



Borno - COVID-19 Risk Related Indicators

Assessment of Hard-to-Reach Areas in Northeast Nigeria

February 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 remaining in H2R areas. People living in H2R areas of Borno state who are already facing severe and extreme humanitarian needs risk are even more vulnerable to the spread of COVID-19. In addition, the H2R areas of Borno state already have limited to no health care services and WASH infrastructure. It is therefore of utmost importance to evaluate and monitor the situation of the population in Borno in order to inform humanitarian aid actors on immediate needs of the communities to prepare and respond to COVID-19.

The purpose of this factsheet is to identify risk factors for populations in H2R areas of Borno State as well as factors that could slow a potential spread of COVID-19 and its impact. Some of the indicators included in this COVID-19 specific factsheet were also included in the February sectoral H2R factsheets.

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 months¹
- 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 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

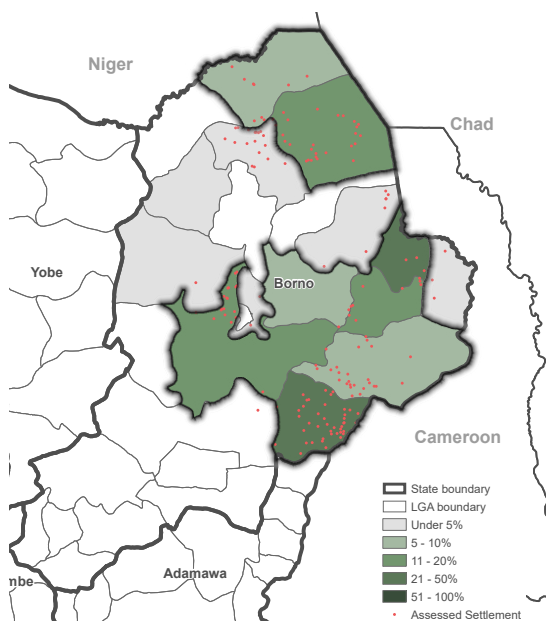
most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as 'no consensus'. While included in the calculations, the percentage of settlements for which no consensus was reached is not displayed in the results below.

Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within 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 February 2020, and are not statistically generalisable.

Assessment coverage

Proportion of settlements assessed:



503 Key Informants interviewed

214 Settlements assessed

14 LGAs assessed

8 LGAs with sufficient coverage²

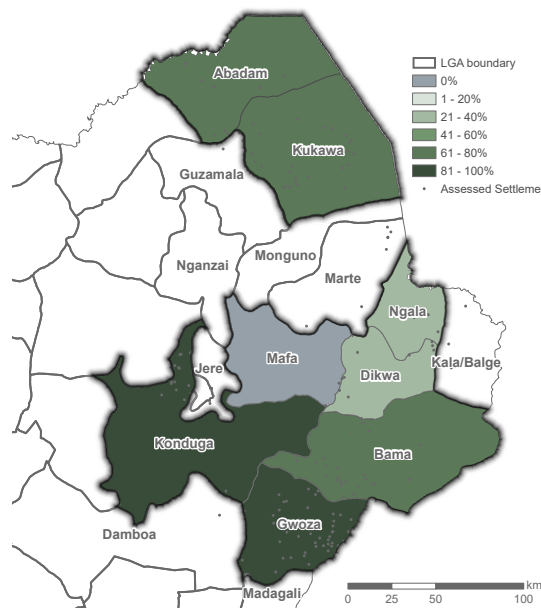
POPULATION GROUPS AND MOVEMENTS

People living in the H2R areas are vulnerable population groups due to their limited access to services and insecurities related to the living circumstances in conflict areas.

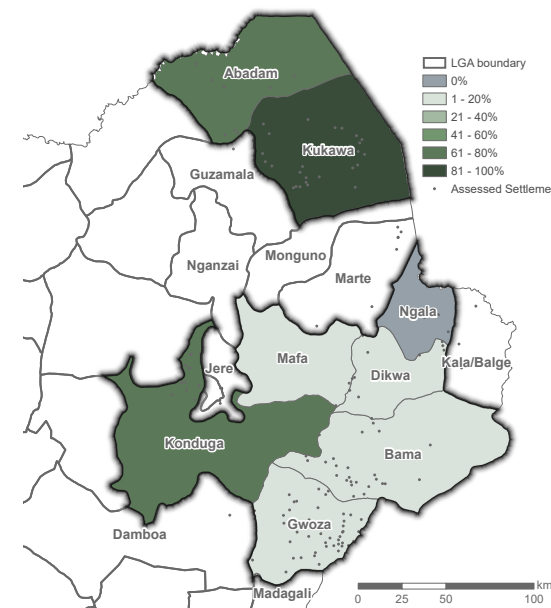
The presence of IDPs and returnees suggests the movement of people into the H2R area, which could increase transmission of COVID-19. Returnees in particular pose a risk because most return from a larger garrison town. These towns are likely to have cases of COVID-19 before the H2R areas.

Population Groups

Proportion of assessed settlements reporting that IDPs are living in the location:



Proportion of assessed settlements reporting that returnees are living in the location:



¹Where 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 had from the hard-to-reach area.

²LGA 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.ecccng.org) has been used as the reference for settlement names and locations, and adjusted for deserted villages (OCHA 2020).



For more information on this factsheet please contact:
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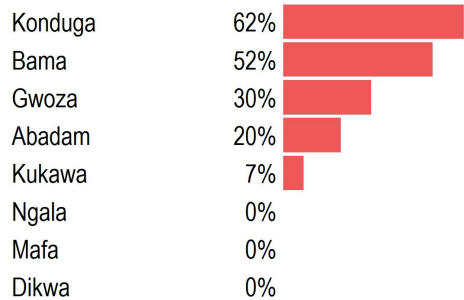
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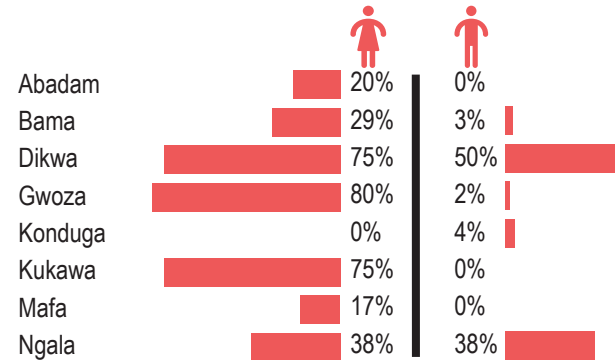
Market Access

Proportion of assessed settlements reporting access to a functional market that the population could walk to, by LGA:



Movement Restrictions

Proportion of assessed settlements reporting men/women were not free to move within the settlement, by LGA:



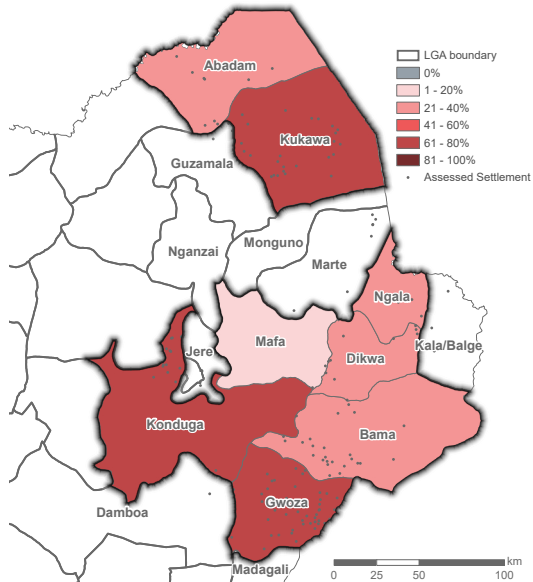
MOVEMENT RESTRICTIONS AND MARKET ACCESS

Understanding current movement restrictions and access to crowded places in the H2R areas could be used to predict the potential patterns of transmission.

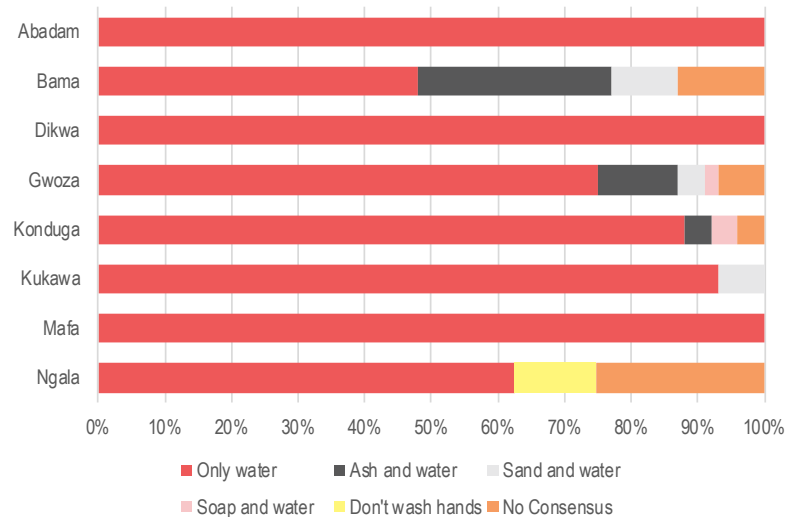
The movement restrictions reported, especially among women in Kukawa, Gwoza and Dikwa, could possibly slow the spread of a potential COVID-19 outbreak. Similarly, the reported lack of access to markets especially in Kukawa, Ngala, Mafa and Dikwa, could indicate a potential slower spread in the case of a future outbreak.

Water, Sanitation, and Hygiene (WASH)

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



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



WASH ACCESS

Hand-washing with soap is key to prevent the spread of COVID-19, and therefore limited access to water and soap is a barrier for preventing the spread of COVID-19. The majority (77%) of assessed settlements across all LGAs reported only using water for hand-washing while only 2% reported using water and soap (refer to graph on the left).” According to FGD participants, they did not use soap since it either was not available in the market or because they did not have access to a market. Additionally, some FGD participants described that soap was also not available before the conflict. The map to the left illustrates the proportion of assessed settlements reporting that it took people more than 30 minutes to fetch water. 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. This increases the risk of COVID-19 transmission in the H2R areas. The distance to the water source is particularly a concern for assessed settlements in Gwoza, Konduga and Kukawa, where more than half of assessed settlements reported that fetching water took more than 30 minutes.



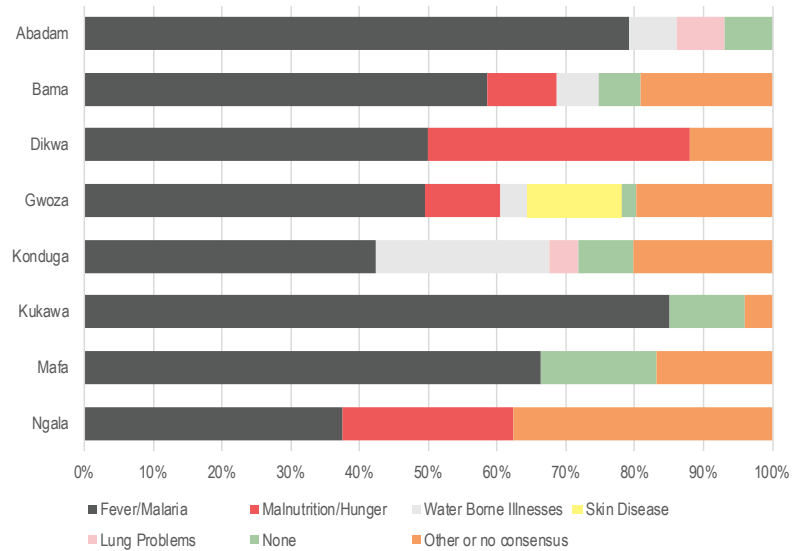
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Most Common Health Problems

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

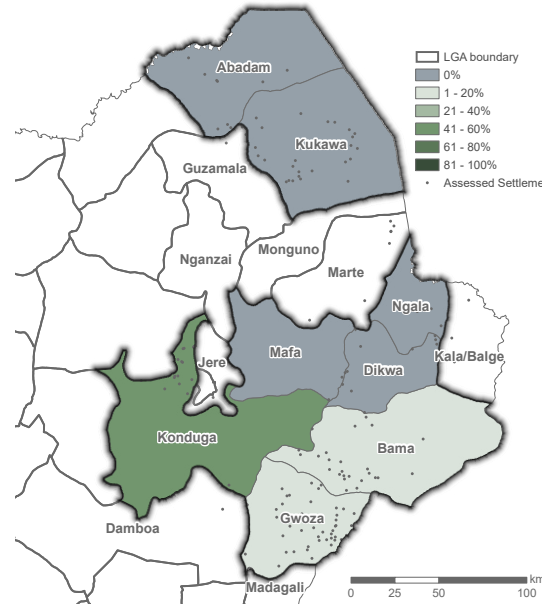


87% of assessed settlements with no access to a functional health service (88% reported that the main barrier to accessing health services is that they are either destroyed or never existed)

78% of assessed settlements reported most people had difficulty accessing information they needed on humanitarian services

Access to Health Care Services

Proportion of assessed settlements reporting a functional health service that the population could walk to:



Access to health care services has shown to be critical to reduce the development of COVID-19 cases into severe cases and increase survival of COVID-19 patients. Reported access to a functional health care facility was low across all LGAs. Less than 15% of assessed settlements in each LGA reported that people had access to a functional health care facility that the population could reach and return from within one day, with the exception of Konduga where 50% of assessed settlements reported having access. FGD participants from Konduga described that due to destruction of health facilities in their settlement, they instead travelled to Maiduguri to get treatment. Travelling to Maiduguri, the capital of Borno State and a transit and trade centre, for health care could increase the risk of the spread of COVID-19 in the case of an outbreak.

Besides limited access to a functional health facility, 78% of assessed settlements reported that most people had difficulties accessing the information they needed on humanitarian services. This highlights that COVID-19 public information campaigns by humanitarian actors will likely not reach those in H2R areas.

CONCLUSION

Movement restrictions and difficulties accessing markets and other crowded places could slow the spread of COVID-19 in H2R areas, however other risk factors need to be taken into account.

A high proportion of IDPs and returnees in H2R areas could represent a higher likelihood of COVID-19 spreading to the area, as their presence suggests a movement of people into the area. The reported lack of access to functional health facilities and existing health problems highlighted in this factsheet, along with the reported lack of access to soap and difficulty accessing water, puts communities in H2R areas at a higher risk in the event of an outbreak in the area.

Monitoring of H2R areas the following weeks will be crucial to inform humanitarian actors of the needs of H2R settlements to enhance COVID-19 preparedness and response in these areas.

HEALTH ACCESS

Because COVID-19 has been shown to have a larger impact on people with underlying chronic illnesses and elderly people, the current health status among people in the H2R could have an impact on the incidence of severe cases of the disease and the case fatality ratio. FGD participants generally describe the H2R communities as being primarily composed of the elderly, women, and children.

Pre-existing health conditions weaken the immune system's potential to respond to new infections. The main health problem reported among the majority of assessed settlements was fever/malaria followed by malnutrition/hunger. The proportion of LGAs reporting lung problems as the main health concern was low in all LGAs. A future increase in the reporting of this indicator could suggest the presence of COVID-19 due to the implication of the disease on the respiratory system.