



Adamawa and Borno - COVID-19 Risk Related Indicators

Assessment of Hard-to-Reach Areas in Northeast Nigeria

July 2020

Introduction

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno and Adamawa State as hard to reach (H2R) for humanitarian actors. Previous assessments illustrate how the conflict continues to have severe consequences for people in H2R areas. People living in H2R areas, who are already facing severe and extreme humanitarian needs, are also vulnerable to the spread of COVID-19, especially due to the lack of health care services and information sources. The first confirmed cases in Borno and Adamawa states were announced on 20 April and 22 April 2020¹, respectively. Due to the limited access to H2R areas, it is unlikely that there will be confirmation of an outbreak in these areas. It is therefore highly important to evaluate the situation of the population in H2R areas in order to monitor changes and inform humanitarian aid actors on immediate needs of the communities.

Methodology

Using its Area of Knowledge (AoK) method, REACH monitors the situation in H2R areas remotely through monthly multisector interviews in accessible Local Government Area (LGA) capitals. REACH interviews key informants (KIs) who 1) are recently arrived internally displaced persons (IDPs) who have left a H2R settlement in the last 3 months, or 2) have been in contact with someone living in or transiting through a H2R settlement in the last month (e.g. traders, migrants, relatives, etc.)².

If not stated otherwise, the recall period is set to one month prior to the last information the KI has had from the hard-to-reach area. Selected KIs are purposively sampled and are interviewed

on settlement-wide circumstances in H2R areas. Responses from KIs reporting on the same settlement are then aggregated to the settlement level. The most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as 'no consensus'. While included in the calculations, the percentage of settlements for which no consensus was reached is not always displayed in the results below.

Due to precautions related to the COVID-19 outbreak, data was collected remotely through phone based interviews with assistance from local stakeholders.

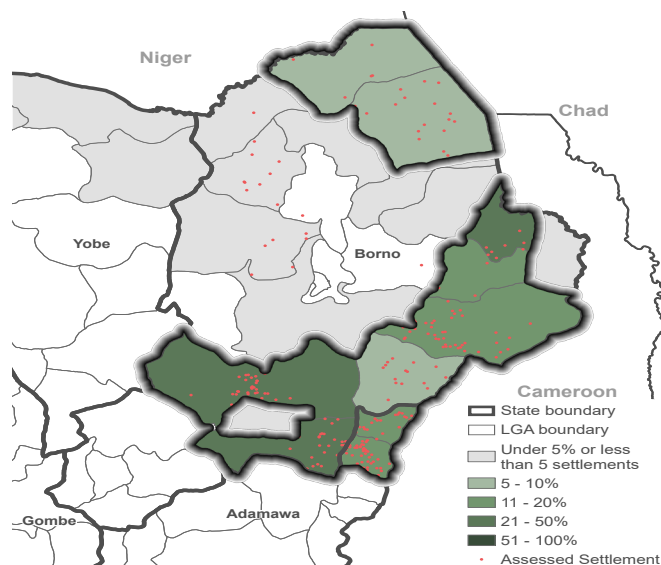
Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within a LGA. Findings are only reported on LGAs where at least 5% of populated settlements and at least 5 settlements in the respective LGA have been assessed. The findings presented are indicative of broader trends in assessed settlements in July 2020, and are not statistically generalisable.³

Assessment Coverage

626 Key Informants interviewed
348 Settlements assessed
22 LGAs assessed
10 LGAs with sufficient coverage⁴

Assessment Coverage

Proportion of settlements assessed:



COVID-19 Precautions in IDP Camps

Precautions for New Arrivals

Hand washing and temperature screenings for new arrivals at IDP camps could help slow the spread of COVID-19. To assist in monitoring the implementation of these procedures, REACH began asking KIs, who had recently left H2R areas, if they were asked to wash or sanitize their hands or had their temperature measured when they arrived at the IDP camp.

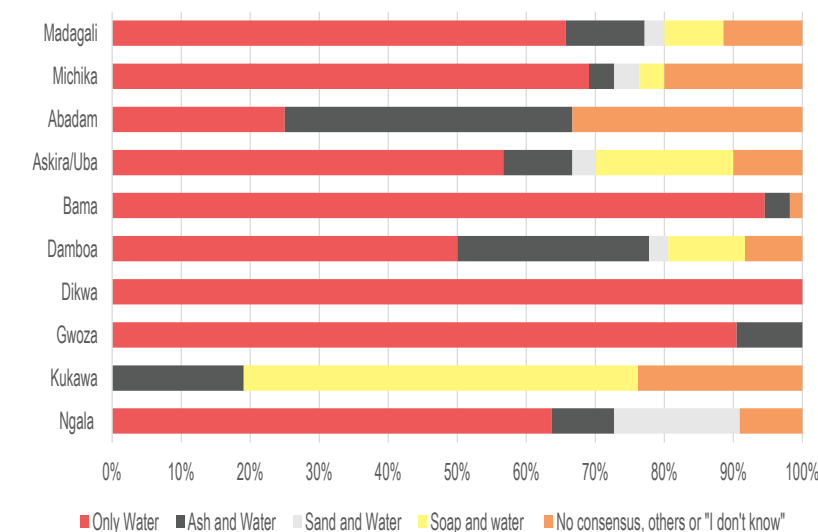
64% of surveyed KIs had left a H2R area within the last one month, among them:

63% reported they were asked to wash and/or sanitise their hands when they arrived at the IDP camp

32% reported their temperature was measured when they arrived at the IDP camp

Hand Washing Practices in H2R Areas

Proportion of assessed settlements by reported most common hand washing materials by LGA⁵:



¹ Nigerian Centre for Disease Control Twitter feed

² Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed.

³ Due to changes in migration patterns, the specific settlements assessed within each LGA vary each month. Changes in results reported in this factsheet, compared to previous factsheets, may therefore be due to changes in which settlements were assessed instead of changes over time.

⁴ The most recent version of the VTS dataset (released in February 2019 on vts.eocng.org) has been used as the reference for settlement names and locations, and adjusted for deserted villages (OCHA 2020).

⁵ Madagali and Michika are LGAs in Adamawa State while Abadam, Askira/Uba, Bama, Damboa, Dikwa, Gwoza, Kukawa and Ngala are LGAs in Borno State.



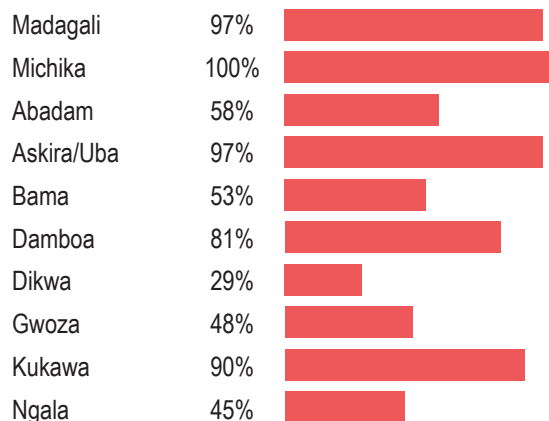
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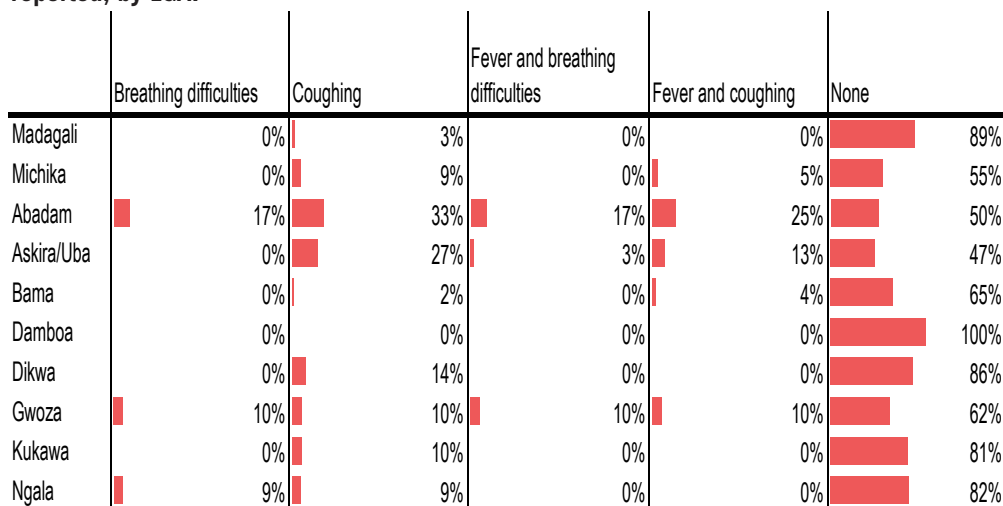
Knowledge of COVID-19

Proportion of assessed settlements where it was reported that people have heard about COVID-19, by LGA:



COVID-19 Related Symptoms

Proportion of assessed settlements where symptoms related to COVID-19 were reported, by LGA:

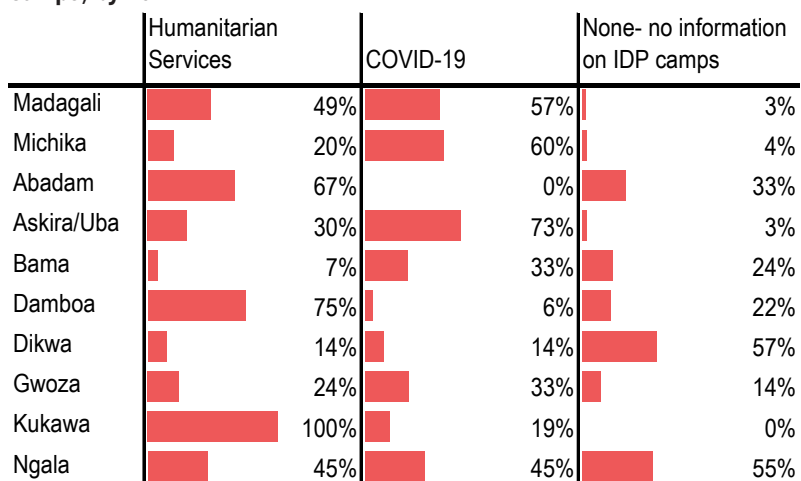


Although other viruses and bacteria can cause the three main symptoms associated with COVID-19, an increase in the reporting of these symptoms could suggest a local COVID-19 outbreak in the H2R areas. REACH added this indicator to the assessment on 1 April 2020.

In 78% of the assessed settlements, sick community members were reportedly not being separated from others.

Information on Situation in IDP Camps

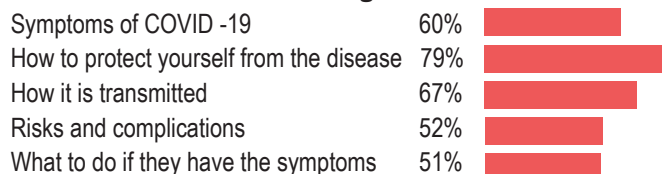
Proportion of assessed settlements where most people were reported as having received information about the following topics in IDP camps, by LGA:



Information on COVID-19

Of the 77% of assessed settlements where it was reported people had heard about COVID-19:

Proportion of assessed settlements where it was reported that people in the H2R settlement had the following kinds of information about COVID-19:



Proportion of assessed settlements where it was reported that the following sources were how people in H2R settlements got information about COVID-19:



Conclusion

The reportedly limited use of soap during hand washing and the limited information on COVID-19 may increase the risk of contraction and spread of the disease in communities in H2R areas. For communities in those settlements that had reportedly heard of COVID-19, the biggest information gap seemed to concern what to do if someone has symptoms, as well as the risks and complications. In approximately half of the assessed settlements where people had reportedly heard of COVID-19, radio was the most commonly reported source of information on the disease, which suggests that radio campaigns might be an effective tool for sharing information in H2R areas.