

# Multi-Sector Needs Assessment Indicators for COVID-19: Yobe 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.<sup>1</sup> 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.<sup>2</sup>

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 17<sup>th</sup> and July 30<sup>th</sup> in 2019.

Data collection comprised of a total of 8,019 household (HH) interviews in the BAY States overall, including 2,037 in Yobe State, of which 202 were IDP HHs, 274 were returnee HHs and 1,561 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 Yobe State was Yunusari LGA, for which findings are indicative only. Due to security concerns, only garrison towns were included in Yunusari LGA. Only 16 out of 17 LGAs in Yobe State could be assessed due to access constraints or lack of partners active in the remaining LGA.

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:  
7.1

Female-headed  
HHs:  
3%

Child-headed  
HHs:  
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:<sup>3,4</sup>

- |                     |     |
|---------------------|-----|
| 1. Community leader | 81% |
| 2. Religious leader | 68% |
| 3. Friend / Family  | 40% |

### Top 3 reported means of receiving information trusted by HHs:<sup>3,4</sup>

- |                              |     |
|------------------------------|-----|
| 1. Phone call (mobile phone) | 69% |
| 2. Radio                     | 61% |
| 3. In person / Face to face  | 53% |

**55%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>3,4</sup>

- |                     |     |
|---------------------|-----|
| 1. BBC              | 98% |
| 2. Voice of America | 22% |
| 3. RFI              | 15% |

### % of HHs reporting listening to the radio during the following times:<sup>3,4</sup>



**77%** of HHs reported owning a **cell phone**, of which **23%** had access to **Internet or social media**.<sup>4</sup>

### % of HHs reporting using the following networks:<sup>3,4</sup>



<sup>1</sup> OCHA, [2019 Humanitarian Needs Overview](#)

<sup>2</sup> OCHA, [2020 Global Humanitarian Overview](#)

<sup>3</sup> Respondents could select multiple answers.

<sup>4</sup> 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.

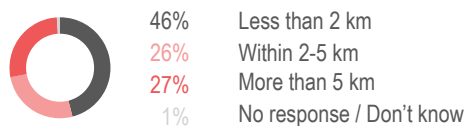


# MSNA INDICATORS FOR COVID-19 | YOBE

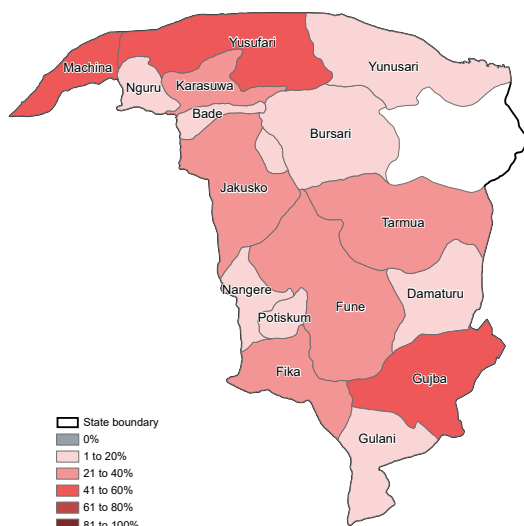
## HEALTH

9% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:



% of HHs reporting distance to health facility is more than 5 km, by LGA:<sup>5</sup>



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

	First choice facility	Closest facility
Hospital	54%	54%
Primary Healthcare (PHC)	29%	35%
Mobile / Outreach clinic	1%	1%
Village outreach worker	1%	1%
Private doctor	0%	0%
Patent medicine store / Chemist	12%	6%
Traditional practitioner	2%	2%
Pharmacy / Dispensary	2%	2%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1466 naira** (4.07 dollars) for a consultation at the first facility they would go to for treatment.<sup>4,6</sup>

HHs reported an average cost of **2033 naira** (5.65 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.<sup>4,6</sup>

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

Top 3 reported barriers to accessing healthcare:<sup>3</sup>

1. Medicine too expensive	43%
2. Health services too expensive	35%
3. No barrier	33%

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

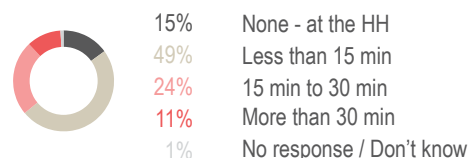
Direct provision of health services	26%
Direct provision of medicines	13%
Direct provision of transportation	4%
Case for health service fees	8%
Cash for medicine	5%
Cash for transportation	2%
Mix of cash and provision of health services	35%
Mix of cash and provision of medicine	8%
Do not want support	0%
Other / No response / Don't know	0%

## WATER, SANITATION & HYGIENE

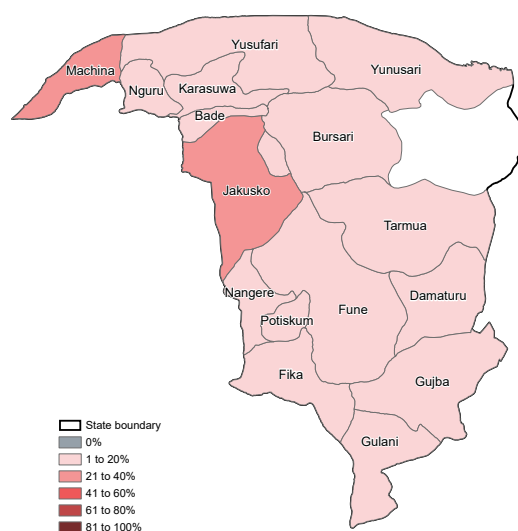
Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>3</sup>

1. Borehole	50%
2. Hand pump	23%
3. Open well	17%

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



% of HHs reporting that the time needed to collect water from main source is more than 30 min, by LGA:<sup>7</sup>



To cope with water quantity issues:<sup>3</sup>

51%	of HHs reported reducing water consumption for cleaning, bathing and washing.
2%	reported drinking water usually used for cleaning or other purposes.
4%	reported receiving water on credit or borrowing water.

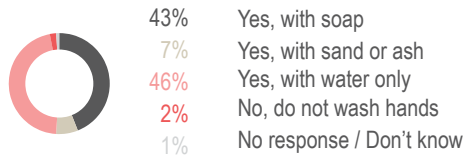
<sup>5</sup> At least one health facility should be within 5 km for primary healthcare coverage (United Nations High Commissioner for Refugees, [Emergency Handbook Version 1.9](#)).

<sup>6</sup> 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](#)).

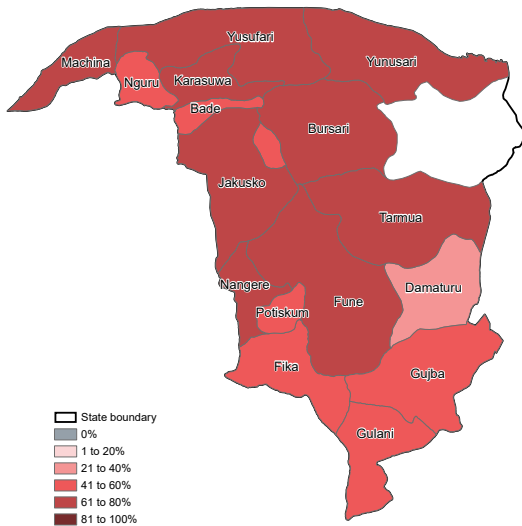
<sup>7</sup> Queuing time of less than 30 minutes is a key indicator for water supply in humanitarian settings (Sphere, [The Sphere Handbook 2018](#)).

# MSNA INDICATORS FOR COVID-19 | YOBE

## % of respondents reporting hand washing:<sup>8</sup>



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



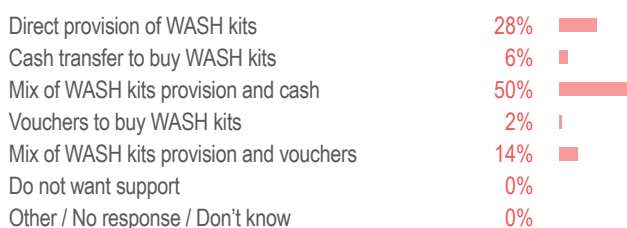
**4%** of respondents reported **not washing their hands** on the day before data collection.<sup>4</sup>

## % of HHs reporting needing the following items that they did not own:<sup>3</sup>



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

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



## FOOD SECURITY & LIVELIHOODS

### % of HHs reporting the following main sources of food:<sup>3</sup>



**48%** 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

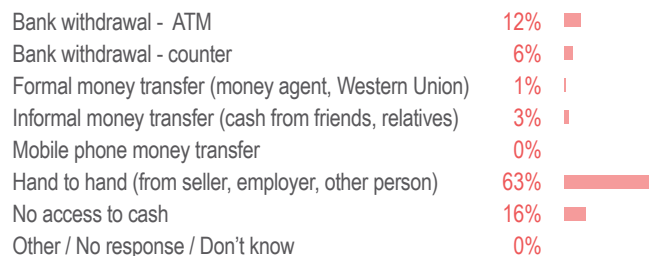
**56%** of HHs reported being **in debt of money**.

## Top 3 reported main sources of income in the 30 days before data collection:<sup>3</sup>

- |                   |     |
|-------------------|-----|
| 1. Agriculture    | 71% |
| 2. Small business | 29% |
| 3. Livestock      | 26% |

**19%** 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:



## PROTECTION

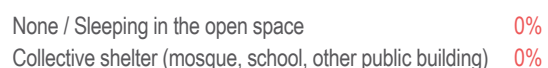
**10%** of HHs reported having a **child-friendly space** in the community, of which **1%** are operated by NGOs.<sup>4</sup> **76%** of HHs reported that **their child has access** to this place.<sup>4</sup>

**4%** of HHs reported having a **safe space** in the community for **girls and women**, of which **1%** are operated by NGOs.<sup>4</sup> **96%** of HHs reported that **the women in their HH have access** to this place.<sup>4</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **2.8 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:



**46%** 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.

<sup>8</sup> Percentages may not add up to 100 due to rounding.



# MSNA Indicators for COVID-19

Yobe State  
**BADE LGA**

## ASSESSMENT SAMPLE

HHs Interviewed:	151
- IDP:	24
- Returnee:	0
- Non-displaced:	127

## DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.2	9%	11%

## 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:<sup>1,2</sup>

1. Community leader	75%
2. Religious leader	71%
3. Friend / Family	30%

### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	75%
2. Radio	65%
3. In person / Face to face	46%

**65%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. Not available (NA)	NA
2. NA	NA
3. NA	NA

### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	NA
Mid-day	NA
Afternoon	NA
Evening	NA

**90%** of HHs reported owning a **cell phone**, of which **27%** had access to **Internet or social media**.<sup>2</sup>

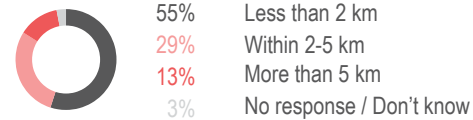
### % of HHs reporting using the following networks:<sup>1,2</sup>

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

## HEALTH

**9%** of HHs reported having **at least one chronically ill member**.

### % of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	61%	61%
PHC	13%	21%
Mobile / Outreach clinic	2%	2%
Village outreach worker	0%	1%
Private doctor	1%	1%
Patent medicine store / Chemist	15%	7%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	6%	7%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **911 naira** (2.53 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **2222 naira** (6.17 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

**11%** of HHs reported **healthcare** as their main priority need.

### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. No barrier	50%
2. Health services too expensive	25%
3. Medicine too expensive	25%

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

Direct provision of health services	16%
Direct provision of medicines	19%
Direct provision of transportation	7%
Cash for health service fees	15%
Cash for medicine	7%
Cash for transportation	2%
Mix of cash and provision of health services	27%
Mix of cash and provision of medicine	7%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).



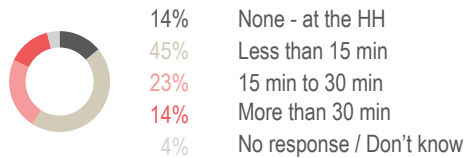
# MSNA INDICATORS FOR COVID-19 | BADE

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	59%
2. Public tap	23%
3. Hand pump	19%

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



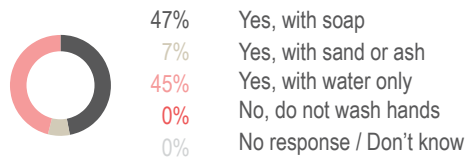
To cope with water quantity issues:<sup>1</sup>

**31%** of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

**9%** reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:<sup>4</sup>



**1%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	41%
10 liter bucket	6%
10 liter basin	6%

**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	20%
Cash transfer to buy WASH kits	10%
Mix of WASH kits provision and cash	53%
Vouchers to buy WASH kits	2%
Mix of WASH kits provision and vouchers	15%
Do not want support	1%
Other / No response / Don't know	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	69%
Markets located outside the community	20%
Own agriculture / Crop cultivation	49%
Food aid / Assistance from NGOs	1%
Food aid / Assistance from government	0%

**40%** 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

**2 days** reducing number of meals eaten in a day

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

**44%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	70%
2. Small business	30%
3. Livestock	19%

**15%** 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	26%
Bank withdrawal - counter	9%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	4%
Mobile phone money transfer	4%
Hand to hand (from seller, employer, other person)	44%
No access to cash	13%
Other / No response / Don't know	0%

## PROTECTION

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

**9%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **100%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.4 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%

**54%** 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.

<sup>4</sup> Percentages may not add up to 100 due to rounding.



# MSNA Indicators for COVID-19

Yobe State

BURSARI LGA

## ASSESSMENT SAMPLE

HHs Interviewed:	113
- IDP:	9
- Returnee:	0
- Non-displaced:	104

## DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.2	6%	8%

## 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:<sup>1,2</sup>

1. Community leader	76%
2. Religious leader	70%
3. Friend / Family	40%

### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	72%
2. Radio	67%
3. In person / Face to face	55%

**58%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	97%
2. Voice of America	21%
3. RFI	15%

### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	90%
Mid-day	3%
Afternoon	11%
Evening	42%

**76%** of HHs reported owning a **cell phone**, of which **21%** had access to **Internet or social media**.<sup>2</sup>

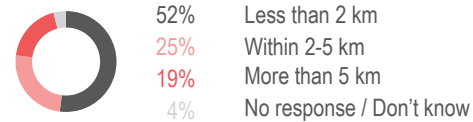
### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	54%
Airtel	54%
Glo / Etisalat	9%
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:



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

	First choice facility	Closest facility
Hospital	39%	41%
PHC	25%	28%
Mobile / Outreach clinic	1%	2%
Village outreach worker	1%	0%
Private doctor	1%	0%
Patent medicine store / Chemist	21%	16%
Traditional practitioner	12%	12%
Pharmacy / Dispensary	1%	1%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1577 naira** (4.38 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **1350 naira** (3.75 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

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

### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. No barrier	34%
2. Medicine too expensive	30%
3. Health services too expensive	28%

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

Direct provision of health services	18%
Direct provision of medicines	11%
Direct provision of transportation	6%
Cash for health service fees	12%
Cash for medicine	6%
Cash for transportation	3%
Mix of cash and provision of health services	30%
Mix of cash and provision of medicine	15%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).



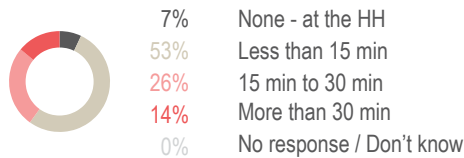
# MSNA INDICATORS FOR COVID-19 | BURSARI

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	44%
2. Hand pump	42%
3. Open well	15%

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



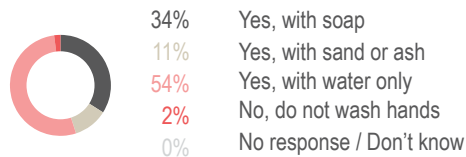
To cope with water quantity issues:<sup>1</sup>

**41%** of HHs reported **reducing water consumption for cleaning, bathing and washing.**

**4%** reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:<sup>4</sup>



**2%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	33%
10 liter bucket	7%
10 liter basin	7%

**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	12%
Cash transfer to buy WASH kits	8%
Mix of WASH kits provision and cash	65%
Vouchers to buy WASH kits	2%
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:<sup>1</sup>

Purchased in local markets	56%
Markets located outside the community	24%
Own agriculture / Crop cultivation	60%
Food aid / Assistance from NGOs	1%
Food aid / Assistance from government	0%

<sup>4</sup> Percentages may not add up to 100 due to rounding.

**41%** 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:<sup>1</sup>

1. Agriculture	79%
2. Livestock	49%
3. Small business	19%

**13%** of HHs reportedly resorted to **begging to cope with the lack of income** and **3%** engaged in **dangerous or illegal work.**

Type of access to cash reported by HHs:

Bank withdrawal - ATM	9%
Bank withdrawal - counter	4%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	1%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	51%
No access to cash	33%
Other / No response / Don't know	0%

## PROTECTION

**18%** of HHs reported having a **child-friendly space** in the community, of which **4%** are operated by NGOs.<sup>2</sup> **75%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**7%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **100%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.9 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%

**18%** 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

Yobe State

## DAMATURU LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	123
- IDP:	29
- Returnee:	0
- Non-displaced:	94

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.5	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:<sup>1,2</sup>

1. Community leader	73%
2. Religious leader	57%
3. Friend / Family	36%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Radio	77%
2. Phone call (mobile phone)	62%
3. In person / Face to face	45%

**69%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. Not available (NA)	NA
2. NA	NA
3. NA	NA

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	NA
Mid-day	NA
Afternoon	NA
Evening	NA

**88%** of HHs reported owning a **cell phone**, of which **43%** had access to **Internet or social media**.<sup>2</sup>

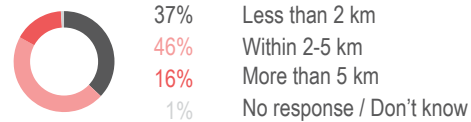
#### % of HHs reporting using the following networks:<sup>1,2</sup>

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

### HEALTH

**15%** of HHs reported having **at least one chronically ill member**.

#### % of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	76%	77%
PHC	7%	16%
Mobile / Outreach clinic	0%	2%
Village outreach worker	0%	0%
Private doctor	1%	1%
Patent medicine store / Chemist	14%	3%
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 **674 naira** (1.87 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **1720 naira** (4.78 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

**9%** of HHs reported **healthcare** as their main priority need.

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive	47%
2. No barrier	41%
3. Health services too expensive	28%

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

Direct provision of health services	33%
Direct provision of medicines	13%
Direct provision of transportation	2%
Cash for health service fees	4%
Cash for medicine	1%
Cash for transportation	2%
Mix of cash and provision of health services	31%
Mix of cash and provision of medicine	12%
Do not want support	2%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).





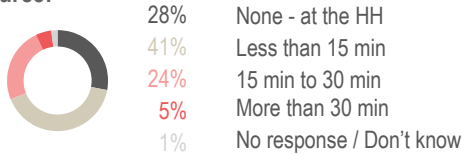
# MSNA INDICATORS FOR COVID-19 | DAMATURU

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Mai moya 46%
2. Borehole 41%
3. Public tap 8%

% of HHs reporting time needed to collect water from main source:<sup>4</sup>



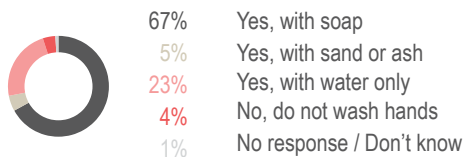
To cope with water quantity issues:<sup>1</sup>

**49%** 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:



**5%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	45%
10 liter bucket	14%
10 liter basin	23%

**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	6%
Mix of WASH kits provision and cash	44%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	12%
Do not want support	2%
Other / No response / Don't know	1%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	91%
Markets located outside the community	10%
Own agriculture / Crop cultivation	32%
Food aid / Assistance from NGOs	4%
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:

**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

**62%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture 41%
2. Small business 39%
3. Salary 22%

**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	32%
Bank withdrawal - counter	17%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	5%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	39%
No access to cash	6%
Other / No response / Don't know	0%

## PROTECTION

**5%** of HHs reported having a **child-friendly space** in the community, of which **3%** are operated by NGOs.<sup>2</sup> **67%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**1%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **2.5 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%

**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.

<sup>4</sup> Percentages may not add up to 100 due to rounding.



# MSNA Indicators for COVID-19

Yobe State  
FIKA LGA

## ASSESSMENT SAMPLE

HHs Interviewed:	125
- IDP:	0
- Returnee:	0
- Non-displaced:	125

## DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.1	0%	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:<sup>1,2</sup>

1. Community leader	75%
2. Religious leader	74%
3. Friend / Family	25%

### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	76%
2. Radio	57%
3. In person / Face to face	45%

**55%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	98%
2. Voice of America	17%
3. RFI	9%

### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	86%
Mid-day	8%
Afternoon	17%
Evening	75%

**73%** of HHs reported owning a **cell phone**, of which **13%** had access to **Internet or social media**.<sup>2</sup>

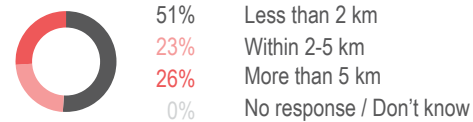
### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	23%
Airtel	88%
Glo / Etisalat	2%
No response / Don't know	0%

## HEALTH

**6%** of HHs reported having **at least one chronically ill member**.

### % of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	36%	40%
PHC	42%	48%
Mobile / Outreach clinic	0%	0%
Village outreach worker	4%	5%
Private doctor	0%	0%
Patent medicine store / Chemist	17%	7%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	1%	0%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1351 naira** (3.75 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **1888 naira** (5.25 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

**12%** of HHs reported **healthcare** as their main priority need.

### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive	48%
2. Health services too expensive	42%
3. No barrier	24%

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

Direct provision of health services	23%
Direct provision of medicines	16%
Direct provision of transportation	3%
Cash for health service fees	2%
Cash for medicine	3%
Cash for transportation	3%
Mix of cash and provision of health services	40%
Mix of cash and provision of medicine	8%
Do not want support	2%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).

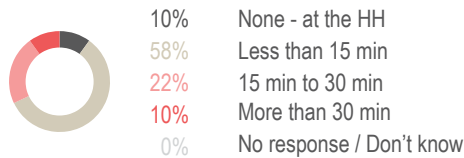


## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	67%
2. Open well	31%
3. Surface water	16%

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



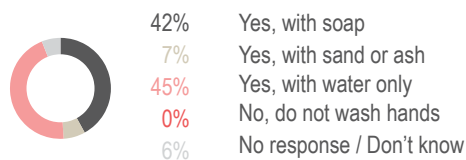
To cope with water quantity issues:<sup>1</sup>

**58%** of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

**2%** reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:



**3%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	58%
10 liter bucket	13%
10 liter basin	22%

**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	26%
Cash transfer to buy WASH kits	1%
Mix of WASH kits provision and cash	52%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	21%
Do not want support	0%
Other / No response / Don't know	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	78%
Markets located outside the community	25%
Own agriculture / Crop cultivation	74%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**50%** 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

**62%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	91%
2. Livestock	22%
3. Small business	17%

**20%** 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	3%
Bank withdrawal - counter	10%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	1%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	62%
No access to cash	24%
Other / No response / Don't know	0%

## PROTECTION

**6%** of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**1%** of HHs reported having a **safe space** in the community for **girls and women**, of which **1%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **2.1 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

Yobe State

FUNE LGA

## ASSESSMENT SAMPLE

HHs Interviewed:	118
- IDP:	5
- Returnee:	0
- Non-displaced:	113

## DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.7	0%	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:<sup>1,2</sup>

1. Community leader	82%
2. Religious leader	80%
3. Friend / Family	28%

### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	59%
2. Radio	57%
3. In person / Face to face	40%

**47%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	100%
2. Radio Deutsche	8%
3. Voice of America	6%

### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	77%
Mid-day	2%
Afternoon	12%
Evening	27%

**64%** of HHs reported owning a **cell phone**, of which **24%** had access to **Internet or social media**.<sup>2</sup>

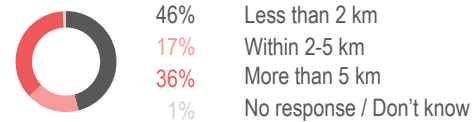
### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	31%
Airtel	82%
Glo / Etisalat	9%
No response / Don't know	0%

## HEALTH

**13%** of HHs reported having **at least one chronically ill member**.

### % of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	41%	39%
PHC	41%	54%
Mobile / Outreach clinic	1%	0%
Village outreach worker	1%	1%
Private doctor	0%	0%
Patent medicine store / Chemist	9%	1%
Traditional practitioner	4%	4%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	3%	1%

HHs reported spending an average of **2053 naira** (5.70 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **3389 naira** (9.42 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

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

### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive	60%
2. Health services too expensive	47%
3. No barrier	23%

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

Direct provision of health services	26%
Direct provision of medicines	10%
Direct provision of transportation	2%
Cash for health service fees	9%
Cash for medicine	6%
Cash for transportation	2%
Mix of cash and provision of health services	39%
Mix of cash and provision of medicine	7%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).

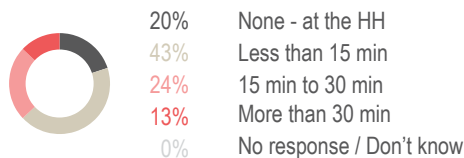


## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	44%
2. Open well	38%
3. Public tap	14%

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



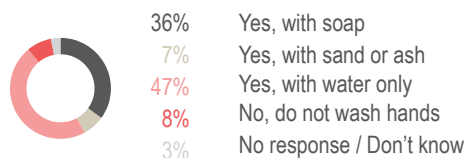
To cope with water quantity issues:<sup>1</sup>

**62%** of HHs reported **reducing water consumption for cleaning, bathing and washing.**

**8%** reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:<sup>4</sup>



**6%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	60%
10 liter bucket	23%
10 liter basin	29%

**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	26%
Cash transfer to buy WASH kits	5%
Mix of WASH kits provision and cash	51%
Vouchers to buy WASH kits	2%
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:<sup>1</sup>

Purchased in local markets	55%
Markets located outside the community	10%
Own agriculture / Crop cultivation	82%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**46%** 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

**1 day** reducing number of meals eaten in a day

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

**62%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	92%
2. Livestock	27%
3. Small business	22%

**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	3%
Bank withdrawal - counter	6%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	1%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	78%
No access to cash	13%
Other / No response / Don't know	0%

## PROTECTION

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

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

## SHELTER & WASTE MANAGEMENT

The average household reported **2.9 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%

**56%** 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.

<sup>4</sup> Percentages may not add up to 100 due to rounding.



# MSNA Indicators for COVID-19

Yobe State  
GUJBA LGA

## ASSESSMENT SAMPLE

HHs Interviewed:	158
- IDP:	37
- Returnee:	116
- Non-displaced:	5

## DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.9	1%	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:<sup>1,2</sup>

1. Community leader	82%
2. Religious leader	76%
3. Friend / Family	33%

### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Radio	58%
2. In person / Face to face	56%
3. Phone call (mobile phone)	41%

**53%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	99%
2. Radio Deutsche	30%
3. Voice of America	17%

### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	59%
Mid-day	3%
Afternoon	29%
Evening	72%

**61%** of HHs reported owning a **cell phone**, of which **5%** had access to **Internet or social media**.<sup>2</sup>

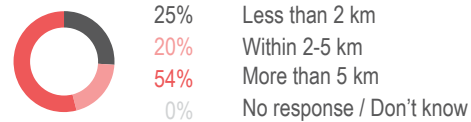
### % of HHs reporting using the following networks:<sup>1,2</sup>

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

## HEALTH

**9%** of HHs reported having **at least one chronically ill member**.

### % of HHs reporting distance to closest health facility:<sup>3</sup>



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

	First choice facility	Closest facility
Hospital	42%	43%
PHC	34%	49%
Mobile / Outreach clinic	2%	2%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	19%	5%
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 **747 naira** (2.08 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,4</sup>

HHs reported an average cost of **3547 naira** (9.85 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,4</sup>

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

### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive	38%
2. Health facility too far	38%
3. Health services too expensive	33%

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

Direct provision of health services	41%
Direct provision of medicines	7%
Direct provision of transportation	0%
Cash for health service fees	2%
Cash for medicine	2%
Cash for transportation	0%
Mix of cash and provision of health services	45%
Mix of cash and provision of medicine	2%
Do not want support	0%
Other / No response / Don't know	1%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> Percentages may not add up to 100 due to rounding.

<sup>4</sup> 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](#)).



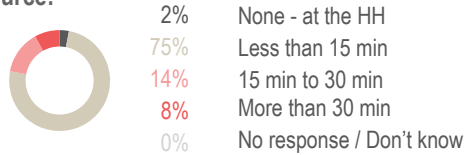
# MSNA INDICATORS FOR COVID-19 | GUJBA

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	65%
2. Public tap	16%
3. Mai moya	14%

% of HHs reporting time needed to collect water from main source:<sup>3</sup>



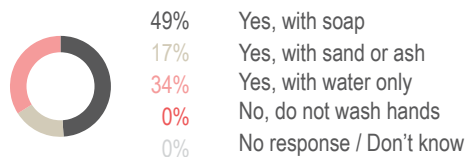
To cope with water quantity issues:<sup>1</sup>

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

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

**4%** reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:



**12%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	74%
10 liter bucket	27%
10 liter basin	31%

**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	42%
Cash transfer to buy WASH kits	4%
Mix of WASH kits provision and cash	23%
Vouchers to buy WASH kits	3%
Mix of WASH kits provision and vouchers	28%
Do not want support	0%
Other / No response / Don't know	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	69%
Markets located outside the community	1%
Own agriculture / Crop cultivation	61%
Food aid / Assistance from NGOs	19%
Food aid / Assistance from government	1%

**50%** 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

**62%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	81%
2. Livestock	29%
3. Casual labour	21%

**19%** 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	12%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	2%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	62%
No access to cash	21%
Other / No response / Don't know	0%

## PROTECTION

**11%** of HHs reported having a **child-friendly space** in the community, of which **4%** are operated by NGOs.<sup>2</sup> **90%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**10%** of HHs reported having a **safe space** in the community for **girls and women**, of which **6%** are operated by NGOs.<sup>2</sup> **88%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **2.3 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%

**80%** 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

Yobe State

GULANI LGA

## ASSESSMENT SAMPLE

HHs Interviewed:	137
- IDP:	13
- Returnee:	94
- Non-displaced:	30

## DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.1	0%	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:<sup>1,2</sup>

1. Community leader	85%
2. Religious leader	57%
3. Friend / Family	31%

### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	60%
2. Radio	59%
3. In person / Face to face	51%

**44%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	99%
2. RFI	56%
3. Voice of America	44%

### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	99%
Mid-day	7%
Afternoon	31%
Evening	62%

**77%** of HHs reported owning a **cell phone**, of which **9%** had access to **Internet or social media**.<sup>2</sup>

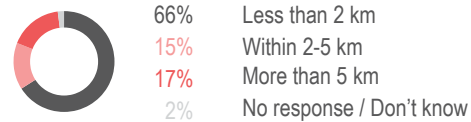
### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	6%
Airtel	98%
Glo / Etisalat	1%
No response / Don't know	0%

## HEALTH

**23%** of HHs reported having **at least one chronically ill member**.

### % of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	34%	26%
PHC	38%	52%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	4%
Private doctor	0%	0%
Patent medicine store / Chemist	13%	6%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	12%	11%
Wouldn't seek treatment	2%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1542 naira** (4.28 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **1217 naira** (3.38 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

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

### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine not available	39%
2. Medicine too expensive	38%
3. No barrier	28%

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

Direct provision of health services	43%
Direct provision of medicines	23%
Direct provision of transportation	0%
Cash for health service fees	5%
Cash for medicine	13%
Cash for transportation	0%
Mix of cash and provision of health services	13%
Mix of cash and provision of medicine	2%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).





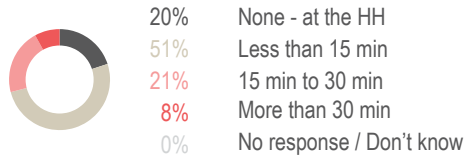
# MSNA INDICATORS FOR COVID-19 | GULANI

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	50%
2. Open well	24%
3. Mai moya	22%

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



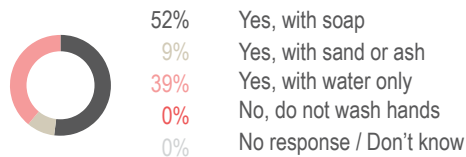
To cope with water quantity issues:<sup>1</sup>

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

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

**10%** reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:



**2%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	54%
10 liter bucket	28%
10 liter basin	46%

**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	58%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	16%
Vouchers to buy WASH kits	12%
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:<sup>1</sup>

Purchased in local markets	74%
Markets located outside the community	3%
Own agriculture / Crop cultivation	54%
Food aid / Assistance from NGOs	6%
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

**1 day** reducing number of meals eaten in a day

**1 day** 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:<sup>1</sup>

1. Agriculture	65%
2. Livestock	20%
3. Trade	17%

**11%** 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	6%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	1%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	63%
No access to cash	25%
Other / No response / Don't know	4%

## PROTECTION

**42%** of HHs reported having a **child-friendly space** in the community, of which **7%** are operated by NGOs.<sup>2</sup> **70%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**33%** of HHs reported having a **safe space** in the community for **girls and women**, of which **14%** are operated by NGOs.<sup>2</sup> **89%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.6 families sharing an accommodation.** **4%** 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%

**41%** 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

Yobe State

## JAKUSKO LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	127
- IDP:	2
- Returnee:	0
- Non-displaced:	125

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.3	3%	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:<sup>1,2</sup>

1. Community leader	88%
2. Religious leader	63%
3. Friend / Family	53%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. In person / Face to face	84%
2. Phone call (mobile phone)	60%
3. Radio	54%

**42%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	100%
2. Voice of America	51%
3. RFI	32%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	94%
Mid-day	19%
Afternoon	40%
Evening	77%

**64%** of HHs reported owning a **cell phone**, of which **16%** had access to **Internet or social media**.<sup>2</sup>

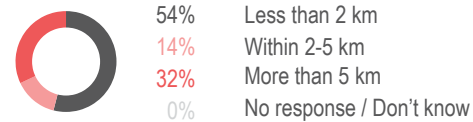
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	66%
Airtel	73%
Glo / Etisalat	7%
No response / Don't know	0%

### HEALTH

**9%** of HHs reported having **at least one chronically ill member**.

#### % of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	47%	44%
PHC	34%	38%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	14%	11%
Traditional practitioner	2%	1%
Pharmacy / Dispensary	3%	6%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **2359 naira** (6.55 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **2128 naira** (5.91 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

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

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. No barrier	36%
2. Medicine too expensive	32%
3. Health services too expensive	30%

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

Direct provision of health services	31%
Direct provision of medicines	13%
Direct provision of transportation	4%
Cash for health service fees	12%
Cash for medicine	6%
Cash for transportation	1%
Mix of cash and provision of health services	30%
Mix of cash and provision of medicine	4%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).



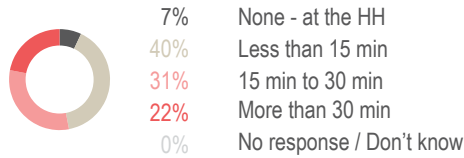
# MSNA INDICATORS FOR COVID-19 | JAKUSKO

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Hand pump	54%
2. Borehole	47%
3. Open well	14%

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



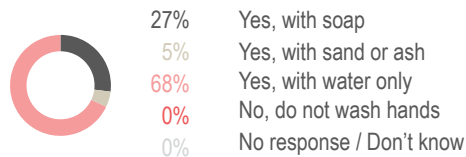
To cope with water quantity issues:<sup>1</sup>

**66%** of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

**0%** reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:



**2%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	48%
10 liter bucket	8%
10 liter basin	7%

**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	31%
Cash transfer to buy WASH kits	5%
Mix of WASH kits provision and cash	51%
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	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	74%
Markets located outside the community	22%
Own agriculture / Crop cultivation	77%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**57%** 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

**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:<sup>1</sup>

1. Agriculture	85%
2. Livestock	37%
3. Small business	31%

**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	2%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	2%
Informal money transfer (cash from friends, relatives)	11%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	83%
No access to cash	2%
Other / No response / Don't know	0%

## PROTECTION

**20%** of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**5%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **100%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.3 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.



# MSNA Indicators for COVID-19

Yobe State

## KARASUWA LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	127
- IDP:	9
- Returnee:	0
- Non-displaced:	118

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.7	7%	7%

### 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:<sup>1,2</sup>

1. Community leader	85%
2. Religious leader	65%
3. Friend / Family	47%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	71%
2. Radio	62%
3. In person / Face to face	58%

**50%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	97%
2. Voice of America	45%
3. RFI	31%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	100%
Mid-day	23%
Afternoon	43%
Evening	73%

**80%** of HHs reported owning a **cell phone**, of which **21%** had access to **Internet or social media**.<sup>2</sup>

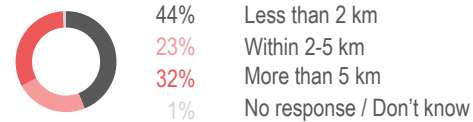
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	76%
Airtel	70%
Glo / Etisalat	12%
No response / Don't know	0%

### HEALTH

**6%** of HHs reported having **at least one chronically ill member**.

#### % of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	44%	42%
PHC	38%	40%
Mobile / Outreach clinic	0%	0%
Village outreach worker	2%	1%
Private doctor	1%	1%
Patent medicine store / Chemist	12%	11%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	2%	5%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1239 naira** (3.44 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **1739 naira** (4.83 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

**11%** of HHs reported **healthcare** as their main priority need.

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. No barrier	44%
2. Medicine too expensive	26%
3. Health services too expensive	25%

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

Direct provision of health services	15%
Direct provision of medicines	13%
Direct provision of transportation	5%
Cash for health service fees	13%
Cash for medicine	4%
Cash for transportation	1%
Mix of cash and provision of health services	42%
Mix of cash and provision of medicine	7%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).



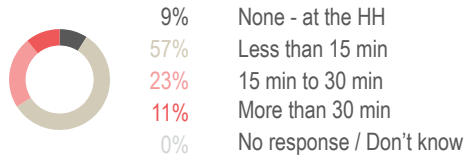
# MSNA INDICATORS FOR COVID-19 | KARASUWA

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Hand pump	75%
2. Borehole	25%
3. Public tap	10%

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



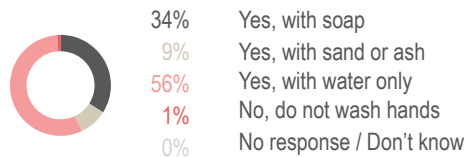
To cope with water quantity issues:<sup>1</sup>

**54%** 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:



**0%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	46%
10 liter bucket	6%
10 liter basin	7%

**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	14%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	67%
Vouchers to buy WASH kits	5%
Mix of WASH kits provision and vouchers	7%
Do not want support	0%
Other / No response / Don't know	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	60%
Markets located outside the community	24%
Own agriculture / Crop cultivation	70%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**51%** 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

**2 days** reducing number of meals eaten in a day

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

**53%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	83%
2. Livestock	35%
3. Small business	28%

**10%** 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)	4%
Informal money transfer (cash from friends, relatives)	2%
Mobile phone money transfer	2%
Hand to hand (from seller, employer, other person)	64%
No access to cash	23%
Other / No response / Don't know	1%

## PROTECTION

**15%** of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**11%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **83%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.4 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%

**11%** 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

Yobe State

## MACHINA LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	127
- IDP:	7
- Returnee:	0
- Non-displaced:	120

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.6	3%	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:<sup>1,2</sup>

1. Community leader	88%
2. Religious leader	77%
3. Friend / Family	71%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. In person / Face to face	69%
2. Phone call (mobile phone)	60%
3. Radio	53%

**31%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	95%
2. Voice of America	41%
3. RFI	38%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	95%
Mid-day	23%
Afternoon	33%
Evening	69%

**62%** of HHs reported owning a **cell phone**, of which **9%** had access to **Internet or social media**.<sup>2</sup>

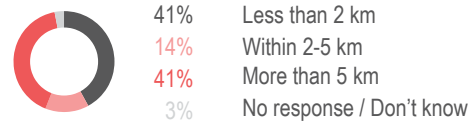
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	63%
Airtel	72%
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:<sup>3</sup>



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

	First choice facility	Closest facility
Hospital	51%	60%
PHC	39%	37%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	7%	1%
Traditional practitioner	2%	2%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	1%	0%

HHs reported spending an average of **1940 naira** (5.39 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,4</sup>

HHs reported an average cost of **1956 naira** (5.43 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,4</sup>

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

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive	46%
2. Health services too expensive	38%
3. No barrier	32%

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

Direct provision of health services	29%
Direct provision of medicines	7%
Direct provision of transportation	12%
Cash for health service fees	12%
Cash for medicine	5%
Cash for transportation	1%
Mix of cash and provision of health services	30%
Mix of cash and provision of medicine	5%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> Percentages may not add up to 100 due to rounding.

<sup>4</sup> 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](#)).



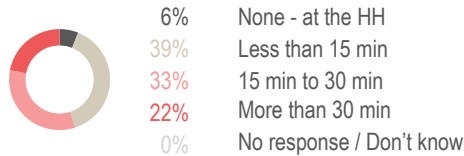
# MSNA INDICATORS FOR COVID-19 | MACHINA

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Hand pump	64%
2. Borehole	44%
3. Public tap	10%

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



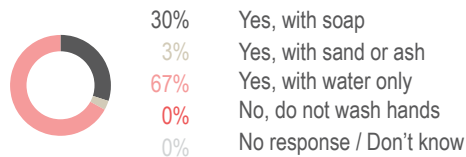
To cope with water quantity issues:<sup>1</sup>

**50%** of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

**0%** reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:



**3%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	46%
10 liter bucket	13%
10 liter basin	17%

**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	26%
Cash transfer to buy WASH kits	11%
Mix of WASH kits provision and cash	57%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	5%
Do not want support	0%
Other / No response / Don't know	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	64%
Markets located outside the community	24%
Own agriculture / Crop cultivation	77%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**50%** 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

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

**59%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	87%
2. Livestock	47%
3. Small business	26%

**14%** 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)	3%
Informal money transfer (cash from friends, relatives)	5%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	76%
No access to cash	15%
Other / No response / Don't know	0%

## PROTECTION

**22%** of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**4%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **100%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.6 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%

**4%** 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

Yobe State

## NANGERE LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	112
- IDP:	9
- Returnee:	0
- Non-displaced:	103

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.5	0%	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:<sup>1,2</sup>

1. Community leader	82%
2. Religious leader	70%
3. Friend / Family	36%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	77%
2. Radio	62%
3. In person / Face to face	52%

**57%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	100%
2. Voice of America	24%
3. RFI	14%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	86%
Mid-day	9%
Afternoon	16%
Evening	77%

**73%** of HHs reported owning a **cell phone**, of which **9%** had access to **Internet or social media**.<sup>2</sup>

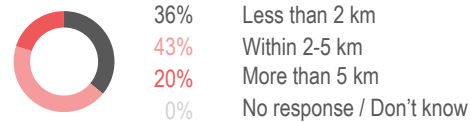
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	76%
Airtel	57%
Glo / Etisalat	4%
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:<sup>3</sup>



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

	First choice facility	Closest facility
Hospital	52%	51%
PHC	34%	42%
Mobile / Outreach clinic	0%	0%
Village outreach worker	3%	2%
Private doctor	0%	0%
Patent medicine store / Chemist	8%	4%
Traditional practitioner	2%	1%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1317 naira** (3.66 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,4</sup>

HHs reported an average cost of **915 naira** (2.54 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,4</sup>

**11%** of HHs reported **healthcare** as their main priority need.

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive	51%
2. Health services too expensive	43%
3. No barrier	24%

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

Direct provision of health services	31%
Direct provision of medicines	13%
Direct provision of transportation	2%
Cash for health service fees	6%
Cash for medicine	4%
Cash for transportation	6%
Mix of cash and provision of health services	32%
Mix of cash and provision of medicine	7%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> Percentages may not add up to 100 due to rounding.

<sup>4</sup> 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](#)).





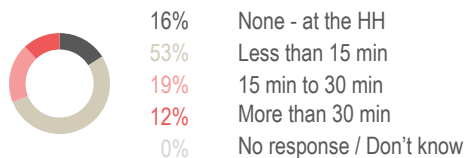
# MSNA INDICATORS FOR COVID-19 | NANGERE

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	51%
2. Open well	43%
3. Sealed well	11%

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



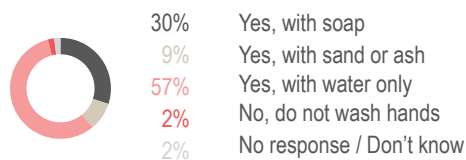
To cope with water quantity issues:<sup>1</sup>

**45%** 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:



**1%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	55%
10 liter bucket	18%
10 liter basin	25%

**8%** 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	34%
Cash transfer to buy WASH kits	5%
Mix of WASH kits provision and cash	41%
Vouchers to buy WASH kits	0%
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:<sup>1</sup>

Purchased in local markets	70%
Markets located outside the community	25%
Own agriculture / Crop cultivation	76%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**38%** 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

**49%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	88%
2. Livestock	30%
3. Small business	28%

**13%** 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	1%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	2%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	63%
No access to cash	31%
Other / No response / Don't know	0%

## PROTECTION

**5%** of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **their child has access** to this place.<sup>2</sup>

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

## SHELTER & WASTE MANAGEMENT

The average household reported **1.8 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.



# MSNA Indicators for COVID-19

Yobe State

NGURU LGA

## ASSESSMENT SAMPLE

HHs Interviewed:	114
- IDP:	16
- Returnee:	0
- Non-displaced:	98

## DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.9	8%	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:<sup>1,2</sup>

1. Community leader	78%
2. Religious leader	66%
3. Friend / Family	58%

### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	84%
2. In person / Face to face	57%
3. Radio	51%

**52%** of HHs reported owning a **radio**.

### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	94%
2. Voice of America	32%
3. RFI	28%

### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	100%
Mid-day	19%
Afternoon	37%
Evening	75%

**86%** of HHs reported owning a **cell phone**, of which **19%** had access to **Internet or social media**.<sup>2</sup>

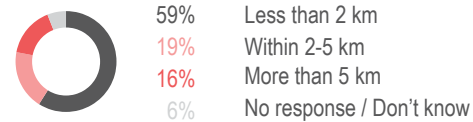
### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	75%
Airtel	77%
Glo / Etisalat	16%
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:



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

	First choice facility	Closest facility
Hospital	59%	62%
PHC	29%	26%
Mobile / Outreach clinic	1%	1%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	9%	8%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	0%	2%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1938 naira** (5.38 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **1740 naira** (4.83 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

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

### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. No barrier	47%
2. Health services too expensive	31%
3. Medicine too expensive	28%

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

Direct provision of health services	19%
Direct provision of medicines	14%
Direct provision of transportation	6%
Cash for health service fees	10%
Cash for medicine	7%
Cash for transportation	2%
Mix of cash and provision of health services	34%
Mix of cash and provision of medicine	8%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).



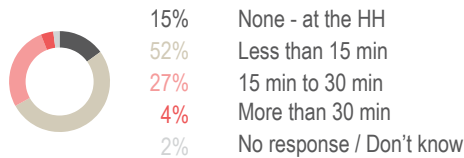
# MSNA INDICATORS FOR COVID-19 | NGURU

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Hand pump	71%
2. Borehole	48%
3. Mai moya	17%

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



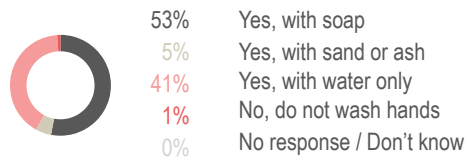
To cope with water quantity issues:<sup>1</sup>

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

**0%** 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%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	38%
10 liter bucket	8%
10 liter basin	11%

**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	23%
Cash transfer to buy WASH kits	9%
Mix of WASH kits provision and cash	60%
Vouchers to buy WASH kits	4%
Mix of WASH kits provision and vouchers	5%
Do not want support	0%
Other / No response / Don't know	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	76%
Markets located outside the community	22%
Own agriculture / Crop cultivation	47%
Food aid / Assistance from NGOs	1%
Food aid / Assistance from government	1%

**49%** 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

**2 days** reducing number of meals eaten in a day

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

**47%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Small business	50%
2. Agriculture	48%
3. Trade	21%

**8%** 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	12%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	3%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	67%
No access to cash	16%
Other / No response / Don't know	0%

## PROTECTION

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

**6%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **81%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.2 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%

**38%** 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

Yobe State

## POTISKUM LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	147
- IDP:	10
- Returnee:	0
- Non-displaced:	137

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
8.1	2%	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:<sup>1,2</sup>

1. Community leader 76%
2. Religious leader 67%
3. Friend / Family 34%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone) 82%
2. Radio 58%
3. In person / Face to face 47%

**63%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC 100%
2. Radio Deutsche 7%
3. Voice of America 5%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	86%
Mid-day	1%
Afternoon	15%
Evening	44%

**92%** of HHs reported owning a **cell phone**, of which **43%** had access to **Internet or social media**.<sup>2</sup>

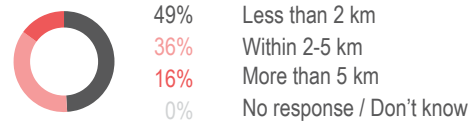
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	80%
Airtel	60%
Glo / Etisalat	5%
No response / Don't know	0%

### HEALTH

**11%** of HHs reported having **at least one chronically ill member**.

#### % of HHs reporting distance to closest health facility:<sup>3</sup>



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

	First choice facility	Closest facility
Hospital	68%	69%
PHC	19%	22%
Mobile / Outreach clinic	1%	0%
Village outreach worker	0%	1%
Private doctor	0%	0%
Patent medicine store / Chemist	10%	7%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	1%	1%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1474 naira** (4.10 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,4</sup>

HHs reported an average cost of **1625 naira** (4.52 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,4</sup>

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

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive 50%
2. Health services too expensive 36%
3. No barrier 35%

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

Direct provision of health services	20%
Direct provision of medicines	14%
Direct provision of transportation	1%
Cash for health service fees	11%
Cash for medicine	6%
Cash for transportation	1%
Mix of cash and provision of health services	38%
Mix of cash and provision of medicine	8%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> Percentages may not add up to 100 due to rounding.

<sup>4</sup> 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](#)).



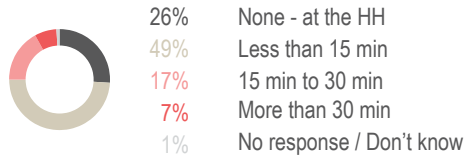
# MSNA INDICATORS FOR COVID-19 | POTISKUM

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	52%
2. Mai moya	32%
3. Public tap	14%

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



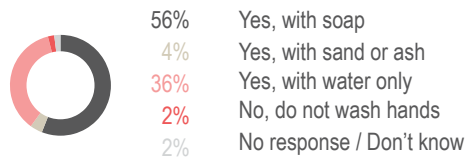
To cope with water quantity issues:<sup>1</sup>

**51%** 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:



**5%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	50%
10 liter bucket	17%
10 liter basin	26%

**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	29%
Cash transfer to buy WASH kits	4%
Mix of WASH kits provision and cash	54%
Vouchers to buy WASH kits	0%
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:<sup>1</sup>

Purchased in local markets	88%
Markets located outside the community	5%
Own agriculture / Crop cultivation	33%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**49%** 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

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

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	43%
2. Small business	38%
3. Trade	21%

**26%** 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	27%
Bank withdrawal - counter	4%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	0%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	54%
No access to cash	15%
Other / No response / Don't know	0%

## PROTECTION

**4%** of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.<sup>2</sup> **0%** of HHs reported that **their child has access** to this place.<sup>2</sup>

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

## SHELTER & WASTE MANAGEMENT

The average household reported **2.4 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%

**67%** 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

Yobe State

## TARMUA LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	122
- IDP:	10
- Returnee:	0
- Non-displaced:	112

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.1	3%	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:<sup>1,2</sup>

1. Community leader	95%
2. Religious leader	56%
3. Friend / Family	44%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	79%
2. Radio	60%
3. In person / Face to face	58%

**46%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	98%
2. Voice of America	26%
3. RFI	6%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	75%
Mid-day	11%
Afternoon	15%
Evening	79%

**60%** of HHs reported owning a **cell phone**, of which **16%** had access to **Internet or social media**.<sup>2</sup>

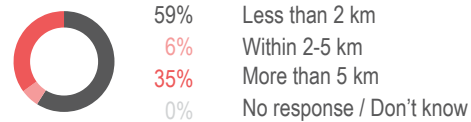
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	49%
Airtel	59%
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:



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

	First choice facility	Closest facility
Hospital	33%	32%
PHC	54%	61%
Mobile / Outreach clinic	0%	0%
Village outreach worker	2%	2%
Private doctor	0%	0%
Patent medicine store / Chemist	3%	2%
Traditional practitioner	8%	4%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	1%

HHs reported spending an average of **984 naira** (2.73 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **997 naira** (2.77 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

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

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Medicine too expensive	50%
2. Health services too expensive	40%
3. No barrier	18%

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

Direct provision of health services	33%
Direct provision of medicines	15%
Direct provision of transportation	4%
Cash for health service fees	6%
Cash for medicine	5%
Cash for transportation	1%
Mix of cash and provision of health services	28%
Mix of cash and provision of medicine	7%
Do not want support	2%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).



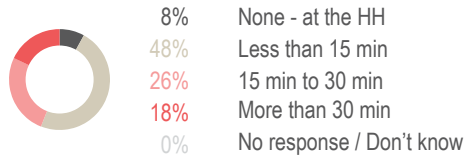
# MSNA INDICATORS FOR COVID-19 | TARMUA

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole 50%
2. Open well 32%
3. Public tap 14%

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



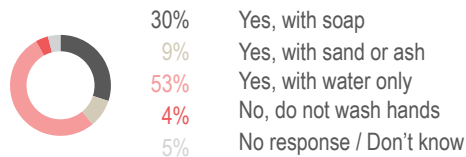
To cope with water quantity issues:<sup>1</sup>

**44%** 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:<sup>4</sup>



**3%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	53%
10 liter bucket	17%
10 liter basin	25%

**20%** 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	28%
Cash transfer to buy WASH kits	4%
Mix of WASH kits provision and cash	51%
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	0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	73%
Markets located outside the community	18%
Own agriculture / Crop cultivation	71%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

**49%** 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

**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

**58%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture 82%
2. Livestock 37%
3. Small business 29%

**14%** 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	4%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	0%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	68%
No access to cash	28%
Other / No response / Don't know	0%

## PROTECTION

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

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

## SHELTER & WASTE MANAGEMENT

The average household reported **1.6 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.

<sup>4</sup> Percentages may not add up to 100 due to rounding.



# MSNA Indicators for COVID-19

Yobe State

## YUNUSARI LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	116
- IDP:	22
- Returnee:	64
- Non-displaced:	30

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
7.1	7%	4%

### 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:<sup>1,2</sup>

1. Community leader	81%
2. Religious leader	70%
3. Friend / Family	56%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	73%
2. In person / Face to face	67%
3. Radio	58%

**40%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	100%
2. Voice of America	50%
3. RFI	42%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	98%
Mid-day	15%
Afternoon	26%
Evening	78%

**80%** of HHs reported owning a **cell phone**, of which **6%** had access to **Internet or social media**.<sup>2</sup>

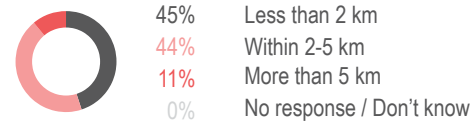
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	19%
Airtel	97%
Glo / Etisalat	0%
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:



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

	First choice facility	Closest facility
Hospital	61%	60%
PHC	35%	37%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	3%	3%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	2%	0%

HHs reported spending an average of **1640 naira** (4.56 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,3</sup>

HHs reported an average cost of **1493 naira** (4.15 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,3</sup>

**8%** of HHs reported **healthcare** as their main priority need.

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. No barrier	40%
2. Medicine too expensive	40%
3. Health services too expensive	39%

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

Direct provision of health services	18%
Direct provision of medicines	14%
Direct provision of transportation	8%
Cash for health service fees	14%
Cash for medicine	3%
Cash for transportation	0%
Mix of cash and provision of health services	31%
Mix of cash and provision of medicine	12%
Do not want support	1%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> 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](#)).





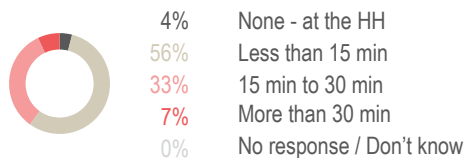
# MSNA INDICATORS FOR COVID-19 | YUNUSARI

## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Borehole	74%
2. Hand pump	25%
3. Public tap	19%

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



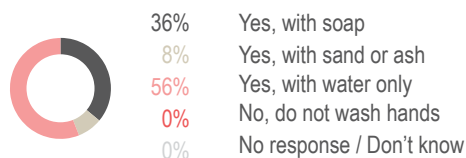
To cope with water quantity issues:<sup>1</sup>

**59%** 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:



**3%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	47%
10 liter bucket	7%
10 liter basin	8%

**3%** 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	23%
Cash transfer to buy WASH kits	10%
Mix of WASH kits provision and cash	58%
Vouchers to buy WASH kits	1%
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:<sup>1</sup>

Purchased in local markets	62%
Markets located outside the community	19%
Own agriculture / Crop cultivation	75%
Food aid / Assistance from NGOs	4%
Food aid / Assistance from government	2%

**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:

**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

**56%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture	89%
2. Livestock	38%
3. Small business	21%

**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	4%
Bank withdrawal - counter	2%
Formal money transfer (money agent, Western Union)	3%
Informal money transfer (cash from friends, relatives)	4%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	79%
No access to cash	7%
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.<sup>2</sup> **0%** of HHs reported that **their child has access** to this place.<sup>2</sup>

**4%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **100%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **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%

**5%** 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

Yobe State

## YUSUFARI LGA

### ASSESSMENT SAMPLE

HHs Interviewed:	120
- IDP:	0
- Returnee:	0
- Non-displaced:	120

### DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.5	7%	6%

### COMMUNICATION

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

#### Top 3 reported sources of reliable information trusted by HHs:<sup>1,2</sup>

1. Community leader	88%
2. Religious leader	68%
3. Friend / Family	59%

#### Top 3 reported means of receiving information trusted by HHs:<sup>1,2</sup>

1. Phone call (mobile phone)	68%
2. In person / Face to face	67%
3. Radio	63%

**56%** of HHs reported owning a **radio**.

#### Top 3 reported radio stations listened to by the HHs:<sup>1,2</sup>

1. BBC	96%
2. Voice of America	46%
3. RFI	31%

#### % of HHs reporting listening to the radio during the following times:<sup>1,2</sup>

Morning	96%
Mid-day	10%
Afternoon	36%
Evening	85%

**71%** of HHs reported owning a **cell phone**, of which **11%** had access to **Internet or social media**.<sup>2</sup>

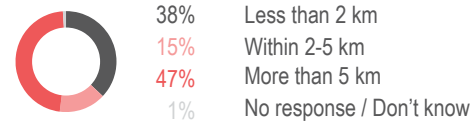
#### % of HHs reporting using the following networks:<sup>1,2</sup>

MTN	49%
Airtel	76%
Glo / Etisalat	8%
No response / Don't know	1%

### HEALTH

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

#### % of HHs reporting distance to closest health facility:<sup>3</sup>



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

	First choice facility	Closest facility
Hospital	61%	62%
PHC	23%	28%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	13%	7%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	3%	3%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **2228 naira** (6.19 dollars) for a **consultation at the first facility** they would go to for treatment.<sup>2,4</sup>

HHs reported an average cost of **3210 naira** (8.92 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.<sup>2,4</sup>

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

#### Top 3 reported barriers to accessing healthcare:<sup>1</sup>

1. Health services too expensive	34%
2. Medicine too expensive	33%
3. No barrier	32%

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

Direct provision of health services	28%
Direct provision of medicines	12%
Direct provision of transportation	8%
Cash for health service fees	7%
Cash for medicine	0%
Cash for transportation	0%
Mix of cash and provision of health services	38%
Mix of cash and provision of medicine	7%
Do not want support	0%
Other / No response / Don't know	0%

<sup>1</sup> Respondents could select multiple answers.

<sup>2</sup> 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.

<sup>3</sup> Percentages may not add up to 100 due to rounding.

<sup>4</sup> 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](#)).

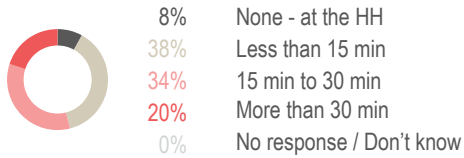


## WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:<sup>1</sup>

1. Hand pump 58%
2. Borehole 50%
3. Open well 28%

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



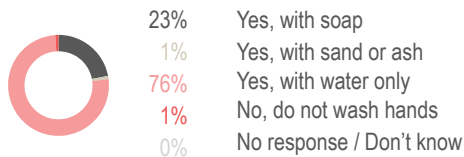
To cope with water quantity issues:<sup>1</sup>

**65%** of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

**1%** reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:<sup>3</sup>



**4%** of respondents reported **not washing their hands** on the day before data collection.<sup>2</sup>

% of HHs reporting needing the following items that they do not have:<sup>1</sup>

Bar soap	44%	<div style="width: 44%;"></div>
10 liter bucket	3%	<div style="width: 3%;"></div>
10 liter basin	5%	<div style="width: 5%;"></div>

**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	23%	<div style="width: 23%;"></div>
Cash transfer to buy WASH kits	5%	<div style="width: 5%;"></div>
Mix of WASH kits provision and cash	58%	<div style="width: 58%;"></div>
Vouchers to buy WASH kits	4%	<div style="width: 4%;"></div>
Mix of WASH kits provision and vouchers	9%	<div style="width: 9%;"></div>
Do not want support	0%	<div style="width: 0%;"></div>
Other / No response / Don't know	0%	<div style="width: 0%;"></div>

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:<sup>1</sup>

Purchased in local markets	62%	<div style="width: 62%;"></div>
Markets located outside the community	26%	<div style="width: 26%;"></div>
Own agriculture / Crop cultivation	80%	<div style="width: 80%;"></div>
Food aid / Assistance from NGOs	0%	<div style="width: 0%;"></div>
Food aid / Assistance from government	0%	<div style="width: 0%;"></div>

**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:

**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

**59%** of HHs reported being **in debt of money.**

Top 3 reported main sources of income in the 30 days before data collection:<sup>1</sup>

1. Agriculture 91%
2. Livestock 47%
3. Small business 28%

**16%** 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%	<div style="width: 2%;"></div>
Bank withdrawal - counter	2%	<div style="width: 2%;"></div>
Formal money transfer (money agent, Western Union)	2%	<div style="width: 2%;"></div>
Informal money transfer (cash from friends, relatives)	4%	<div style="width: 4%;"></div>
Mobile phone money transfer	0%	<div style="width: 0%;"></div>
Hand to hand (from seller, employer, other person)	89%	<div style="width: 89%;"></div>
No access to cash	2%	<div style="width: 2%;"></div>
Other / No response / Don't know	0%	<div style="width: 0%;"></div>

## PROTECTION

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

**4%** of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.<sup>2</sup> **100%** of HHs reported that **the women in their HH have access** to this place.<sup>2</sup>

## SHELTER & WASTE MANAGEMENT

The average household reported **3.5 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%

**13%** 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.