COVID-19 Preparedness and Awareness

Area-based Needs and Vulnerability Assessment

Maiduguri, Borno State, Nigeria

April, 2020

Background and Context

The ongoing conflict in northeast Nigeria, which started ten years ago, has resulted in large scale displacement and deprivation.[1] In November 2019, about 279,550 internally displaced persons (IDPs) lived in Maiduguri local government area.[2] The escalation of conflict in northeast Nigeria keeps fuelling the growth of informal settlements in Maiduguri urban areas, leading to more pressure on already strained basic services. The combination of sub-standard living conditions in these areas and ongoing urban displacement is likely to put populations in informal neighbourhoods at higher risks of the spread of COVID-19.

The first case of confirmed COVID-19 in Nigeria was reported on 28 February 2020.[3] The federal government has implemented various containment measures including closure of its international airports, closure of schools and banning of public gatherings among others. Borno state government, following confirmation of the first COVID-19 related fatality, announced further measures to contain the spread of the virus in the state including a two-week lock-down effective from 22 April 2020. As the humanitarian community in Borno state is preparing to respond to the potential spread of the pandemic among populations in need in camp settings, there is an urge to consider the risk posed by the pandemic in urban settings where humanitarian actors are less used to operating. People living in informal urban settlements in Maiduguri are particularly vulnerable to the potential spread of COVID-19. Often overcrowded and likely under-serviced, and interconnected, these areas are likely to be hit the hardest by the disease outbreak. The COVID-19 response must consequently be grounded into a better local understanding of the multi-dimensional vulnerabilities that characterize informal urban settlements in Maiduguri, and local responses have to be shaped with local actors.

This factsheet puts forward a selection of indicators that are most relevant to inform a COVID-19 urban response, drawn from the area-based needs and vulnerability assessment conducted between October 2019 and March 2020 in 3 selected clusters of neighbourhoods by IMPACT, in partnership with ACTED and International Rescue Committee (IRC).[4] The findings presented in this factsheet provides an indicative overview of informal urban neighbourhood vulnerabilities (population and infrastructure) and their capacity to cope with the crisis and its consequences.

Methodology

The area-based needs and vulnerability assessment was implemented in two phases: during phase one, 170 vulnerable neighbourhoods[5] located in the urban areas of Maiduguri were identified and delineated **(see the section "Selection of vulnerable neighbourhoods" on page two)**. Building on this, key informant interviews (KIIs) with 170 traditional community leaders (heron referred to as 'bulamas') were conducted to gain a deeper understanding of population demographics, availability of critical services, vulnerability to natural and man-made hazards and administrative and governance structures of the neighbourhoods. The consortium then used the collected data to select three clusters[6] of neighbourhoods located in the urban areas of Maiduguri (which were deemed most vulnerable) and where more in-depth needs and vulnerability assessment was conducted.

Table 1:Selected neighbourhoods

Cluster	Neighbourhoods in the Cluster
Cluster 1	Sulaimanti 1; Sulaimanti 2; Sulaimanti 3; Sulaimanti 4
Cluster 2	Waziri Musa street; A.B. Hassan Street; Malut Shuwa street; Sheik Ibrahim Saleh
Cluster 3	Ngirmari Farm Center; Alhaji Tar; Goni Kachalari

Phase two of the assessment consisted of conducting needs, vulnerability and durable solutions assessments in the three selected clusters. The assessment used a mixed methods approach with both qualitative and quantitative data collection. A total of 1,138 household (HH) interviews were conducted in the three selected clusters of neighbourhoods in Maiduguri between 28 January and 14 February 2020. The interviews were randomly sampled and stratified according to displacement status (IDP and host community). Findings are generalisable at the neighbourhood level with a confidence level of 95% and a margin of error of 7% for each population group. In order to map critical service delivery locations and public facilities, a total of 397 KIIs were conducted between 21 February and 19 March 2020 in the three clusters. KIIs were conducted with representatives of all identified public facilities including educational facilities, health facilities, markets and water points. Survey respondents were purposively selected based on their level of knowledge of the identified facilities. A total of 24 focus group discussions (FGDs) were also conducted in the selected clusters to complement the quantitative data collection. Eight FGDs were conducted in each cluster, with each FGD comprising of a maximum of six participants. Four FGDs per neighbourhood have been conducted with host community members including one with females, one with males, one with community leaders and one with representatives from community based organizations. The other four FGDs per neighbourhood were conducted with IDPs, two with females and two with males. Participants of these FGDs were selected with the help of community leaders, who identified persons in the community who had a good knowledge of the neighbourhoods. The findings presented here are representative only of the 3 selected neighbourhoods clusters.

Secondary data from ACTED was also used to further explore the level of community awareness and preparedness for COVID-19. 200 KIIs with traditional leaders were conducted by ACTED through phones interviews between 1 and 7 April, in Maiduguri Metropolitan Council (MMC). Data was collected through KIIs, hence should be considered as indicative only.

1. Council on Foreign Relations (CFR, August 2018), Nigeria's Battle With Boko Haram
2. IOM, DTM Nigeria 2019
3. Nigeria Center for Disease Control (NCDC)
4. The Consortium is led by IRC and includes IMPACT and ACTED. The Consortium implements the project "From response to resilience in Maiduguri" which aims at using area-based approaches to system strengthening for disaster risk reduction, durable solutions for displacement, and urban resilience for communities in Maiduguri. In addition to this COVID-19 specific factsheet, IMPACT will produce neighbourhood profiles from the findings of the assessments.
5. For this assessment, neighbourhood is defined as a designated area with clear boundaries and represented by one traditional leader called the "bulama."
6. During the selection of the three most vulnerable neighbourhoods, the consortium partners agreed on forming clusters of neighbourhoods in order to target more people. Therefore, the clusters of neighbourhoods are neighbourhoods that are adjacent to each other and share some of the public and private service facilities.

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Key Findings

◊ Of the key informants (KIs) interviewed as part of the community awareness study conducted by ACTED, 90% (179/200) perceived the new coronavirus disease as very dangerous, while 6% (11/200) said that they perceived it as more or less dangerous and 4% (8/200) that they did not consider it dangerous.

◊ In all the FGDs, some participants reported access to water as a main issue.

◊ In all the FGDs some participants reported "extended queuing at water points" as one of the main barriers they face when fetching water.

◊ KIs at water points in all the three clusters reported various problems including insufficient quantity of water, poor quality of water and structural damage to the water point.

◊ Less than half (43%) of households in cluster three reported using soap and water for hand-washing. This was reported by 56% and 62% of households in clusters one and two, respectively.

◊ KIs revealed that there was no public or private hospital in cluster one. KIs in both cluster two and three reported that there was only one hospital that households in their areas could access.

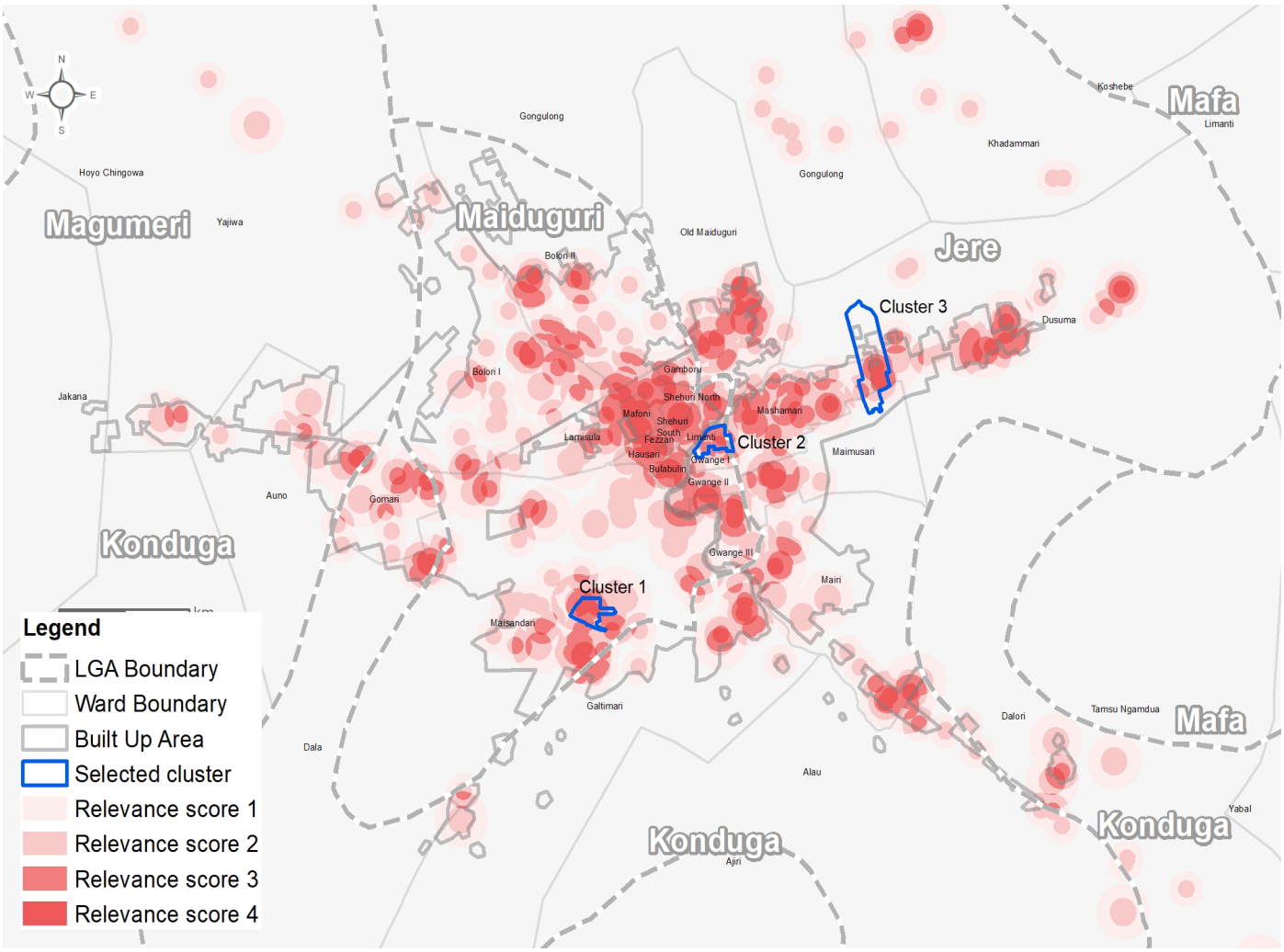
◊ High cost of services and medicine was the most frequently reported difficulty faced by HHs in accessing medical treatment and/or advice, in all three clusters.

◊ In all FGDs and in all the three clusters, some participants mentioned petty trading or hawking, brick laying and selling goods at the market as among the major sources of income for people residing in their neighbourhoods.

Selection of vulnerable neighbourhoods

Geo-spatial data on 2018 cholera outbreak from the World Health Organization (WHO 2018)[7] and location of IDPs settlements from the International Organization for Migration Data Tracking Matrix (IOM-DTM)[8] was used to identify vulnerable neighbourhoods. The ongoing influx of displaced populations to these areas might increase the risk of COVID-19 transmission. Map 1 shows areas which were identified as the most vulnerable during phase one of the assessment. The relevance values were assigned based on proximity to IDP locations (250m and 500m buffer) and geo-spatial information of the 2018 cholera outbreak (400m and 800m radius from cholera outbreak). Areas with relevance scores of three and four were part of the neighbourhood delineation exercise under the AGORA project.

Map 1. Neighbourhood delineation



7. WHO 2018 Cholera Outbreak in Nigeria

8. IOM-DTM Nigeria, September 2019.

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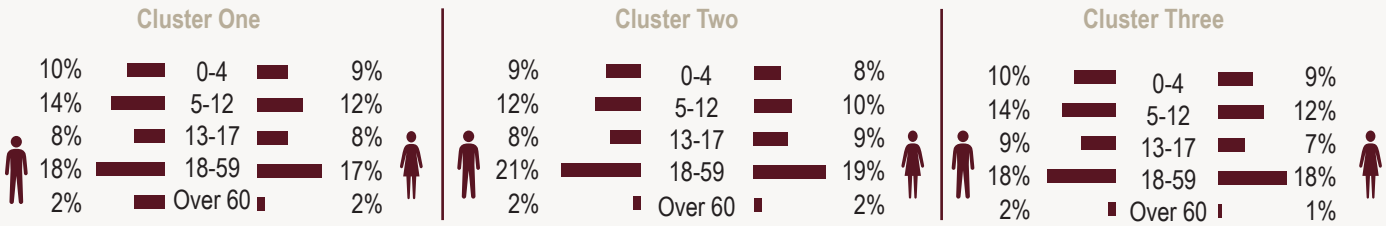
Demographics and Living Conditions

Population density and household living arrangements are key to determine the extent to which social distancing and isolation at home are feasible. About half (48%) of the assessed households in cluster three reported that they shared their shelters with other non-family members. These were either host community members hosting IDPs families or IDPs households sharing shelter with other IDPs families.

% of HHs reporting paying rent for accommodation:

Cluster One	Cluster Two	Cluster Three
47%	46%	37%

% of individuals by age group as reported by assessed households:



% of households reporting sharing their shelters with non-family members:

Cluster One	Cluster Two	Cluster Three
29%	44%	48%

Average household size:

Cluster One	Cluster Two	Cluster Three
9.5	11.5	10.1

Information Needs and Community Awareness of COVID-19

Community awareness on COVID-19 is an important aspect in containing the spread of the virus and protecting vulnerable populations. In informal urban settlements, awareness campaigns need to take into account the existing social structures, using the most trusted information channels.

All KIs interviewed as part of this study reported having heard about the new coronavirus. However, only 79% of them (157/200) could specify that it was a virus that can cause disease. Of the KIs interviewed, 90% (179/200) perceived the new coronavirus disease as very dangerous, while 6% (11/200) said that they perceived it as more or less dangerous and 4% (8/200) that they did not consider it dangerous.

At the time of the data collection, more than half of the bulamas interviewed (58%, 116/200) said that they thought they were at risk of getting sick with the new coronavirus, whereas 25.5% believed they were not at risk and 17% (33/200) did not know.

Top 3 most reported measures taken to prevent COVID-19 spread in the last seven days before data collection:

Regular hand-washing using hand rub or soap and water	**86%**
Covering mouth and nose when coughing or sneezing	**50%**
Avoiding close contact with anyone who has a fever and cough	**16%**

At the time of the data collection, 90% (180/200) of the KIs interviewed said that they considered that it was important to take actions to prevent the spread of the virus in their communities. However, only 59% (118/200) of the KIs interviewed said that there were discussions during the traditional leaders' meeting about the coronavirus. The most popular topics related to coronavirus were said to be the importance for setting up protection measures and raising community awareness, items distributions and the need for praying for God's protection against the disease.

Top 3 most reported preferred type of information on COVID-19:

How to protect oneself from the disease	**61%**
Symptoms of COVID-19	**48%**
The way the disease is transmitted	**43%**

Eighteen percent (18%, 36/200) of the KIs said that some International Non-Governmental Organizations (INGOs), Community Service Organizations (CSOs) or government agencies were raising awareness on COVID-19 in their communities at the time of data collection.

Slightly more than half of the KIs (101/200) interviewed reported that members in their communities trusted some sources more than others to provide them with quality information on the disease. Among them, 70% (71/101) said that members in their communities trusted traditional and religious leaders most to provide them with good information on the disease, followed by radio (23%, 23/101) and television (17%, 17/101).

According to the KIs interviewed, television, traditional leaders and religious leaders are the easiest communication channels for the community members to get information from (being reported by 49%, 41% and 39%, of the KIs respectively).

Water and Sanitation

Lack and unsafe access to water and sanitation is a common concern in informal urban settlements in fragile contexts. Hand-washing is key to prevent the spread of COVID-19, therefore limited access to water and soap could be a barrier of an effective COVID-19 preparedness. In FGDs in all the three clusters, some participants reported access to water as a main issue. In cluster three, where there is a high density of IDPs (IDPs represent 59% of the total population), 44% of the water points were reportedly not functional. Clusters one and two reported 29% and 22% of the water points as non-functioning, respectively.

In all the three clusters, some FGD participants reported "extended queuing at water points" as one of the main barriers they face when fetching water. This could possibly pose a challenge to the implementation of social distancing as a containment measure to prevent the spread of the virus. In all the three clusters, some participants from all FGDs also noted the cost of buying water from vendors as a major challenge. Over 60% of households in all the three clusters perceived not to have enough water in the last 30 days before the assessment was conducted. When asked about coping strategies to cater for lack of enough water, the majority of the households in all the three clusters reported reducing water consumption for purposes other than for drinking. KIs at water points in all the three clusters reported various problems including insufficient quantity of water, poor quality of water and structural damage. Less than half (43%) of households in cluster three reported using soap and water for hand-washing. This was reported by 56% and 62% of households in clusters one and two, respectively. This calls for humanitarian actors implementing Water, Sanitation and Hygiene (WASH) programs in these locations to ensure access to sufficient supplies of water and soap and raising awareness on COVID-19 and related protection measures.

Number of functioning water points per cluster

Cluster One	Cluster Two	Cluster Three
12	25	31

Number of non-functioning water points per cluster

Cluster One	Cluster Two	Cluster Three
5	7	24

% of HHs reporting not having enough water in the 30 days prior to data collection to meet their HH needs

Cluster One	Cluster Two	Cluster Three
66%	78%	76%

25% of the assessed households in cluster one reported that they buy water for domestic purposes. This was reported by **12%** and **34%** of households in cluster two and three respectively.

Top 3 reported strategies to cope with lack of water by households:[9]

	Cluster One	Cluster Two	Cluster Three
Reduce water consumption for bathing, washing, cleaning	39%	43%	51%
Fetch water from an alternative water point further away	35%	29%	33%
Reduce amount of water collected	13%	6%	13%

Top 5 reported water point issues faced hindering full operational capacity by KIs.[10]

Cluster One
1. Structure is damaged
2. Long waiting times to access water
3. Insufficiency of water
4. Lack of fuel to operate water point
5. Poor quality of water

Cluster Two
1. Structure is damaged
2. Insufficiency of water
3. Lack of fuel to operate water point
4. Poor quality of water
5. Long waiting times to access water

Cluster Three
1. Structure is damaged
2. Insufficiency of water
3. Long waiting times to access water
4. Lack of fuel to operate water point
5. Poor quality of water

Top 5 reported interventions priorities for water points by KIs:[10]

Cluster One
1. Repair or renovate the borehole pump
2. Additional tap stands
3. Repair or renovate the taps
4. Make water available more frequently
5. Improve sanitation around the water point

Cluster Two
1. Improve sanitation around the water point
2. Repair or renovate the borehole pump
3. Make water available more frequently
4. Improve quality of water
5. Additional tap stands

Cluster Three
1. Make water available more frequently
2. Additional tap stands
3. Improve sanitation around the water point
4. Repair or renovate the taps
5. Repair or renovate the borehole pump

9. Households could select multiple answers.
10. Data was collected through KIIs, hence should be considered as indicative only.

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Health

The capacity of the healthcare system and health facilities in urban informal settlements is a critical factor in response to the outbreak of COVID-19. KIs revealed that there was no public or private hospital in cluster one. KIs in clusters two and three reported that there was only one hospital each accessible to households. In all FGDs, in all the three clusters, some participants reported that people living in their neighbourhood had to go outside of it to access hospital services, causing them to walk long distances to seek medical care. In addition, some participants said they were denied health care on the basis of their status, as they were perceived as being poor. The lack of capacity of health facilities servicing residents in the three assessed clusters was repeatedly reported by the KIs interviewed as part of this assessment. Lack of medical staff, insufficient medical equipments and drugs as well as damaged structures were identified as among the major factors hindering health facilities' effective operating capabilities. High cost of services and medicine was the most frequently reported challenge faced by households in accessing medical treatment and/or advice, in all three clusters. In all three clusters, households reported that the first place they would go for treatment if a member was sick was buying medicine in a shop. This could pose an issue as, to date, there is no official treatment for COVID-19 on the market.

Reported first choice of health facility for treatment of any illness (HH surveys):[9]

	Cluster One	Cluster Two	Cluster Three
Shop selling medicine [12]	59%	54%	38%
Government hospital	30%	37%	41%
Private hospital	4%	2%	1%
Pharmacy	4%	4%	1%
Mobile clinic	2%	1%	15%
NGO hospital	-	-	3%
Private doctor	-	-	1%
Traditional healer	-	1%	-

Top 3 most reported problems at health facilities by KIs:[11]

Cluster Two
1. Lack of equipment and drugs
2. Lack of enough medical staff
3. Lack of electricity

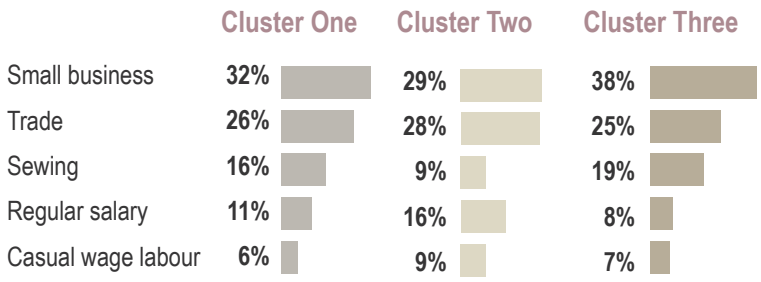
Cluster Three
1. Lack of equipment and drugs
2. Damaged structure
3. Lack of enough medical staff

Top 3 most reported barriers to accessing medical treatment and/or advice in all the three clusters (HH surveys):[9]

1. High cost of medicine and services
2. Language barrier
3. Medicine not available at health facilities

Livelihood

Top 5 reported sources of income by households in the past 30 days prior to the assessment:[9]



The majority of the people living in Maiduguri depend on daily wages and services from the informal economy, which, in the vast majority of cases, require direct human interaction. This is suggested by the high proportion of HHs reporting small businesses as their major source of income. In addition, in all FGDs, in all the three clusters some participants mentioned petty trading or hawking, brick laying and selling goods at the market as some of the major sources of income for people residing in their neighbourhoods. Over 60% of households in all the three clusters reported to be indebted of money mainly used for buying food. The population is already vulnerable as majority of the households indicated their largest expense to be food.

64% of households in cluster one reported being in debt of money. This was reported by **61%** and **62%** of households in clusters two and three respectively

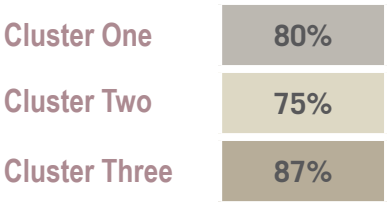
Top 3 reported uses of borrowed money by households:[9]

Cluster One
1. Buy food
2. Education expenses
3. Health expenses

Cluster Two
1. Buy food
2. Education expenses
3. Paying rent

Cluster Three
1. Buy food
2. Education expenses
3. Health expenses

% of HHs that reported food as their largest expenditure:



With the already imposed lock-down in Borno State, majority of the residents in urban Maiduguri will be in need of urgent humanitarian assistance, as most will most likely lose their livelihood activities. This is because majority of the residents engage in petty trade, which forces them to be in the market place and public gatherings. In addition, since most residents engage in trade within the market areas, this poses a greater risk of the spread of COVID-19 owing to possible lack of social distancing. Further, inter-state lock-down and termination of trade with neighbouring countries is likely to cause supply chain and market disruptions which could further deteriorate HHs pre-existing vulnerabilities.

9. Households could select multiple answers.
10. Data was collected through KIIs, hence should be considered as indicative only.
11. Question was not asked to KIs in cluster one as there were no reported health facilities
12. This is a shop that sells over the counter medication stocked together with other goods.

Governance, Social Cohesion and Security

The community leaders, called bulamas, were the first and primary providers of information regarding general security, access to basic services and access to humanitarian services in the neighbourhood for their residents, as revealed by the majority of participants in FGDs. However, the majority (60%, 120/200) of bulamas interviewed during the COVID-19 awareness survey reported that they need more information about the risks and preventive measures for COVID-19 and pointed to the necessity to strengthen awareness raising on the issue. The active engagement of these community leaders thus appears to be a critical ingredient for successful sensitization campaigns. The bulamas were also reported as the main settlers for community disputes according to all FGDs with community members. In cases where the COVID-19 threat will exacerbate intra-communal tensions and discriminations, it is important that community leaders are well-equipped to handle those issues locally. Bulamas are represented by village heads – called Lawans - and district heads – called Ajas.

In all FGDs, in all the three clusters, some participants reported religion as a common coping mechanism in situation of hardship or crisis. This suggests the important role that local religious leaders play in community support structures and messaging. Although the vast majority of participants in FGDs reported presence of peaceful coexistence between IDPs and host communities, some IDP participants in all FGDs recalled not being well represented in community dialogue and decision-making mechanisms.

In all FGDs, in all the three clusters, community watch groups and joint civilian task forces (JCTF) were reported by some as efficient means for community surveillance, which suggest such actors could have a role to play in community messaging and surveillance during the COVID-19 period.

At the institutional level, the state government announced enforcement on preventive measures in Borno State. On March 23, the state government placed a ban on visits to IDP camps. This ban was imposed on visitors other than those from the humanitarian sector. Effective from 13 April 2020, the state government has announced a border lock-down, which shut its borders including with Yobe State to non-essential movements. The Federal Government has put in place cash transfers palliatives to mitigate the effects of the present lock-down due to COVID-19 for economically vulnerable people, including the urban poor. At the public health level, the Public Health Emergency Operations Center (PHEOC) has been fully activated for the response.

12. ACTED, Stakeholder engagement strategy, 2019.