Adamawa and Borno - Health

Assessment of Hard-to-Reach Areas in Northeast Nigeria

September 2020

Overview

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno and Adamawa states as hard to reach. To address information gaps facing the humanitarian response in Northeast Nigeria and inform humanitarian actors on the demographics of households in hard-to-reach areas of Northeast Nigeria, as well as to identify their needs, access to services and movement intentions, REACH has been conducting a monthly assessment of hard-to-reach areas in Northeast Nigeria since November 2018.

Using its Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in hard-to-reach areas through monthly multi-sector interviews in accessible Local Government Area (LGA) capitals with key informants (KIs) who either (1) are newly arrived internally displaced persons (IDPs) who have left a hard-to-reach settlement in the last 3 months or (2) 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.)[1]

If not stated otherwise, the recall period for each question 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 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.

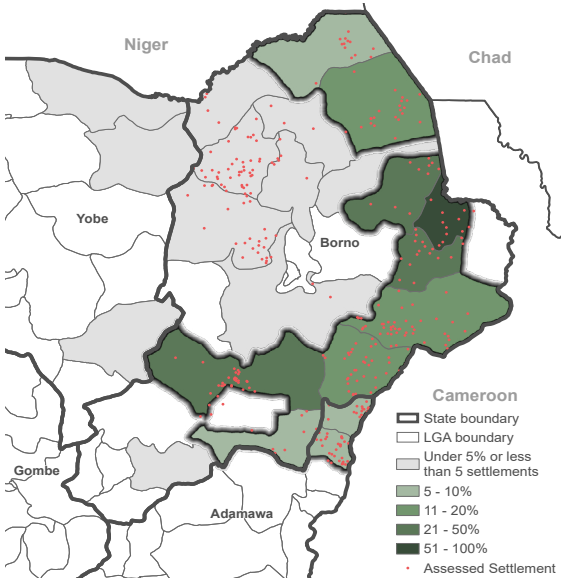
Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within an LGA. Findings are only reported on LGAs where at least 5% of populated settlements and at least 5 settlements in the respective LGA have been assessed. The findings presented are indicative of broader trends in assessed settlements in September 2020, and are not statistically generalisable.[2] Due to precautions related to the COVID-19 outbreak, data was collected remotely through phone based interviews with assistance from local stakeholders. Data collection took place from September 1st to September 30th.

Assessment Coverage

588 Key informants interviewed
389 Settlements assessed
23 LGAs assessed
11 LGAs with sufficient coverage[3]

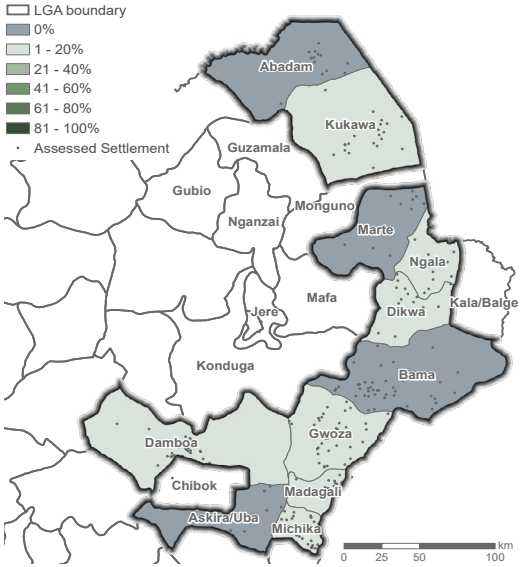
Assessment coverage

Proportion of settlements assessed:



Access to health services

Proportion of assessed settlements where it was reported that there was a functional health service that the population could reach and return from in one day:



Most commonly reported main health problem, by % of assessed settlements:

Malaria or fever	57%
Waterborne diseases	17%
Malnutrition	8%
Skin infections	4%
No common health problems	1%
Other	1%

Most commonly reported main barriers to accessing health care, by % of assessed settlements where barriers were reported:

Never had health facilities nearby	69%
Facilities destroyed by conflict	17%
No health care workers in the area	7%
There is no medicine available	1%

[1] Where possible, only KIs that have arrived recently (0-3 weeks prior to data collection) were interviewed.
[2] 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.
[3] 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 to account for deserted villages based on information shared by OCHA.

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For more information on this factsheet please contact:
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