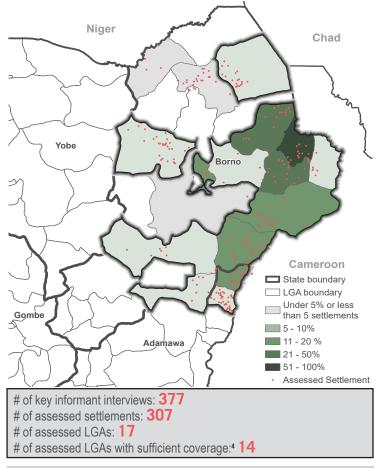
Assessment of Hard-to-Reach Areas in Northeast Nigeria

May 2021

Introduction

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno and Adamawa states as hard to reach (H2R) for humanitarian actors. Previous assessments illustrate how the conflict continues to have severe consequences for people in H2R areas. In addition, general insecurity, compounded by the lack of access to basic services and infrastructure, such as healthcare and information sources, leaves people living in H2R areas highly vulnerable to the spread and impact of COVID-19. The first confirmed cases in Borno and Adamawa states were announced on 20 April and 22 April 20202 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 important to evaluate the situation of the population in H2R areas to monitor changes and inform humanitarian aid actors on immediate needs of the communities.

Proportion of settlements assessed, May 2021.3



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, KIs, who had recently left H2R areas were asked whether they had been requested to wash or sanitise their hands or had their temperature measured when they arrived at the IDP camp.

Of KIs with direct knowledge of a given settlement:



37% reported they had been asked to wash and/ or sanitise their hands when they arrived at the IDP camp.



24% reported their temperature had been measured when they arrived at the IDP camp.

REACH H2R sectoral factsheets from November 2020 to April 2021

⁵ Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed.

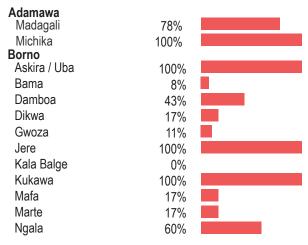
Methodology

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 (Kls) who are either 1) newly arrived internally displaced persons (IDPs) who have left a H2R settlement in the last month, or 2) KIs who have had contact with someone living in or transiting through a H2R settlement in the last month (e.g. traders, migrants, relatives, etc.).5

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 an 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 May 2021, and are not statistically generalisable.

Proportion of assessed settlements where it was reported that people had heard about COVID-19 per LGA:



In 94% of the assessed settlements, it was reported that sick community members were not being separated from others.





² Nigerian Centre for Disease Control Twitter feed
³ The most recent dataset on grid3.gov.ng/datasets has been used as the reference for settlement names and locations, and adjusted to account for deserted villages based on information shared by OCHA

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 variations in the assessed settlements instead of changes over time.

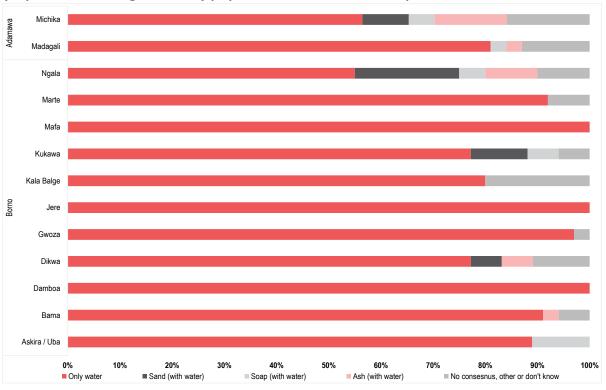
Adamawa and Borno - COVID-19 Risk Related Indicators

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🚴 Handwashing practices in H2R areas

Most commonly reported handwashing materials by proportion of assessed settlements per LGA:



Information on situation in IDP camps

Proportion of assessed settlements where it was reported that most people had received information about the following topics in IDP camps by LGA:

Adamawa	Humanitarian Services	COVID-19	None (no information in IDP camp)
Madagali	59%	34%	28%
Michika	70%	50%	0%
Borno			
Askira/Uba	56%	100%	0%
Bama	8%	6%	86%
Damboa	43%	29%	57%
Dikwa	22%	0%	72%
Gwoza	6%	3%	89%
Jere	100%	60%	0%
Kala/Balge	0%	0%	80%
Kukawa	94%	0%	0%
Mafa	17%	0%	67%
Marte	17%	0%	75%
Ngala	55%	10%	35%
Total	42%	21%	46%

Information on COVID -19

In 52% of assessed settlements where it was reported that people had heard about COVID-19:

Most commonly reported types of information about COVID-19 people had heard about:

How to protect yourself from the disease	87%	
How it is transmitted	48%	
Symptoms of COVID-19	32%	
Risks and complications	19%	
What to do if you have the symptoms	18%	

Most commonly reported sources of information for learning about COVID-19:

Radio	73%
Community members	37%
Returnees	18%
Armed Opposition Groups	14%
Phone	6%

Conclusion

Soap use during handwashing was reported to be limited across all LGAs, suggesting an elevated risk for the contraction and spread of COVID-19 in H2R communities in all LGAs. While reported knowledge of COVID-19 seems to have increased in some LGAs, it remained low in Gwoza, Bama and Kala Balge. For communities in the assessed settlements that had reportedly heard of COVID-19, the largest information gaps seems to centre on knowing the risks and complications of COVID-19 as well as knowing what to do when someone has symptoms of COVID-19.





