



Adamawa and Borno - COVID-19 Risk Related Indicators

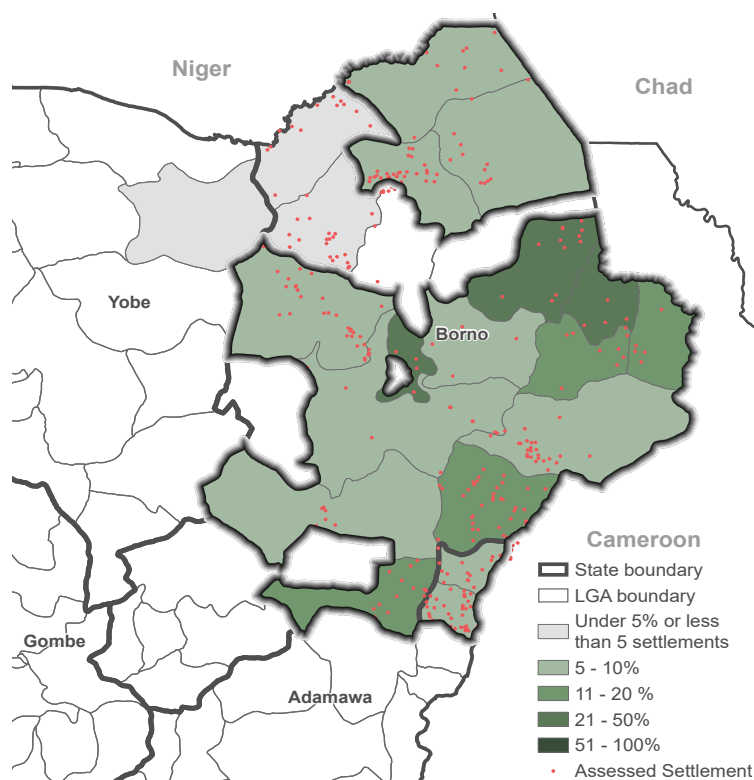
Assessment of Hard-to-Reach Areas in Northeast Nigeria

March 2021

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 areas¹. In addition, general insecurity, compounded by the lack of access to basic services and infrastructure, such as healthcare and information sources, leaves people living in H2R areas highly vulnerable to the spread and impact of COVID-19. The first confirmed cases in Borno and Adamawa states were announced on 20 April and 22 April 2020², 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.

Proportion of settlements assessed, March 2021



of key informant interviews: **575**
 # of assessed settlements: **317**
 # of assessed LGAs: **20**
 # of assessed LGAs with sufficient coverage¹: **17**

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.

96% of KIs with direct knowledge of the settlement, among them:

47% reported they were asked to wash and/or sanitise their hands when they arrived at the IDP

30% reported their temperature had been measured when they arrived at the IDP camp.

Methodology

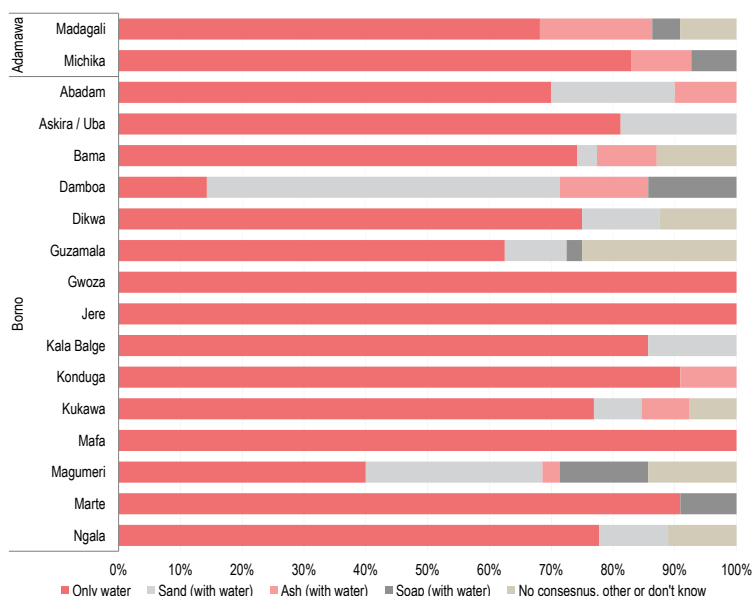
Using its Area of Knowledge (AoK) method, REACH monitors the situation in H2R areas remotely through monthly multisector interviews in accessible Local Government Area (LGA) capitals. REACH interviews key informants (KIs) who are either 1) newly arrived internally displaced persons (IDPs) who have left a H2R settlement in the last month, or 2) KIs who have had contact with someone living in or transiting through a H2R settlement in the last month (e.g. traders, migrants, relatives, etc.)³.

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 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 March 2021, and are not statistically generalisable⁴.

Hand washing practices in H2R areas

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



¹ Hard to REACH factsheets from November 2020 to February 2021

² Nigerian Centre for Disease Control Twitter feed

³ Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed.

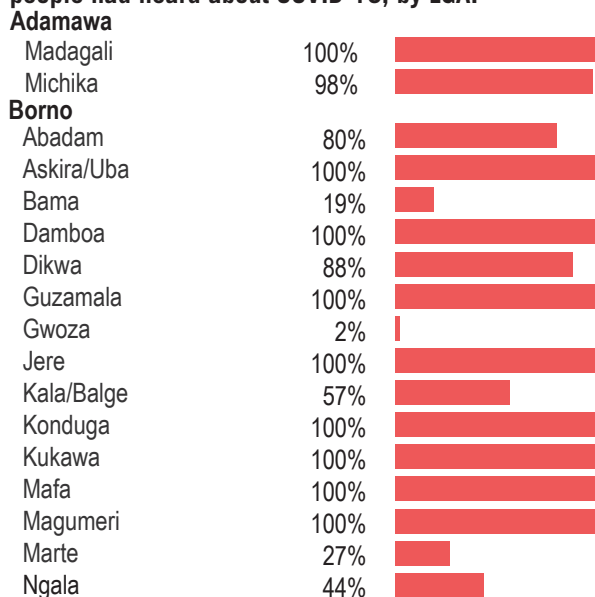
⁴ Due to changes in migration patterns, the specific settlements assessed within each LGA vary each month. Changes in results reported in this factsheet, compared to previous factsheets, may therefore be due to variations in the assessed settlements instead of changes over time.

⁵ The most recent dataset on grid3.gov.ng/datasets has been used as the reference for settlement names and locations, and adjusted to account for deserted villages based on information shared by OCHA



Knowledge of Covid -19

Proportion of assessed settlements where it was reported that people had heard about COVID-19, by LGA:

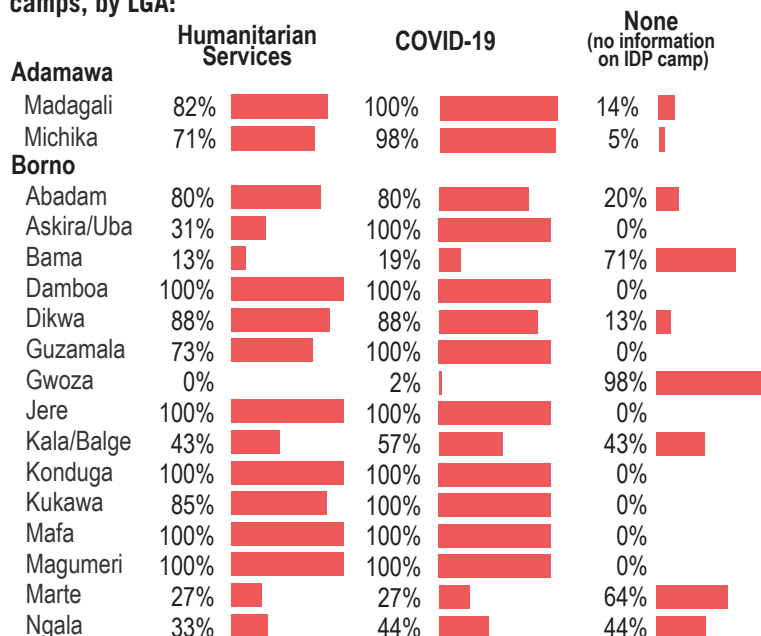


Fever, coughing, and/or breathing difficulties were reported in a comparatively higher proportion of assessed settlements in Mafa, Konduga and Marte LGAs. While this may be due to other viruses, bacteria or change of season, careful monitoring of these LGAs may be needed to assess potential local COVID-19 outbreaks.

In 96% of the assessed settlements, sick community members were reportedly not being separated from others.

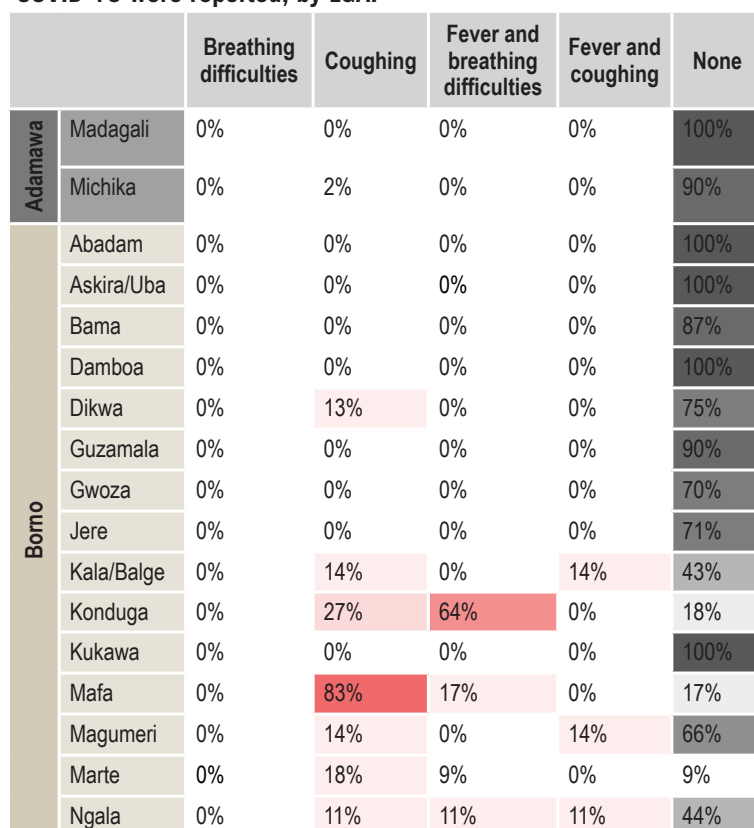
Information on situation in IDP camps

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



Covid -19 related symptoms

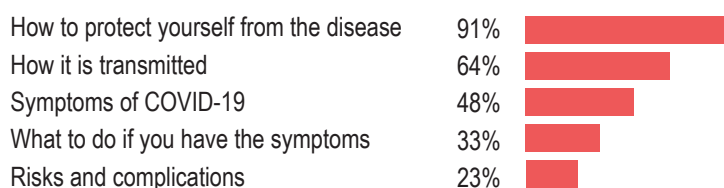
Proportion of assessed settlements where symptoms related to COVID-19 were reported, by LGA:



Information on Covid -19

In those **73%** of assessed settlements where it was reported that people had heard about COVID-19:

Most commonly reported kinds of information people had about COVID-19:



Most commonly reported COVID-19 specific information sources:



Conclusion

Soap use during hand-washing was reportedly limited across all LGAs suggesting elevated risk for contraction and spread of COVID-19 in H2R communities in all LGAs. While reported knowledge of COVID-19 seemed to have increased in some LGAs, it was still low in Gwoza, Bama and Marte. For communities in the assessed settlements that had reportedly heard of COVID-19, the biggest information gap seemed to concern knowing the risk and complications of COVID-19 as well as knowing what to do if someone has symptoms of COVID-19. In the majority of the assessed settlements where people had reportedly heard of COVID-19, radio was the most commonly reported source of information on the disease.

⁶Armed Opposition Groups