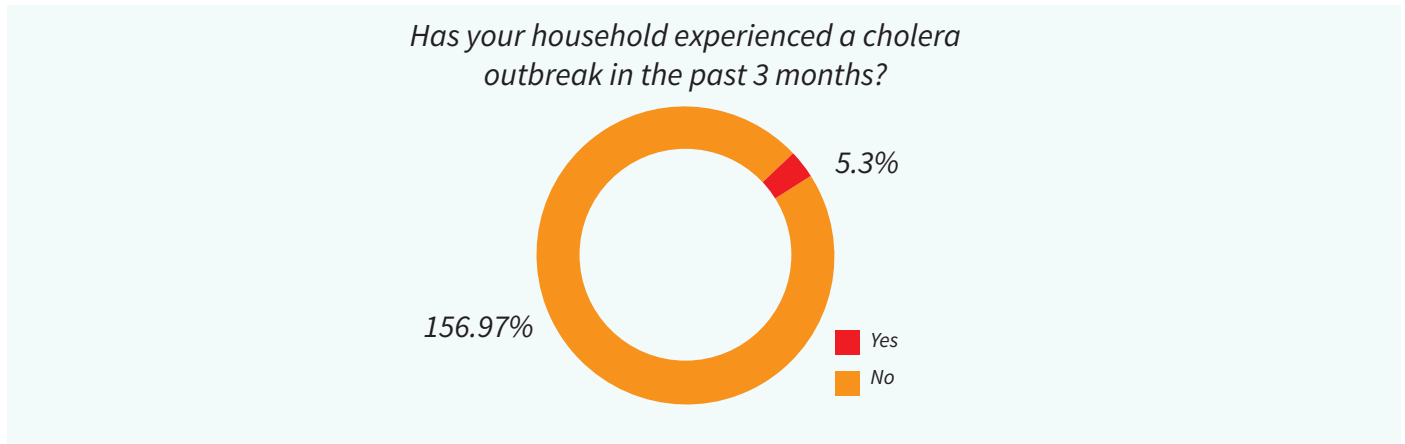
*How far is the nearest health facility from your home after the flood?*



Equip and expand health facilities to address WASH-related illnesses effectively. Also, Physical proximity to health facilities does not guarantee access to quality healthcare.

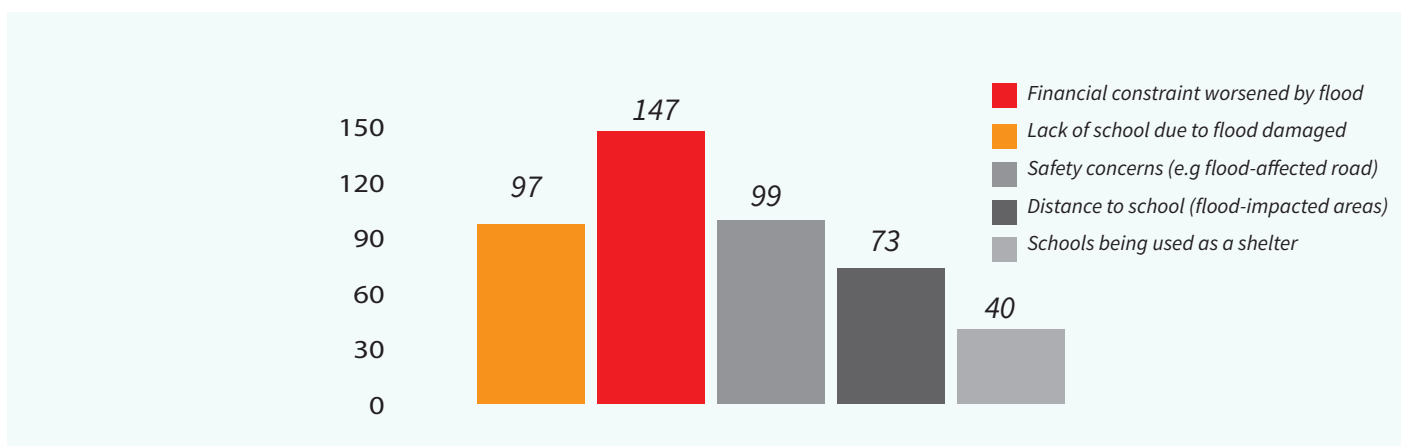
## ▲ Education Post-Flood & Resulting Protection Concerns

Education has been severely impacted by the floods, with only 3% respondents reporting that their children are enrolled in school, and with 156 (97%) reporting that their children are not enrolled in school.



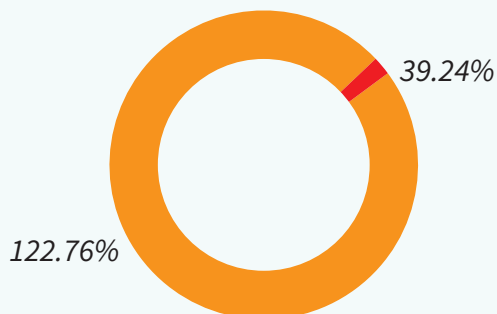
The primary reasons for non-enrollment include financial constraints (147, 91% respondents), lack of schools due to flood damage (97, 60% respondents), safety concerns (99, 61% respondents), distance to school (73, 45% respondents), and schools being used as shelters (40, 25% respondents). 97% of children are not enrolled due to damaged schools, non-availability of teachers and learning supplies, and financial constraints, jeopardizing education outcomes.

These translates to severe protection concerns as children out of school are exposed to several vices and negative coping mechanisms. It was observed the rate of child labor and neglect is high, and the number of child headed households in Kala-Balge is alarming as children out of school travel to cameroun to labor to raise funds to support their mothers who are often heads of households with no source of livelihoods.



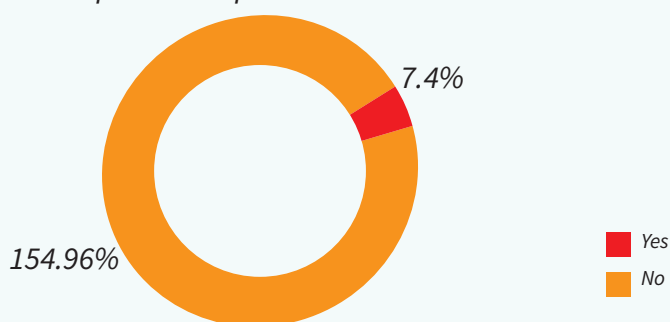
The quality of education post-flood is poor, with 122 (76%) respondents rating it as such.

*How would you rate the quality of education available after the flood?*



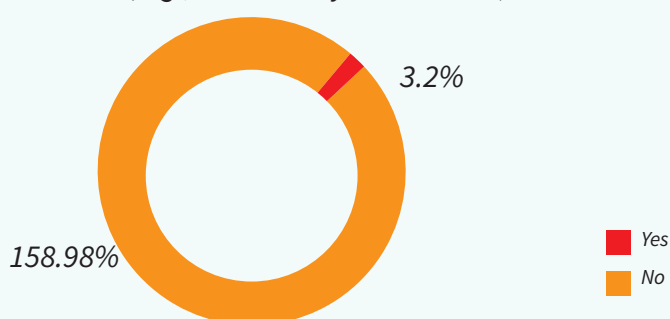
Access to learning materials is limited, with only 7 respondents reporting access.

*Do your children have access to learning materials despite the impact of the flood?*



Community support for education is almost non-existent, with only 2% respondents reporting its availability. Academic performance has declined, with 137 respondents (76%) rating it as poor.

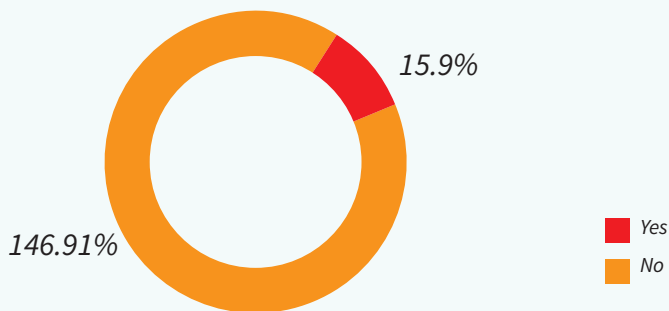
*Is there community support for children's education post-flood (e.g., community-run classes)?*



NGO support for education has reached only 15 respondents.



*Have NGOs provided educational support to your children after the flood?*

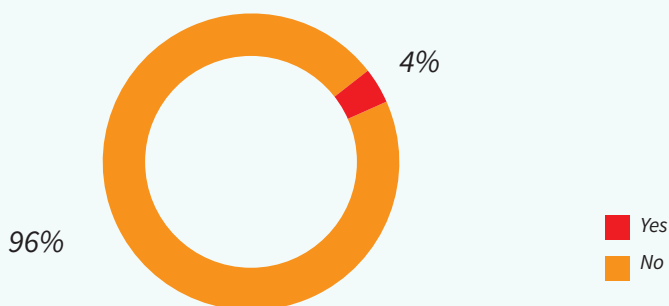


Only 9% of the respondents report that Education is supported by partners in Kala-Balge. This is a critical concern. Education is often deprioritized during emergencies, requiring deliberate action to restore access. Hence, a need exists to rehabilitate schools, provide financial support for education, and implement temporary learning spaces.

### ▲ *Health Services post flood*

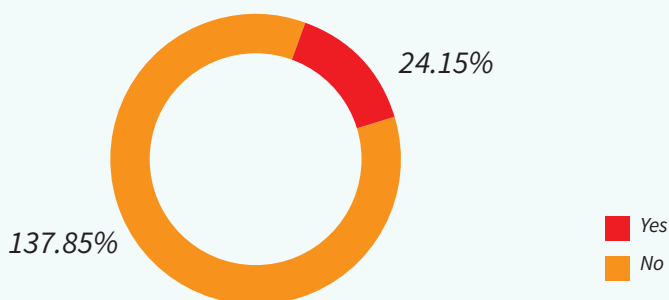
Access to health services has been affected by the floods, with 4% 74 respondents reporting impacts.

*Is there community support for children’s education post-flood (e.g., community-run classes)?*



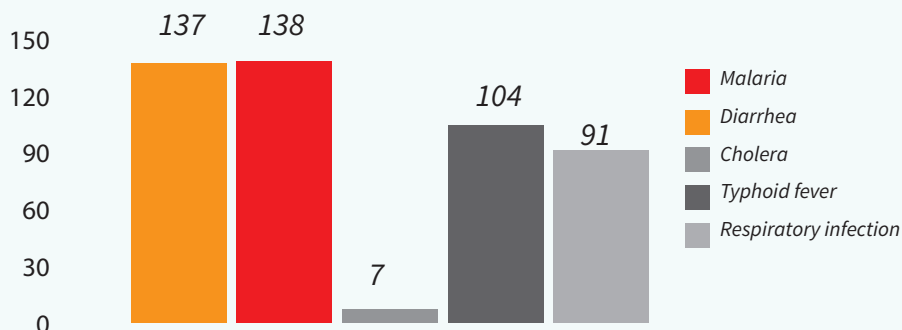
Only 24 respondents report that their children are fully immunized, and medicines are scarce, with only 3 respondents reporting their availability.

*Is there community support for children’s education post-flood (e.g., community-run classes)?*



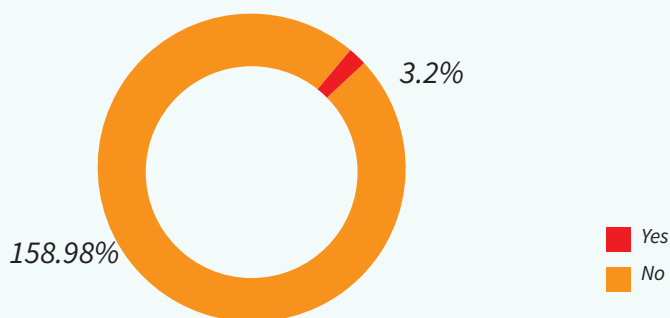
Common illnesses include malaria (138 respondents), diarrhea (137 respondents), typhoid fever (104 respondents), and respiratory infections (91 respondents). Health interventions must address underlying causes of illnesses, such as poor sanitation and water quality.

*What illnesses have increased in your community since the flood?*



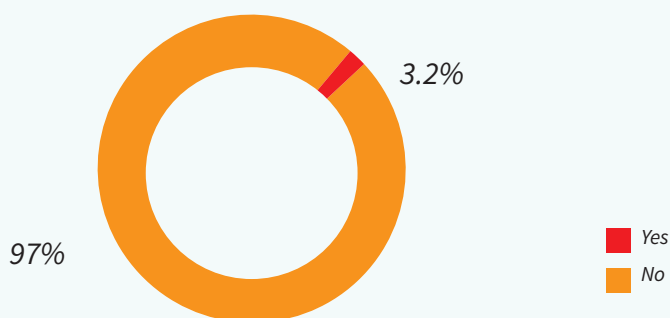
Mental health services are almost non-existent, with only 3 respondents reporting their availability.

*Are mental health services available in your community after the flood?*



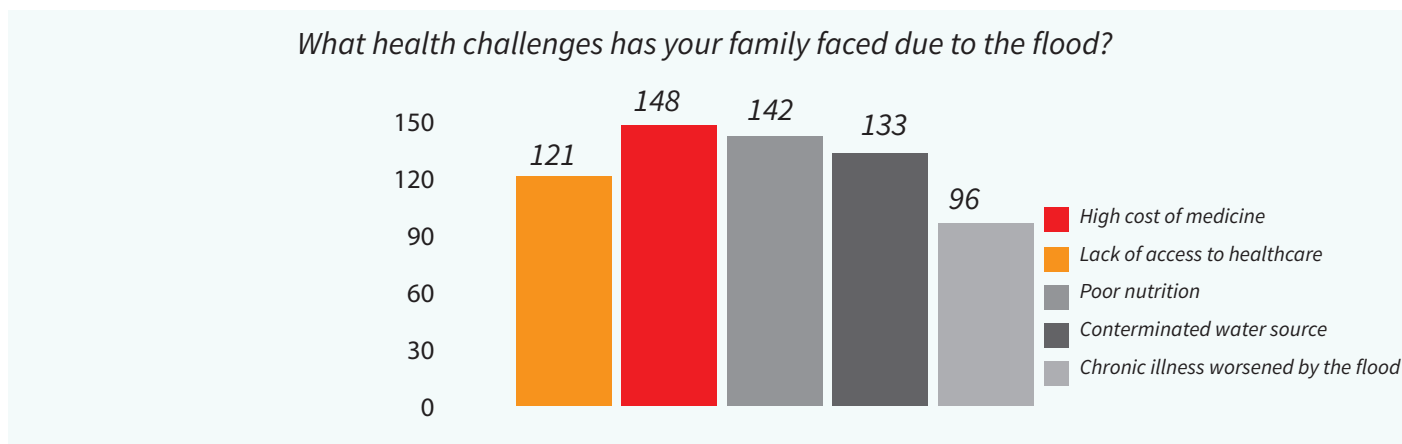
Information on child nutrition is lacking, with only 7 respondents having received any. Whereas, 5 HH has reported that children has experienced malnutrition.

*Have any children in your household experienced malnutrition post-flood?*



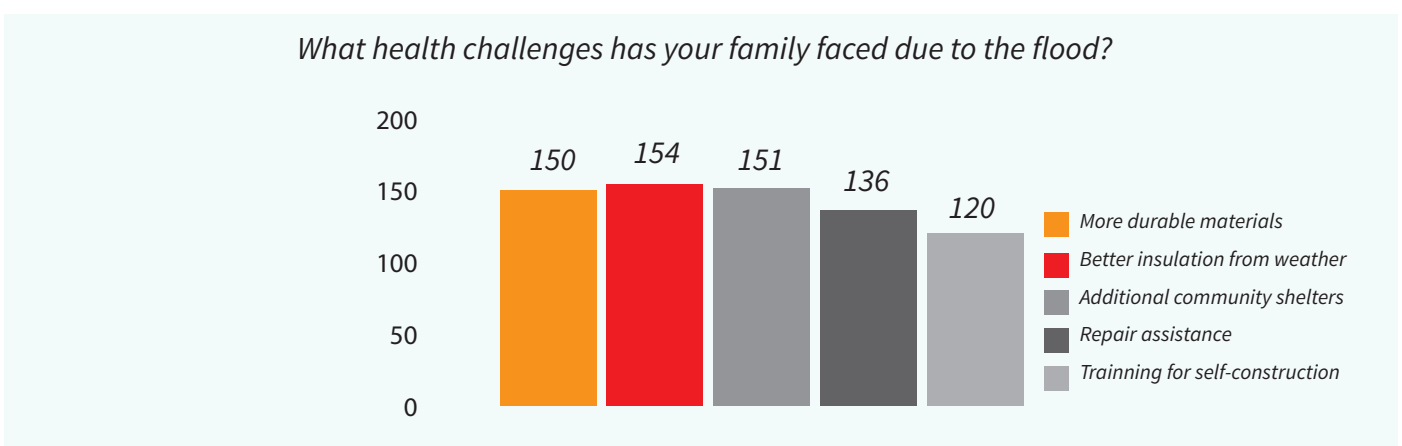
Diarrhea, malaria, and typhoid are the most common illnesses, indicating poor WASH conditions and stagnant water post-floods. Hence there is a need to Increase vector control (e.g., mosquito nets) and improve sanitation to mitigate health risks.

High cost of medicine was the challenge most families reported facing due to the flood.



### ▲ *Community Needs and Recommendations*

The community has expressed for Shelter improvements, with requests for more durable materials (150 respondents), better insulation from weather (154 respondents), additional community shelters (151 respondents), repair assistance (136 respondents), and training for self-construction (120 respondents).



Water points are also a priority (156 respondents), latrine rehabilitation (159 respondents), increased hygiene promotion (156 respondents), and distribution of hygiene kits (151 respondents).

Latrine rehabilitation (99%) and water point expansion (96%) are the highest priorities for the community. Hence, there is a need to focus initial efforts on rehabilitating latrines and increasing water points to address critical needs since Community-identified priorities should guide intervention planning for maximum impact.



## DETAILED BREAKDOWN

### 1. Water Access and Quality:

- Limited access to clean water and poor water quality are major contributors to waterborne diseases. Addressing these issues requires both infrastructure improvements and community education.
- Community involvement in maintaining water sources can enhance sustainability and ownership.

### 2. Sanitation and Hygiene

- Poor sanitation facilities and inadequate hygiene practices are linked to the spread of diseases like cholera. Addressing these issues requires both infrastructure and behavioral change interventions.
- Community-led hygiene promotion campaigns can be more effective in driving long-term behavioral change.

### 3. Health and Cholera Awareness

- Low awareness of cholera prevention and limited access to health services exacerbate health crises. Education and accessible healthcare are critical to reducing disease outbreaks.
- Regular monitoring of water sources for chlorination can prevent cholera outbreaks.

#### 4. Shelter Conditions Post-Flood

- Inadequate shelter conditions worsen the vulnerability of flood-affected communities. Providing durable and weather-resistant shelters is essential for safety and well-being.
- Community involvement in shelter construction fosters resilience and ensures that shelters meet local needs.



#### 5. Education Post-Flood & Protection

- Flooding disproportionately affects children's education, particularly in areas with limited resources. With 156 (97%) reporting that their children are not enrolled in school. Providing alternative learning solutions and financial support can mitigate these impacts. The lack of access to education translate to severe protection concerns for children and caregivers in Kala-Balge. While we anticipate improved education infrastructure availability of teachers and provision of learning supplies, safe spaces need to be created for children out of school to access mental health and psychosocial support, counselling, case management and also positive parenting orientations for caregivers of the 97% children at risk in KalaBalge.
  - Community-based educational initiatives can help bridge gaps when formal education systems are disrupted.
- Health Services Post-Flood**
- Flooding disrupts access to healthcare and increases the risk of disease outbreaks. Strengthening health infrastructure and ensuring the availability of medicines are critical for recovery.
  - Mental health and nutritional support are often overlooked but are essential components of post-disaster recovery.

# RECOMMENDATIONS

## **1. Water Access and Quality**

- Increase the number of functional water points (boreholes and hand pumps) to reduce access time and improve availability.
- Implement water treatment programs, such as chlorination, and educate the community on the importance of treating water before consumption.
- Regularly monitor and maintain water sources to ensure consistent availability and safety.

## **2. Sanitation and Hygiene**

- Rehabilitate existing latrines and construct additional sanitation facilities to reduce open defecation.
- Distribute hygiene kits (soap, jerrycans, water purification tablets) and promote handwashing practices through community campaigns.
- Improve waste management systems by providing waste collection services and educating the community on proper waste disposal.

## **3. Health and Cholera Awareness**

- Conduct widespread cholera prevention campaigns to increase awareness of safe water, sanitation, and hygiene practices.
- Establish or rehabilitate health facilities to provide accessible treatment for WASH-related illnesses.
- Ensure the availability of medicines and vaccines, especially for cholera and other waterborne diseases.

## **4. Shelter Conditions Post-Flood**

- Provide durable materials and repair assistance to improve the condition of shelters and protect residents from bad weather.
- Construct additional community shelters to accommodate displaced families and reduce overcrowding.
- Offer training on self-construction techniques to empower communities to build and maintain their own shelters.

## **5. Education Post-Flood & Protection**

- Rebuild or repair schools damaged by floods and provide temporary learning spaces to ensure children can continue their education.
- Distribute learning materials and support community-run classes to address gaps in formal education.
- Increase awareness of educational programs and provide financial assistance to families affected by the floods.
- Safe spaces should be established for children at risk to access MHPSS, counselling, case management and referrals.
- Community-based case workers should be identified, trained and deployed to provide community-based child protection services as social workers are evidently not on ground in Kala-Balge
- Life-skills facilitators should be trained and deployed to engage adolescents in life-skills sessions to empower them towards making positive and progressive life choices
- Caregivers should be supported with livelihood empowerment to reduce the use of children in Kala-Balge for all forms of economic labor –including early marriage aimed at raising monies for family livelihood

## 6. Health Services Post-Flood

- Improve access to health facilities by repairing flood-damaged infrastructure and providing mobile health clinics.
- Ensure the availability of essential medicines and vaccines, particularly for children and vulnerable populations.
- Provide mental health services and nutritional support to address the long-term impacts of the flood on community well-being.



# SECTORAL RECOMMENDATIONS

- 1. WASH:** Increase functional water points, rehabilitate latrines, and distribute hygiene kits. Conduct KAP surveys to inform hygiene promotion campaigns.
- 2. Shelter:** Provide durable materials, repair assistance, and CCCM support for IDPs. Strengthen AAP mechanisms to ensure HHs are involved in decision-making.
- 3. Education:** Rebuild schools, distribute learning materials, and support community-run classes. NGOs like GPON should lead post-flood recovery programs.
- 4. Child Protection:** Strengthen protection mechanisms to safeguard vulnerable children, particularly those in IDP camps. Integrate child protection into WASH by ensuring safe latrines and clean water access. Provide psychosocial support services for children affected by displacement and flooding. Enhance community-based child protection networks to prevent abuse, neglect, and exploitation.
- 5. Health:** Rehabilitate health facilities, ensure medicine availability, and provide mental health services. SEMA and NGOs should collaborate to address gaps.
- 6. Coordination:** Strengthen LCG and CCCM structures to improve service delivery. Use MEAL frameworks to track progress and ensure accountability

# CONCLUSION

The data reveals significant challenges in water access, sanitation, hygiene, education, health, and shelter conditions in Kala-Balge LGA, exacerbated by recent flooding. Immediate interventions are needed to address these issues, including improving water quality and availability, rehabilitating sanitation facilities, promoting hygiene practices, and providing adequate shelter and educational support. Community-based approaches and increased NGO involvement are essential to address these pressing needs and improve the overall well-being of the community.

The recommendations and lessons learned highlight the need for a multi-sectoral approach to address the challenges faced by the Kala-Balge community. By focusing on water, sanitation, hygiene, shelter, education, and health, stakeholders can work together to build resilience and improve the overall well-being of the community. Community involvement and education are key to ensuring the sustainability of these interventions.