Introduction
Since the conflict between Nigerian security forces and armed opposition groups (AOGs) escalated in 2013, more than two million individuals have been displaced. Most of them have been displaced within Borno State, particularly to urban centres across all accessible Local Government Areas (LGA).1 The humanitarian response is challenged by many information gaps, including the security environment, access to services and areas of vulnerability. This settlement profiling assessment, conducted by REACH and facilitated by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in accessible LGA towns in Borno State, aims to support multi-sectoral coordination and response at the LGA level through information management support. This factsheet aims to present baseline data on displacement, freedom of movement, perceptions of safety, operational presence and challenges, and infrastructure of basic services in the surveyed towns. For the first component of this assessment, infrastructure mapping, data collection teams identified and recorded the GPS locations, along with other relevant information (e.g. functionality), for water access points, latrine blocks, schools, markets, and health facilities. Context analysis, the second component of the assessment, was conducted through the review of secondary data and semistructured interviews with five humanitarian partner organisations working in Pulka town. Primary data was collected between 26-28 April 2018, and information presented in the context analysis should be considered indicative only.

Population
Estimated total town population: 54,000-60,000
Number of Internally Displaced Persons (IDPs): 32,721

Freedom of Movement & Perceptions of Safety
Freedom of movement within the settlement:
Local authorities have instituted a curfew from 5pm to 6am, during which civilian movement within the town is prohibited. No further information regarding movement restrictions for civilians outside of curfew hours was collected.

Freedom of movement into and out of the settlement:
All partner organisations interviewed indicated that all movement into and out of the town was only permitted with a military escort, usually three to four times a week, and that all other movement out of the town was challenged by a tight no-go zone of approximately 2km around the town.

Operational challenges
Humanitarian actors reported that the absence of precise population estimates was a challenge to efficiently plan humanitarian response, notably food distributions. They also reported insufficient resources and supplies to meet the needs of all the new arrivals in general. Additionally, health actors interviewed mentioned issues in the availability of medicine and complained about the curfew hours sometimes preventing the transportation of sick individuals to health facilities.

Perceptions of safety:
None of the humanitarian partner organisations interviewed reported any security incidents in the two months prior to data collection, nor did they report any attacks happening on routes leading to Pulka.

Similarly, when asked to report issues relating to social cohesion in the town between displaced and host communities, none of the humanitarian partners interviewed reported any issue.

Displacement
According to the International Organisation for Migration’s Displacement Tracking Matrix (IOM DTM), 5,287 IDPs arrived in Pulka town from 3 January to 23 April 2018, with no one departing from the location. Data collected by IOM and reported by partner organisations suggested that displacement to Pulka town occurred mainly from within the Gwoza LGA, with the main push factor being ongoing operations by security forces in neighbouring areas, and the main pull factor being the feeling of heightened security in the urban centre and increased provision of humanitarian assistance. These displacements reportedly occurred from the nearby villages of Shave, Ngoshe, Gava, Balada and Ghalaza. Further displacement also stemmed from the neighbouring state of Adamawa, as well as from Marwa in Cameroon in April.

IDP arrivals vs. departures in Pulka town in 2018 (data taken from IOM DTM)

<table>
<thead>
<tr>
<th>IDP Departures (Individuals)</th>
<th>IDP Arrivals (Individuals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 0 0 0</td>
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<tr>
<td>1,644</td>
<td>1,476</td>
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<tr>
<td>27 Mar - 23 Apr</td>
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<td>28 Feb - 26 Mar</td>
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<tr>
<td>30 Jan - 27 Feb</td>
<td>0 0 0 0</td>
</tr>
<tr>
<td>03 Jan - 29 Jan</td>
<td>912</td>
</tr>
</tbody>
</table>

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

Who does What Where* - Gzowa LGA: 19 partners

Coordinator
IOM, UNOCHA

CCCM / DMS
IOM

Early Recovery/Livelihoods
IOM

Education -

Food Security
CARE, GREENCODE, OXFAM, PLAN, SWINI, WFP

Health
CARE, IOM, UNFPA, UNICEF, WHO

Nutrition
MSF - Spain, SPHCDA, UNICEF, WFP, WHO

Protection
AHI, CHD, DSG, DRC, IOM, IRC, OXFAM, PLAN, UNFPA, UNHCR, UNICEF

Shelter / NFI
IOM

WASH
IRC, OXFAM

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1 Local Government Areas constitute the 2nd administrative level in Nigeria. As of April 2018, only urban centres were accessible in most LGAs, and Abadam and Marte LGAs remained inaccessible (OCHA, April 2018).
2 IOM Displacement Tracking Matrix (DTM, April 2018), Round XXII dataset of baseline assessment.

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Infrastructure

Health facilities
1 clinic, 1 hospital, 1 primary health centre

Marketplace
Open once a day per week (Tuesday)

Education facilities
4 primary/secondary schools, 1 primary school, 1 secondary school

Water access points
Out of which 84 unprotected wells, 23 boreholes

Latrine blocks
Out of which 63 are separated by gender

* "Partially functioning" latrines can include issues such as not clean, too crowded, insufficient water, blocked pipes, lack of privacy or a feeling of insecurity; "Partially functioning" educational facilities can include issues such as a damaged structure, insufficient number of teachers and/or school materials, or some people residing inside the building; "Partially functioning" health facilities can include issues such as insufficient staff and/or equipment and medicines.