Introduction
The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno and Adamawa states as hard to reach (H2R) for humanitarian actors. Previous assessments illustrate how the conflict continues to have severe consequences for people in H2R areas. In addition, general insecurity, compounded by the lack of access to basic services and infrastructure, such as healthcare and information sources, leaves people living in H2R areas highly vulnerable to the spread and impact of COVID-19. The first confirmed cases in Borno and Adamawa states were announced on 20 April and 22 April 2020, respectively. Due to the limited access to H2R areas, it is unlikely that there will be confirmation of an outbreak in these areas. It is therefore highly important to evaluate the situation of the population in H2R areas in order to monitor changes and inform humanitarian aid actors on immediate needs of the communities.

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

If not stated otherwise, the recall period is set to one month prior to the last information the KI has had from the hard-to-reach area. Selected KIs are purposively sampled and are interviewed on settlement-wide circumstances in H2R areas. Responses from KIs reporting on the same settlement are then aggregated to the settlement level. The most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as ‘no consensus’. While included in the calculations, the percentage of settlements for which no consensus was reached is not always displayed in the results below.

Due to precautions related to the COVID-19 outbreak, data was collected remotely through phone based interviews with assistance from local stakeholders.

Results presented in this factsheet, unless otherwise specified, represent the proportion of assessed settlements assessed within an LGA. Findings are only reported on LGAs where at least 5% of populated settlements and at least 5 settlements in the respective LGA have been assessed. The findings presented are indicative of broader trends in assessed settlements in October 2020, and are not statistically generalisable.

Assessment coverage
- 628 KIs interviewed
- 424 Settlements assessed
- 17 LGAs assessed
- 14 LGAs with sufficient coverage

COVID-19 precautions in IDP camps
Precautions for new arrivals
Hand-washing and temperature screenings for new arrivals at IDP camps could help slow the spread of COVID-19. To assist in monitoring the implementation of these procedures, REACH began asking KIs, who had recently left H2R areas, if they were asked to wash or sanitize their hands or had their temperature measured when they arrived at the IDP camp.

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

62% reported they were asked to wash and/or sanitise their hands when they arrived at the IDP camp

46% reported their temperature was measured when they arrived at the IDP camp

Hand washing practices in H2R areas
Proportion of assessed settlements by reported most common hand-washing materials by LGA:

For more information on this factsheet please contact: REACH reach.nigeria@reach-initiative.org
Knowledge of COVID-19

Information on situation in IDP camps

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

- Madagali: 100%
- Michika: 100%
- Abadam: 100%
- Askira/Uba: 100%
- Bama: 91%
- Damboa: 0%
- Dikwa: 0%
- Guzamala: 86%
- Gwoza: 4%
- Kunduga: 83%
- Magumeri: 100%
- Marte: 43%
- Ngala: 17%

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

- Fever and breathing difficulties
  - Madagali: 0%
  - Michika: 0%
  - Abadam: 0%
  - Askira/Uba: 0%
  - Bama: 0%
  - Damboa: 0%
  - Dikwa: 0%
  - Guzamala: 0%
  - Gwoza: 6%
  - Kunduga: 8%
  - Magumeri: 7%
  - Marte: 5%
  - Ngala: 8%

- Coughing
  - Madagali: 0%
  - Michika: 0%
  - Abadam: 0%
  - Askira/Uba: 0%
  - Bama: 0%
  - Damboa: 0%
  - Dikwa: 0%
  - Guzamala: 0%
  - Gwoza: 0%
  - Kunduga: 17%
  - Magumeri: 4%
  - Marte: 14%
  - Ngala: 17%

- Fever and coughing
  - Madagali: 0%
  - Michika: 0%
  - Abadam: 0%
  - Askira/Uba: 0%
  - Bama: 0%
  - Damboa: 0%
  - Dikwa: 0%
  - Guzamala: 0%
  - Gwoza: 0%
  - Kunduga: 6%
  - Magumeri: 9%
  - Marte: 6%
  - Ngala: 8%

- None
  - Madagali: 88%
  - Michika: 77%
  - Abadam: 79%
  - Askira/Uba: 92%
  - Bama: 85%
  - Damboa: 86%
  - Dikwa: 9%
  - Guzamala: 58%
  - Gwoza: 44%
  - Kunduga: 8%
  - Magumeri: 44%
  - Marte: 57%
  - Ngala: 0%

Information on COVID-19

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

- How to protect themselves from the disease
  - Madagali: 88%
  - Michika: 77%
  - Abadam: 79%
  - Askira/Uba: 92%
  - Bama: 85%
  - Damboa: 86%
  - Dikwa: 9%
  - Guzamala: 58%
  - Gwoza: 44%
  - Kunduga: 8%
  - Magumeri: 44%
  - Marte: 57%
  - Ngala: 0%

- Symptoms of COVID-19
  - Madagali: 71%
  - Michika: 68%
  - Abadam: 66%
  - Askira/Uba: 76%
  - Bama: 85%
  - Damboa: 86%
  - Dikwa: 9%
  - Guzamala: 58%
  - Gwoza: 44%
  - Kunduga: 8%
  - Magumeri: 44%
  - Marte: 57%
  - Ngala: 0%

- How it is transmitted
  - Madagali: 88%
  - Michika: 77%
  - Abadam: 79%
  - Askira/Uba: 92%
  - Bama: 85%
  - Damboa: 86%
  - Dikwa: 9%
  - Guzamala: 58%
  - Gwoza: 44%
  - Kunduga: 8%
  - Magumeri: 44%
  - Marte: 57%
  - Ngala: 0%

- Risks and complications
  - Madagali: 33%
  - Michika: 33%
  - Abadam: 33%
  - Askira/Uba: 33%
  - Bama: 33%
  - Damboa: 33%
  - Dikwa: 33%
  - Guzamala: 33%
  - Gwoza: 33%
  - Kunduga: 33%
  - Magumeri: 33%
  - Marte: 33%
  - Ngala: 33%

- What to do if they have symptoms
  - Madagali: 25%
  - Michika: 25%
  - Abadam: 25%
  - Askira/Uba: 25%
  - Bama: 25%
  - Damboa: 25%
  - Dikwa: 25%
  - Guzamala: 25%
  - Gwoza: 25%
  - Kunduga: 25%
  - Magumeri: 25%
  - Marte: 25%
  - Ngala: 25%

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

- How to protect themselves from the disease: 88%
- Symptoms of COVID-19: 71%
- How it is transmitted: 66%
- Risks and complications: 33%
- What to do if they have symptoms: 25%

Most commonly reported COVID-19 specific information sources:

- Radio: 66%
- Returnees: 33%
- Community members: 22%
- Other: 19%

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Conclusion

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

In 89% of the assessed settlements, sick community members were reportedly not being separated from others.

Fever combined with coughing was reported in a comparatively higher proportion of assessed settlements in Magumeri and Konduga. While this may be due to other viruses, bacteria or change of season, careful monitoring of these LGAs may be needed to assess potential local COVID-19 outbreaks.