Multi-Sector Needs Assessment Indicators for COVID-19: Borno State

CONTEXT & METHODOLOGY

As the protracted crisis in North-East Nigeria progressed in its eleventh year in 2020, humanitarian needs in Borno, Adamawa and Yobe (BAY) States remain dire and multi-faceted. The conflict has resulted in 7.1 million individuals in need of humanitarian assistance.[1] Eighty percent of internally displaced persons (IDPs) are located in Borno State only, with a majority living in urban host communities. In addition to this humanitarian landscape in accessible areas, most recently the humanitarian community has identified around 1,000,000 individuals staying in hard-to-reach areas with little hope to be reached by humanitarian assistance.[2]

To respond to persisting information gaps on humanitarian needs severity and to inform further the 2020 response planning, United Nations Office for Coordination of Humanitarian Affairs (OCHA)'s Inter-Sector Working Group (ISWG), with support from REACH, conducted a Multi-Sector Needs Assessment (MSNA) in the BAY States. Data collection took place between June 17th and July 30th in 2019.

Data collection comprised of a total of 8,019 household (HH) interviews in the BAY States overall, including 3,160 in Borno State, of which 1,071 were IDP HHs, 1,024 were returnee HHs and 1,065 were non-displaced HHs. This assessment used a two-stage cluster sampling designed to collect data with a confidence level of 90% and a margin of error of 10% for all accessible areas within a local government area (LGA) (not generalizable for each population group at LGA level). The exception in Borno State was Magumeri LGA, which had an 11% margin of error. Due to security concerns, only garrison towns could be included for Bama, Damboa, Dikwa, Gubio, Gwoza, Kala / Balge, Mafa, Monguno, and Ngala LGAs. Only 22 out of 27 LGAs in Borno State could be assessed due to access constraints or lack of partners active in the remaining LGAs.

In the midst of the ongoing humanitarian activities in North-East Nigeria, a new threat has emerged in the form of a global pandemic of COVID-19, a coronavirus disease caused by SARS-CoV-2. Although no cases have yet been identified in the BAY States, the number of infections in other parts of Nigeria and surrounding countries continues to climb. As an initiative deployed in many vulnerable and crisis-affected countries, REACH is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. REACH is currently scaling up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the 20+ countries where we operate.

This factsheet presents relevant indicators from the MSNA 2019, selected together with sectors and/or inter-sectoral coordination platforms to inform the COVID-19 preparedness, prevention and response in the BAY States.

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.8	4%	4%

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[3,4]

1. Community leader	81%
2. Religious leader	49%
3. Friend / Family	24%

Top 3 reported means of receiving information trusted by HHs:[3,4]

1. In person / Face to face	66%
2. Radio	46%
3. Phone call (mobile phone)	37%

40% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[3,4]

1. BBC	91%
2. BRTV	25%
3. Peace FM	23

% of HHs reporting listening to the radio during the following times:[3,4]

Morning	92%
Mid-day	21%
Afternoon	32%
Evening	71%

64% of HHs reported owning a cell phone, of which **22%** had access to Internet or social media.[4]

% of HHs reporting using the following networks:[3,4]

MTN	53%
Airtel	64%
Glo / Etisalat	14%
No response / Don't know	3%

[1] OCHA, 2019 Humanitarian Needs Overview
[2] OCHA, 2020 Global Humanitarian Overview
[3] Respondents could select multiple answers.
[4] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
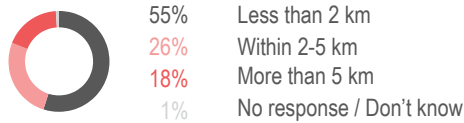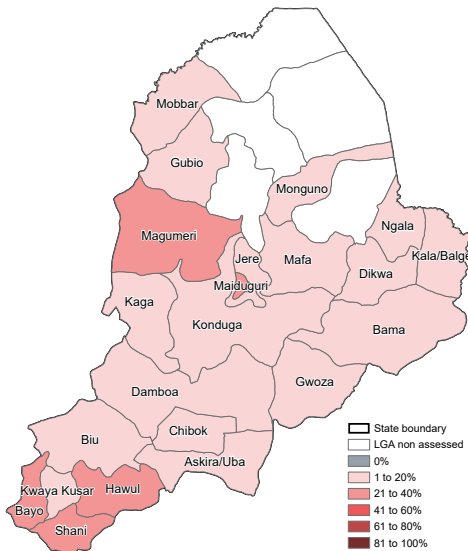
⚕ HEALTH

4% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

55%	Less than 2 km
26%	Within 2-5 km
18%	More than 5 km
1%	No response / Don't know

% of HHs reporting distance to health facility is more than 5 km, by LGA:[5]

Legend:
- State boundary
- LGA non assessed
- 0%
- 1 to 20%
- 21 to 40%
- 41 to 60%
- 61 to 80%
- 81 to 100%

Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	54%	50%
Primary Healthcare (PHC)	23%	25%
Mobile / Outreach clinic	8%	10%
Village outreach worker	0%	0%
Private doctor	0%	1%
Patent medicine store / Chemist	9%	8%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	4%	5%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **953** naira (2.65 dollars) for a consultation at the first facility they would go to for treatment.[4,6]

HHs reported an average cost of **856** naira (2.38 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[4,6]

3% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[3]

1. No barrier — 44%
2. Medicine too expensive — 34%
3. Health services too expensive — 24%

**% of HHs reporting the following preferred methods of support for healthcare:**

Direct provision of health services	38%	
Direct provision of medicines	11%	
Direct provison of transportation	2%	
Case for health service fees	11%	
Cash for medicine	7%	
Cash for transportation	1%	
Mix of cash and provision of health services	19%	
Mix of cash and provision of medicine	9%	
Do not want support	2%	
Other / No response / Don't know	0%	

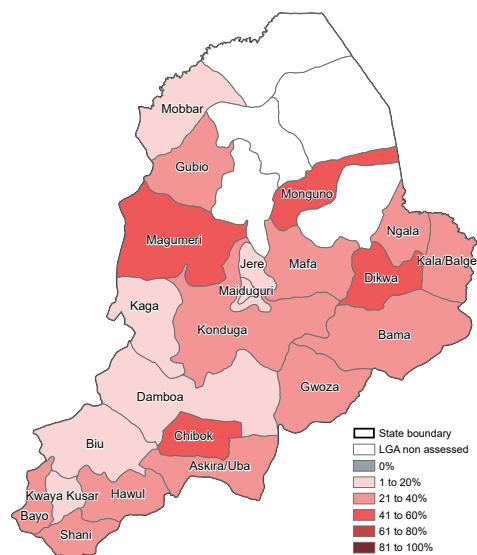## 🚰 WATER, SANITIATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[3]

1. Borehole — 60%
2. Mai moya — 25%
3. Public tap — 17%

% of HHs reporting time needed to collect water from main source:

14%	None - at the HH
35%	Less than 15 min
25%	15 min to 30 min
25%	More than 30 min
1%	No response / Don't know
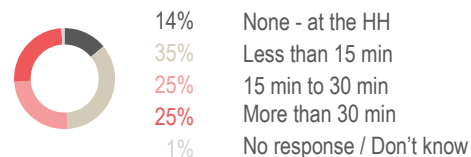
% of HHs reporting that the time needed to collect water from main source is more than 30 min, by LGA:[7]

Legend:
- State boundary
- LGA non assessed
- 0%
- 1 to 20%
- 21 to 40%
- 41 to 60%
- 61 to 80%
- 81 to 100%

To cope with water quantity issues:[3]

38% of HHs reported reducing water consumption for cleaning, bathing and washing.

2% reported drinking water usually used for cleaning or other purposes.

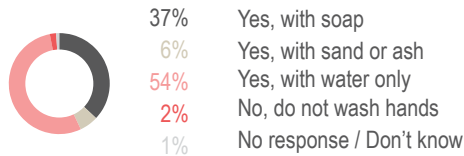**6%** reported receiving water on credit or borrowing water.

[5] At least one health facility should be within 5 km for primary healthcare coverage (United Nations High Commissioner for Refugees, Emergency Handbook Version 1.9).
[6] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
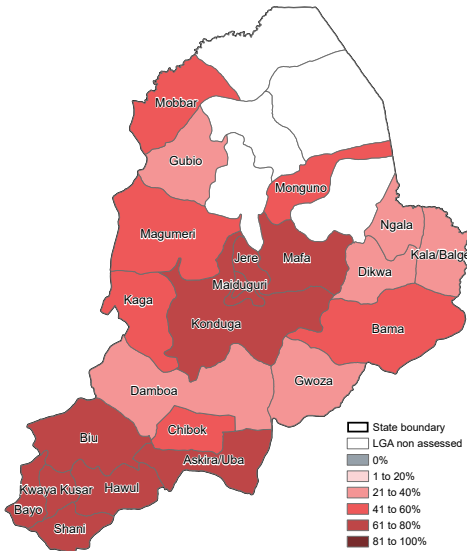[7] Queuing time of less than 30 minutes is a key indicator for water supply in humanitarian settings (Sphere, The Sphere Handbook 2018).

REACH Informing more effective humanitarian action

MSNA INDICATORS FOR COVID-19 | BORNO

% of respondents reporting hand washing:

37%	Yes, with soap
6%	Yes, with sand or ash
54%	Yes, with water only
2%	No, do not wash hands
1%	No response / Don't know

% of respondents reporting not washing hands with soap, by LGA:

Map legend:
- State boundary
- LGA non assessed
- 0%
- 1 to 20%
- 21 to 40%
- 41 to 60%
- 61 to 80%
- 81 to 100%

Map LGA labels: Mobbar, Gubio, Monguno, Magumeri, Ngala, Jere, Mafa, Kala/Balge, Maiduguri, Dikwa, Kaga, Konduga, Bama, Damboa, Gwoza, Biu, Chibok, Askira/Uba, Kwaya Kusar, Hawul, Bayo, Shani
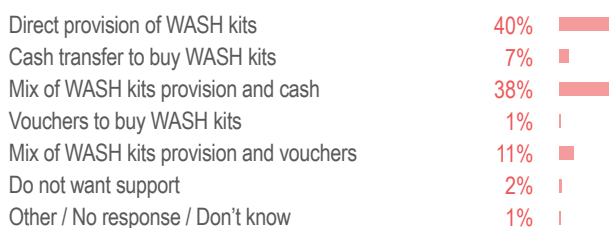
10% of respondents reported *not washing their hands* on the day before data collection.[4]

% of HHs reporting needing the following items that they did not own:[3]

Bar soap	60%
10 liter bucket	28%
10 liter basin	33%

4% of HHs reported *water* as their main priority need.

% of HHs reporting the following preferred methods of support for Water, Sanitation and Hygiene (WASH):

Direct provision of WASH kits	40%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	38%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	11%
Do not want support	2%
Other / No response / Don't know	1%

FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[3]

Purchased in local markets	71%
Markets located outside the community	10%
Own agriculture / Crop cultivation	26%
Food aid / Assistance from NGOs	24%
Food aid / Assistance from government	3%

53% of HHs reported *purchasing food on credit or borrowing food*.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

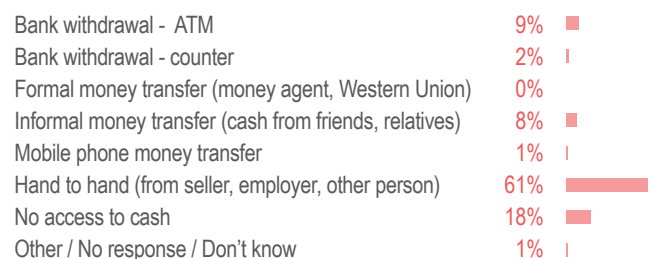**1 day** restricting consumption by adults in order for children to eat

61% of HHs reported being *in debt of money*.

Top 3 reported main sources of income in the 30 days before data collection:[3]

1. Agriculture	39%
2. Small business	31%
3. Trade	18%

20% of HHs reportedly resorted to *begging to cope with the lack of income* and **4%** engaged in *dangerous or illegal work*.

Type of access to cash reported by HHs:

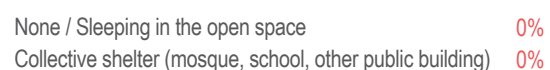|	
Bank withdrawal - ATM	9%
Bank withdrawal - counter	2%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	8%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	61%
No access to cash	18%
Other / No response / Don't know	1%

PROTECTION

34% of HHs reported having *a child-friendly space* in the community, of which **17%** are operated by NGOs.[4] **80%** of HHs reported that *their child has access* to this place.[4]

26% of HHs reported having a *safe space* in the community for *girls and women*, of which **13%** are operated by NGOs.[4] **84%** of HHs reported that *the women in their HH have access* to this place.[4]

SHELTER & WASTE MANAGEMENT

The average household reported **2.7** *families sharing an accommodation*. **3%** of HHs reported being *hosted* by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

39% of HHs reported *using dedicated on-site or public trash bins* (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

Borno State
ASKIRA / UBA LGA

📍 ASSESSMENT SAMPLE

HHs Interviewed:	*155*
- IDP:	*9*
- Returnee:	*86*
- Non-displaced:	*60*

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.1	3%	1%

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	88%
2. Religious leader	74%
3. Friend / Family	30%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	71%
2. Phone call (mobile phone)	49%
3. Radio	42%

43% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	95%
2. RFI	36%
3. Voice of America	29%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	97%
Mid-day	16%
Afternoon	31%
Evening	82%

**83%** of HHs reported owning a cell phone, of which **22%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	78%
Airtel	70%
Glo / Etisalat	5%
No response / Don't know	0%

⚕ HEALTH

3% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

72%	Less than 2 km
17%	Within 2-5 km
11%	More than 5 km
0%	No response / Don't know
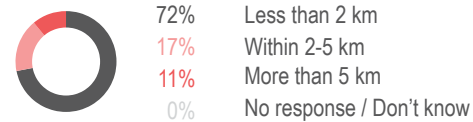
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	62%	63%
PHC	8%	7%
Mobile / Outreach clinic	2%	2%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	14%	12%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	13%	15%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1829** naira (5.08 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **1551** naira (4.31 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

2% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	50%
2. Health services too expensive	40%
3. No barrier	33%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	22%
Direct provision of medicines	6%
Direct provison of transportation	4%
Cash for health service fees	12%
Cash for medicine	14%
Cash for transportation	2%
Mix of cash and provision of health services	34%
Mix of cash and provision of medicine	3%
Do not want support	0%
Other / No response / Don't know	2%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population corveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
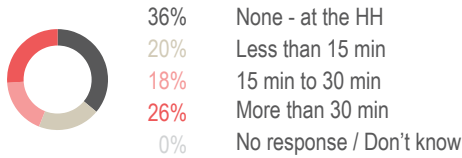
MSNA INDICATORS FOR COVID-19 | ASKIRA / UBA

💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1.	Open well	68%
2.	Borehole	24%
3.	Mai moya	14%

% of HHs reporting time needed to collect water from main source:

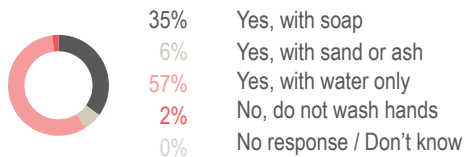|	
36%	None - at the HH
20%	Less than 15 min
18%	15 min to 30 min
26%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

38% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

35%	Yes, with soap
6%	Yes, with sand or ash
57%	Yes, with water only
2%	No, do not wash hands
0%	No response / Don't know

13% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	62%
10 liter bucket	20%
10 liter basin	29%

4% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	36%
Cash transfer to buy WASH kits	4%
Mix of WASH kits provision and cash	48%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	11%
Do not want support	1%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	75%
Markets located outside the community	13%
Own agriculture / Crop cultivation	74%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

47% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

75% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1.	Agriculture	68%
2.	Small business	20%
3.	Trade	14%

17% of HHs reportedly resorted to begging to cope with the lack of income and **1%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	17%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	11%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	62%
No access to cash	10%
Other / No response / Don't know	0%

🙌 PROTECTION

26% of HHs reported having a child-friendly space in the community, of which **0%** are operated by NGOs.[2] **0%** of HHs reported that their child has access to this place.[2]

18% of HHs reported having a safe space in the community for girls and women, of which **1%** are operated by NGOs.[2] **68%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.7** families sharing an accommodation. **1%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

8% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed:	**243**
- IDP:	**144**
- Returnee:	**99**
- Non-displaced:	**0**

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.8	**18%**	**1%**

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1.	Community leader	66%
2.	Religious leader	45%
3.	INGO	28%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1.	Radio	63%
2.	Information desks in camps	34%
3.	Phone call (mobile phone)	26%

30% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1.	BBC	69%
2.	Peace FM	27%
3.	BRTV	24%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	97%
Mid-day	10%
Afternoon	31%
Evening	42%

**41%** of HHs reported owning a cell phone, of which **24%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	28%
Airtel	73%
Glo / Etisalat	0%
No response / Don't know	0%

HEALTH

7% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

68%	Less than 2 km
24%	Within 2-5 km
7%	More than 5 km
1%	No response / Don't know
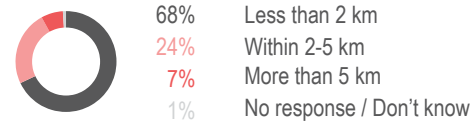
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	43%	33%
PHC	51%	58%
Mobile / Outreach clinic	0%	5%
Village outreach worker	0%	1%
Private doctor	0%	0%
Patent medicine store / Chemist	1%	1%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	3%	0%

HHs reported spending an average of **141** naira (0.39 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **148** naira (0.41 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

5% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1.	No barrier	37%
2.	Medicine not available	23%
3.	Medicine too expensive	12%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	43%
Direct provision of medicines	18%
Direct provison of transportation	7%
Cash for health service fees	4%
Cash for medicine	3%
Cash for transportation	2%
Mix of cash and provision of health services	13%
Mix of cash and provision of medicine	5%
Do not want support	3%
Other / No response / Don't know	1%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population curveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
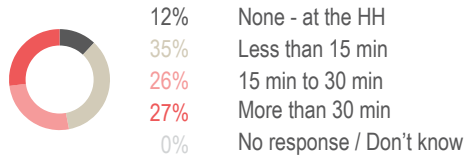
🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Hand pump	61%
2. Borehole	59%
3. Public tap	21%

% of HHs reporting time needed to collect water from main source:

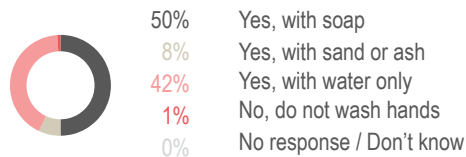|	
12%	None - at the HH
35%	Less than 15 min
26%	15 min to 30 min
27%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

33% of HHs reported reducing water consumption for cleaning, bathing and washing.

5% reported drinking water usually used for cleaning or other purposes.

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:[4]

50%	Yes, with soap
8%	Yes, with sand or ash
42%	Yes, with water only
1%	No, do not wash hands
0%	No response / Don't know

8% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	49%
10 liter bucket	11%
10 liter basin	12%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	37%
Cash transfer to buy WASH kits	8%
Mix of WASH kits provision and cash	35%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	12%
Do not want support	5%
Other / No response / Don't know	1%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	30%
Markets located outside the community	8%
Own agriculture / Crop cultivation	6%
Food aid / Assistance from NGOs	76%
Food aid / Assistance from government	9%

58% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

2 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

37% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. No income	41%
2. Agriculture	25%
3. Small business	19%

24% of HHs reportedly resorted to begging to cope with the lack of income and **13%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	2%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	2%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	37%
No access to cash	54%
Other / No response / Don't know	1%

🤝 PROTECTION

86% of HHs reported having a child-friendly space in the community, of which **52%** are operated by NGOs.[2] **76%** of HHs reported that their child has access to this place.[2]

67% of HHs reported having a safe space in the community for girls and women, of which **43%** are operated by NGOs.[2] **76%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **3.4** families sharing an accommodation. **8%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	1%

63% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

[4]Percentages may not add up to 100 due to rounding.

ASSESSMENT SAMPLE

HHs Interviewed:	**118**
- IDP:	**0**
- Returnee:	**0**
- Non-displaced:	**118**

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.9	**7%**	**3%**

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	95%
2. Religious leader	48%
3. Friend / Family	26%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	70%
2. Radio	34%
3. Phone call (mobile phone)	30%

36% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	81%
2. Tie: RFI, Voice of America	19%
3. Peace FM	14%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	98%
Mid-day	12%
Afternoon	40%
Evening	65%

**64%** of HHs reported owning a **cell phone**, of which **14%** had access to **Internet or social media**.[2]

% of HHs reporting using the following networks:[1,2]

MTN	51%
Airtel	78%
Glo / Etisalat	4%
No response / Don't know	0%

HEALTH

4% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

47%	Less than 2 km
24%	Within 2-5 km
30%	More than 5 km
0%	No response / Don't know
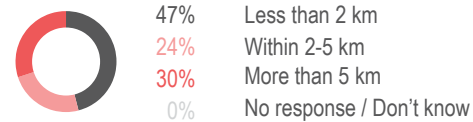
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	53%	53%
PHC	19%	19%
Mobile / Outreach clinic	2%	3%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	16%	14%
Traditional practitioner	2%	3%
Pharmacy / Dispensary	8%	8%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1169** naira (3.25 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **1381** naira (3.84 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

3% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	53%
2. Health services too expensive	41%
3. No barrier	19%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	54%
Direct provision of medicines	4%
Direct provison of transportation	3%
Cash for health service fees	10%
Cash for medicine	6%
Cash for transportation	3%
Mix of cash and provision of health services	13%
Mix of cash and provision of medicine	4%
Do not want support	1%
Other / No response / Don't know	1%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
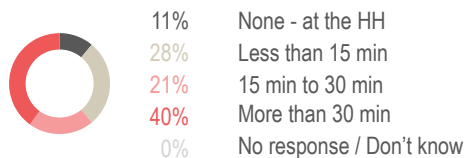
MSNA INDICATORS FOR COVID-19 | BAYO

💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Open well	42%
2. Borehole	36%
3. Surface water	32%

% of HHs reporting time needed to collect water from main source:

11%	None - at the HH
28%	Less than 15 min
21%	15 min to 30 min
40%	More than 30 min
0%	No response / Don't know

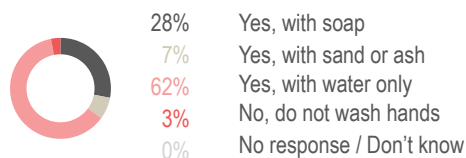**To cope with water quantity issues:[1]**

37% of HHs reported reducing water consumption for cleaning, bathing and washing.

3% reported drinking water usually used for cleaning or other purposes.

1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

28%	Yes, with soap
7%	Yes, with sand or ash
62%	Yes, with water only
3%	No, do not wash hands
0%	No response / Don't know

21% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	64%
10 liter bucket	31%
10 liter basin	39%

6% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	53%
Cash transfer to buy WASH kits	6%
Mix of WASH kits provision and cash	29%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	12%
Do not want support	0%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	70%
Markets located outside the community	9%
Own agriculture / Crop cultivation	66%
Food aid / Assistance from NGOs	2%
Food aid / Assistance from government	0%

53% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

60% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	70%
2. Small business	18%
3. Livestock	16%

20% of HHs reportedly resorted to begging to cope with the lack of income and **2%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	3%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	17%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	75%
No access to cash	3%
Other / No response / Don't know	1%

🤲 PROTECTION

19% of HHs reported having a child-friendly space in the community, of which **1%** are operated by NGOs.[2] **0%** of HHs reported that their child has access to this place.[2]

14% of HHs reported having a safe space in the community for girls and women, of which **0%** are operated by NGOs.[2] **100%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.6** families sharing an accommodation. **2%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

0% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

Borno State
BIU LGA

⚐ ASSESSMENT SAMPLE

HHs Interviewed:	*146*
- IDP:	*26*
- Returnee:	*9*
- Non-displaced:	*111*

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.7	3%	3%

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Bura**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	80%
2. Religious leader	54%
3. Friend / Family	26%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	61%
2. Phone call (mobile phone)	45%
3. Radio	35%

28% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	100%
2. Voice of America	27%
3. RFI	22%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	97%
Mid-day	14%
Afternoon	23%
Evening	68%

**70%** of HHs reported owning a **cell phone**, of which **20%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	78%
Airtel	65%
Glo / Etisalat	8%
No response / Don't know	0%

✚ HEALTH

7% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

53%	Less than 2 km
29%	Within 2-5 km
17%	More than 5 km
0%	No response / Don't know
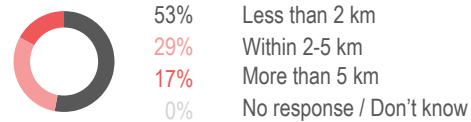
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	55%	58%
PHC	11%	14%
Mobile / Outreach clinic	1%	2%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	20%	17%
Traditional practitioner	2%	1%
Pharmacy / Dispensary	9%	9%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **2508** naira (6.97 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **968** naira (2.69 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

0% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	67%
2. Health services too expensive	48%
3. Medicine not available	19%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	55%
Direct provision of medicines	4%
Direct provison of transportation	1%
Cash for health service fees	9%
Cash for medicine	8%
Cash for transportation	1%
Mix of cash and provision of health services	19%
Mix of cash and provision of medicine	4%
Do not want support	0%
Other / No response / Don't know	0%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
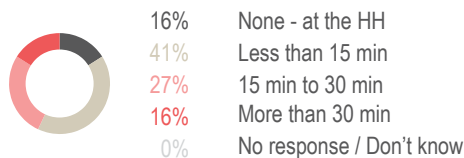
🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	54%
2. Open well	36%
3. Mai moya	20%

% of HHs reporting time needed to collect water from main source:

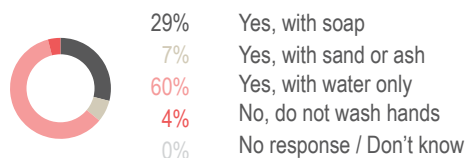|	
16%	None - at the HH
41%	Less than 15 min
27%	15 min to 30 min
16%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

40% of HHs reported reducing water consumption for cleaning, bathing and washing.

6% reported drinking water usually used for cleaning or other purposes.

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

29%	Yes, with soap
7%	Yes, with sand or ash
60%	Yes, with water only
4%	No, do not wash hands
0%	No response / Don't know

20% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	56%
10 liter bucket	27%
10 liter basin	32%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	44%
Cash transfer to buy WASH kits	6%
Mix of WASH kits provision and cash	32%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	16%
Do not want support	0%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	73%
Markets located outside the community	18%
Own agriculture / Crop cultivation	59%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

54% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

65% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	70%
2. Small business	26%
3. Trade	15%

16% of HHs reportedly resorted to begging to cope with the lack of income and **1%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	12%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	13%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	72%
No access to cash	2%
Other / No response / Don't know	1%

🤲 PROTECTION

35% of HHs reported having a child-friendly space in the community, of which **14%** are operated by NGOs.[2] **100%** of HHs reported that their child has access to this place.[2]

24% of HHs reported having a safe space in the community for girls and women, of which **6%** are operated by NGOs.[2] **86%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.9** families sharing an accommodation. **2%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

0% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

INTER-SECTOR WORKING GROUP

REACH Informing more effective humanitarian action

MSNA Indicators for COVID-19

◉ ASSESSMENT SAMPLE

HHs Interviewed:	**123**
- IDP:	**14**
- Returnee:	**30**
- Non-displaced:	**79**

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.3	**2%**	**2%**

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1.	Community leader	81%
2.	Religious leader	66%
3.	Friend / Family	23%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1.	In person / Face to face	70%
2.	Phone call (mobile phone)	51%
3.	Radio	45%

33% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1.	BBC	100%
2.	Voice of America	45%
3.	RFI	38%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	100%
Mid-day	18%
Afternoon	18%
Evening	84%

67% of HHs reported owning a cell phone, of which **8%** had access to Internet or social media.[2]
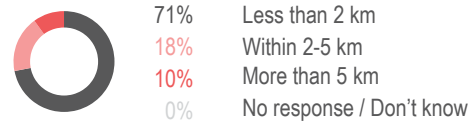
% of HHs reporting using the following networks:[1,2]

MTN	71%
Airtel	66%
Glo / Etisalat	1%
No response / Don't know	0%

⚕ HEALTH

3% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

71%	Less than 2 km
18%	Within 2-5 km
10%	More than 5 km
0%	No response / Don't know

Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	64%	66%
PHC	20%	18%
Mobile / Outreach clinic	2%	2%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	9%	9%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	4%	5%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **3134** naira (8.71 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **2177** naira (6.05 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

5% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1.	Medicine too expensive	61%
2.	Health services too expensive	48%
3.	Medicine not available	19%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	29%
Direct provision of medicines	11%
Direct provison of transportation	2%
Cash for health service fees	17%
Cash for medicine	8%
Cash for transportation	4%
Mix of cash and provision of health services	24%
Mix of cash and provision of medicine	3%
Do not want support	0%
Other / No response / Don't know	2%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
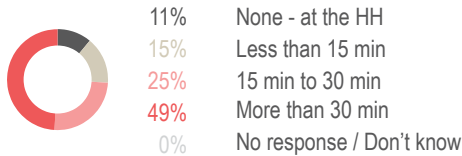
💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1.	Open well	57%
2.	Borehole	42%
3.	Mai moya	30%

% of HHs reporting time needed to collect water from main source:

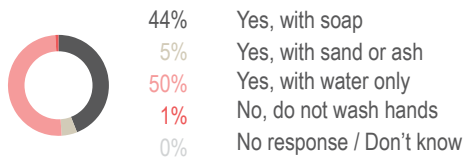|	
11%	None - at the HH
15%	Less than 15 min
25%	15 min to 30 min
49%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

44% of HHs reported reducing water consumption for cleaning, bathing and washing.

3% reported drinking water usually used for cleaning or other purposes.

1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

44%	Yes, with soap
5%	Yes, with sand or ash
50%	Yes, with water only
1%	No, do not wash hands
0%	No response / Don't know

13% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	58%
10 liter bucket	29%
10 liter basin	40%

6% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	35%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	46%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	12%
Do not want support	0%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	70%
Markets located outside the community	10%
Own agriculture / Crop cultivation	74%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

52% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

2 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

68% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1.	Agriculture	79%
2.	Small business	12%
3.	Casual labour	10%

29% of HHs reportedly resorted to begging to cope with the lack of income and **1%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	10%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	17%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	64%
No access to cash	7%
Other / No response / Don't know	0%

🤲 PROTECTION

24% of HHs reported having a child-friendly space in the community, of which **0%** are operated by NGOs.[2] **0%** of HHs reported that their child has access to this place.[2]

12% of HHs reported having a safe space in the community for girls and women, of which **2%** are operated by NGOs.[2] **72%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.5** families sharing an accommodation. **2%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

0% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed: **159**
- IDP: **115**
- Returnee: **24**
- Non-displaced: **20**

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.4	**0%**	**1%**

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader — 89%
2. Religious leader — 67%
3. Local government — 36%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. Radio — 77%
2. In person / Face to face — 37%
3. Phone call (mobile phone) — 30%

59% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC — 98%
2. Dandal Kura — 59%
3. BRTV — 23%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	100%
Mid-day	0%
Afternoon	15%
Evening	69%

**42%** of HHs reported owning a cell phone, of which **17%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	1%
Airtel	100%
Glo / Etisalat	0%
No response / Don't know	0%

HEALTH

0% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

71%	Less than 2 km
29%	Within 2-5 km
1%	More than 5 km
0%	No response / Don't know
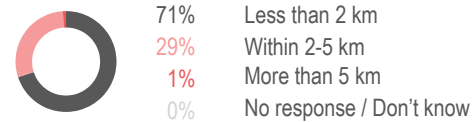
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	4%	2%
PHC	82%	84%
Mobile / Outreach clinic	8%	8%
Village outreach worker	0%	1%
Private doctor	1%	1%
Patent medicine store / Chemist	3%	3%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	2%	2%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	1%	0%

HHs reported spending an average of **576** naira (1.60 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **179** naira (0.50 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

7% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. No barrier — 80%
2. Medicine too expensive — 6%
3. Health facility unsafe — 5%

% of HHs reporting the following preferred methods of support for healthcare:

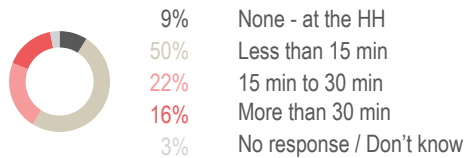| Direct provision of health services	48%
Direct provision of medicines	15%
Direct provison of transportation	4%
Cash for health service fees	10%
Cash for medicine	1%
Cash for transportation	2%
Mix of cash and provision of health services	8%
Mix of cash and provision of medicine	2%
Do not want support	6%
Other / No response / Don't know	4%

MSNA INDICATORS FOR COVID-19 | DAMBOA

💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	44%
2. Mai moya	40%
3. Hand pump	32%

% of HHs reporting time needed to collect water from main source:

9%	None - at the HH
50%	Less than 15 min
22%	15 min to 30 min
16%	More than 30 min
3%	No response / Don't know

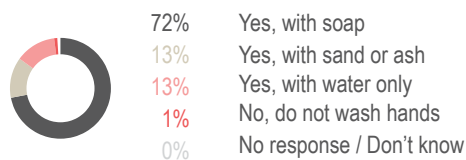**To cope with water quantity issues:**[1]

45% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

5% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

72%	Yes, with soap
13%	Yes, with sand or ash
13%	Yes, with water only
1%	No, do not wash hands
0%	No response / Don't know

4% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	40%
10 liter bucket	13%
10 liter basin	17%

2% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	47%
Cash transfer to buy WASH kits	14%
Mix of WASH kits provision and cash	21%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	4%
Do not want support	6%
Other / No response / Don't know	7%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	61%
Markets located outside the community	11%
Own agriculture / Crop cultivation	30%
Food aid / Assistance from NGOs	45%
Food aid / Assistance from government	5%

70% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

1 day relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

51% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	61%
2. No income	19%
3. Casual labour	16%

23% of HHs reportedly resorted to begging to cope with the lack of income and **16%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	2%
Bank withdrawal - counter	2%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	5%
Mobile phone money transfer	2%
Hand to hand (from seller, employer, other person)	35%
No access to cash	52%
Other / No response / Don't know	2%

🤲 PROTECTION

41% of HHs reported having a child-friendly space in the community, of which **31%** are operated by NGOs.[2] **58%** of HHs reported that their child has access to this place.[2]

21% of HHs reported having a safe space in the community for girls and women, of which **17%** are operated by NGOs.[2] **48%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **3.5** families sharing an accommodation. **2%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

81% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

📍 ASSESSMENT SAMPLE

HHs Interviewed:	***124***
- IDP:	***80***
- Returnee:	***44***
- Non-displaced:	***0***

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.3	**4%**	**0%**

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	88%
2. Religious leader	51%
3. INGO	37%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	56%
2. Radio	55%
3. Loudspeaker	29%

24% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	94%
2. Voice of America	36%
3. RFI	35%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	95%
Mid-day	16%
Afternoon	69%
Evening	79%

**12%** of HHs reported owning a cell phone, of which **14%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	16%
Airtel	49%
Glo / Etisalat	25%
No response / Don't know	23%

⚕ HEALTH

0% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

81%	Less than 2 km
17%	Within 2-5 km
1%	More than 5 km
1%	No response / Don't know
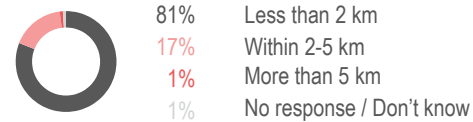
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	41%	32%
PHC	17%	20%
Mobile / Outreach clinic	32%	44%
Village outreach worker	1%	1%
Private doctor	0%	0%
Patent medicine store / Chemist	2%	1%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	1%	1%
Wouldn't seek treatment	3%	NA
Other / No response / Don't know	1%	1%

HHs reported spending an average of **32** naira (0.09 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **23** naira (0.06 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. No barrier	83%
2. Explosives	6%
3. Health facility unsafe	5%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	29%
Direct provision of medicines	13%
Direct provison of transportation	6%
Cash for health service fees	4%
Cash for medicine	1%
Cash for transportation	4%
Mix of cash and provision of health services	31%
Mix of cash and provision of medicine	9%
Do not want support	4%
Other / No response / Don't know	0%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population corveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
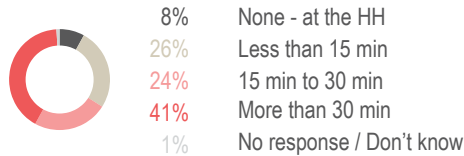
🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole — 62%
2. Public tap — 48%
3. Hand pump — 33%

% of HHs reporting time needed to collect water from main source:

8%	None - at the HH
26%	Less than 15 min
24%	15 min to 30 min
41%	More than 30 min
1%	No response / Don't know

To cope with water quantity issues:[1]

54% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

5% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:[4]

64%	Yes, with soap
8%	Yes, with sand or ash
25%	Yes, with water only
4%	No, do not wash hands
0%	No response / Don't know

16% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	70%
10 liter bucket	33%
10 liter basin	29%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	31%
Cash transfer to buy WASH kits	16%
Mix of WASH kits provision and cash	30%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	15%
Do not want support	6%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	28%
Markets located outside the community	5%
Own agriculture / Crop cultivation	8%
Food aid / Assistance from NGOs	78%
Food aid / Assistance from government	2%

52% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

2 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

35% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. No income — 53%
2. Small business — 20%
3. Agriculture — 15%

30% of HHs reportedly resorted to begging to cope with the lack of income and **10%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	0%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	0%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	45%
No access to cash	51%
Other / No response / Don't know	1%

🧍 PROTECTION

56% of HHs reported having a child-friendly space in the community, of which **53%** are operated by NGOs.[2] **84%** of HHs reported that their child has access to this place.[2]

50% of HHs reported having a safe space in the community for girls and women, of which **47%** are operated by NGOs.[2] **80%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.8** families sharing an accommodation. **8%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

79% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

[4] Percentages may not add up to 100 due to rounding.

MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed: 139
- IDP: 35
- Returnee: 81
- Non-displaced: 23

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.8	9%	8%

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader   84%
2. Religious leader   56%
3. Military   22%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face   61%
2. Phone call (mobile phone)   51%
3. Radio   44%

21% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC   100%
2. Dandal Kura   28%
3. RFI   26%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	82%
Mid-day	28%
Afternoon	32%
Evening	64%

**70%** of HHs reported owning a **cell phone**, of which **11%** had access to **Internet or social media.**[2]

% of HHs reporting using the following networks:[1,2]

MTN	0%
Airtel	0%
Glo / Etisalat	100%
No response / Don't know	0%

HEALTH

18% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

60%	Less than 2 km
34%	Within 2-5 km
4%	More than 5 km
2%	No response / Don't know
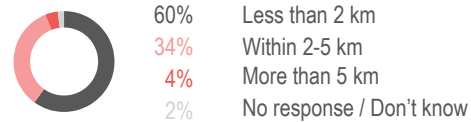
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	51%	53%
PHC	21%	22%
Mobile / Outreach clinic	2%	3%
Village outreach worker	1%	1%
Private doctor	1%	1%
Patent medicine store / Chemist	16%	14%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	5%	5%
Wouldn't seek treatment	2%	NA
Other / No response / Don't know	0%	1%

HHs reported spending an average of **985** naira (2.74 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **845** naira (2.35 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

2% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. No barrier   46%
2. Medicine too expensive   37%
3. Health services too expensive 31%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	26%
Direct provision of medicines	21%
Direct provison of transportation	2%
Cash for health service fees	9%
Cash for medicine	1%
Cash for transportation	2%
Mix of cash and provision of health services	29%
Mix of cash and provision of medicine	9%
Do not want support	0%
Other / No response / Don't know	1%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population corveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
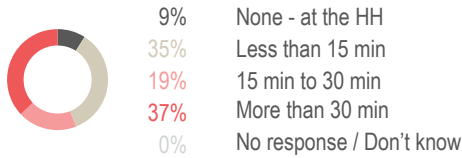
MSNA INDICATORS FOR COVID-19 | GUBIO

WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	86%
2. Public tap	23%
3. Mai moya	17%

% of HHs reporting time needed to collect water from main source:

9%	None - at the HH
35%	Less than 15 min
19%	15 min to 30 min
37%	More than 30 min
0%	No response / Don't know

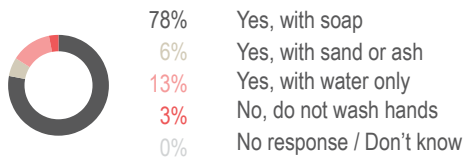**To cope with water quantity issues:[1]**

52% of HHs reported reducing water consumption for cleaning, bathing and washing.

2% reported drinking water usually used for cleaning or other purposes.

12% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

78%	Yes, with soap
6%	Yes, with sand or ash
13%	Yes, with water only
3%	No, do not wash hands
0%	No response / Don't know

7% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	74%
10 liter bucket	41%
10 liter basin	65%

2% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	38%
Cash transfer to buy WASH kits	10%
Mix of WASH kits provision and cash	25%
Vouchers to buy WASH kits	8%
Mix of WASH kits provision and vouchers	20%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	73%
Markets located outside the community	13%
Own agriculture / Crop cultivation	34%
Food aid / Assistance from NGOs	25%
Food aid / Assistance from government	1%

35% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

4 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

2 days restricting consumption by adults in order for children to eat

63% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	58%
2. Trade	33%
3. Small business	28%

14% of HHs reportedly resorted to begging to cope with the lack of income and **2%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	2%
Bank withdrawal - counter	2%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	1%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	65%
No access to cash	29%
Other / No response / Don't know	1%

PROTECTION

18% of HHs reported having a child-friendly space in the community, of which **0%** are operated by NGOs.[2] **0%** of HHs reported that their child has access to this place.[2]

9% of HHs reported having a safe space in the community for girls and women, of which **1%** are operated by NGOs.[2] **77%** of HHs reported that the women in their HH have access to this place.[2]

SHELTER & WASTE MANAGEMENT

The average household reported **3.3** families sharing an accommodation. **0%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

31% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

Borno State
GWOZA LGA

📍 ASSESSMENT SAMPLE

HHs Interviewed:	*166*
- IDP:	*64*
- Returnee:	*75*
- Non-displaced:	*27*

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.4	**12%**	**6%**

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1.	Community leader	82%
2.	Religious leader	45%
3.	Friend / Family	20%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1.	Radio	79%
2.	In person / Face to face	47%
3.	Phone call (mobile phone)	27%

53% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1.	BBC	100%
2.	Voice of America	17%
3.	RFI	10%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	70%
Mid-day	26%
Afternoon	33%
Evening	55%

**32%** of HHs reported owning a cell phone, of which **26%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	20%
Airtel	45%
Glo / Etisalat	75%
No response / Don't know	0%

⚕ HEALTH

10% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

68%	Less than 2 km
19%	Within 2-5 km
13%	More than 5 km
1%	No response / Don't know
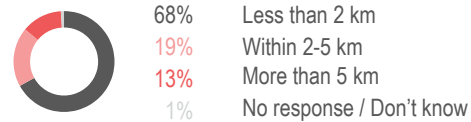
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	62%	36%
PHC	30%	37%
Mobile / Outreach clinic	3%	19%
Village outreach worker	0%	0%
Private doctor	2%	2%
Patent medicine store / Chemist	1%	1%
Traditional practitioner	0%	1%
Pharmacy / Dispensary	2%	2%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **188** naira (0.52 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **266** naira (0.74 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

3% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1.	No barrier	74%
2.	Medicine not available	8%
3.	Health facility unsafe	7%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	28%
Direct provision of medicines	14%
Direct provison of transportation	3%
Cash for health service fees	14%
Cash for medicine	5%
Cash for transportation	1%
Mix of cash and provision of health services	24%
Mix of cash and provision of medicine	11%
Do not want support	1%
Other / No response / Don't know	0%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
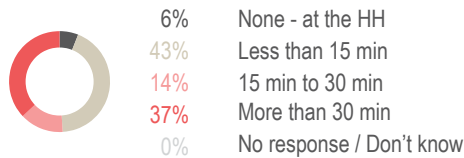
💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	66%
2. Public tap	29%
3. Hand pump	21%

% of HHs reporting time needed to collect water from main source:

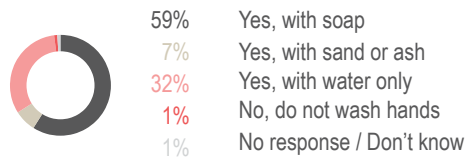|	
6%	None - at the HH
43%	Less than 15 min
14%	15 min to 30 min
37%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

20% of HHs reported reducing water consumption for cleaning, bathing and washing.

3% reported drinking water usually used for cleaning or other purposes.

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

59%	Yes, with soap
7%	Yes, with sand or ash
32%	Yes, with water only
1%	No, do not wash hands
1%	No response / Don't know

5% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	40%
10 liter bucket	7%
10 liter basin	3%

15% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	29%
Cash transfer to buy WASH kits	15%
Mix of WASH kits provision and cash	44%
Vouchers to buy WASH kits	2%
Mix of WASH kits provision and vouchers	10%
Do not want support	0%
Other / No response / Don't know	1%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	25%
Markets located outside the community	7%
Own agriculture / Crop cultivation	6%
Food aid / Assistance from NGOs	77%
Food aid / Assistance from government	4%

43% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

2 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

2 days restricting consumption by adults in order for children to eat

56% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	38%
2. No income	30%
3. Small business	26%

17% of HHs reportedly resorted to begging to cope with the lack of income and **7%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	2%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	2%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	37%
No access to cash	56%
Other / No response / Don't know	1%

🤲 PROTECTION

52% of HHs reported having a child-friendly space in the community, of which **36%** are operated by NGOs.[2] **86%** of HHs reported that their child has access to this place.[2]

34% of HHs reported having a safe space in the community for girls and women, of which **24%** are operated by NGOs.[2] **78%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.6** families sharing an accommodation. **6%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

55% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed:	*115*
- IDP:	*15*
- Returnee:	*22*
- Non-displaced:	*78*

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.4	0%	0%

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Bura** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	89%
2. Religious leader	58%
3. Friend / Family	30%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	66%
2. Radio	51%
3. Phone call (mobile phone)	40%

46% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	91%
2. RFI	28%
3. Voice of America	25%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	94%
Mid-day	11%
Afternoon	15%
Evening	77%

**66%** of HHs reported owning a cell phone, of which **12%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	79%
Airtel	53%
Glo / Etisalat	21%
No response / Don't know	0%

HEALTH

7% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

43%	Less than 2 km
18%	Within 2-5 km
38%	More than 5 km
1%	No response / Don't know
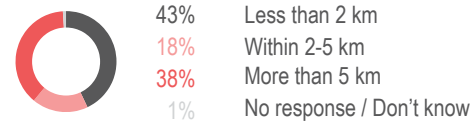
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	61%	61%
PHC	9%	9%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	20%	17%
Traditional practitioner	1%	2%
Pharmacy / Dispensary	9%	10%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1953** naira (5.42 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **2430** naira (6.75 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

6% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	60%
2. Health services too expensive	50%
3. Health facility too far	24%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	37%
Direct provision of medicines	13%
Direct provison of transportation	2%
Cash for health service fees	13%
Cash for medicine	8%
Cash for transportation	2%
Mix of cash and provision of health services	21%
Mix of cash and provision of medicine	3%
Do not want support	0%
Other / No response / Don't know	0%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
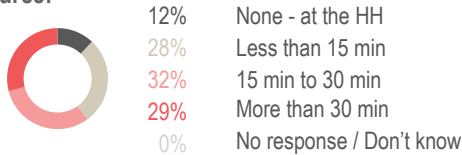
🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Open well	51%
2. Borehole	48%
3. Mai moya	15%

% of HHs reporting time needed to collect water from main source:[4]

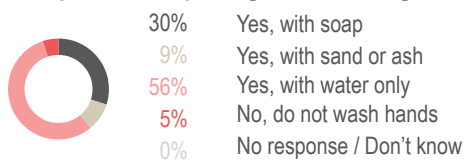|	
12%	None - at the HH
28%	Less than 15 min
32%	15 min to 30 min
29%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

34% of HHs reported reducing water consumption for cleaning, bathing and washing.

0% reported drinking water usually used for cleaning or other purposes.

2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

30%	Yes, with soap
9%	Yes, with sand or ash
56%	Yes, with water only
5%	No, do not wash hands
0%	No response / Don't know

16% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	67%
10 liter bucket	22%
10 liter basin	32%

7% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	39%
Cash transfer to buy WASH kits	5%
Mix of WASH kits provision and cash	41%
Vouchers to buy WASH kits	2%
Mix of WASH kits provision and vouchers	13%
Do not want support	0%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	79%
Markets located outside the community	8%
Own agriculture / Crop cultivation	70%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

59% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

63% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	76%
2. Small business	16%
3. Livestock	11%

21% of HHs reportedly resorted to begging to cope with the lack of income and **1%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	9%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	2%
Informal money transfer (cash from friends, relatives)	10%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	71%
No access to cash	7%
Other / No response / Don't know	0%

🤲 PROTECTION

17% of HHs reported having a child-friendly space in the community, of which **1%** are operated by NGOs.[2] **0%** of HHs reported that their child has access to this place.[2]

19% of HHs reported having a safe space in the community for girls and women, of which **3%** are operated by NGOs.[2] **68%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.3** families sharing an accommodation. **1%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

0% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

[4] Percentages may not add up to 100 due to rounding.

⚲ ASSESSMENT SAMPLE

HHs Interviewed:	***159***
- IDP:	***48***
- Returnee:	***2***
- Non-displaced:	***109***

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.5	**0%**	**5%**

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	71%
2. Religious leader	51%
3. INGO	24%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	80%
2. Radio	39%
3. Phone call (mobile phone)	37%

44% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	84%
2. BRTV	54%
3. Peace FM	42%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	94%
Mid-day	38%
Afternoon	37%
Evening	80%

**77%** of HHs reported owning a cell phone, of which **24%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	70%
Airtel	65%
Glo / Etisalat	8%
No response / Don't know	0%

⚕ HEALTH

0% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

46%	Less than 2 km
38%	Within 2-5 km
17%	More than 5 km
0%	No response / Don't know
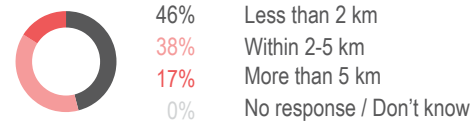
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	56%	59%
PHC	17%	17%
Mobile / Outreach clinic	7%	7%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	13%	10%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	7%	6%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **737** naira (2.05 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **603** naira (1.67 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	49%
2. No barrier	31%
3. Health services too expensive	29%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	45%
Direct provision of medicines	7%
Direct provison of transportation	0%
Cash for health service fees	11%
Cash for medicine	8%
Cash for transportation	1%
Mix of cash and provision of health services	16%
Mix of cash and provision of medicine	11%
Do not want support	1%
Other / No response / Don't know	0%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
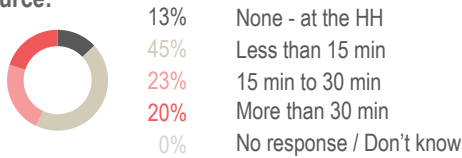
MSNA INDICATORS FOR COVID-19 | JERE

💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	66%
2. Mai moya	47%
3. Public tap	13%

% of HHs reporting time needed to collect water from main source:[3]

13%	None - at the HH
45%	Less than 15 min
23%	15 min to 30 min
20%	More than 30 min
0%	No response / Don't know

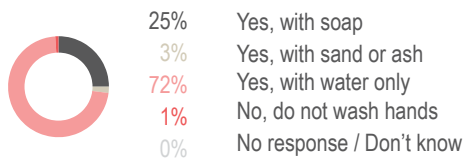**To cope with water quantity issues:**[1]

43% of HHs reported reducing water consumption for cleaning, bathing and washing.

0% reported drinking water usually used for cleaning or other purposes.

6% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:[3]

25%	Yes, with soap
3%	Yes, with sand or ash
72%	Yes, with water only
1%	No, do not wash hands
0%	No response / Don't know

6% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	66%
10 liter bucket	31%
10 liter basin	34%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	46%
Cash transfer to buy WASH kits	2%
Mix of WASH kits provision and cash	38%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	13%
Do not want support	0%
Other / No response / Don't know	1%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	93%
Markets located outside the community	15%
Own agriculture / Crop cultivation	2%
Food aid / Assistance from NGOs	10%
Food aid / Assistance from government	4%

59% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

78% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Small business	48%
2. Casual labour	18%
3. Trade	18%

23% of HHs reportedly resorted to begging to cope with the lack of income and **1%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	13%
Bank withdrawal - counter	4%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	8%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	73%
No access to cash	2%
Other / No response / Don't know	0%

🤲 PROTECTION

32% of HHs reported having a child-friendly space in the community, of which **8%** are operated by NGOs.[2] **82%** of HHs reported that their child has access to this place.[2]

27% of HHs reported having a safe space in the community for girls and women, of which **5%** are operated by NGOs.[2] **90%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **3** families sharing an accommodation.

3% of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

36% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

Borno State
KAGA LGA

📍 ASSESSMENT SAMPLE

HHs Interviewed:	*149*
- IDP:	*28*
- Returnee:	*98*
- Non-displaced:	*23*

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.3	5%	6%

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	82%
2. Religious leader	69%
3. Friend / Family	35%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	63%
2. Phone call (mobile phone)	55%
3. Radio	40%

24% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	84%
2. BRTV	26%
3. Peace FM	19%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	75%
Mid-day	22%
Afternoon	34%
Evening	92%

**69%** of HHs reported owning a cell phone, of which **13%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	36%
Airtel	62%
Glo / Etisalat	12%
No response / Don't know	0%

⚕ HEALTH

7% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

57%	Less than 2 km
23%	Within 2-5 km
20%	More than 5 km
0%	No response / Don't know
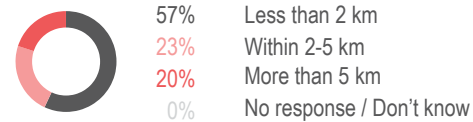
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	55%	51%
PHC	24%	31%
Mobile / Outreach clinic	3%	5%
Village outreach worker	0%	0%
Private doctor	0%	1%
Patent medicine store / Chemist	13%	6%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	4%	4%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **687** naira (1.91 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **1277** naira (3.55 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	45%
2. No barrier	38%
3. Health services too expensive	33%

% of HHs reporting the following preferred methods of support for healthcare:

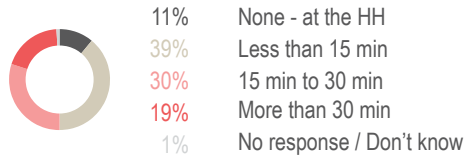|	
Direct provision of health services	22%
Direct provision of medicines	18%
Direct provison of transportation	3%
Cash for health service fees	12%
Cash for medicine	3%
Cash for transportation	0%
Mix of cash and provision of health services	36%
Mix of cash and provision of medicine	6%
Do not want support	0%
Other / No response / Don't know	0%

🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	75%
2. Mai moya	25%
3. Public tap	20%

% of HHs reporting time needed to collect water from main source:

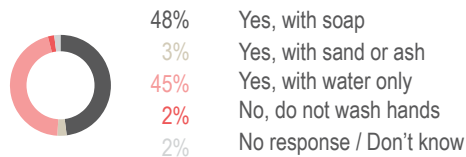|	
11%	None - at the HH
39%	Less than 15 min
30%	15 min to 30 min
19%	More than 30 min
1%	No response / Don't know

To cope with water quantity issues:[1]

49% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

14% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

48%	Yes, with soap
3%	Yes, with sand or ash
45%	Yes, with water only
2%	No, do not wash hands
2%	No response / Don't know

4% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	69%
10 liter bucket	35%
10 liter basin	49%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	35%
Cash transfer to buy WASH kits	8%
Mix of WASH kits provision and cash	31%
Vouchers to buy WASH kits	4%
Mix of WASH kits provision and vouchers	21%
Do not want support	2%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	85%
Markets located outside the community	10%
Own agriculture / Crop cultivation	46%
Food aid / Assistance from NGOs	5%
Food aid / Assistance from government	2%

59% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

4 days relying on less preferred and cheaper food

2 days borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

2 days restricting consumption by adults in order for children to eat

73% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	59%
2. Small business	29%
3. Trade	15%

20% of HHs reportedly resorted to begging to cope with the lack of income and **0%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	3%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	8%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	66%
No access to cash	24%
Other / No response / Don't know	0%

🤲 PROTECTION

17% of HHs reported having a child-friendly space in the community, of which **7%** are operated by NGOs.[2] **86%** of HHs reported that their child has access to this place.[2]

12% of HHs reported having a safe space in the community for girls and women, of which **8%** are operated by NGOs.[2] **84%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.4** families sharing an accommodation. **0%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

45% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

Borno State
KALA / BALGE LGA

ASSESSMENT SAMPLE

HHs Interviewed:	*116*
- IDP:	*36*
- Returnee:	*79*
- Non-displaced:	*1*

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.4	NA	0%

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	38%
2. United Nations	33%
3. INGO	31%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. Radio	67%
2. Phone call (mobile phone)	48%
3. Information desks in camps	37%

36% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	100%
2. Lafiya Dole	36%
3. ABBC Yola FM	23%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	98%
Mid-day	9%
Afternoon	55%
Evening	41%

53% of HHs reported owning a **cell phone**, of which **48%** had access to **Internet or social media**.[2]
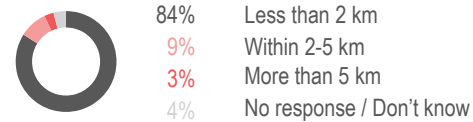
% of HHs reporting using the following networks:[1,2]

MTN	48%
Airtel	1%
Glo / Etisalat	0%
No response / Don't know	77%

HEALTH

1% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

84%	Less than 2 km
9%	Within 2-5 km
3%	More than 5 km
4%	No response / Don't know

Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	66%	65%
PHC	13%	13%
Mobile / Outreach clinic	18%	20%
Village outreach worker	0%	1%
Private doctor	0%	0%
Patent medicine store / Chemist	1%	1%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	0%	1%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **600** naira (1.67 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **644** naira (1.79 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. No barrier	80%
2. Medicine not available	7%
3. Health facility unsafe	7%

% of HHs reporting the following preferred methods of support for healthcare:

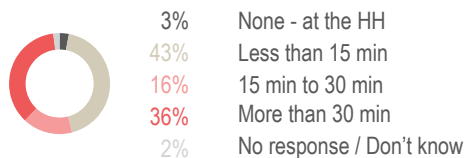|	
Direct provision of health services	15%
Direct provision of medicines	6%
Direct provison of transportation	4%
Cash for health service fees	4%
Cash for medicine	27%
Cash for transportation	3%
Mix of cash and provision of health services	29%
Mix of cash and provision of medicine	6%
Do not want support	5%
Other / No response / Don't know	1%

WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Hand pump	90%
2. Borehole	37%
3. Public tap	7%

% of HHs reporting time needed to collect water from main source:

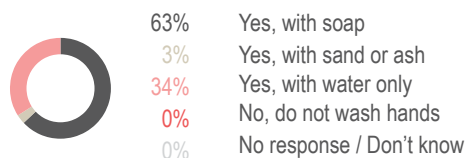|	
3%	None - at the HH
43%	Less than 15 min
16%	15 min to 30 min
36%	More than 30 min
2%	No response / Don't know

To cope with water quantity issues:[1]

43% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

46% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

63%	Yes, with soap
3%	Yes, with sand or ash
34%	Yes, with water only
0%	No, do not wash hands
0%	No response / Don't know

29% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	67%
10 liter bucket	23%
10 liter basin	51%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	8%
Cash transfer to buy WASH kits	6%
Mix of WASH kits provision and cash	38%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	42%
Do not want support	5%
Other / No response / Don't know	1%

FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	16%
Markets located outside the community	9%
Own agriculture / Crop cultivation	22%
Food aid / Assistance from NGOs	52%
Food aid / Assistance from government	46%

53% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

2 days borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

3 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

69% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. No income	56%
2. Agriculture	39%
3. Trade	16%

8% of HHs reportedly resorted to begging to cope with the lack of income and **45%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	6%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	7%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	70%
No access to cash	15%
Other / No response / Don't know	1%

PROTECTION

71% of HHs reported having a child-friendly space in the community, of which **25%** are operated by NGOs.[2] **89%** of HHs reported that their child has access to this place.[2]

28% of HHs reported having a safe space in the community for girls and women, of which **20%** are operated by NGOs.[2] **92%** of HHs reported that the women in their HH have access to this place.[2]

SHELTER & WASTE MANAGEMENT

The average household reported **2.2** families sharing an accommodation. **32%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	1%

69% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed:	**132**
- IDP:	**45**
- Returnee:	**24**
- Non-displaced:	**63**

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.5	**7%**	**1%**

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	84%
2. Religious leader	57%
3. Friend / Family	36%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	90%
2. Phone call (mobile phone)	32%
3. Community events	26%

25% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	86%
2. BRTV	40%
3. Peace FM	36%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	96%
Mid-day	17%
Afternoon	24%
Evening	79%

**66%** of HHs reported owning a cell phone, of which **11%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	50%
Airtel	81%
Glo / Etisalat	8%
No response / Don't know	0%

HEALTH

0% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

58%	Less than 2 km
33%	Within 2-5 km
9%	More than 5 km
0%	No response / Don't know
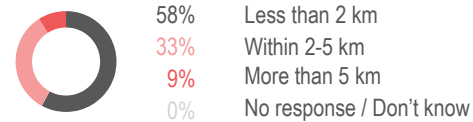
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	41%	36%
PHC	31%	32%
Mobile / Outreach clinic	19%	18%
Village outreach worker	1%	3%
Private doctor	0%	0%
Patent medicine store / Chemist	8%	8%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	1%	3%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **897** naira (2.49 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **760** naira (2.11 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. No barrier	58%
2. Medicine too expensive	18%
3. Health services too expensive	15%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	35%
Direct provision of medicines	18%
Direct provison of transportation	1%
Cash for health service fees	9%
Cash for medicine	9%
Cash for transportation	1%
Mix of cash and provision of health services	20%
Mix of cash and provision of medicine	5%
Do not want support	2%
Other / No response / Don't know	0%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population corveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
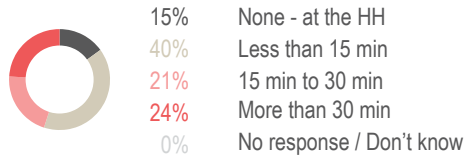
💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	55%
2. Mai moya	27%
3. Hand pump	18%

% of HHs reporting time needed to collect water from main source:

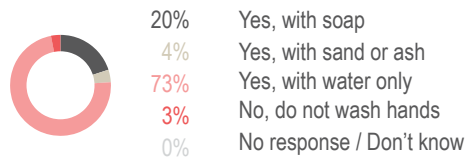|	
15%	None - at the HH
40%	Less than 15 min
21%	15 min to 30 min
24%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

29% of HHs reported reducing water consumption for cleaning, bathing and washing.

3% reported drinking water usually used for cleaning or other purposes.

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

20%	Yes, with soap
4%	Yes, with sand or ash
73%	Yes, with water only
3%	No, do not wash hands
0%	No response / Don't know

15% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	70%
10 liter bucket	44%
10 liter basin	50%

6% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	45%
Cash transfer to buy WASH kits	6%
Mix of WASH kits provision and cash	39%
Vouchers to buy WASH kits	2%
Mix of WASH kits provision and vouchers	8%
Do not want support	0%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	80%
Markets located outside the community	5%
Own agriculture / Crop cultivation	34%
Food aid / Assistance from NGOs	38%
Food aid / Assistance from government	1%

44% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

65% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	32%
2. Small business	31%
3. Casual labour	19%

20% of HHs reportedly resorted to begging to cope with the lack of income and **2%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	8%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	11%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	76%
No access to cash	4%
Other / No response / Don't know	0%

🤲 PROTECTION

37% of HHs reported having a child-friendly space in the community, of which **27%** are operated by NGOs.[2] **75%** of HHs reported that their child has access to this place.[2]

24% of HHs reported having a safe space in the community for girls and women, of which **18%** are operated by NGOs.[2] **98%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.2** families sharing an accommodation. **2%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

16% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

Borno State

KWAYA KUSAR LGA

ASSESSMENT SAMPLE

HHs Interviewed:	**101**
- IDP:	**4**
- Returnee:	**0**
- Non-displaced:	**97**

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.4	**3%**	**3%**

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Bura** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1.	Community leader	86%
2.	Religious leader	63%
3.	Friend / Family	18%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1.	In person / Face to face	67%
2.	Phone call (mobile phone)	41%
3.	Radio	31%

34% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1.	BBC	100%
2.	Voice of America	39%
3.	RFI	30%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	100%
Mid-day	18%
Afternoon	24%
Evening	82%

**71%** of HHs reported owning a cell phone, of which **17%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	51%
Airtel	75%
Glo / Etisalat	14%
No response / Don't know	0%

HEALTH

8% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

60%	Less than 2 km
20%	Within 2-5 km
17%	More than 5 km
2%	No response / Don't know
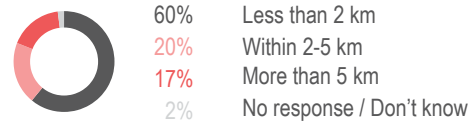
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	65%	64%
PHC	7%	7%
Mobile / Outreach clinic	0%	1%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	12%	12%
Traditional practitioner	10%	10%
Pharmacy / Dispensary	6%	6%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **2604** naira (7.23 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **1538** naira (4.27 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

5% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1.	Medicine too expensive	59%
2.	Health services too expensive	45%
3.	No barrier	21%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	41%
Direct provision of medicines	10%
Direct provison of transportation	3%
Cash for health service fees	12%
Cash for medicine	9%
Cash for transportation	1%
Mix of cash and provision of health services	21%
Mix of cash and provision of medicine	3%
Do not want support	0%
Other / No response / Don't know	0%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
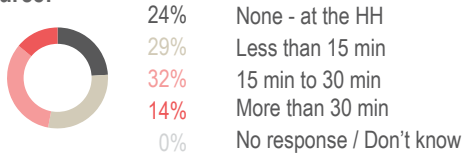
🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole		40%
2. Open well		39%
3. Sealed well		12%

% of HHs reporting time needed to collect water from main source:[3]

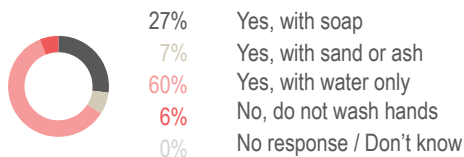|	
24%	None - at the HH
29%	Less than 15 min
32%	15 min to 30 min
14%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

30% of HHs reported reducing water consumption for cleaning, bathing and washing.

2% reported drinking water usually used for cleaning or other purposes.

1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

27%	Yes, with soap
7%	Yes, with sand or ash
60%	Yes, with water only
6%	No, do not wash hands
0%	No response / Don't know

11% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	57%
10 liter bucket	27%
10 liter basin	36%

9% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	42%
Cash transfer to buy WASH kits	6%
Mix of WASH kits provision and cash	32%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	16%
Do not want support	1%
Other / No response / Don't know	3%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	69%
Markets located outside the community	7%
Own agriculture / Crop cultivation	79%
Food aid / Assistance from NGOs	3%
Food aid / Assistance from government	0%

42% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

2 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

56% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture		81%
2. Small business		23%
3. Livestock		10%

15% of HHs reportedly resorted to begging to cope with the lack of income and **2%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	10%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	11%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	77%
No access to cash	2%
Other / No response / Don't know	0%

🤲 PROTECTION

28% of HHs reported having a child-friendly space in the community, of which **0%** are operated by NGOs.[2] **0%** of HHs reported that their child has access to this place.[2]

17% of HHs reported having a safe space in the community for girls and women, of which **1%** are operated by NGOs.[2] **100%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.3** families sharing an accommodation. **0%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

0% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

ASSESSMENT SAMPLE

HHs Interviewed:	***217***
- IDP:	***109***
- Returnee:	***69***
- Non-displaced:	***39***

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.4	**2%**	**1%**

COMMUNICATION

HHs reported that the preferred language for receiving written communi-cations was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	83%
2. Religious leader	38%
3. Military	36%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	70%
2. Radio	43%
3. Posters	25%

41% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. NA	NA
2. NA	NA
3. NA	NA

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	NA
Mid-day	NA
Afternoon	NA
Evening	NA

42% of HHs reported owning a cell phone, of which **5%** had access to Internet or social media.[2]
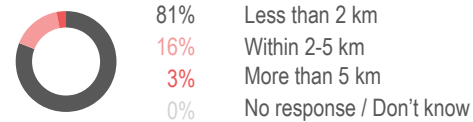
% of HHs reporting using the following networks:[1,2]

MTN	0%
Airtel	0%
Glo / Etisalat	0%
No response / Don't know	0%

HEALTH

2% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

81%	Less than 2 km
16%	Within 2-5 km
3%	More than 5 km
0%	No response / Don't know

Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	54%	48%
PHC	29%	36%
Mobile / Outreach clinic	15%	15%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	0%	0%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	2%	1%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **63** naira (0.18 dollars) for a con-sultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **62** naira (0.17 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

2% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. No barrier	65%
2. Medicine not available	23%
3. Medicine too expensive	9%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	42%
Direct provision of medicines	13%
Direct provison of transportation	0%
Cash for health service fees	7%
Cash for medicine	3%
Cash for transportation	1%
Mix of cash and provision of health services	18%
Mix of cash and provision of medicine	9%
Do not want support	7%
Other / No response / Don't know	0%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population corveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
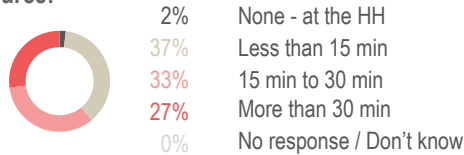
MSNA INDICATORS FOR COVID-19 | MAFA

💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole   83%
2. Public tap   26%
3. Surface water   4%

% of HHs reporting time needed to collect water from main source:[4]

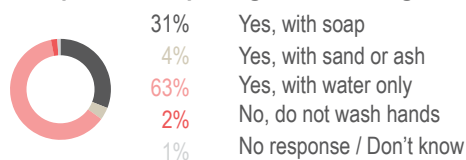|	
2%	None - at the HH
37%	Less than 15 min
33%	15 min to 30 min
27%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

42% of HHs reported reducing water consumption for cleaning, bathing and washing.

0% reported drinking water usually used for cleaning or other purposes.

7% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:[4]

31%	Yes, with soap
4%	Yes, with sand or ash
63%	Yes, with water only
2%	No, do not wash hands
1%	No response / Don't know

11% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	69%
10 liter bucket	27%
10 liter basin	28%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	44%
Cash transfer to buy WASH kits	4%
Mix of WASH kits provision and cash	41%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	10%
Do not want support	2%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	76%
Markets located outside the community	3%
Own agriculture / Crop cultivation	24%
Food aid / Assistance from NGOs	62%
Food aid / Assistance from government	1%

60% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

2 days borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

2 days restricting consumption by adults in order for children to eat

67% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture   51%
2. Small business   26%
3. Trade   19%

22% of HHs reportedly resorted to begging to cope with the lack of income and **0%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	2%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	11%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	81%
No access to cash	6%
Other / No response / Don't know	0%

🧑‍🤝‍🧑 PROTECTION

47% of HHs reported having a child-friendly space in the community, of which **31%** are operated by NGOs.[2] **86%** of HHs reported that their child has access to this place.[2]

43% of HHs reported having a safe space in the community for girls and women, of which **29%** are operated by NGOs.[2] **88%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.6** families sharing an accommodation. **3%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

29% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

[4] Percentages may not add up to 100 due to rounding.

ASSESSMENT SAMPLE

HHs Interviewed:	**98**
- IDP:	**54**
- Returnee:	**36**
- Non-displaced:	**8**

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.3	**0%**	**18%**

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	92%
2. Religious leader	60%
3. INGO	34%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	62%
2. Radio	55%
3. Phone call (mobile phone)	38%

26% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	90%
2. BRTV	39%
3. RFI	28%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	98%
Mid-day	14%
Afternoon	7%
Evening	88%

63% of HHs reported owning a cell phone, of which **6%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	70%
Airtel	38%
Glo / Etisalat	24%
No response / Don't know	0%

HEALTH

22% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

32%	Less than 2 km
37%	Within 2-5 km
31%	More than 5 km
0%	No response / Don't know
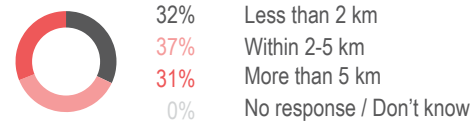
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	60%	53%
PHC	30%	37%
Mobile / Outreach clinic	6%	6%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	3%	2%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	1%	1%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **369** naira (1.02 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **2778** naira (7.72 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

0% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	41%
2. No barrier	40%
3. Health services too expensive	38%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	19%
Direct provision of medicines	6%
Direct provison of transportation	1%
Cash for health service fees	9%
Cash for medicine	8%
Cash for transportation	0%
Mix of cash and provision of health services	30%
Mix of cash and provision of medicine	24%
Do not want support	2%
Other / No response / Don't know	0%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population conveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
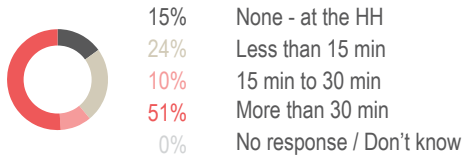
💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	68%
2. Open well	32%
3. Public tap	9%

% of HHs reporting time needed to collect water from main source:

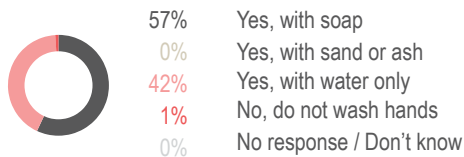|	
15%	None - at the HH
24%	Less than 15 min
10%	15 min to 30 min
51%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

36% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

14% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

57%	Yes, with soap
0%	Yes, with sand or ash
42%	Yes, with water only
1%	No, do not wash hands
0%	No response / Don't know

3% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	71%
10 liter bucket	66%
10 liter basin	62%

14% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	21%
Cash transfer to buy WASH kits	9%
Mix of WASH kits provision and cash	43%
Vouchers to buy WASH kits	2%
Mix of WASH kits provision and vouchers	26%
Do not want support	0%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	67%
Markets located outside the community	10%
Own agriculture / Crop cultivation	24%
Food aid / Assistance from NGOs	51%
Food aid / Assistance from government	1%

37% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

3 days reducing number of meals eaten in a day

2 days restricting consumption by adults in order for children to eat

56% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	84%
2. Casual labour	24%
3. begging	22%

27% of HHs reportedly resorted to begging to cope with the lack of income and **0%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	7%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	7%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	75%
No access to cash	10%
Other / No response / Don't know	0%

🤲 PROTECTION

23% of HHs reported having a child-friendly space in the community, of which **9%** are operated by NGOs.[2] **78%** of HHs reported that their child has access to this place.[2]

10% of HHs reported having a safe space in the community for girls and women, of which **7%** are operated by NGOs.[2] **76%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.6** families sharing an accommodation. **1%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

20% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed:	*134*
- IDP:	*51*
- Returnee:	*0*
- Non-displaced:	*83*

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.6	0%	5%

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1.	Community leader	85%
2.	Religious leader	38%
3.	Friend / Family	27%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1.	In person / Face to face	77%
2.	Radio	45%
3.	Phone call (mobile phone)	42%

47% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1.	BBC	88%
2.	Peace FM	48%
3.	BRTV	38%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	89%
Mid-day	30%
Afternoon	44%
Evening	68%

**85%** of HHs reported owning a **cell phone**, of which **38%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	68%
Airtel	62%
Glo / Etisalat	10%
No response / Don't know	0%

HEALTH

0% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

50%	Less than 2 km
25%	Within 2-5 km
24%	More than 5 km
1%	No response / Don't know
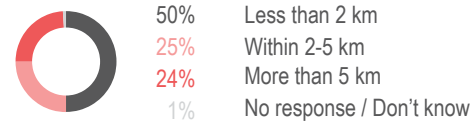
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	59%	59%
PHC	23%	22%
Mobile / Outreach clinic	8%	10%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	6%	5%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	3%	4%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	1%	0%

HHs reported spending an average of **773** naira (2.15 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **595** naira (1.65 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

3% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1.	No barrier	40%
2.	Medicine too expensive	36%
3.	Health services too expensive	25%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	37%
Direct provision of medicines	12%
Direct provison of transportation	3%
Cash for health service fees	9%
Cash for medicine	6%
Cash for transportation	1%
Mix of cash and provision of health services	15%
Mix of cash and provision of medicine	14%
Do not want support	2%
Other / No response / Don't know	0%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population corveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
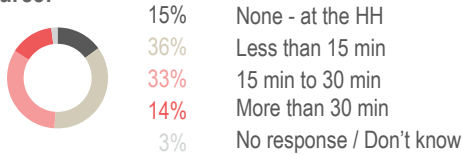
MSNA INDICATORS FOR COVID-19 | MAIDUGURI

🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	67%
2. Mai moya	43%
3. Public tap	23%

% of HHs reporting time needed to collect water from main source:[4]

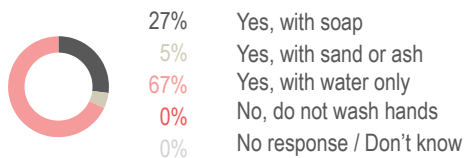|	
15%	None - at the HH
36%	Less than 15 min
33%	15 min to 30 min
14%	More than 30 min
3%	No response / Don't know

To cope with water quantity issues:[1]

40% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

8% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:[1]

27%	Yes, with soap
5%	Yes, with sand or ash
67%	Yes, with water only
0%	No, do not wash hands
0%	No response / Don't know

6% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	62%
10 liter bucket	36%
10 liter basin	41%

2% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	43%
Cash transfer to buy WASH kits	8%
Mix of WASH kits provision and cash	39%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	7%
Do not want support	3%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	93%
Markets located outside the community	10%
Own agriculture / Crop cultivation	3%
Food aid / Assistance from NGOs	8%
Food aid / Assistance from government	4%

58% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

2 days borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

65% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Small business	50%
2. Trade	31%
3. Casual labour	13%

23% of HHs reportedly resorted to begging to cope with the lack of income and **0%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	19%
Bank withdrawal - counter	6%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	7%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	64%
No access to cash	2%
Other / No response / Don't know	1%

🙌 PROTECTION

16% of HHs reported having a child-friendly space in the community, of which **6%** are operated by NGOs.[2] **82%** of HHs reported that their child has access to this place.[2]

14% of HHs reported having a safe space in the community for girls and women, of which **4%** are operated by NGOs.[2] **97%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.9** families sharing an accommodation. **1%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

66% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

[4] Percentages may not add up to 100 due to rounding.

ASSESSMENT SAMPLE

HHs Interviewed:	*118*
- IDP:	*17*
- Returnee:	*101*
- Non-displaced:	*0*

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.8	6%	6%

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1.	Community leader	84%
2.	Religious leader	59%
3.	Military	29%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1.	Radio	52%
2.	Phone call (mobile phone)	46%
3.	Loudspeaker	42%

45% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1.	BBC	93%
2.	Voice of America	21%
3.	RFI	19%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	89%
Mid-day	5%
Afternoon	32%
Evening	78%

**57%** of HHs reported owning a cell phone, of which **17%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	0%
Airtel	4%
Glo / Etisalat	0%
No response / Don't know	100%

HEALTH

1% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

73%	Less than 2 km
18%	Within 2-5 km
9%	More than 5 km
1%	No response / Don't know
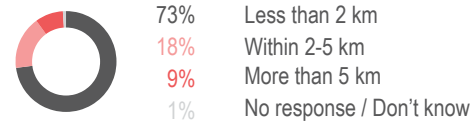
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	38%	25%
PHC	53%	71%
Mobile / Outreach clinic	2%	2%
Village outreach worker	0%	0%
Private doctor	0%	1%
Patent medicine store / Chemist	1%	0%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	1%	1%
Wouldn't seek treatment	3%	NA
Other / No response / Don't know	1%	0%

HHs reported spending an average of **1324** naira (3.68 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **971** naira (2.70 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1.	No barrier	63%
2.	Medicine not available	12%
3.	Medicine too expensive	10%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	26%
Direct provision of medicines	6%
Direct provison of transportation	4%
Cash for health service fees	2%
Cash for medicine	6%
Cash for transportation	2%
Mix of cash and provision of health services	40%
Mix of cash and provision of medicine	12%
Do not want support	1%
Other / No response / Don't know	1%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
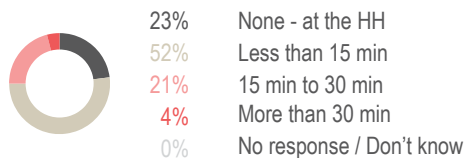
🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	72%
2. Hand pump	31%
3. Public tap	18%

% of HHs reporting time needed to collect water from main source:

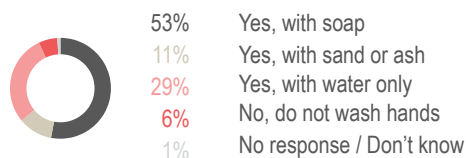|	
23%	None - at the HH
52%	Less than 15 min
21%	15 min to 30 min
4%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

20% of HHs reported reducing water consumption for cleaning, bathing and washing.

2% reported drinking water usually used for cleaning or other purposes.

2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

53%	Yes, with soap
11%	Yes, with sand or ash
29%	Yes, with water only
6%	No, do not wash hands
1%	No response / Don't know

2% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	73%
10 liter bucket	31%
10 liter basin	30%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	25%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	47%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	19%
Do not want support	2%
Other / No response / Don't know	1%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	69%
Markets located outside the community	6%
Own agriculture / Crop cultivation	28%
Food aid / Assistance from NGOs	13%
Food aid / Assistance from government	1%

39% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

2 days restricting consumption by adults in order for children to eat

58% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	63%
2. Small business	20%
3. fishery	19%

9% of HHs reportedly resorted to begging to cope with the lack of income and **7%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	7%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	10%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	35%
No access to cash	44%
Other / No response / Don't know	3%

🤲 PROTECTION

53% of HHs reported having a child-friendly space in the community, of which **37%** are operated by NGOs.[2] **57%** of HHs reported that their child has access to this place.[2]

47% of HHs reported having a safe space in the community for girls and women, of which **21%** are operated by NGOs.[2] **47%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.5** families sharing an accommodation. **5%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	1%
Collective shelter (mosque, school, other public building)	2%

63% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

ASSESSMENT SAMPLE

HHs Interviewed:	*109*
- IDP:	*81*
- Returnee:	*18*
- Non-displaced:	*10*

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.3	12%	3%

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1.	Community leader	69%
2.	Religious leader	30%
3.	INGO	22%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1.	In person / Face to face	58%
2.	Radio	41%
3.	Phone call (mobile phone)	34%

31% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1.	BBC	97%
2.	BRTV	30%
3.	Dandal Kura	25%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	92%
Mid-day	8%
Afternoon	28%
Evening	67%

**31%** of HHs reported owning a cell phone, of which **18%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	0%
Airtel	98%
Glo / Etisalat	0%
No response / Don't know	2%

HEALTH

1% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

51%	Less than 2 km
32%	Within 2-5 km
12%	More than 5 km
5%	No response / Don't know
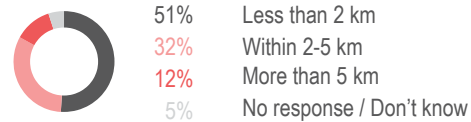
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	58%	40%
PHC	16%	28%
Mobile / Outreach clinic	10%	16%
Village outreach worker	0%	1%
Private doctor	1%	4%
Patent medicine store / Chemist	7%	7%
Traditional practitioner	2%	3%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	6%	NA
Other / No response / Don't know	0%	1%

HHs reported spending an average of **223** naira (0.62 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **56** naira (0.16 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1.	No barrier	80%
2.	Health facility unsafe	7%
3.	Explosives	4%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	30%
Direct provision of medicines	13%
Direct provison of transportation	4%
Cash for health service fees	22%
Cash for medicine	4%
Cash for transportation	1%
Mix of cash and provision of health services	15%
Mix of cash and provision of medicine	4%
Do not want support	8%
Other / No response / Don't know	0%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
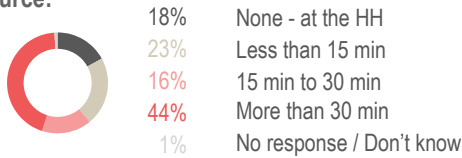
💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	80%
2. Public tap	24%
3. Hand pump	21%

% of HHs reporting time needed to collect water from main source:[4]

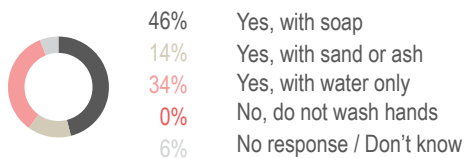|	
18%	None - at the HH
23%	Less than 15 min
16%	15 min to 30 min
44%	More than 30 min
1%	No response / Don't know

To cope with water quantity issues:[1]

33% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

15% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

46%	Yes, with soap
14%	Yes, with sand or ash
34%	Yes, with water only
0%	No, do not wash hands
6%	No response / Don't know

8% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	39%
10 liter bucket	10%
10 liter basin	12%

1% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	31%
Cash transfer to buy WASH kits	14%
Mix of WASH kits provision and cash	35%
Vouchers to buy WASH kits	6%
Mix of WASH kits provision and vouchers	3%
Do not want support	11%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	58%
Markets located outside the community	13%
Own agriculture / Crop cultivation	11%
Food aid / Assistance from NGOs	32%
Food aid / Assistance from government	0%

52% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

43% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture	44%
2. No income	27%
3. Small business	21%

13% of HHs reportedly resorted to begging to cope with the lack of income and **13%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	2%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	6%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	37%
No access to cash	54%
Other / No response / Don't know	1%

🤲 PROTECTION

57% of HHs reported having a child-friendly space in the community, of which **46%** are operated by NGOs.[2] **74%** of HHs reported that their child has access to this place.[2]

51% of HHs reported having a safe space in the community for girls and women, of which **40%** are operated by NGOs.[2] **62%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.1** families sharing an accommodation. **8%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

52% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

[4] Percentages may not add up to 100 due to rounding.

MSNA Indicators for COVID-19

Borno State
NGALA LGA

📍 ASSESSMENT SAMPLE

HHs Interviewed:	**223**
- IDP:	**96**
- Returnee:	**127**
- Non-displaced:	**0**

👪 DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.4	**5%**	**1%**

👥 COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Kanuri** and the preferred language for receiving spoken communications was **Kanuri**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	84%
2. Religious leader	48%
3. Friend / Family	31%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. Radio	57%
2. In person / Face to face	43%
3. Phone call (mobile phone)	36%

49% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	87%
2. RFI	29%
3. Dandal Kura	28%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	87%
Mid-day	9%
Afternoon	13%
Evening	63%

**51%** of HHs reported owning a cell phone, of which **21%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	99%
Airtel	0%
Glo / Etisalat	0%
No response / Don't know	1%

⚕ HEALTH

4% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:[3]

83%	Less than 2 km
13%	Within 2-5 km
2%	More than 5 km
1%	No response / Don't know
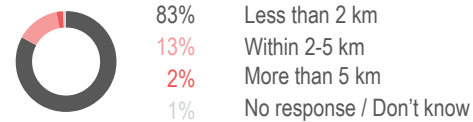
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	22%	21%
PHC	24%	22%
Mobile / Outreach clinic	44%	52%
Village outreach worker	0%	1%
Private doctor	1%	1%
Patent medicine store / Chemist	2%	2%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	1%	1%
Wouldn't seek treatment	5%	NA
Other / No response / Don't know	1%	0%

HHs reported spending an average of **64** naira (0.18 dollars) for a consultation at the first facility they would go to for treatment.[2,4]

HHs reported an average cost of **52** naira (0.15 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,4]

1% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. No barrier	82%
2. Health facility unsafe	6%
3. Medicine not available	3%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	36%
Direct provision of medicines	14%
Direct provison of transportation	1%
Cash for health service fees	5%
Cash for medicine	3%
Cash for transportation	1%
Mix of cash and provision of health services	27%
Mix of cash and provision of medicine	11%
Do not want support	1%
Other / No response / Don't know	0%

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[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Percentages may not add up to 100 due to rounding.
[4] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
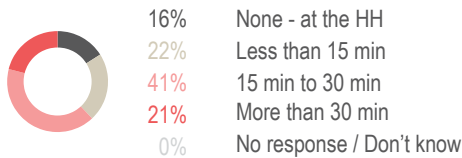
MSNA INDICATORS FOR COVID-19 | NGALA

💧 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Borehole	73%
2. Hand pump	54%
3. Mai moya	16%

% of HHs reporting time needed to collect water from main source:

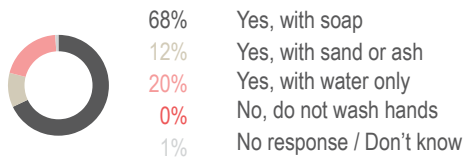|	
16%	None - at the HH
22%	Less than 15 min
41%	15 min to 30 min
21%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

50% of HHs reported reducing water consumption for cleaning, bathing and washing.

1% reported drinking water usually used for cleaning or other purposes.

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:[3]

68%	Yes, with soap
12%	Yes, with sand or ash
20%	Yes, with water only
0%	No, do not wash hands
1%	No response / Don't know

2% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	65%
10 liter bucket	19%
10 liter basin	14%

2% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	26%
Cash transfer to buy WASH kits	2%
Mix of WASH kits provision and cash	53%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	16%
Do not want support	2%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	33%
Markets located outside the community	2%
Own agriculture / Crop cultivation	6%
Food aid / Assistance from NGOs	79%
Food aid / Assistance from government	11%

32% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

1 day relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

25% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. No income	35%
2. Small business	26%
3. Agriculture	24%

11% of HHs reportedly resorted to begging to cope with the lack of income and **2%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	0%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	4%
Mobile phone money transfer	14%
Hand to hand (from seller, employer, other person)	32%
No access to cash	47%
Other / No response / Don't know	2%

🤲 PROTECTION

78% of HHs reported having a child-friendly space in the community, of which **54%** are operated by NGOs.[2] **92%** of HHs reported that their child has access to this place.[2]

56% of HHs reported having a safe space in the community for girls and women, of which **42%** are operated by NGOs.[2] **88%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.3** families sharing an accommodation. **3%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	2%

50% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

ASSESSMENT SAMPLE

HHs Interviewed:	**116**
- IDP:	**0**
- Returnee:	**0**
- Non-displaced:	**116**

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.3	**0%**	**3%**

COMMUNICATION

HHs reported that the preferred language for receiving written communications was **Hausa** and the preferred language for receiving spoken communications was **Hausa**.

Top 3 reported sources of reliable information trusted by HHs:[1,2]

1. Community leader	88%
2. Religious leader	62%
3. Friend / Family	24%

Top 3 reported means of receiving information trusted by HHs:[1,2]

1. In person / Face to face	72%
2. Radio	41%
3. Phone call (mobile phone)	32%

41% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:[1,2]

1. BBC	94%
2. RFI	38%
3. Gotel FM	31%

% of HHs reporting listening to the radio during the following times:[1,2]

Morning	100%
Mid-day	27%
Afternoon	38%
Evening	77%

**60%** of HHs reported owning a cell phone, of which **16%** had access to Internet or social media.[2]

% of HHs reporting using the following networks:[1,2]

MTN	33%
Airtel	94%
Glo / Etisalat	7%
No response / Don't know	0%

HEALTH

5% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

30%	Less than 2 km
37%	Within 2-5 km
33%	More than 5 km
0%	No response / Don't know
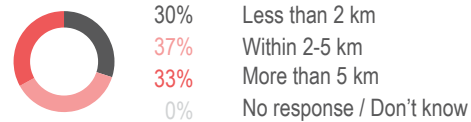
Reported first choice health facility for treatment vs. closest health facility:

	First choice facility	Closest facility
Hospital	72%	72%
PHC	8%	8%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	1%	1%
Patent medicine store / Chemist	13%	12%
Traditional practitioner	2%	3%
Pharmacy / Dispensary	3%	4%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1548** naira (4.30 dollars) for a consultation at the first facility they would go to for treatment.[2,3]

HHs reported an average cost of **2388** naira (6.64 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.[2,3]

6% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:[1]

1. Medicine too expensive	69%
2. Health services too expensive	47%
3. No barrier	22%

% of HHs reporting the following preferred methods of support for healthcare:

Direct provision of health services	47%
Direct provision of medicines	6%
Direct provison of transportation	3%
Cash for health service fees	14%
Cash for medicine	12%
Cash for transportation	2%
Mix of cash and provision of health services	14%
Mix of cash and provision of medicine	3%
Do not want support	0%
Other / No response / Don't know	1%

[1] Respondents could select multiple answers.
[2] This question refers to a subset of the population corveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
[3] Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
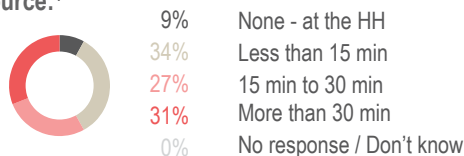
🚰 WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:[1]

1. Surface water		38%
2. Borehole		37%
3. Open well		22%

% of HHs reporting time needed to collect water from main source:[4]

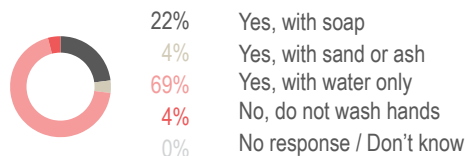|	
9%	None - at the HH
34%	Less than 15 min
27%	15 min to 30 min
31%	More than 30 min
0%	No response / Don't know

To cope with water quantity issues:[1]

34% of HHs reported reducing water consumption for cleaning, bathing and washing.

4% reported drinking water usually used for cleaning or other purposes.

1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:[4]

22%	Yes, with soap
4%	Yes, with sand or ash
69%	Yes, with water only
4%	No, do not wash hands
0%	No response / Don't know

19% of respondents reported not washing their hands on the day before data collection.[2]

% of HHs reporting needing the following items that they do not have:[1]

Bar soap	62%
10 liter bucket	33%
10 liter basin	49%

13% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:

Direct provision of WASH kits	47%
Cash transfer to buy WASH kits	3%
Mix of WASH kits provision and cash	36%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	13%
Do not want support	0%
Other / No response / Don't know	0%

💰 FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:[1]

Purchased in local markets	67%
Markets located outside the community	11%
Own agriculture / Crop cultivation	72%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

47% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

1 day restricting consumption by adults in order for children to eat

63% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:[1]

1. Agriculture		67%
2. Livestock		24%
3. Tie: Small business, Trade		15%

12% of HHs reportedly resorted to begging to cope with the lack of income and **1%** engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

Bank withdrawal - ATM	9%
Bank withdrawal - counter	3%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	9%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	75%
No access to cash	4%
Other / No response / Don't know	0%

🤲 PROTECTION

22% of HHs reported having a child-friendly space in the community, of which **3%** are operated by NGOs.[2] **33%** of HHs reported that their child has access to this place.[2]

22% of HHs reported having a safe space in the community for girls and women, of which **2%** are operated by NGOs.[2] **80%** of HHs reported that the women in their HH have access to this place.[2]

🏠 SHELTER & WASTE MANAGEMENT

The average household reported **2.3** families sharing an accommodation. **1%** of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:

None / Sleeping in the open space	0%
Collective shelter (mosque, school, other public building)	0%

0% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

[4] Percentages may not add up to 100 due to rounding.