



# Borno - COVID-19 Risk Related Indicators

## Assessment of Hard-to-Reach Areas in Northeast Nigeria

March 2020

### Introduction

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno 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 risk are even more vulnerable to the spread of COVID-19, especially due to the lack of health care services and WASH infrastructure. It is therefore of utmost importance to evaluate the situation of the population in H2R areas in order to inform humanitarian aid actors on immediate needs of the communities to prepare and respond to a potential COVID-19 outbreak.

As no COVID-19 cases have been confirmed in Borno state yet the purpose of this factsheet is to identify risk factors for populations in H2R areas as well as factors that could slow a potential spread of COVID-19. Some of the indicators included in this COVID-19 specific factsheet were also included in the March sectoral H2R factsheets.

### Methodology

Using its Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in H2R areas through monthly multi-sector interviews in accessible Local Government Area (LGA) capitals with the following typology of Key Informants (KIs):

- KIs who are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last 3 months<sup>1</sup>
- KIs who have had contact with someone living or having been in a hard-to-reach settlement in the last month (traders, migrants, family members, etc.)<sup>1</sup>

Selected KIs are purposively sampled and are interviewed on settlement-wide circumstances in hard-to-reach areas, rather than their individual experiences. 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 displayed in the results below.

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 March 2020, and are not statistically generalisable.

### Assessment coverage

Proportion of settlements assessed:

**633** Key Informants interviewed

**246** Settlements assessed

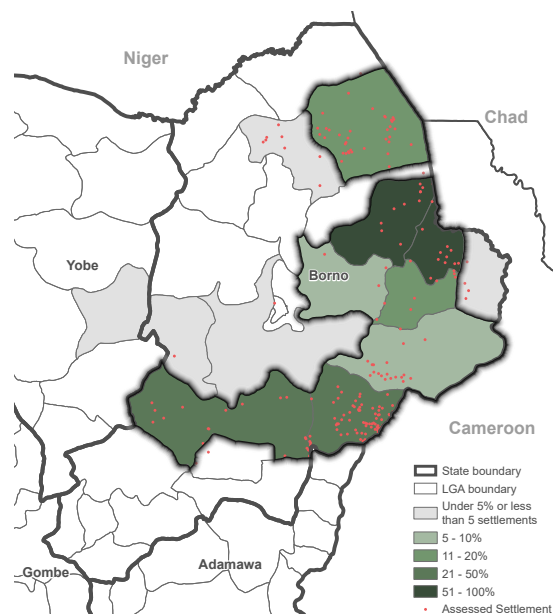
**13** LGAs assessed

**8** LGAs with sufficient coverage<sup>2</sup>

#### POPULATION GROUPS AND MOVEMENTS

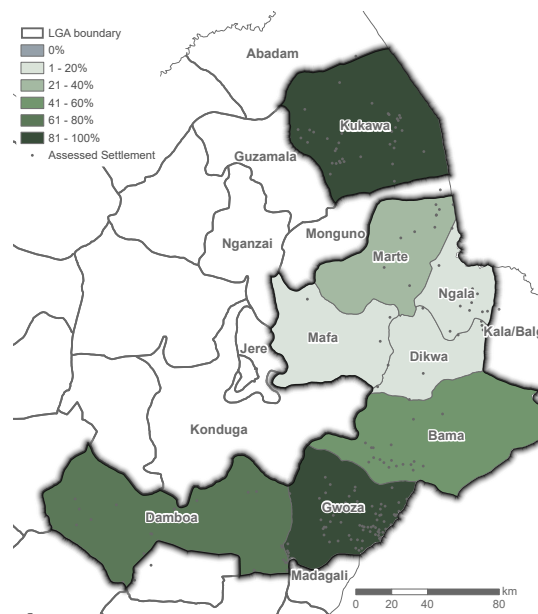
People living in H2R areas are vulnerable population groups due to their limited access to services and insecurities related to the living circumstances in conflict areas.

The presence of IDPs and returnees suggests the movement of people into H2R areas, which could increase transmission of COVID-19. Returnees in particular could pose a risk because most return from a larger garrison town. These towns are likely to have cases of COVID-19 before the H2R areas.

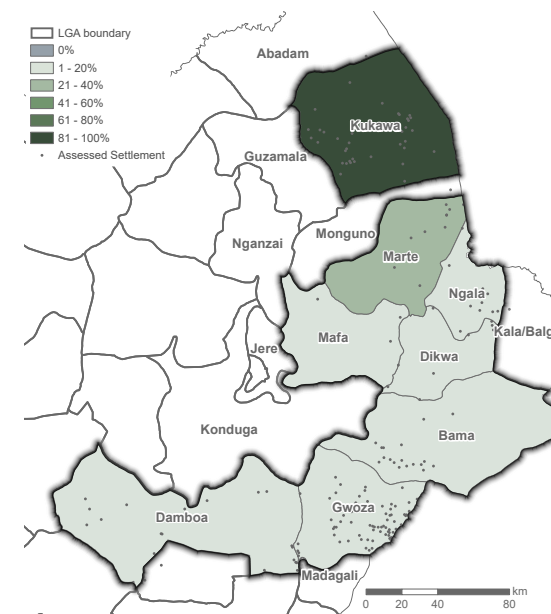


### Population Groups

Proportion of assessed settlements reporting that IDPs are living in the location:



Proportion of assessed settlements reporting that returnees are living in the location:



<sup>1</sup>Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed. If not stated otherwise, the recall period is set to one month prior to the last information the KI had from the hard-to-reach area.

<sup>2</sup>LGA level data is only represented for LGAs in which at least 5% of populated settlements and where at least 5 settlements have been assessed. The most recent version of the VTS dataset (released in February 2019 on [vts.econg.org](https://vts.econg.org)) has been used as the reference for settlement names and locations, and adjusted for deserted villages (OCHA 2020).



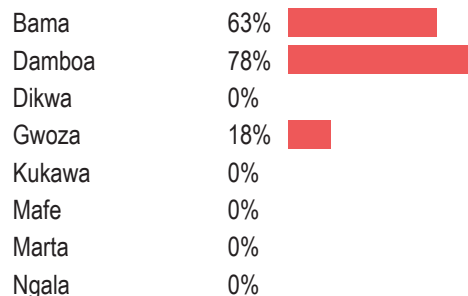
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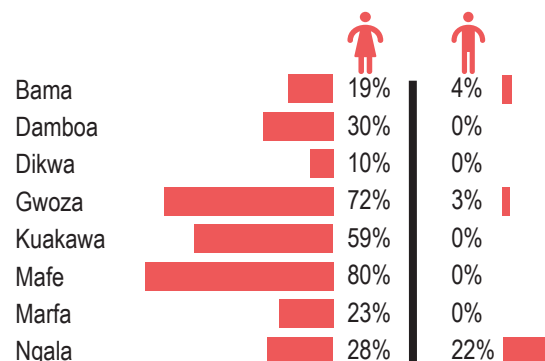
## Market Access

Proportion of assessed settlements reporting access to a functional market that the population could walk to, by LGA:



## Movement Restrictions

Proportion of assessed settlements reporting men/women were not free to move within the settlement, by LGA:

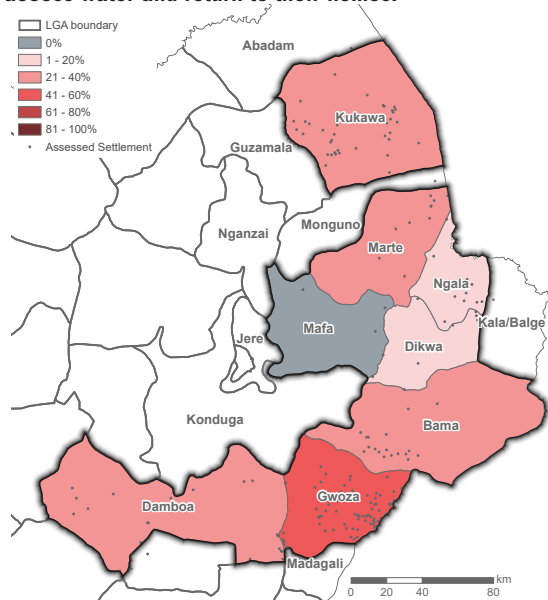


## MOVEMENT RESTRICTIONS AND MARKET ACCESS

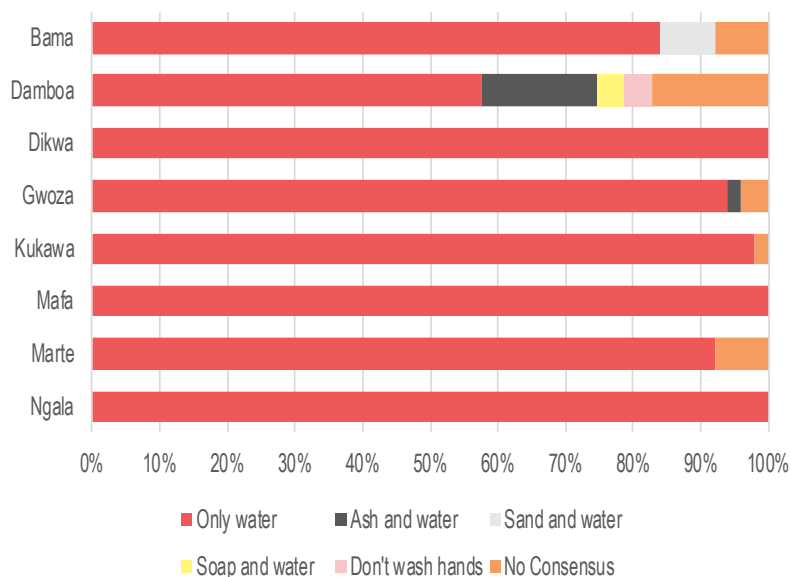
Understanding current movement restrictions and access to crowded places in the H2R areas could be used to predict the potential patterns of transmission. The movement restrictions reported, especially among women in Gwoza, Kukawa and Mafe, could possibly slow the spread of a potential COVID-19 outbreak. Similarly, the reported lack of access to markets especially in Dikwa, Kukawa, Mafe, Marte and Ngala, could indicate a potential slower spread in the case of a COVID-19 outbreak. FGD participants described how, even when they could access small markets, the prices were high and access to essential items were limited. If movement restrictions related to COVID-19 are implemented throughout Borno state, the availability of essential items in the markets could potentially decrease further.

## Water, Sanitation, and Hygiene (WASH)

Proportion of assessed settlements reporting using more than 30 minutes to reach their main water source, access water and return to their homes:



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



## WASH ACCESS

Hand-washing with soap is key to prevent the spread of COVID-19, and therefore limited access to water and soap could be a barrier to preventing the spread of COVID-19. The majority (90%) of assessed settlements across all LGAs reported only using water for hand-washing and almost none reported that people used soap for hand-washing (see graph on the left). According to FGD participants, limited to no access to soap prevented them from using it. FGD participants that reported having access to markets, described soap as being very expensive. Due to a lack of money, people would have to exchange crops for soap, however, FGD participants reported that because crops yields were insufficient they valued food over soap. The map to the left illustrates the proportion of assessed settlements reporting that it took people more than 30 minutes to fetch water, being the highest in Gwoza. Being far from their main water source could potentially mean that households have less access to water and, therefore, less water for hand-washing and other hygiene practices. Additionally, travelling to fetch water increases the chance of interacting with others outside of the household along the way to the water point and at the water point, further increasing the risk of transmission.



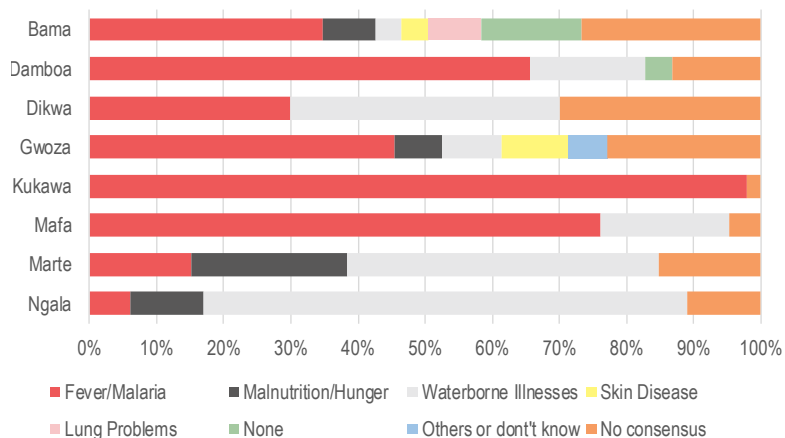
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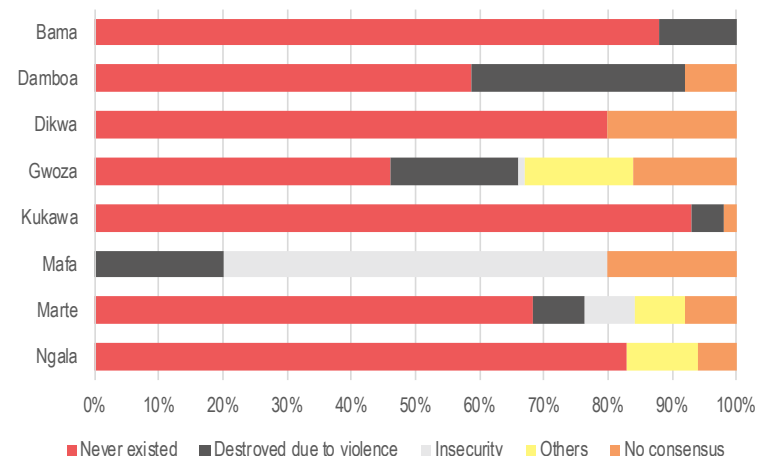
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## Most Common Health Problems

Proportion of assessed settlements by reported most common health problem, by LGA:

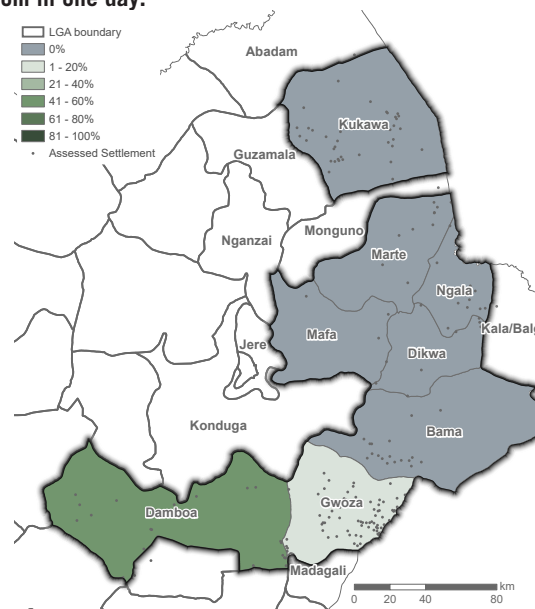


Of assessed settlements reporting no access to functional health facility, proportion of assessed settlements by main barrier to accessing a functional health care facility, by LGA:



## Access to Health Care Services

Proportion of assessed settlements reporting a functional health service that the population could reach and return from in one day:



## HEALTH ACCESS

Because it has been shown that COVID-19 has a larger negative impact on people with underlying chronic illnesses and elderly people, the current health status among people in the H2R could have an impact on the incidence of severe cases of the disease and the case fatality ratio. FGD participants generally described H2R communities as being primarily composed of the elderly, women, and children.

Pre-existing health conditions weaken the immune system's potential to respond to new infections. The main health problem reported among the majority of assessed settlements was fever/malaria, followed by waterborne illnesses and malnutrition/hunger. Assessed settlements reporting waterborne illnesses as

the main health concern increased from February<sup>3</sup> to March, which could be due to a change in main source of drinking water reported. In Dikwa, Mafa and Ngala unprotected wells reported as the main water source increased significantly from February (12%, 0%, and 38% respectively) to March (70%, 60%, and 56% respectively). It is unclear if this change is due to different settlements being covered during the two months or changes in available water sources. Because it has not been confirmed that COVID-19 can be transmitted via water<sup>4</sup>, the increase in reported waterborne illnesses is believed not to be directly related to COVID-19 infection, but could indirectly increase the risk of infection by weakening individuals' immune systems. Moreover, if people start avoiding water due to a fear of water borne illnesses, water use could reduce which could have an impact on COVID-19 transmission.

The proportion of LGAs reporting lung problems as the main health concern was low in all LGAs. A future increase in the reporting of this indicator could suggest the presence of COVID-19 due to the implication of the disease on the respiratory system.

Access to health care services has shown to be critical to reduce the development of COVID-19 cases into severe cases and to increase survival of COVID-19 patients. Reported access to a functional health care facility that the population could reach and return from within one day, was low to non-existent across all LGAs. Damboa was the only LGA with almost half of assessed settlements reporting that people could reach a functional health care facility and return within one day (48%). In the absence of functional health care facilities, FGD participants described how they travelled to neighbouring settlements in search of health care services. Travelling to others settlements and LGAs could increase the risk of the spread of COVID-19 in the case of an outbreak.

The main barrier reported to accessing functional health care was a lack of pre-existing health facilities prior to the conflict (66% of assessed settlements). This illustrates the state of the infrastructure in the H2R settlements, which combined with their precarious health status, limits their ability to respond to a COVID-19 outbreak.

<sup>3</sup>Borno, COVID-19 risk Related Indicators, February: [https://www.impact-repository.org/document/reach/1874266/REACH\\_NGA\\_Factsheet\\_Borno\\_STM\\_H2R\\_Feb2020\\_COVID-19.pdf](https://www.impact-repository.org/document/reach/1874266/REACH_NGA_Factsheet_Borno_STM_H2R_Feb2020_COVID-19.pdf)  
<sup>4</sup>World Health Organisation, Water, sanitation, hygiene, and waste management for the COVID-19 virus, 2020, <https://www.who.int/publications-detail/water-sanitation-hygiene-and-waste-management-for-covid-19>



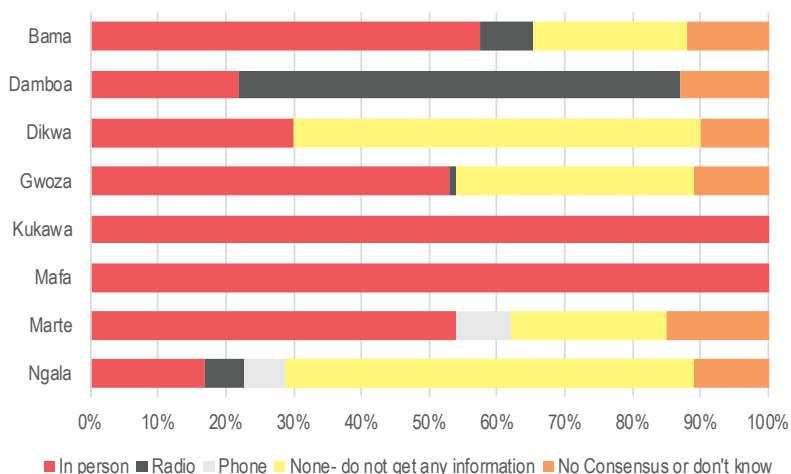
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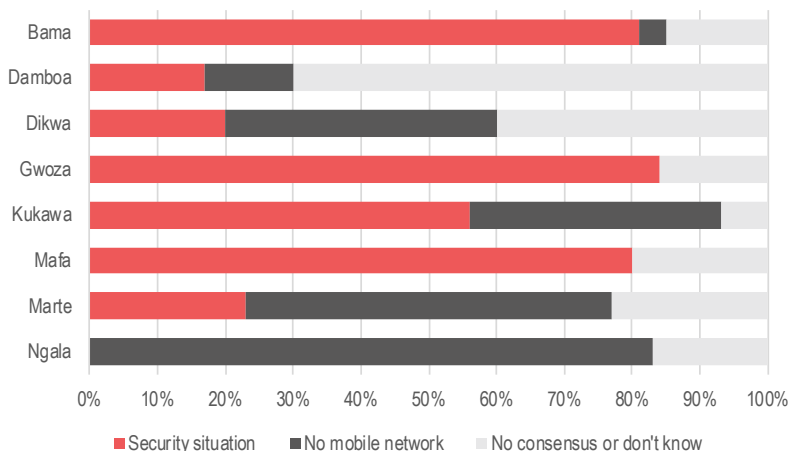
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## Communication

Proportion of assessed settlements by reported main source of information for most people, by LGA:



Proportion of assessed settlements by reported main reason people could not access information on available humanitarian assistance, by LGA:



**56%** of assessed settlements reported that a functioning radio was present in the settlement

**28%** of assessed settlements reported that a functioning cell phone was present in the settlement

**12%** of assessed settlements reported cell phone coverage in the settlement

**91%** of assessed settlements reported most people had difficulty accessing information they needed regarding humanitarian assistance

## COMMUNICATION ACCESS

Communicating COVID-19 related preventative measures, symptoms and when to seek medical care are critical to reduce transmission rates and case fatality ratios. The findings suggest that options to communicate with people in H2R areas are incredibly limited, preventing the spread of information and recommendations on COVID-19. Although 56% and 28% of assessed settlements reported the presence of a functioning radio and a functioning cell phone, respectively, only a small proportion of assessed settlements reported radio or phone as the main source of information (see graph to upper left). This suggests that most people are not able to use phones and/or radios as a source of information even when they are present in the H2R settlement.

The main source of information was reported to be in person conversations. The reported main sources of information aligned, within each LGA, with the reported most trusted source of information. Overall the most trusted source of information

was in-person (69% of assessed settlements) and between 10-50% of assessed settlements in Bama, Dikwa, Gwoza, Marte and Ngala, reported that there was no trusted source of information in their settlement.

Furthermore, almost all (91%) assessed settlements reported that most people had difficulty accessing the information they needed regarding humanitarian assistance. The most commonly reported main reasons for this were the security situation and lack of mobile network. This highlights that COVID-19 public information campaigns by humanitarian actors will likely not reach those in H2R areas.

## Conclusion

Movement restrictions and difficulties accessing markets and other crowded places could slow the spread of COVID-19 in H2R areas. However, other risk factors need to be taken into account.

A high proportion of IDPs and returnees in H2R areas could represent a higher likelihood of COVID-19 spreading to the area, as their presence suggests movement of people in and out of the H2R area. The reported lack of access to functional health facilities and existing health problems highlighted in this factsheet, along with the reported lack of access to soap and difficulty accessing water, puts communities in H2R areas at a higher risk in the event of an outbreak in the area. Additionally, the reported limitations of communication to H2R areas suggests that people will not have the knowledge they need on how to prepare for and respond to a COVID-19 outbreak.

Monitoring of H2R areas the following weeks will be crucial to inform humanitarian actors of the needs of H2R settlements to enhance COVID-19 preparedness and response in these areas.