Adamawa and Borno - Health

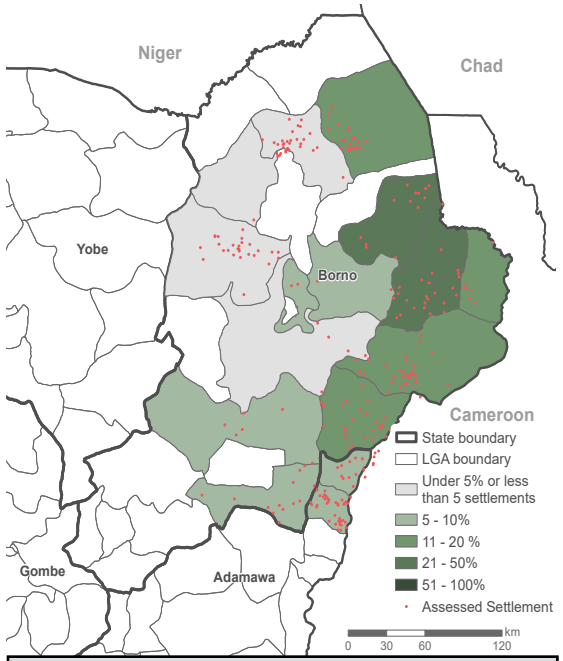
Assessment of Hard-to-Reach Areas in Northeast Nigeria

June 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. To address information gaps facing the humanitarian response 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 monthly assessments of hard-to-reach areas in Northeast Nigeria since November 2018.

Proportion of settlements assessed, June, 2021



# of key informant interviews: **359**
# of assessed settlements: **288**
# of assessed LGAs: **17**
# of assessed LGAs with sufficient coverage[1]: **13**

Methodology

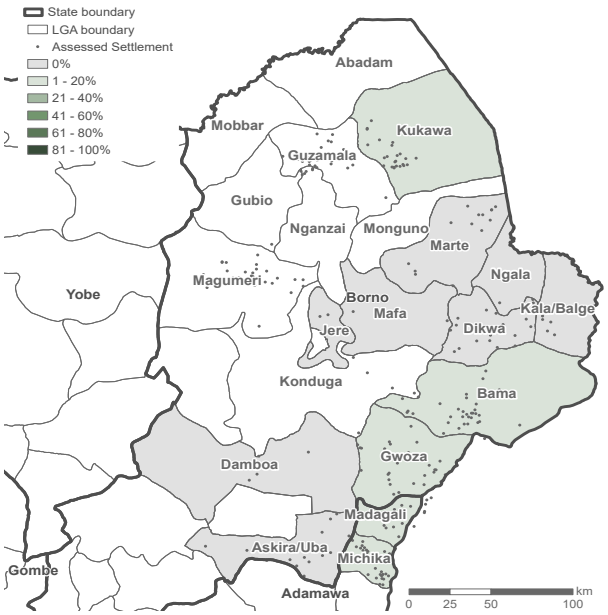
Using the Area of Knowledge (AoK) methodology, REACH remotely monitors the situation in hard-to-reach areas through monthly multi-sector interviews in accessible Local Government Area (LGA) capitals with key informants (KIs) who are either (1) newly arrived internally displaced persons (IDPs) who have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

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 June 2021, 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 June 1st to June 25th

Access to health services

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



Barriers to accessing healthcare services were reported in 97% of assessed settlements.

In those settlements, the most commonly reported barriers were:

Never had health facilities nearby	85%
Facilities destroyed by conflict	11%
No healthcare workers in the area	1%

[1] 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

[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.

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