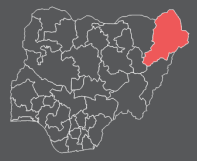


Borno - COVID-19 Risk Related Indicators

Assessment of Hard-to-Reach Areas in Northeast Nigeria

May 1-15 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 information sources. The first confirmed case in Borno state was announced on 20 April 2020. All confirmed cases have been in garrison towns or Maiduguri. Due to the limited access to H2R areas it is unlikely there will be confirmation of an outbreak in these areas. It is therefore of utmost importance 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) 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[1]
- 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]

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.

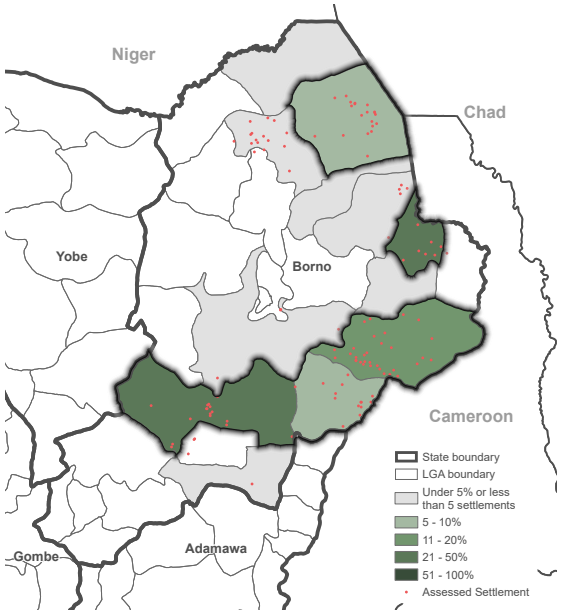
Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within a LGA. Findings are only reported on LGAs where at least 5% of populated settlements and at least 5 settlements in the respective LGA have been assessed. The findings presented are indicative of broader trends in assessed settlements in May 2020, and are not statistically generalisable.[2]

Assessment Coverage

256 Key Informants interviewed
144 Settlements assessed
12 LGAs assessed
5 LGAs with sufficient coverage[3]

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 sanitise their hands or had their temperature measured when they arrived at the IDP camp.

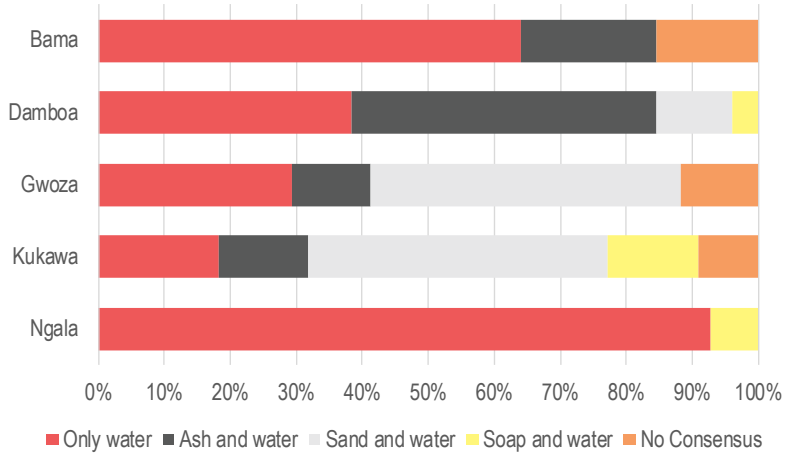
72% of surveyed KIs had left a H2R area within the last one month, among them:

67% reported they were asked to wash and/ or sanitise their hands when they arrived at the IDP camp

35% 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 LGA:



[1] 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 has had from the hard-to-reach area.

[2] Due to changes in migration patterns, the specific settlements assessed within each LGA varies 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.

[3] 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.eocng.org) has been used as the reference for settlement names and locations, and adjusted for deserted villages (OCHA 2020).

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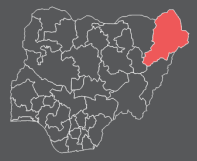


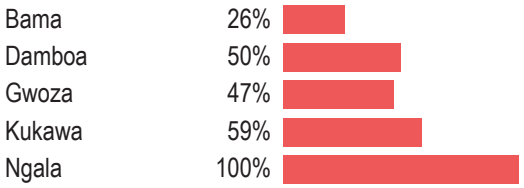
Borno - COVID-19 Risk Related Indicators

Assessment of Hard-to-Reach Areas in Northeast Nigeria

May 1-15 2020

Access to Water and Health Care Services

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

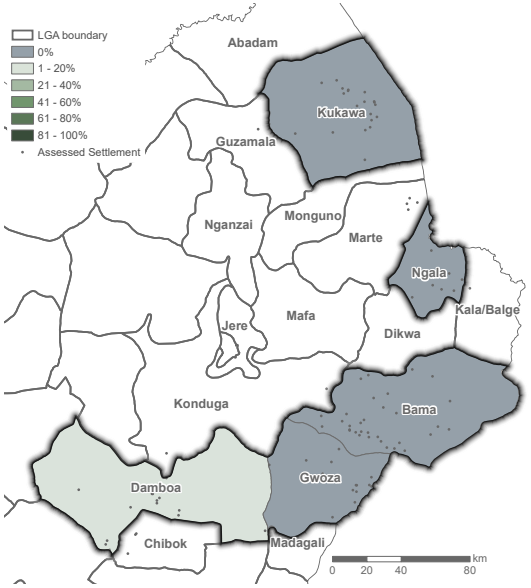


Being far from their main water source could potentially mean that households have less access to water and, therefore, less water for hand-washing and other hygiene practices. Additionally, travelling to fetch water increases the chance of interacting with others outside of the household along the way to the water point and at the water point, further increasing the risk of transmission.

64% of assessed settlements that reported no access to functional health facility (99%), reported the main reason was that they never existed

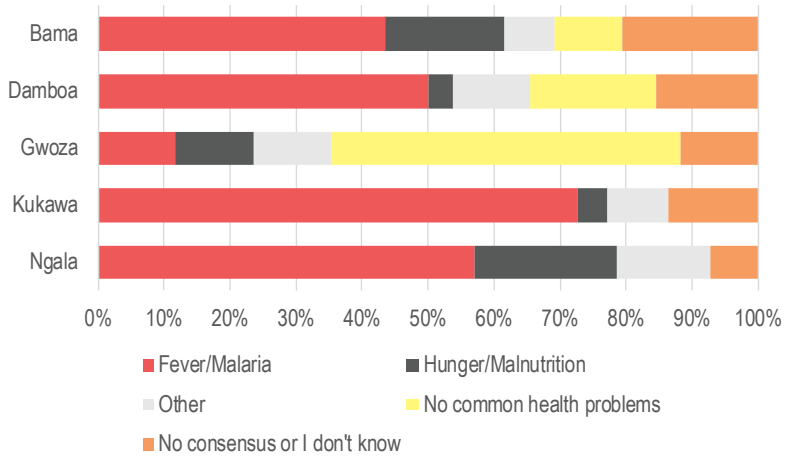
20% of assessed settlements reported sick members of the community being separated from others

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



Most Common Health Problems

Proportion of assessed settlements by reported most common health problem, by LGA:[4]



The reported low access to a functional health facility, combined with limited local isolation practices and people's precarious health status, limits their ability to respond to a local COVID-19 outbreak.

COVID-19 Related Symptoms

Proportion of assessed settlements reporting symptoms related to COVID-19, by LGA:

	Breathing difficulties	Coughing	Fever and breathing difficulties	Fever and coughing	None
Bama	3%	13%	0%	0%	79%
Damboa	0%	4%	0%	0%	96%
Gwoza	0%	6%	0%	0%	82%
Kukawa	0%	0%	0%	0%	91%
Ngala	0%	0%	0%	0%	100%

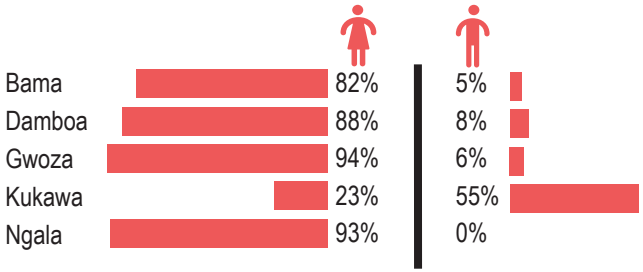
Although other viruses and bacteria can cause the three main symptoms associated with COVID-19 (fever, coughing, breathing difficulties), an increase in the reporting of these symptoms could suggest a local COVID-19 outbreak in the H2R areas.

REACH added this indicator to the assessment on 1 April 2020. The proportion of assessed settlements reporting the symptoms listed above is similar or slightly lower than the proportion reported by each LGA in the 16-30 April factsheet.

[4] These findings represent self-reported health problems. In particular, the fever/malaria responses include fever that is believed to be caused by malaria or other symptoms that the respondents believed are associated with malaria.

Caretaking Practices

Proportion of assessed settlements reporting men/women as primary caretaker when someone is sick, by LGA:



The majority of assessed settlements reported women to be the primary caretaker. This suggests that, based on this indicator, women in the H2R settlements are at higher risk than men of getting infected with COVID-19 in the case of a local COVID-19 outbreak.

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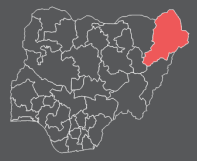

Borno - COVID-19 Risk Related Indicators

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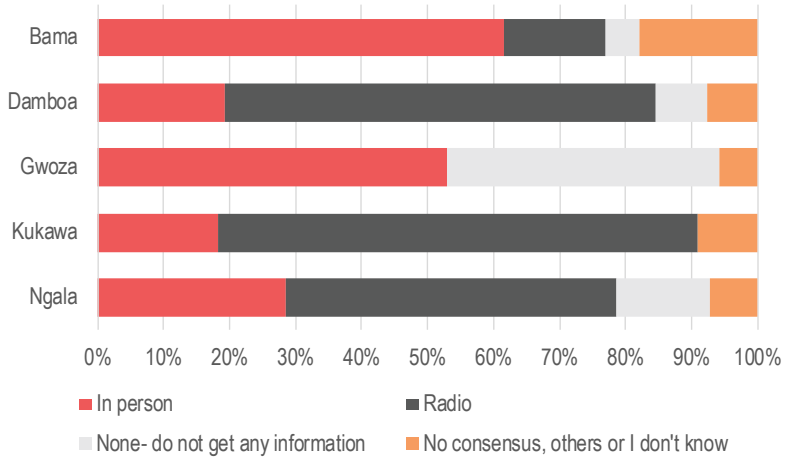
Communication and Information

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



70% of assessed settlements reported most people had difficulty accessing information they needed regarding available humanitarian assistance

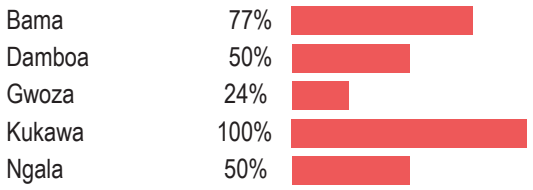
66% of assessed settlements reported community members could listen to the radio

8% of assessed settlements reported community members could use a cell phone

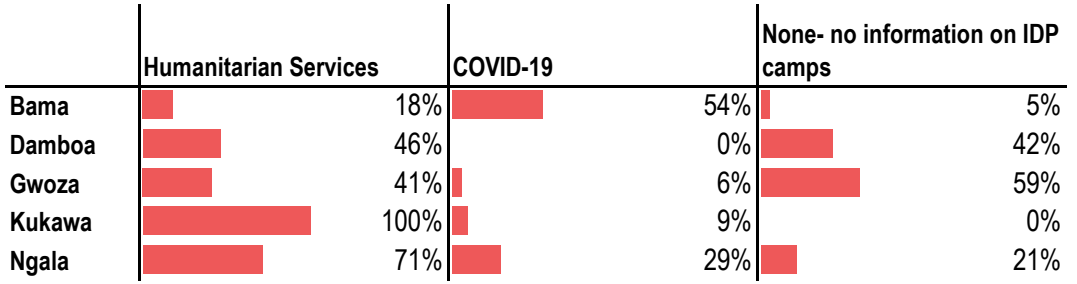
Communication Access

The findings suggest that options to communicate with people in H2R areas are incredibly limited, preventing the dissemination of information and recommendations on COVID-19. However, 64% of the settlements assessed reported that people have heard about the new coronavirus disease. Although changes from the previous reporting periods may be due to changes in the settlements covered instead of changes over time, this reporting period was the first time when more than 20% of assessed settlements in every LGA reported people have heard about COVID-19. Of the assessed settlements that reported people have heard of COVID-19 (64%), most settlements reported people heard the information on the radio. The kinds of information related to COVID-19 that were reported by the smallest proportion of settlements were what people should do if they have symptoms and information on risks and complications. Radio campaigns focused on these topics may be able to inform the settlements in which community members have access to radios (66% of assessed settlements).

Proportion of assessed settlements reporting people have heard about COVID-19, by LGA:

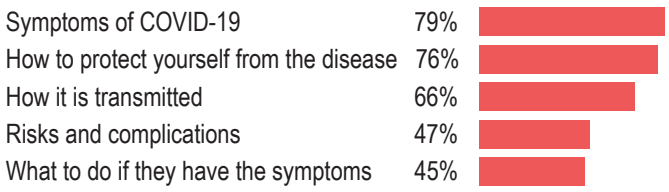


Proportion of assessed settlements reporting that most people had received information about the following topics in IDP camps, by LGA:

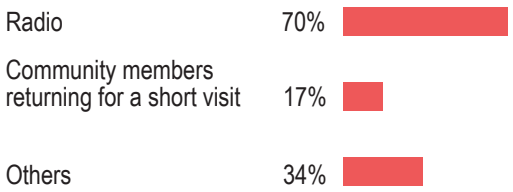


Of assessed settlements that reported people have heard about COVID-19 (64%):

Proportion of assessed settlements reporting that people in the H2R settlement had the following kinds of information about COVID-19:



Proportion of assessed settlements reporting the following sources as how people in H2R settlements got information about COVID-19 :



Conclusion

The reported lack of access to functional health facilities, existing health problems and limited local isolations practices highlighted in this factsheet, along with the reported lack of use of soap, puts communities in H2R areas at a higher risk of infection in the event of a local COVID-19 outbreak. Close monitoring of COVID-19 related symptoms may allow for the prediction of local COVID-19 outbreaks. Additionally, the reported limitations of communication to H2R areas suggests that many people will not have the knowledge they need to prepare for and respond to a local COVID-19 outbreak.

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