



COVID-19 communication and information flow in hard-to-reach areas of Borno state, Nigeria.

June - July 2020

CONTEXT AND 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. In addition, the insecure situation, compounded by the general lack of access to basic services and infrastructure, leaves people living in H2R areas highly vulnerable to (the impact of) COVID-19.

Against the backdrop of the COVID-19 pandemic, communication on prevention, symptoms, and when to seek medical care is critical to reduce transmission and mortality rates. Yet, particularly in H2R areas in Borno state, access to means and sources of information is likely to be severely limited. Although assessments conducted by REACH have indicated an increase in COVID-19 related knowledge among people living in H2R areas, findings also show that options to communicate with people in H2R areas are incredibly limited, preventing the circulation of COVID-19 information.² To strengthen the evidence base on how information (particularly related to COVID-19) is accessed, understood, and used by people living in Borno's H2R areas, REACH conducted a qualitative assessment on communication and information sharing from June to July 2020, during the COVID-19 pandemic.

This brief is divided into two sections. The first section describes the types of information (general and COVID-19 specific) reportedly received by people living in H2R settlements as well as information needs, trust and sources of information. Following from this, the second section focuses on how people in H2R settlements reportedly used COVID-19 specific information, particularly how they may have changed their behaviour on the basis of the information they received.

The findings presented in this brief are derived from 30 in-depth interviews with key informants (KIs) from H2R settlements in Adabam, Bama, Damboa, and Gwoza local government areas (LGAs). Findings are indicative only of the lived experiences of people in these settlements. For additional information on the sampling strategy and methodology, please refer to the [Terms of Reference](#) and the dedicated "Methodology note" on page 5.

Map 1: Areas assessed



KEY FINDINGS

- Findings suggest that information on COVID-19 has reached H2R areas in Borno state to various extents. People from H2R settlements in Bama seemed to have received less information (general information and COVID-19 specific information) compared to other assessed LGAs. In addition, **across assessed LGAs, women had reportedly less access to information than men.**
- Of the information received about COVID-19, the majority of KIs mentioned people in the settlements knew about the consequences of the virus (primarily death). However, with a reported need for information about prevention and treatment, these **findings might highlight an information gap, indicating that COVID-19 specific information does not consistently reach H2R areas.**
- Radio was a commonly reported source of information that also seemed to be generally trusted by people in H2R settlements. However, **several KIs reported that radios were prohibited in their settlements**, raising concerns about adequate access to information for people in those settlements. Although radios were reported to be generally trusted, **a considerable number of KIs reported that people did not trust COVID-19 specific information they received**, regardless of whether the information was received via the radio or through other sources of information.
- Besides a reported need for more COVID-19 specific information, most KIs mentioned a general need for more information, especially about how to safely leave the H2R settlements and how to access food and other basic services.
- Overall, many KIs described the context in which people live to be more pressing than the COVID-19 pandemic, which might indicate that practicing preventive measures is not always a high priority for people in settlements facing resources stress.
- Findings indicated that when people did receive COVID-19 specific information, many of them adapted their behaviour to some extent, trying to protect themselves from getting infected.

"They said there is a disease that is killing people, Nigerians, (it) is killing them"
"... (it) is killing them all, you will just die. There is no male, female, children, adult, old and young, it kills all... and there is no cure."

Quote by Female KI from Gwoza (between 18 and 35 years old) describing the information people in H2R settlements had received about COVID-19.



COVID-19 communication and information flow in hard-to-reach areas of Borno state, Nigeria.

June - July 2020

1 INFORMATION FLOW AND NEEDS

1.1 INFORMATION RECEIVED

All KIs (30) across all LGAs mentioned that people in the H2R settlements received some kind of information. Overall, the KIs mentioned 10 different kinds of information, which primarily included information related to conditions outside the settlements, serving as possible pull or push factors for leaving the settlements. In this regard, the majority of the KIs (mentioned by 21 KIs) reported that people in H2R settlements had received information about services provided in camps and garrison towns. Around half of KIs (16) mentioned that people had received information on how to leave the H2R settlements, including risks and benefits associated with leaving. Benefits included an assurance that people could leave the settlement without getting harmed (6), whereas risks included information that people leaving the settlements would be killed, imprisoned or separated from their family members (10). Some KIs (5), most of whom reported on H2R settlements in Gwoza, mentioned that people in H2R settlements had received information about both risks and benefits of leaving the settlement. This contrast could indicate a difference in the information received within the settlements but could also illustrate the uncertainty and shifting context in H2R settlements in Gwoza impacting the information shared about leaving the settlements.

Interestingly, 19 KIs also mentioned that people in the H2R settlement had received information about a new infectious disease in the garrison towns, and although not every KI was able to name the disease, it seemed clear to be COVID-19 (see quote below).

“Yes, the information... a disease... it's name is... me too I don't know... it started in china, it is just killing people...that too, was explained to us.”

Female KI, between 18 and 35 years old, Gwoza

Almost half (12) of the KIs across all LGAs mentioned that different population groups had different level of access to information. As illustrated in the quote below, this primarily included women not having the same access to information as men, and some KIs reported that women commonly depended on men to forward information to them. Having less access to information could potentially predict groups at higher risk of COVID-19, as it potentially would decrease their knowledge about preventative measures. Meanwhile, some KIs (n=8) also mentioned that all community members in the H2R settlements had the same access to information. Access to information between different population groups might therefore vary within the LGAs.

“... women cannot sit and listen to information... it is not all [men] that will share [information] with you, like we that do not have husbands, where will we even hear what they are saying?”

Female KI, between 36 and 55 years old, Gwoza

When asking KIs directly if people in the H2R settlements had received information about COVID-19, all KIs, with an exception of three KIs from Bama, reported that people in the H2R settlements had received some kind of information about COVID-19.

The majority of KIs (18) described that people in the H2R settlements had received information about the consequences of COVID-19 and 17 KIs reported that people were commonly aware that death was a potential consequence (see quote above). Information about COVID-19 related consequences were mostly described by KIs from Gwoza and Bama (14).

Some KIs (14) also mentioned that people in the settlements had received information about COVID-19 prevention. It was primarily KIs from Damboa and Abadam that mentioned that people in their settlements had received information about COVID-19 prevention, which included information about isolation of sick people, covering of eyes and mouth (9) and frequent hand-washing (11). A few KIs (3) from Abadam further mentioned that people in the H2R settlements had heard that they should wear masks and gloves. None of the KIs from Bama reported that people had received information about symptoms, whereas information about symptoms was mentioned by at least one KI from all other LGAs (9). The information reportedly received about symptoms included fever (5), coughing (6) and cold related symptoms such as sneezing (4).

1.2 INFORMATION NEEDS

In addition to the information received by people living in H2R areas, KIs were asked about people's information needs. Similar to the reported information reportedly received by people in H2R areas, the information needs mentioned by most KIs included information about how to leave the settlement (18) and information about humanitarian assistance (13). Compared to Adadam and Damboa, a relatively high number of KIs in Gwoza (7) and Bama (8) reported information needs related to how to leave the H2R settlements, which might indicate a strained situation and perceived difficulties migrating from H2R settlements in these specific LGAs.

Potentially reflecting people's concerns and the ongoing conflict, some KIs (9) reported people's biggest information need to be information about peace. In addition, a few KIs (7) also mentioned that people in the settlements had a desire to get information about the condition of relatives in garrison towns and other settlements.

When KIs were asked directly if people in the H2R settlements needed more information about COVID-19, 12 KIs across all LGAs mentioned that people in their H2R settlements needed more information, indicating a potential information gap. Information needs among people in the H2R settlements reported by KIs varied between the LGAs. The information needs mentioned by most KIs included information about treatment possibilities (4), “any” information (4), prevention (3) and information confirming that “the disease is real” (2). In addition, one KI from Gwoza expressed a concern for the H2R areas, and described that people would like to know if there was a plan for how to help people living in H2R settlements. Another KI from Damboa mentioned a need to receive information in Kanuri (local language) to ensure everybody would understand the information. Some KIs (5) also mentioned that people in the settlement did not need any further information.

Despite KIs from Bama reporting that people in the H2R settlements had not received information about COVID-19, two other KIs from Bama mentioned that people in the H2R settlement did not need more information. The KIs reporting this were from different settlements than the KIs reporting that people in the H2R settlement had not received information about COVID-19.



COVID-19 communication and information flow in hard-to-reach areas of Borno state, Nigeria.

June - July 2020

1.3 INFORMATION SOURCES

Most KIs mentioned in-person communication (23) and radios (22) as the main means of information in general and for information about COVID-19 specifically. Returnees/travelers were also mentioned by the majority of KIs as a means of information in general (22) but only by a few KIs as the means for receiving COVID-19 specific information (3). A few (7) KIs mentioned cellphones as the means of information in general but no KIs mentioned cellphone as the means of getting COVID-19 specific information.

Preachings and gatherings were also mentioned as a means to communicate information by traditional and/or religious leaders and elders. Traditional and/or religious leaders and elders were also mentioned as a source of information and were reported to spread information discretely via in-person communication.

A great variety of sources of information were mentioned by the KIs. A total of 11 different sources of general information and 8 different sources of COVID-19 specific information were mentioned by the KIs across all LGAs. The majority (21) of the KIs across all LGAs mentioned more than one source of general information, whereas only eight KIs mentioned that people in the settlement had more than one source of COVID-19 specific information.

1.4 BARRIERS TO ACCESSING INFORMATION

Since sharing information in the settlement was reported to be prohibited by several KIs (15), people in the H2R settlements were described to be listening to the radio in secret. As illustrated in the quote below, listening to and sharing information was in some cases reportedly punished by death. Not being allowed to share information was only mentioned by KIs from Bama, Gwoza and Abadam which could potentially indicate more difficulties in accessing information in these LGAs compared to Damboa.

"...There is no other means apart from the radio...we were hiding to use even the radio, we are not allowed to use radio in public...they can kill you if they saw you with radio, that was why we were hiding to use radio."

Male KI, between 18 and 35 years old, Abadam

Another barrier mentioned to accessing information, primarily reported by KIs from Bama and Gwoza, included lack of access to radios or batteries (12). In settlements where there was access to radios, it would often only be a few individuals owning a radio. One KI from Gwoza described how, due to the restrictions on sharing information, people in the settlement shared information through letters and small notes, initially shared by one of the radio owners and discretely passed onto other community members.

As also illustrated in previous REACH findings⁴, around half (16) of the KIs mentioned limited cellphone networks and access to cellphones as a barrier to access information. The barriers described to accessing information could suggest an information gap as people might not be able to access the information they need.

1.5 TRUST IN INFORMATION

In general, most (23) of the KIs reported that some of the people in the H2R settlement trusted the information they received. Among the most trusted sources of information mentioned were the radio, returnees/traders and elders/village heads and religious leaders. Of concern, two KIs from Gwoza mentioned that no news was trusted. Findings suggest that, since the sources that are reportedly commonly trusted by people in the settlements are also among the most commonly mentioned sources of information, people might seek the sources of information they trust, or trust those specific sources because they are the most commonly available sources.

Compared to reported trust in general information, KIs (9) more commonly mentioned distrust of COVID-19 specific information. Nevertheless, the majority of KIs (16) across all LGAs still mentioned that people in the settlement generally trusted information they received about COVID-19.

"[...] the disease did not reach our mind, and also we didn't see any infected person with our eyes, that's why we were seeing it as they just fabricated it, that is why we didn't trust."

Male KI, between 18 and 35 years old, Abadam

A commonly reported reason for not trusting COVID-19 information was a lack of visual confirmation of the disease (as illustrated in the quote above). Among the reasons given for trusting the information provided was that the information was repeated several times and that information from the radio was commonly perceived as trustworthy.

2 BEHAVIOURAL CHANGE IN H2R AREAS

2.1 CONFIRMATION OF COVID-19 SPECIFIC INFORMATION

Most KIs (15) described that people in the H2R settlement did not actively do anything to confirm the information they had received about COVID-19 and only four KIs (two from Gwoza and two from Abadam) reported thinking that people did check the information. KIs described that people

"...what information, who will look for this information, we are looking for what to eat, nobody will look for this kind of information."

Male KI, between 18 and 35 years old, Damboa

These findings could suggest that people perceived COVID-19 to be less of a threat than other life threatening challenges they were facing such as lack of access to food and lack of protection. Despite this perception, COVID-19 specific information seemed to have caused a behaviour change among some people. The following section highlights how COVID-19 specific information may have impacted people's desire to leave the H2R settlement and the extent to which KIs perceived people changed their behaviour accordingly.



COVID-19 communication and information flow in hard-to-reach areas of Borno state, Nigeria.

June - July 2020

2.2 MOVEMENT INTENTIONS

COVID-19 information was reported by half of the KIs (15) not to have had an impact on whether people wanted to leave or stay in the H2R settlements. Some KIs described that some people wanted to leave the H2R settlements whether they had received COVID-19 specific information or not, and that the information did not impact this desire (see quote below for example of this). In contrast, some KIs from Gwoza and Bama (5) described that some people's desire to leave the H2R settlement had increased after receiving information about COVID-19.

As illustrated in the second quote below, some people in the H2R settlements were afraid to get sick in the settlement and wanted to leave to a place where they would have access to health facilities in case of a COVID-19 infection.

“Those that want to leave have left and those that want to remain have remained, they don't have issue on corona virus, just an issue of hunger.”

Male KI, between 36 and 55 years old, Damboa

“ [In the H2R settlements there is] no doctor, no food to eat, no medicine . What can you even get there? it is better you leave and even if it [COVID-19 infection] happen to you are among good people.”

Female KI, between 18 and 35 years old, Gwoza

Interestingly, two KIs from Damboa also mentioned that COVID-19 specific information had made people want to stay in the settlement due to fear of getting infected if they left the settlement. The contradicting effects on people's desire to leave the settlement could illustrate both the complexity of how individuals make decisions but could also suggest a better access to health facilities in areas such as Damboa, decreasing people's need to seek health care elsewhere.

2.3 COVID-19 SPECIFIC PREVENTION MECHANISMS

At least one KI from each LGA mentioned that no preventative measures had been taken in their settlements. While only a few of the KIs from Damboa (2) and Abadam (1) mentioned that no preventative measure had been taken by people in the H2R settlements, all KIs from Bama (6) and almost all KIs from Gwoza (5) mentioned that no preventative measures had been taken. As the following two quotes illustrate the rationales for not adopting any preventative measures were a lack of resources to do so, beliefs that COVID-19 would not reach the settlement, and ideas that the trajectory of the virus was subjected to divinity, implying that preventative measures taken in the settlements would not have any effect on the virus anyways.

“No... there were no preventative measures, because the people were not many, that is why we did not worry [...] because of it [COVID-19] does not happen closer to us, that is why nobody was worried about the thing [COVID-19].”

Female KI, between 18 and 35 years old, Abadam

“We left things to God, there is no any step that was taken, no any decision made on it... No action was taken, who will take it, everyone on his own, what action is it that can be taken?”

Male KI, between 36 and 55 years old, Gwoza

A total of seven KIs mentioned that people prayed to avoid getting infected. In addition, one KI from Damboa described how people, in addition to prayers, were participating in rituals, such as sacrificing, believed to promote protection.

Table 1 below illustrates the diversity of preventative measures mentioned across each LGA and the number of KIs who had mentioned the given preventative measure. Based on the findings illustrated in Table 1, preventative measures adopted by people in the H2R settlements were most diverse in Abadam, Damboa and Gwoza. These measures were, however, only mentioned by one KI in Gwoza compared to Abadam and Damboa where, respectively, 4 and 5 KIs mentioned preventative measures adopted by people in the H2R settlements.

On the basis of the data gathered, it is unclear if the measures that were reportedly adopted in H2R settlements reflect the quantity and type of information received about COVID-19 prevention, or rather the perceptions of inhabitants regarding the relevance of particular measures.

Table 1: Preventative measures mentioned by at least one KI per LGA.

LGA	Preventative measure mentioned by key informants
Abadam	Washing hands, surfaces and clothes (4), prayers (3), social distance (3), cover face (2), change of burial practices (1), limit/reduce greetings (1), avoid sharing food or direct water sources (1).
Bama	Prayers (2)
Damboa	Washing hands, surfaces and clothes (5), prayers (3), cover face (3), limit/reduce greetings (2), cover leftover food (1), social distance (1), avoid sharing food or direct water sources (1).
Gwoza	Prayer (1), washing hands, environment, clothes (1), Social distance (1), change of burial practices (1), cover face (1), limit/reduce greetings (1), avoid sharing food or direct water source (1).



COVID-19 communication and information flow in hard-to-reach areas of Borno state, Nigeria.

June - July 2020

METHODOLOGY NOTE

From 23 June to 29 July 2020, REACH conducted **30 in-depth interviews** (IDIs) with KIs who had left a H2R settlement within one month of arrival in the garrison town. As illustrated in table 2 below, the KIs consisted of 13 females and 17 males and were from Bama (9), Gwoza (8), Damboa (7) and Abadam (n=6). Selected KIs were purposively sampled and interviewed on settlement-wide circumstances in H2R areas, rather than their individual experiences. Because of precautions related to COVID-19, data was collected remotely through phone-based interviews with assistance from local stakeholders. Due to the qualitative methodology and purposive sampling approach, findings presented in this brief are indicative only.

During the interviews, none of the questions were directly related to the (lack of) access to basic services among people living in the H2R settlements. Still, access to basic services such as food, water and specific protection concerns were often mentioned by the KIs. The needs expressed by the KIs are central to understanding the context of H2R areas and people's information-seeking behaviour in general and in relation to COVID-19 specifically. The most commonly reported needs in H2R settlements were access to food (14) and protection from conflict-related incidents (12), such as looting, killing civilians, abductions, and forced marriages. The findings described throughout this brief should therefore be seen in a context where people struggle to find food and worry about how to protect themselves and their relatives.

Table 2: Number and gender of key informants per assessed location.

	Female	Male	Total
Abadam	0	6	6
Bama	3	6	9
Damboa	2	4	7
Gwoza	7	1	8
<i>Total</i>	12	17	30

Endnotes

¹ The first confirmed case in Borno state was announced on 20 April 2020, Nigerian Centre for Disease Control Twitter feed.

² REACH Initiative. Borno state. Nigeria. COVID-19 Risk Related Indicators. February-May 2020. Nigeria.

³ REACH Initiative. Borno state. Nigeria Situation Overviews. January-March 2020. Nigeria.

⁴ REACH Initiative. Borno state. Nigeria. COVID-19 specific Factsheet. July 2020. Nigeria

About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions. REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our country office: reach.nigeria@reach-initiative.org. Visit www.reach-initiative.org and follow us on Twitter: @REACH_info and Facebook: www.facebook.com/IMPACT.init/