



Adamawa and Borno - COVID-19 Risk Related Indicators

Assessment of Hard-to-Reach Areas in Northeast Nigeria

August 2020

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. 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.

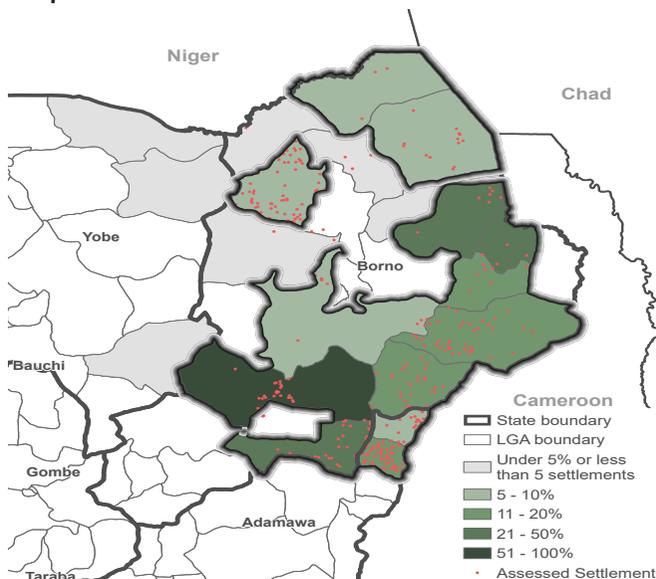
Due to precautions related to the COVID-19 outbreak, data was collected remotely through phone based interviews with assistance from local stakeholders.

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 August 2020, and are not statistically generalisable.³

Assessment Coverage
711 Key Informants interviewed
448 Settlements assessed
20 LGAs assessed
13 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.

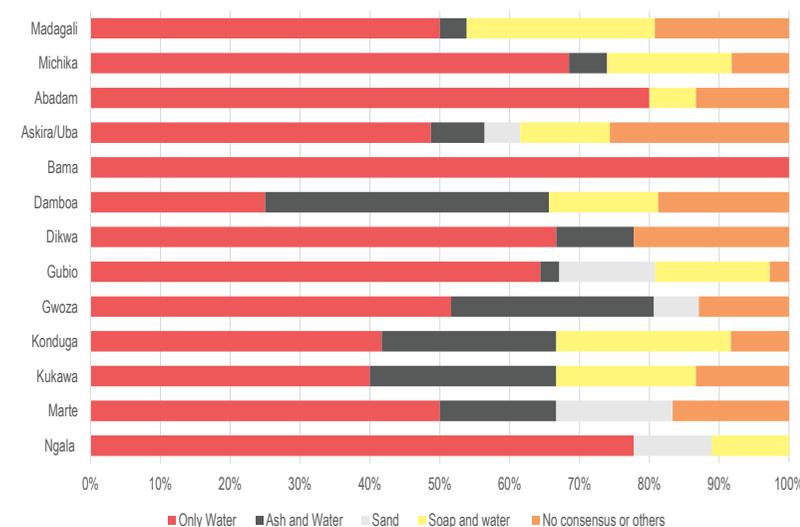
66% of surveyed KIs had left a H2R area within the last one month, among them:

55% reported they were asked to wash and/or sanitise their hands when they arrived at the IDP camp

22% 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.



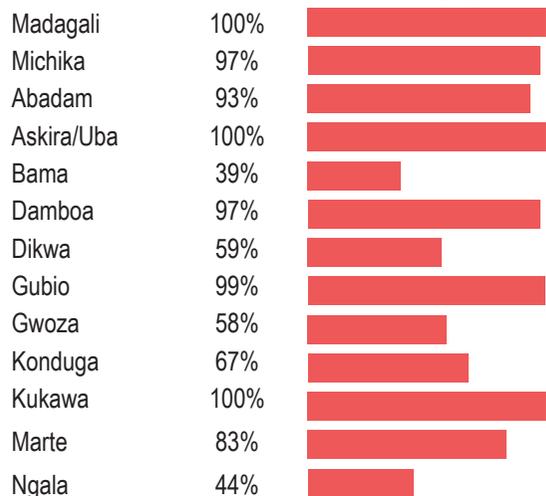
Adamawa and Borno - COVID-19 Risk Related Indicators

Assessment of Hard-to-Reach Areas in Northeast Nigeria

August 2020

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:

LGA	Breathing difficulties		Coughing		Fever and breathing difficulties		Fever and coughing		None	
	0%	12%	15%	20%	8%	7%	4%	13%	21%	4%
Madagali	0%	12%	0%	12%	8%	4%	4%	73%	0%	0%
Michika	0%	15%	0%	15%	3%	8%	8%	41%	0%	0%
Abadam	0%	20%	0%	20%	7%	13%	13%	80%	0%	0%
Askira/Uba	0%	28%	0%	28%	8%	21%	21%	26%	0%	0%
Bama	0%	0%	0%	0%	0%	4%	4%	71%	0%	0%
Damboa	0%	3%	0%	3%	3%	0%	0%	63%	0%	0%
Dikwa	0%	0%	0%	0%	0%	0%	0%	67%	0%	0%
Gubio	0%	5%	0%	5%	7%	1%	1%	88%	0%	0%
Gwoza	3%	16%	3%	16%	10%	6%	6%	68%	0%	0%
Konduga	0%	8%	0%	8%	0%	0%	0%	83%	0%	0%
Kukawa	0%	7%	0%	7%	0%	0%	0%	87%	0%	0%
Marte	0%	33%	0%	33%	0%	0%	0%	67%	0%	0%
Ngala	0%	33%	0%	33%	0%	0%	0%	33%	0%	0%

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 75% of the assessed settlements, sick community members were reportedly not being separated from others.

Information on Situation in IDP Camps

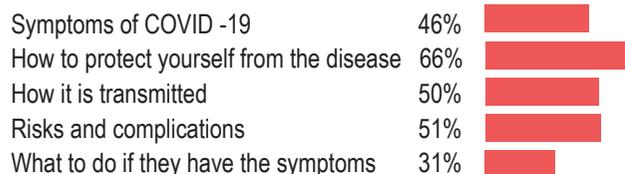
Proportion of assessed settlements where most people were reported as having received information about the following topics in IDP camps, by LGA:

LGA	Humanitarian Services	COVID-19	None- no information on IDP camps
Madagali	85%	31%	4%
Michika	41%	70%	4%
Abadam	87%	27%	13%
Askira/Uba	69%	92%	3%
Bama	0%	39%	10%
Damboa	81%	44%	6%
Dikwa	0%	56%	33%
Gubio	99%	93%	0%
Gwoza	45%	42%	19%
Konduga	67%	25%	25%
Kukawa	93%	0%	0%
Marte	33%	50%	33%
Ngala	67%	22%	33%

Information on COVID-19

Of the **84%** 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 assessed 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 being able to identify symptoms related to COVID-19. In more than 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.