

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

CONTEXT & METHODOLOGY

As the protracted crisis in North-East Nigeria progressed in its eleventh year in 2020, humanitarian needs in Borno, Adamawa and Yobe (BAY) States remain dire and multi-faceted. The conflict has resulted in 7.1 million individuals in need of humanitarian assistance.¹ In addition to this humanitarian landscape in accessible areas, most recently the humanitarian community has identified around 1,000,000 individuals staying in hard-to-reach areas with little hope to be reached by humanitarian assistance.²

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

Data collection comprised of a total of 8,019 household (HH) interviews in the BAY States overall, including 2,822 in Adamawa State, of which 160 were IDP HHs, 416 were returnee HHs and 2,246 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 exceptions in Adamawa State were Madagali and Song LGAs, which had an 11% margin of error. Due to security concerns, only garrison towns were included for Madagali LGA, but all 21 LGAs in Adamawa State were assessed.

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

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

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.2	7%	1%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{3,4}

1. Community leader	78%
2. Religious leader	74%
3. Friend / Family	42%

Top 3 reported means of receiving information trusted by HHs:^{3,4}

1. In person / Face to face	72%
2. Phone call (mobile phone)	59%
3. Radio	48%

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

Top 3 reported radio stations listened to by the HHs:^{3,4}

1. BBC	79%
2. Gotel FM	70%
3. ABBC Yola FM	53%

% of HHs reporting listening to the radio during the following times:^{3,4}

Morning	89%
Mid-day	22%
Afternoon	43%
Evening	82%

81% of HHs reported owning a **cell phone**, of which **29%** had access to **Internet or social media**.⁴

% of HHs reporting using the following networks:^{3,4}

MTN	76%
Airtel	59%
Glo / Etisalat	18%
No response / Don't know	0%

¹ OCHA, [2019 Humanitarian Needs Overview](#)

² OCHA, [2020 Global Humanitarian Overview](#)

³ Respondents could select multiple answers.

⁴ This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

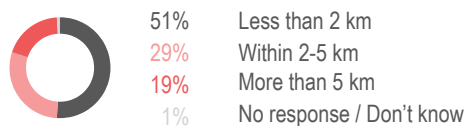


MSNA INDICATORS FOR COVID-19 | ADAMAWA

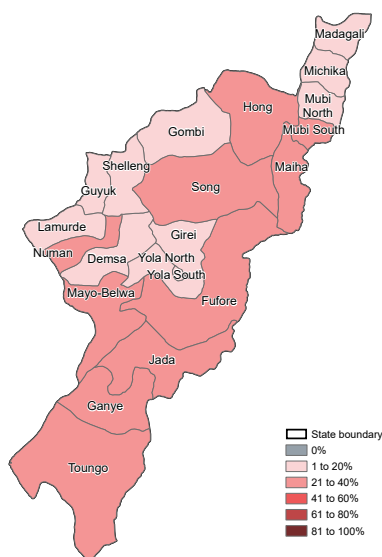
HEALTH

5% 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:⁵



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

	First choice facility	Closest facility
Hospital	39%	35%
Primary Healthcare (PHC)	43%	49%
Mobile / Outreach clinic	2%	3%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	8%	6%
Traditional practitioner	2%	1%
Pharmacy / Dispensary	5%	5%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	1%

HHs reported spending an average of **1102 naira** (3.06 dollars) for a **consultation at the first facility** they would go to for treatment.^{4,6}

HHs reported an average cost of **1243 naira** (3.45 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{4,6}

13% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:³

1. Medicine too expensive	66%
2. Health services too expensive	53%
3. Staff not qualified	18%

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

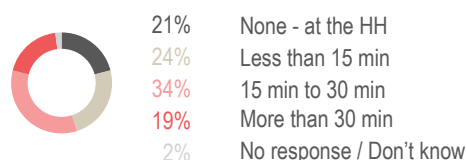
Direct provision of health services	28%
Direct provision of medicines	10%
Direct provision of transportation	2%
Case for health service fees	10%
Cash for medicine	8%
Cash for transportation	2%
Mix of cash and provision of health services	24%
Mix of cash and provision of medicine	14%
Do not want support	1%
Other / No response / Don't know	0%

WATER, SANITATION & HYGIENE

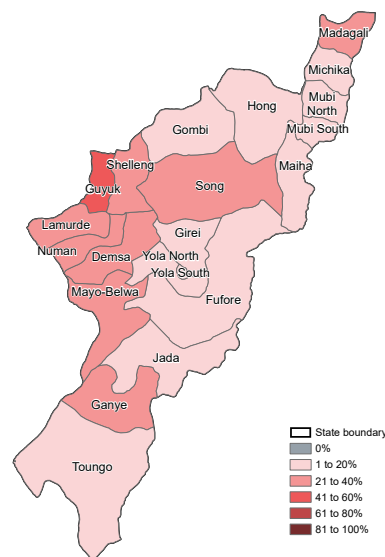
Top 3 reported sources of water most commonly used in the 30 days before data collection:³

1. Borehole	40%
2. Open well	31%
3. Surface water	28%

% 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:⁷



To cope with water quantity issues:³

48% of HHs reported **reducing water consumption for cleaning, bathing and washing**.

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

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

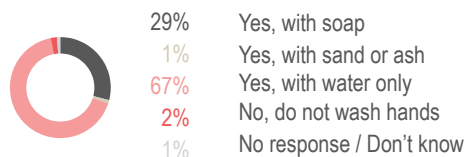
⁵ At least one health facility should be within 5 km for primary healthcare coverage (United Nations High Commissioner for Refugees, [Emergency Handbook Version 1.9](#)).

⁶ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

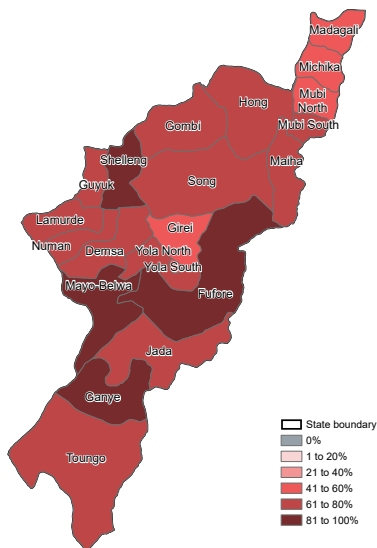
⁷ Queuing time of less than 30 minutes is a key indicator for water supply in humanitarian settings (Sphere, [The Sphere Handbook 2018](#)).

MSNA INDICATORS FOR COVID-19 | ADAMAWA

% of respondents reporting hand washing:



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



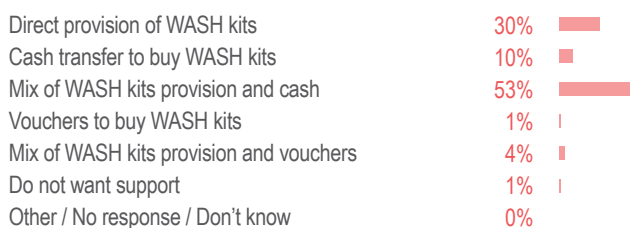
8% of respondents reported **not washing their hands** on the day before data collection.⁴

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



15% 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:³



37% of HHs reported **purchasing food on credit or borrowing food**.

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

- 3 days** relying on less preferred and cheaper food
- 1 day** borrowing or relying on food from friends or relatives
- 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

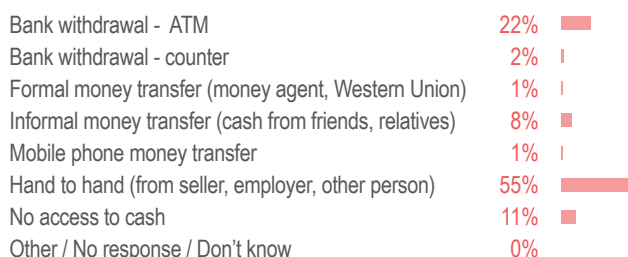
48% of HHs reported being **in debt of money**.

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

1. Agriculture 66%
2. Small business 24%
3. Livestock 23%

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:



PROTECTION

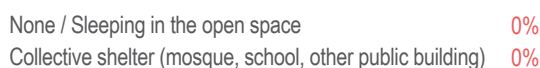
38% of HHs reported having a **child-friendly space** in the community, of which **1%** are operated by NGOs.⁴ **76%** of HHs reported that **their child has access** to this place.⁴

28% of HHs reported having a **safe space** in the community for **girls and women**, of which **1%** are operated by NGOs.⁴ **81%** of HHs reported that **the women in their HH have access** to this place.⁴

SHELTER & WASTE MANAGEMENT

The average household reported **1.7 families sharing an accommodation**. **1%** of HHs reported being **hosted** by a relative, friend or close community member.

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



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



MSNA Indicators for COVID-19

Adamawa State
DEMSA LGA

ASSESSMENT SAMPLE

HHs Interviewed:	169
- IDP:	5
- Returnee:	19
- Non-displaced:	145

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.4	8%	0%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	92%
2. Religious leader	65%
3. Local government	30%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Radio	72%
2. Phone call (mobile phone)	71%
3. In person / Face to face	65%

75% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

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

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	NA
Mid-day	NA
Afternoon	NA
Evening	NA

91% of HHs reported owning a **cell phone**, of which **46%** had access to **Internet or social media**.²

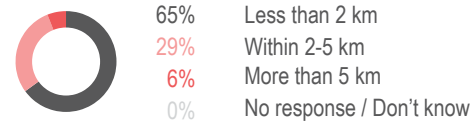
% of HHs reporting using the following networks:^{1,2}

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

HEALTH

8% of HHs reported having **at least one chronically ill member**.

% of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	27%	22%
PHC	69%	76%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	4%	2%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **536 naira** (1.49 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **931 naira** (2.59 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	57%
2. Health services too expensive	36%
3. Medicine not available	28%

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

Direct provision of health services	21%
Direct provision of medicines	16%
Direct provision of transportation	4%
Cash for health service fees	11%
Cash for medicine	7%
Cash for transportation	1%
Mix of cash and provision of health services	25%
Mix of cash and provision of medicine	15%
Do not want support	1%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

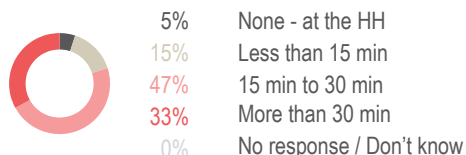


WATER, SANITATION & HYGIENE

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

1. Borehole 43%
2. Open well 26%
3. Surface water 25%

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



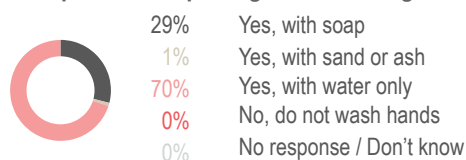
To cope with water quantity issues:¹

56% 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:



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

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

Bar soap	58%
10 liter bucket	15%
10 liter basin	21%

10% of HHs reported **water** as their main priority need.

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

Direct provision of WASH kits	36%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	51%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	4%
Do not want support	1%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	77%
Markets located outside the community	15%
Own agriculture / Crop cultivation	73%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

34% of HHs reported **purchasing food on credit or borrowing food.**

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

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

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

48% of HHs reported being **in debt of money.**

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

1. Agriculture 82%
2. Trade 29%
3. Livestock 27%

21% 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	34%
Bank withdrawal - counter	2%
Formal money transfer (money agent, Western Union)	7%
Informal money transfer (cash from friends, relatives)	6%
Mobile phone money transfer	2%
Hand to hand (from seller, employer, other person)	45%
No access to cash	4%
Other / No response / Don't know	0%

PROTECTION

49% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

41% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **100%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **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.



MSNA Indicators for COVID-19

Adamawa State FUFORE LGA

ASSESSMENT SAMPLE

HHs Interviewed:	152
- IDP:	21
- Returnee:	0
- Non-displaced:	131

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.6	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:^{1,2}

1. Community leader	97%
2. Religious leader	90%
3. Friend / Family	82%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Radio	82%
2. In person / Face to face	49%
3. Community events	33%

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

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. ABBC Yola FM	99%
2. Gotel FM	93%
3. Fombina	72%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	99%
Mid-day	25%
Afternoon	68%
Evening	95%

61% of HHs reported owning a **cell phone**, of which **6%** had access to **Internet or social media**.²

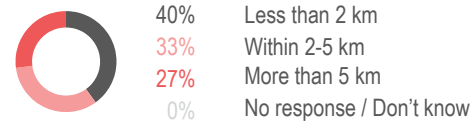
% of HHs reporting using the following networks:^{1,2}

MTN	53%
Airtel	42%
Glo / Etisalat	32%
No response / Don't know	0%

HEALTH

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

% of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	1%	1%
PHC	91%	94%
Mobile / Outreach clinic	4%	5%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	2%	0%
Traditional practitioner	1%	0%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **187 naira** (0.52 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1133 naira** (3.15 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

19% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	96%
2. Health services too expensive	88%
3. Health facility too far	17%

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

Direct provision of health services	18%
Direct provision of medicines	5%
Direct provision of transportation	2%
Cash for health service fees	0%
Cash for medicine	0%
Cash for transportation	3%
Mix of cash and provision of health services	69%
Mix of cash and provision of medicine	3%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

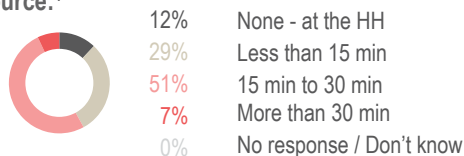


WATER, SANITATION & HYGIENE

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

1. Borehole	55%
2. Surface water	38%
3. Open well	31%

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



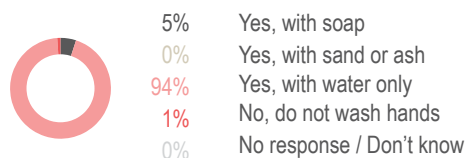
To cope with water quantity issues:¹

72% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

0% 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.²

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

Bar soap	67%
10 liter bucket	18%
10 liter basin	24%

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

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

Direct provision of WASH kits	8%
Cash transfer to buy WASH kits	2%
Mix of WASH kits provision and cash	88%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	1%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	63%
Markets located outside the community	9%
Own agriculture / Crop cultivation	78%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

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

23% 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:

5 days relying on less preferred and cheaper food

0 days borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

0 days reducing number of meals eaten in a day

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

36% of HHs reported being **in debt of money.**

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

1. Agriculture	96%
2. Livestock	48%
3. Casual labour	25%

4% 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	1%
Bank withdrawal - counter	3%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	16%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	70%
No access to cash	9%
Other / No response / Don't know	0%

PROTECTION

74% of HHs reported having a **child-friendly space** in the community, of which **1%** are operated by NGOs.² **100%** of HHs reported that **their child has access** to this place.²

19% of HHs reported having a **safe space** in the community for **girls and women**, of which **1%** are operated by NGOs.² **100%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **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%

27% 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

Adamawa State
GANYE LGA

ASSESSMENT SAMPLE

HHs Interviewed:	105
- IDP:	0
- Returnee:	0
- Non-displaced:	105

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.9	4%	2%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	87%
2. Religious leader	72%
3. Friend / Family	39%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	83%
2. Phone call (mobile phone)	44%
3. Tie: Community events / Radio	37%

54% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	84%
2. ABBC Yola FM	70%
3. BBC	65%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	100%
Mid-day	30%
Afternoon	49%
Evening	89%

69% of HHs reported owning a **cell phone**, of which **21%** had access to **Internet or social media**.²

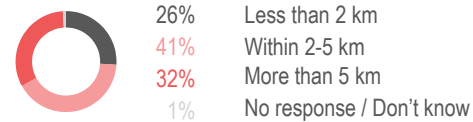
% of HHs reporting using the following networks:^{1,2}

MTN	86%
Airtel	26%
Glo / Etisalat	38%
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	38%	40%
PHC	46%	45%
Mobile / Outreach clinic	7%	7%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	1%	0%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	6%	6%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	2%	2%

HHs reported spending an average of **1169 naira** (3.25 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1114 naira** (3.09 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

14% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	69%
2. Health services too expensive	59%
3. Staff not qualified	45%

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

Direct provision of health services	29%
Direct provision of medicines	5%
Direct provision of transportation	0%
Cash for health service fees	13%
Cash for medicine	11%
Cash for transportation	4%
Mix of cash and provision of health services	27%
Mix of cash and provision of medicine	11%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



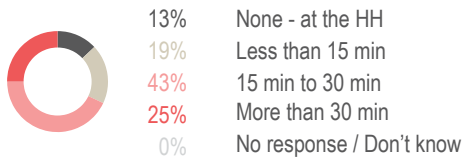
MSNA INDICATORS FOR COVID-19 | GANYE

WATER, SANITATION & HYGIENE

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

1. Surface water	47%
2. Open well	43%
3. Borehole	35%

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



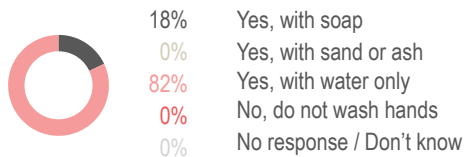
To cope with water quantity issues:¹

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

14% reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:



9% of respondents reported **not washing their hands** on the day before data collection.²

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

Bar soap	66%
10 liter bucket	39%
10 liter basin	39%

22% 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	30%
Cash transfer to buy WASH kits	9%
Mix of WASH kits provision and cash	52%
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:¹

Purchased in local markets	56%
Markets located outside the community	21%
Own agriculture / Crop cultivation	78%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

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

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

4 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

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:¹

1. Agriculture	75%
2. Livestock	25%
3. Small business	16%

10% 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	16%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	9%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	65%
No access to cash	10%
Other / No response / Don't know	0%

PROTECTION

7% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

6% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **33%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.5 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%

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

Adamawa State
GOMBI LGA

ASSESSMENT SAMPLE

HHs Interviewed:	128
- IDP:	5
- Returnee:	31
- Non-displaced:	92

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.9	10%	2%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Religious leader	75%
2. Community leader	70%
3. INGO	46%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	80%
2. Phone call (mobile phone)	54%
3. Community events	29%

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

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	98%
2. Voice of America	54%
3. Gotel FM	46%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	91%
Mid-day	10%
Afternoon	14%
Evening	90%

84% of HHs reported owning a **cell phone**, of which **26%** had access to **Internet or social media**.²

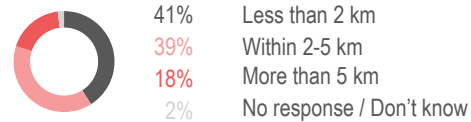
% of HHs reporting using the following networks:^{1,2}

MTN	85%
Airtel	64%
Glo / Etisalat	7%
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:



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

	First choice facility	Closest facility
Hospital	55%	55%
PHC	15%	19%
Mobile / Outreach clinic	1%	1%
Village outreach worker	0%	0%
Private doctor	2%	1%
Patent medicine store / Chemist	18%	17%
Traditional practitioner	1%	0%
Pharmacy / Dispensary	8%	7%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1575 naira** (4.38 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1432 naira** (3.98 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	56%
2. Health services too expensive	55%
3. No barrier	25%

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

Direct provision of health services	34%
Direct provision of medicines	7%
Direct provision of transportation	7%
Cash for health service fees	21%
Cash for medicine	4%
Cash for transportation	3%
Mix of cash and provision of health services	11%
Mix of cash and provision of medicine	13%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



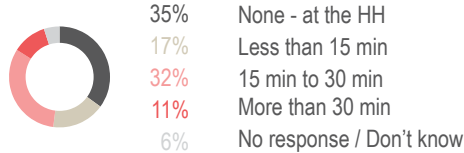
MSNA INDICATORS FOR COVID-19 | GOMBI

WATER, SANITATION & HYGIENE

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

1. Open well 49%
2. Mai moya 36%
3. Borehole 26%

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



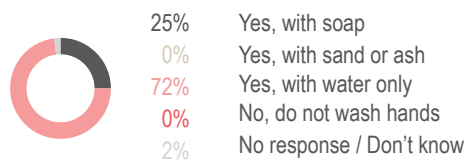
To cope with water quantity issues:¹

36% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

5% reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:⁴



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

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

Bar soap	46%
10 liter bucket	27%
10 liter basin	41%

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	38%
Cash transfer to buy WASH kits	8%
Mix of WASH kits provision and cash	48%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	5%
Do not want support	1%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	71%
Markets located outside the community	4%
Own agriculture / Crop cultivation	52%
Food aid / Assistance from NGOs	1%
Food aid / Assistance from government	1%

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:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

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

63% of HHs reported being **in debt of money.**

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

1. Agriculture	41%
2. Trade	39%
3. Small business	36%

6% 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	22%
Bank withdrawal - counter	7%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	6%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	61%
No access to cash	4%
Other / No response / Don't know	0%

PROTECTION

35% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

35% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **76%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.5 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.

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



MSNA Indicators for COVID-19

Adamawa State

GIREI LGA

ASSESSMENT SAMPLE

HHs Interviewed:	149
- IDP:	18
- Returnee:	0
- Non-displaced:	131

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.7	11%	1%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	87%
2. Religious leader	72%
3. Friend / Family	50%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Radio	72%
2. In person / Face to face	66%
3. Phone call (mobile phone)	61%

71% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	92%
2. BBC	71%
3. ABBC Yola FM	66%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	89%
Mid-day	38%
Afternoon	55%
Evening	82%

85% of HHs reported owning a **cell phone**, of which **49%** had access to **Internet or social media**.²

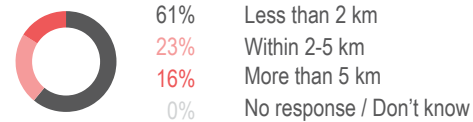
% of HHs reporting using the following networks:^{1,2}

MTN	81%
Airtel	67%
Glo / Etisalat	22%
No response / Don't know	0%

HEALTH

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

% of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	40%	31%
PHC	48%	62%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	5%	2%
Traditional practitioner	1%	0%
Pharmacy / Dispensary	6%	5%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **421 naira** (1.17 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **729 naira** (2.02 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	77%
2. Health services too expensive	54%
3. Medicine not available	20%

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

Direct provision of health services	34%
Direct provision of medicines	3%
Direct provision of transportation	0%
Cash for health service fees	7%
Cash for medicine	17%
Cash for transportation	0%
Mix of cash and provision of health services	20%
Mix of cash and provision of medicine	18%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

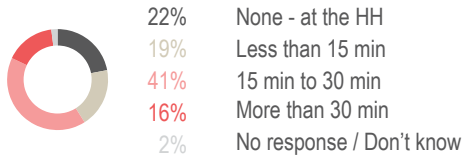


WATER, SANITATION & HYGIENE

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

1. Borehole	61%
2. Mai moya	31%
3. Surface water	21%

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



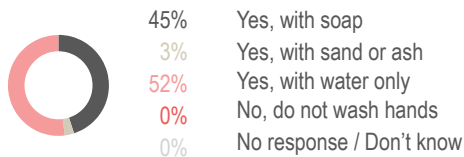
To cope with water quantity issues:¹

36% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

1% 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.²

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

Bar soap	56%
10 liter bucket	27%
10 liter basin	31%

10% of HHs reported **water** as their main priority need.

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

Direct provision of WASH kits	36%
Cash transfer to buy WASH kits	16%
Mix of WASH kits provision and cash	46%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	1%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	85%
Markets located outside the community	39%
Own agriculture / Crop cultivation	48%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	1%

32% of HHs reported **purchasing food on credit or borrowing food.**

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

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

42% of HHs reported being **in debt of money.**

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

1. Agriculture	59%
2. Livestock	29%
3. Salary	29%

7% 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	42%
Bank withdrawal - counter	3%
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)	38%
No access to cash	16%
Other / No response / Don't know	0%

PROTECTION

40% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

33% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **74%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.7 families sharing an accommodation.** **1%** of HHs reported being **hosted** by a relative, friend or close community member.

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

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

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

Adamawa State
GUYUK LGA

ASSESSMENT SAMPLE

HHs Interviewed:	155
- IDP:	2
- Returnee:	4
- Non-displaced:	149

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.8	10%	0%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	89%
2. Religious leader	73%
3. Friend / Family	46%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	74%
2. Radio	70%
3. Phone call (mobile phone)	64%

67% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	91%
2. BBC	69%
3. ABBC Yola FM	63%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	97%
Mid-day	41%
Afternoon	52%
Evening	93%

79% of HHs reported owning a **cell phone**, of which **27%** had access to **Internet or social media**.²

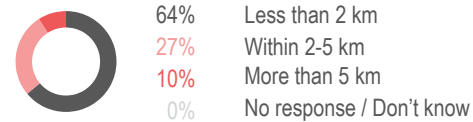
% of HHs reporting using the following networks:^{1,2}

MTN	61%
Airtel	73%
Glo / Etisalat	12%
No response / Don't know	0%

HEALTH

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

% of HHs reporting distance to closest health facility:³



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

	First choice facility	Closest facility
Hospital	29%	24%
PHC	57%	66%
Mobile / Outreach clinic	1%	0%
Village outreach worker	2%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	6%	4%
Traditional practitioner	2%	1%
Pharmacy / Dispensary	4%	4%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **559 naira** (1.55 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,4}

HHs reported an average cost of **629 naira** (1.75 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,4}

15% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	76%
2. Health services too expensive	40%
3. Staff not qualified	39%

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

Direct provision of health services	27%
Direct provision of medicines	4%
Direct provision of transportation	0%
Cash for health service fees	4%
Cash for medicine	19%
Cash for transportation	1%
Mix of cash and provision of health services	19%
Mix of cash and provision of medicine	26%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Percentages may not add up to 100 due to rounding.

⁴ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



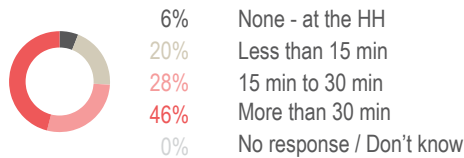
MSNA INDICATORS FOR COVID-19 | GUYUK

WATER, SANITATION & HYGIENE

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

1. Surface water	53%
2. Open well	36%
3. Borehole	18%

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



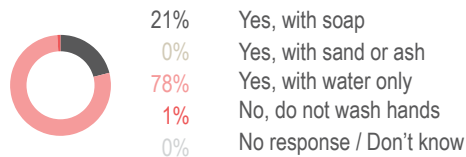
To cope with water quantity issues:¹

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

13% reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:



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

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

Bar soap	63%
10 liter bucket	36%
10 liter basin	39%

34% 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	15%
Mix of WASH kits provision and cash	47%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	2%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	77%
Markets located outside the community	25%
Own agriculture / Crop cultivation	78%
Food aid / Assistance from NGOs	1%
Food aid / Assistance from government	0%

39% of HHs reported **purchasing food on credit or borrowing food.**

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

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

71% of HHs reported being **in debt of money.**

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

1. Agriculture	91%
2. Livestock	27%
3. Small business	17%

10% 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	0%
Formal money transfer (money agent, Western Union)	6%
Informal money transfer (cash from friends, relatives)	1%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	66%
No access to cash	15%
Other / No response / Don't know	0%

PROTECTION

27% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

25% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **97%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.2 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

Adamawa State

HONG LGA

ASSESSMENT SAMPLE

HHs Interviewed:	108
- IDP:	0
- Returnee:	33
- Non-displaced:	75

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.8	11%	4%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	68%
2. Religious leader	61%
3. Friend / Family	27%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	76%
2. Phone call (mobile phone)	52%
3. Community events	20%

48% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	100%
2. Voice of America	40%
3. Gotel FM	39%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	87%
Mid-day	8%
Afternoon	16%
Evening	75%

81% of HHs reported owning a **cell phone**, of which **6%** had access to **Internet or social media**.²

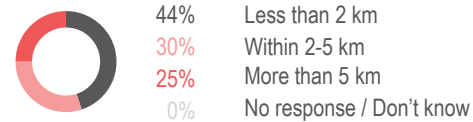
% of HHs reporting using the following networks:^{1,2}

MTN	67%
Airtel	66%
Glo / Etisalat	4%
No response / Don't know	0%

HEALTH

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

% of HHs reporting distance to closest health facility:³



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

	First choice facility	Closest facility
Hospital	48%	46%
PHC	23%	27%
Mobile / Outreach clinic	3%	3%
Village outreach worker	1%	1%
Private doctor	2%	1%
Patent medicine store / Chemist	4%	4%
Traditional practitioner	1%	1%
Pharmacy / Dispensary	17%	16%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **2213 naira** (6.15 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,4}

HHs reported an average cost of **2768 naira** (7.69 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,4}

18% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	61%
2. Health services too expensive	52%
3. No barrier	22%

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

Direct provision of health services	30%
Direct provision of medicines	19%
Direct provision of transportation	4%
Cash for health service fees	13%
Cash for medicine	3%
Cash for transportation	4%
Mix of cash and provision of health services	6%
Mix of cash and provision of medicine	21%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Percentages may not add up to 100 due to rounding.

⁴ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

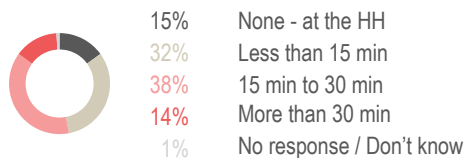


WATER, SANITATION & HYGIENE

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

1. Borehole 66%
2. Open well 53%
3. Open rainwater tank 23%

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



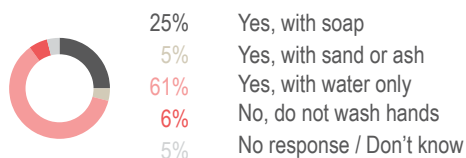
To cope with water quantity issues:¹

46% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

8% 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



17% of respondents reported **not washing their hands** on the day before data collection.²

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

Bar soap	59%
10 liter bucket	28%
10 liter basin	33%

10% 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	11%
Mix of WASH kits provision and cash	52%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	4%
Do not want support	3%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	54%
Markets located outside the community	4%
Own agriculture / Crop cultivation	76%
Food aid / Assistance from NGOs	1%
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:

4 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

1 day reducing number of meals eaten in a day

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

39% of HHs reported being **in debt of money.**

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

1. Agriculture 81%
2. Trade 17%
3. Small business 14%

17% of HHs reportedly resorted to **begging to cope with the lack of income** and **8%** engaged in **dangerous or illegal work.**

Type of access to cash reported by HHs:

Bank withdrawal - ATM	8%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	13%
Mobile phone money transfer	3%
Hand to hand (from seller, employer, other person)	54%
No access to cash	23%
Other / No response / Don't know	0%

PROTECTION

35% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **100%** of HHs reported that **their child has access** to this place.²

28% of HHs reported having a **safe space** in the community for **girls and women**, of which **3%** are operated by NGOs.² **89%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

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

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

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

40% 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

Adamawa State

JADA LGA

ASSESSMENT SAMPLE

HHs Interviewed:	101
- IDP:	0
- Returnee:	0
- Non-displaced:	101

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.9	10%	4%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	82%
2. Religious leader	76%
3. Friend / Family	44%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	84%
2. Phone call (mobile phone)	55%
3. Radio	41%

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

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	77%
2. Tie: ABBC Yola FM, Fombina	53%
3. BBC	47%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	92%
Mid-day	21%
Afternoon	43%
Evening	85%

74% of HHs reported owning a **cell phone**, of which **17%** had access to **Internet or social media**.²

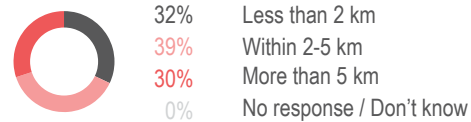
% of HHs reporting using the following networks:^{1,2}

MTN	84%
Airtel	47%
Glo / Etisalat	12%
No response / Don't know	0%

HEALTH

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

% of HHs reporting distance to closest health facility:³



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

	First choice facility	Closest facility
Hospital	32%	34%
PHC	49%	49%
Mobile / Outreach clinic	6%	6%
Village outreach worker	3%	3%
Private doctor	0%	0%
Patent medicine store / Chemist	1%	1%
Traditional practitioner	4%	2%
Pharmacy / Dispensary	6%	6%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **906 naira** (2.52 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,4}

HHs reported an average cost of **869 naira** (2.41 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,4}

16% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	76%
2. Health services too expensive	70%
3. Staff not qualified	38%

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

Direct provision of health services	25%
Direct provision of medicines	9%
Direct provision of transportation	2%
Cash for health service fees	11%
Cash for medicine	10%
Cash for transportation	0%
Mix of cash and provision of health services	34%
Mix of cash and provision of medicine	9%
Do not want support	1%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Percentages may not add up to 100 due to rounding.

⁴ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



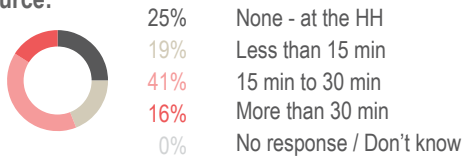
MSNA INDICATORS FOR COVID-19 | JADA

WATER, SANITATION & HYGIENE

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

1. Open well	59%
2. Surface water	52%
3. Open rainwater tank	17%

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



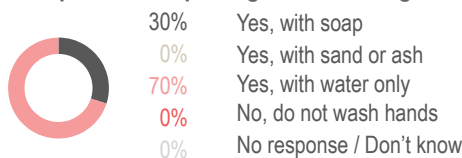
To cope with water quantity issues:¹

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

10% reported **drinking water usually used for cleaning** or other purposes.

1% 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.²

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

Bar soap	53%
10 liter bucket	37%
10 liter basin	42%

30% 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	32%
Cash transfer to buy WASH kits	8%
Mix of WASH kits provision and cash	53%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	6%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	57%
Markets located outside the community	18%
Own agriculture / Crop cultivation	71%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

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

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

4 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

51% of HHs reported being **in debt of money.**

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

1. Agriculture	72%
2. Livestock	32%
3. Small business	23%

9% of HHs reportedly resorted to **begging to cope with the lack of income** and **0%** engaged in **dangerous or illegal work.**

Type of access to cash reported by HHs:

Bank withdrawal - ATM	7%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	3%
Informal money transfer (cash from friends, relatives)	6%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	64%
No access to cash	18%
Other / No response / Don't know	0%

PROTECTION

37% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

15% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **53%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.6 families sharing an accommodation.** **1%** of HHs reported being **hosted** by a relative, friend or close community member.

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

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

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

Adamawa State LAMURDE LGA

ASSESSMENT SAMPLE

HHs Interviewed:	166
- IDP:	10
- Returnee:	44
- Non-displaced:	112

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.1	16%	1%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	91%
2. Religious leader	76%
3. Friend / Family	43%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Phone call (mobile phone)	71%
2. In person / Face to face	67%
3. Radio	59%

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

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	89%
2. BBC	68%
3. ABBC Yola FM	63%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	94%
Mid-day	28%
Afternoon	48%
Evening	96%

82% of HHs reported owning a **cell phone**, of which **37%** had access to **Internet or social media**.²

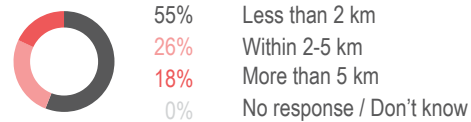
% of HHs reporting using the following networks:^{1,2}

MTN	94%
Airtel	51%
Glo / Etisalat	15%
No response / Don't know	0%

HEALTH

5% of HHs reported having **at least one chronically ill member**.

% of HHs reporting distance to closest health facility:³



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

	First choice facility	Closest facility
Hospital	26%	22%
PHC	44%	58%
Mobile / Outreach clinic	0%	0%
Village outreach worker	3%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	7%	3%
Traditional practitioner	8%	5%
Pharmacy / Dispensary	12%	12%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **548 naira** (1.52 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,4}

HHs reported an average cost of **670 naira** (1.86 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,4}

19% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	77%
2. Health services too expensive	54%
3. Health facility too far	35%

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

Direct provision of health services	35%
Direct provision of medicines	3%
Direct provision of transportation	0%
Cash for health service fees	6%
Cash for medicine	9%
Cash for transportation	1%
Mix of cash and provision of health services	20%
Mix of cash and provision of medicine	25%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Percentages may not add up to 100 due to rounding.

⁴ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



MSNA INDICATORS FOR COVID-19 | LAMURDE

WATER, SANITATION & HYGIENE

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

1. Surface water	42%
2. Borehole	38%
3. Open well	19%

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



6%	None - at the HH
17%	Less than 15 min
42%	15 min to 30 min
35%	More than 30 min
1%	No response / Don't know

To cope with water quantity issues:¹

60% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

9% reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:



25%	Yes, with soap
0%	Yes, with sand or ash
75%	Yes, with water only
0%	No, do not wash hands
0%	No response / Don't know

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

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

Bar soap	56%
10 liter bucket	51%
10 liter basin	50%

24% 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	41%
Cash transfer to buy WASH kits	10%
Mix of WASH kits provision and cash	43%
Vouchers to buy WASH kits	0%
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:¹

Purchased in local markets	77%
Markets located outside the community	26%
Own agriculture / Crop cultivation	67%
Food aid / Assistance from NGOs	2%
Food aid / Assistance from government	1%

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:

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

2 days reducing number of meals eaten in a day

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

60% of HHs reported being **in debt of money.**

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

1. Agriculture	81%
2. Small business	23%
3. Livestock	22%

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	25%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	4%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	59%
No access to cash	10%
Other / No response / Don't know	0%

PROTECTION

32% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

21% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **97%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.3 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)	1%

92% 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.



Funded by
European Union
Civil Protection
and Humanitarian Aid

INTER-SECTOR WORKING GROUP



REACH Informing
more effective
humanitarian action



MSNA Indicators for COVID-19

Adamawa State
MADAGALI LGA

ASSESSMENT SAMPLE

HHs Interviewed:	148
- IDP:	28
- Returnee:	35
- Non-displaced:	85

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.5	17%	2%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Religious leader	67%
2. Military	48%
3. Community leader	34%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Phone call (mobile phone)	63%
2. In person / Face to face	53%
3. Radio	35%

38% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	100%
2. Voice of America	39%
3. Radio Deutsche	31%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	86%
Mid-day	6%
Afternoon	30%
Evening	66%

70% of HHs reported owning a **cell phone**, of which **16%** had access to **Internet or social media**.²

% of HHs reporting using the following networks:^{1,2}

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

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

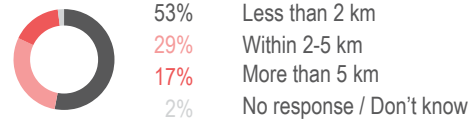
³ Percentages may not add up to 100 due to rounding.

⁴ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

HEALTH

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

% of HHs reporting distance to closest health facility:³



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

	First choice facility	Closest facility
Hospital	36%	35%
PHC	33%	40%
Mobile / Outreach clinic	2%	2%
Village outreach worker	0%	0%
Private doctor	1%	0%
Patent medicine store / Chemist	22%	16%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	5%	7%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	1%	0%

HHs reported spending an average of **2813 naira** (7.81 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,4}

HHs reported an average cost of **1268 naira** (3.52 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,4}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	57%
2. Health services too expensive	53%
3. Medicine not available	41%

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

Direct provision of health services	18%
Direct provision of medicines	15%
Direct provision of transportation	1%
Cash for health service fees	13%
Cash for medicine	4%
Cash for transportation	1%
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	0%



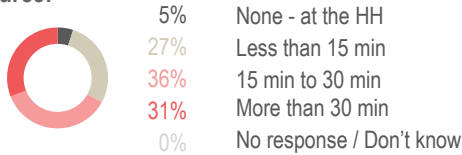
MSNA INDICATORS FOR COVID-19 | MADAGALI

WATER, SANITATION & HYGIENE

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

1. Borehole	66%
2. Open well	47%
3. Mai moya	40%

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



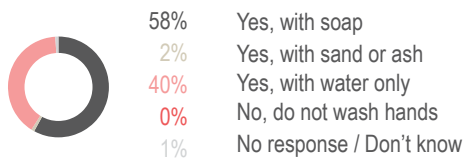
To cope with water quantity issues:¹

63% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

21% reported **receiving water on credit** or **borrowing water.**

% of respondents reporting hand washing:³



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

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

Bar soap	83%
10 liter bucket	35%
10 liter basin	44%

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	26%
Cash transfer to buy WASH kits	11%
Mix of WASH kits provision and cash	56%
Vouchers to buy WASH kits	0%
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:¹

Purchased in local markets	89%
Markets located outside the community	11%
Own agriculture / Crop cultivation	29%
Food aid / Assistance from NGOs	6%
Food aid / Assistance from government	1%

66% of HHs reported **purchasing food on credit** or **borrowing food.**

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

3 days relying on less preferred and cheaper food

2 days borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

78% of HHs reported being **in debt of money.**

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

1. Agriculture	38%
2. Small business	28%
3. Casual labour	22%

41% of HHs reportedly resorted to **begging to cope with the lack of income** and **1%** engaged in **dangerous or illegal work.**

Type of access to cash reported by HHs:

Bank withdrawal - ATM	9%
Bank withdrawal - counter	2%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	6%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	56%
No access to cash	26%
Other / No response / Don't know	0%

PROTECTION

40% of HHs reported having a **child-friendly space** in the community, of which **7%** are operated by NGOs.² **91%** of HHs reported that **their child has access** to this place.²

27% of HHs reported having a **safe space** in the community for **girls and women**, of which **4%** are operated by NGOs.² **80%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **2.1 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%

15% 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

Adamawa State MAIHA LGA

ASSESSMENT SAMPLE

HHs Interviewed:	108
- IDP:	10
- Returnee:	34
- Non-displaced:	64

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.5	4%	2%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Religious leader	67%
2. Community leader	66%
3. INGO	40%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	78%
2. Phone call (mobile phone)	62%
3. Community events	28%

45% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	94%
2. Voice of America	46%
3. Radio Deutsche	23%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	83%
Mid-day	17%
Afternoon	25%
Evening	81%

83% of HHs reported owning a **cell phone**, of which **11%** had access to **Internet or social media**.²

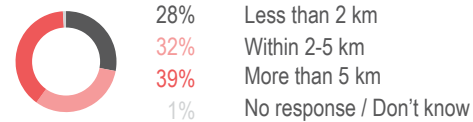
% of HHs reporting using the following networks:^{1,2}

MTN	65%
Airtel	47%
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	32%	34%
PHC	31%	38%
Mobile / Outreach clinic	9%	8%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	16%	12%
Traditional practitioner	3%	3%
Pharmacy / Dispensary	4%	2%
Wouldn't seek treatment	6%	NA
Other / No response / Don't know	0%	2%

HHs reported spending an average of **1000 naira** (2.78 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1870 naira** (5.20 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	59%
2. Health services too expensive	53%
3. Health facility too far	23%

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

Direct provision of health services	41%
Direct provision of medicines	8%
Direct provision of transportation	6%
Cash for health service fees	17%
Cash for medicine	4%
Cash for transportation	1%
Mix of cash and provision of health services	14%
Mix of cash and provision of medicine	10%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



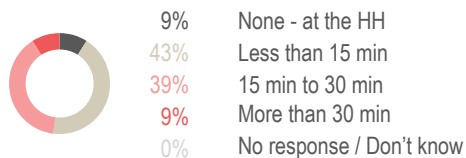
MSNA INDICATORS FOR COVID-19 | MAIHA

WATER, SANITATION & HYGIENE

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

1. Borehole 59%
2. Surface water 41%
3. Open well 29%

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



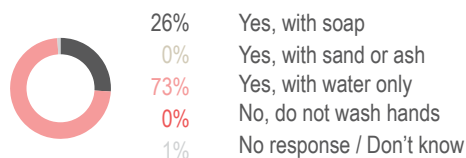
To cope with water quantity issues:¹

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

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

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

% of respondents reporting hand washing:



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

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

Bar soap	61%
10 liter bucket	39%
10 liter basin	47%

10% 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	9%
Mix of WASH kits provision and cash	57%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	1%
Do not want support	0%
Other / No response / Don't know	2%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	66%
Markets located outside the community	3%
Own agriculture / Crop cultivation	70%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

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

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

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

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

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

1. Agriculture 70%
2. Small business 21%
3. Trade 18%

12% 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	11%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	15%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	61%
No access to cash	12%
Other / No response / Don't know	0%

PROTECTION

42% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

27% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **93%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.6 families sharing an accommodation.** **2%** of HHs reported being **hosted** by a relative, friend or close community member.

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

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

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



MSNA Indicators for COVID-19

Adamawa State

MAYO-BELWA LGA

ASSESSMENT SAMPLE

HHs Interviewed:	131
- IDP:	0
- Returnee:	0
- Non-displaced:	131

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.8	4%	0%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	81%
2. Religious leader	79%
3. Friend / Family	55%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	82%
2. Phone call (mobile phone)	67%
3. Radio	63%

66% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	84%
2. ABBC Yola FM	68%
3. BBC	63%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	77%
Mid-day	32%
Afternoon	63%
Evening	89%

83% of HHs reported owning a **cell phone**, of which **28%** had access to **Internet or social media**.²

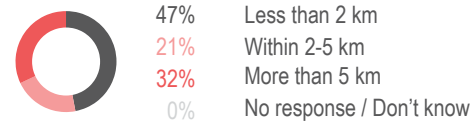
% of HHs reporting using the following networks:^{1,2}

MTN	68%
Airtel	64%
Glo / Etisalat	14%
No response / Don't know	0%

HEALTH

1% 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	26%	21%
PHC	66%	76%
Mobile / Outreach clinic	1%	0%
Village outreach worker	0%	0%
Private doctor	0%	1%
Patent medicine store / Chemist	5%	2%
Traditional practitioner	2%	1%
Pharmacy / Dispensary	1%	0%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **511 naira** (1.42 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **919 naira** (2.55 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	72%
2. Health services too expensive	53%
3. Medicine not available	26%

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

Direct provision of health services	36%
Direct provision of medicines	10%
Direct provision of transportation	1%
Cash for health service fees	7%
Cash for medicine	11%
Cash for transportation	1%
Mix of cash and provision of health services	18%
Mix of cash and provision of medicine	16%
Do not want support	1%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ 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](#)).



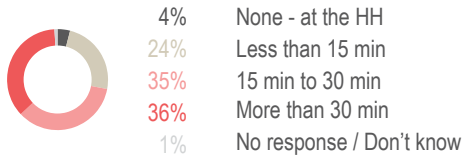
MSNA INDICATORS FOR COVID-19 | MAYO-BELWA

WATER, SANITATION & HYGIENE

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

1. Surface water	63%
2. Borehole	34%
3. Open well	31%

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



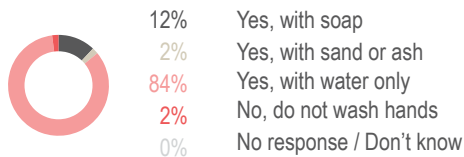
To cope with water quantity issues:¹

56% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

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

% of respondents reporting hand washing:



9% of respondents reported **not washing their hands** on the day before data collection.²

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

Bar soap	66%
10 liter bucket	29%
10 liter basin	30%

33% 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	3%
Mix of WASH kits provision and cash	62%
Vouchers to buy WASH kits	4%
Mix of WASH kits provision and vouchers	2%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	54%
Markets located outside the community	26%
Own agriculture / Crop cultivation	74%
Food aid / Assistance from NGOs	0%
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:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

45% of HHs reported being **in debt of money.**

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

1. Agriculture	78%
2. Livestock	50%
3. Small business	15%

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

Type of access to cash reported by HHs:

Bank withdrawal - ATM	7%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	4%
Informal money transfer (cash from friends, relatives)	20%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	59%
No access to cash	10%
Other / No response / Don't know	0%

PROTECTION

40% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

30% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **97%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **2 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%

28% 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

Adamawa State
MICHIKA LGA

ASSESSMENT SAMPLE

HHs Interviewed:	109
- IDP:	6
- Returnee:	44
- Non-displaced:	59

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.5	8%	0%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Religious leader	85%
2. Community leader	45%
3. Friend / Family	31%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Phone call (mobile phone)	72%
2. In person / Face to face	64%
3. Text message (mobile phone)	23%

48% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	100%
2. Voice of America	61%
3. Radio Deutsche	39%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	88%
Mid-day	0%
Afternoon	41%
Evening	71%

88% of HHs reported owning a **cell phone**, of which **25%** had access to **Internet or social media**.²

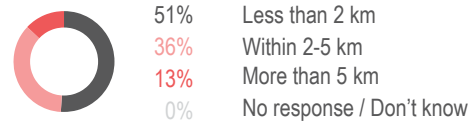
% of HHs reporting using the following networks:^{1,2}

MTN	72%
Airtel	65%
Glo / Etisalat	20%
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	48%	46%
PHC	27%	31%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	22%	22%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	1%	1%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	1%	0%

HHs reported spending an average of **2680 naira** (7.45 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1965 naira** (5.46 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Health services too expensive	54%
2. Medicine too expensive	53%
3. Medicine not available	31%

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

Direct provision of health services	10%
Direct provision of medicines	7%
Direct provision of transportation	1%
Cash for health service fees	17%
Cash for medicine	7%
Cash for transportation	1%
Mix of cash and provision of health services	45%
Mix of cash and provision of medicine	10%
Do not want support	2%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

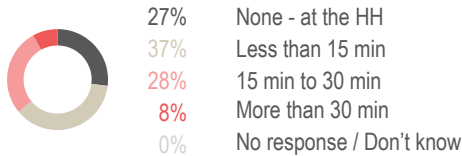


WATER, SANITATION & HYGIENE

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

1. Borehole 64%
2. Open well 30%
3. Mai moya 25%

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



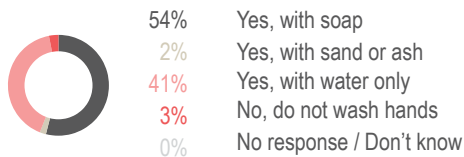
To cope with water quantity issues:¹

48% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

13% reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:



11% of respondents reported **not washing their hands** on the day before data collection.²

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

Bar soap	74%
10 liter bucket	34%
10 liter basin	53%

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

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

Direct provision of WASH kits	21%
Cash transfer to buy WASH kits	14%
Mix of WASH kits provision and cash	54%
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	1%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	76%
Markets located outside the community	7%
Own agriculture / Crop cultivation	41%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

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

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

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

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

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

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

1. Agriculture 46%
2. Small business 34%
3. Casual labour 16%

25% of HHs reportedly resorted to **begging to cope with the lack of income** and **5%** engaged in **dangerous or illegal work.**

Type of access to cash reported by HHs:

Bank withdrawal - ATM	14%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	2%
Informal money transfer (cash from friends, relatives)	4%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	62%
No access to cash	16%
Other / No response / Don't know	1%

PROTECTION

25% of HHs reported having a **child-friendly space** in the community, of which **3%** are operated by NGOs.² **43%** of HHs reported that **their child has access** to this place.²

25% of HHs reported having a **safe space** in the community for **girls and women**, of which **8%** are operated by NGOs.² **40%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **2.1 families sharing an accommodation.** **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)	1%

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.



MSNA Indicators for COVID-19

Adamawa State

MUBI NORTH LGA

ASSESSMENT SAMPLE

HHs Interviewed:	137
- IDP:	7
- Returnee:	71
- Non-displaced:	59

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.6	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:^{1,2}

1. Religious leader	59%
2. Community leader	55%
3. INGO	35%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Phone call (mobile phone)	76%
2. In person / Face to face	54%
3. Radio	31%

54% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	88%
2. Voice of America	48%
3. Gotel FM	32%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	95%
Mid-day	3%
Afternoon	22%
Evening	98%

92% of HHs reported owning a **cell phone**, of which **27%** had access to **Internet or social media**.²

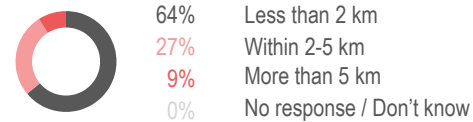
% of HHs reporting using the following networks:^{1,2}

MTN	86%
Airtel	62%
Glo / Etisalat	32%
No response / Don't know	0%

HEALTH

8% of HHs reported having **at least one chronically ill member**.

% of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	50%	43%
PHC	35%	38%
Mobile / Outreach clinic	2%	5%
Village outreach worker	0%	0%
Private doctor	0%	1%
Patent medicine store / Chemist	8%	12%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	5%	0%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **2419 naira** (6.72 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1301 naira** (3.62 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

14% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	49%
2. Health services too expensive	43%
3. No barrier	35%

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

Direct provision of health services	28%
Direct provision of medicines	19%
Direct provision of transportation	5%
Cash for health service fees	14%
Cash for medicine	4%
Cash for transportation	2%
Mix of cash and provision of health services	20%
Mix of cash and provision of medicine	7%
Do not want support	1%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ 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](#)).



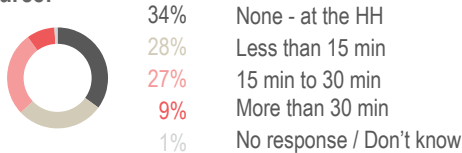
MSNA INDICATORS FOR COVID-19 | MUBI NORTH

WATER, SANITATION & HYGIENE

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

1. Mai moya	41%
2. Borehole	31%
3. Open well	31%

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



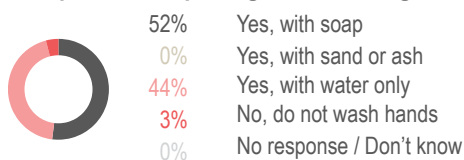
To cope with water quantity issues:¹

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

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

5% reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:⁴



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

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

Bar soap	47%
10 liter bucket	23%
10 liter basin	29%

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	38%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	48%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	6%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	86%
Markets located outside the community	13%
Own agriculture / Crop cultivation	39%
Food aid / Assistance from NGOs	2%
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

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

39% of HHs reported being **in debt of money.**

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

1. Trade	42%
2. Agriculture	34%
3. Small business	27%

11% of HHs reportedly resorted to **begging to cope with the lack of income** and **7%** engaged in **dangerous or illegal work.**

Type of access to cash reported by HHs:

Bank withdrawal - ATM	24%
Bank withdrawal - counter	1%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	8%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	54%
No access to cash	13%
Other / No response / Don't know	0%

PROTECTION

35% of HHs reported having a **child-friendly space** in the community, of which **5%** are operated by NGOs.² **20%** of HHs reported that **their child has access** to this place.²

29% of HHs reported having a **safe space** in the community for **girls and women**, of which **5%** are operated by NGOs.² **69%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **2.3 families sharing an accommodation.** **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%

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.

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



MSNA Indicators for COVID-19

Adamawa State

MUBI SOUTH LGA

ASSESSMENT SAMPLE

HHs Interviewed:	124
- IDP:	8
- Returnee:	75
- Non-displaced:	41

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
6.1	4%	2%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	61%
2. Religious leader	54%
3. INGO	52%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Phone call (mobile phone)	65%
2. In person / Face to face	65%
3. Radio	35%

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

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	99%
2. Gotel FM	31%
3. RFI	18%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	78%
Mid-day	15%
Afternoon	28%
Evening	61%

81% of HHs reported owning a **cell phone**, of which **28%** had access to **Internet or social media**.²

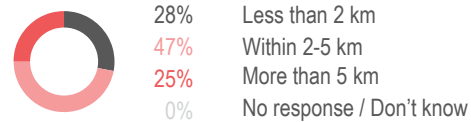
% of HHs reporting using the following networks:^{1,2}

MTN	95%
Airtel	41%
Glo / Etisalat	14%
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:



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

	First choice facility	Closest facility
Hospital	56%	52%
PHC	10%	14%
Mobile / Outreach clinic	0%	2%
Village outreach worker	0%	0%
Private doctor	1%	1%
Patent medicine store / Chemist	21%	20%
Traditional practitioner	1%	2%
Pharmacy / Dispensary	10%	9%
Wouldn't seek treatment	2%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1875 naira** (5.21 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1788 naira** (4.97 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	71%
2. Health services too expensive	55%
3. No barrier	22%

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

Direct provision of health services	22%
Direct provision of medicines	11%
Direct provision of transportation	2%
Cash for health service fees	20%
Cash for medicine	7%
Cash for transportation	4%
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%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



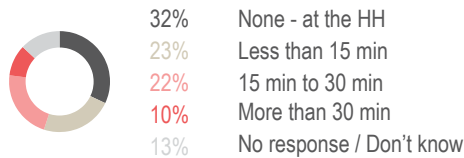
MSNA INDICATORS FOR COVID-19 | MUBI SOUTH

WATER, SANITATION & HYGIENE

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

1. Mai moya 76%
2. Open well 23%
3. Open rainwater tank 17%

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



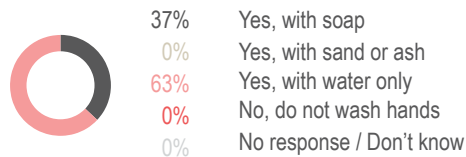
To cope with water quantity issues:¹

47% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

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

8% reported **receiving water on credit or borrowing water.**

% of respondents reporting hand washing:



9% of respondents reported **not washing their hands** on the day before data collection.²

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

Bar soap	41%
10 liter bucket	22%
10 liter basin	34%

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	31%
Cash transfer to buy WASH kits	5%
Mix of WASH kits provision and cash	53%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	9%
Do not want support	1%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	86%
Markets located outside the community	14%
Own agriculture / Crop cultivation	37%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

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

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

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

2 days 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:¹

1. Trade 34%
2. Small business 33%
3. Agriculture 27%

26% 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	24%
Bank withdrawal - counter	4%
Formal money transfer (money agent, Western Union)	2%
Informal money transfer (cash from friends, relatives)	6%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	53%
No access to cash	9%
Other / No response / Don't know	2%

PROTECTION

47% of HHs reported having a **child-friendly space** in the community, of which **4%** are operated by NGOs.² **100%** of HHs reported that **their child has access** to this place.²

31% of HHs reported having a **safe space** in the community for **girls and women**, of which **2%** are operated by NGOs.² **63%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **2.3 families sharing an accommodation.** **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%

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



MSNA Indicators for COVID-19

Adamawa State
NUMAN LGA

ASSESSMENT SAMPLE

HHs Interviewed:	172
- IDP:	19
- Returnee:	26
- Non-displaced:	127

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.3	8%	0%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	88%
2. Religious leader	82%
3. Friend / Family	36%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Phone call (mobile phone)	77%
2. In person / Face to face	65%
3. Radio	61%

62% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	95%
2. Fombina	65%
3. BBC	63%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	92%
Mid-day	56%
Afternoon	63%
Evening	82%

90% of HHs reported owning a **cell phone**, of which **34%** had access to **Internet or social media**.²

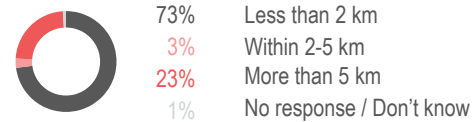
% of HHs reporting using the following networks:^{1,2}

MTN	87%
Airtel	62%
Glo / Etisalat	18%
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	41%	33%
PHC	38%	51%
Mobile / Outreach clinic	8%	8%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	9%	5%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	3%	3%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1327 naira** (3.69 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **960 naira** (2.67 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	85%
2. Health services too expensive	54%
3. Medicine not available	17%

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

Direct provision of health services	24%
Direct provision of medicines	8%
Direct provision of transportation	0%
Cash for health service fees	7%
Cash for medicine	11%
Cash for transportation	0%
Mix of cash and provision of health services	23%
Mix of cash and provision of medicine	27%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



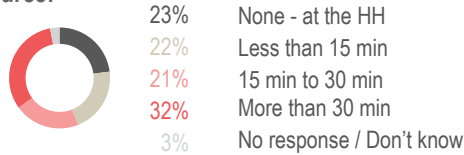
MSNA INDICATORS FOR COVID-19 | NUMAN

WATER, SANITATION & HYGIENE

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

1. Mai moya	42%
2. Open well	29%
3. Surface water	27%

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



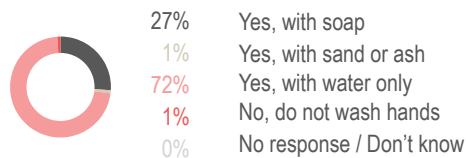
To cope with water quantity issues:¹

42% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

9% reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:⁴



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

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

Bar soap	62%
10 liter bucket	34%
10 liter basin	41%

23% of HHs reported **water** as their main priority need.

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

Direct provision of WASH kits	35%
Cash transfer to buy WASH kits	7%
Mix of WASH kits provision and cash	53%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	4%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	82%
Markets located outside the community	35%
Own agriculture / Crop cultivation	52%
Food aid / Assistance from NGOs	1%
Food aid / Assistance from government	1%

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

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

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

1 day limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

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

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

1. Agriculture	69%
2. Small business	25%
3. Livestock	20%

13% 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	27%
Bank withdrawal - counter	5%
Formal money transfer (money agent, Western Union)	8%
Informal money transfer (cash from friends, relatives)	8%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	41%
No access to cash	10%
Other / No response / Don't know	0%

PROTECTION

41% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

38% of HHs reported having a **safe space** in the community for **girls and women**, of which **1%** are operated by NGOs.² **91%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.4 families sharing an accommodation.** **6%** of HHs reported being **hosted** by a relative, friend or close community member.

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

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

100% of HHs reported **using dedicated on-site or public trash bins** (collected by either waste management committee or public authorities) in the 30 days before data collection.

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



MSNA Indicators for COVID-19

Adamawa State SHELLENG LGA

ASSESSMENT SAMPLE

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

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.9	7%	3%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	68%
2. Religious leader	67%
3. Friend / Family	39%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	88%
2. Phone call (mobile phone)	59%
3. Community events	32%

48% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	86%
2. Gotel FM	70%
3. ABBC Yola FM	47%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	93%
Mid-day	11%
Afternoon	30%
Evening	84%

80% of HHs reported owning a **cell phone**, of which **16%** had access to **Internet or social media**.²

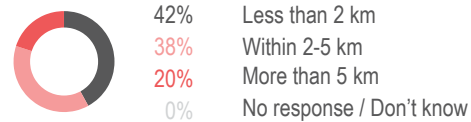
% of HHs reporting using the following networks:^{1,2}

MTN	63%
Airtel	80%
Glo / Etisalat	7%
No response / Don't know	0%

HEALTH

8% of HHs reported having **at least one chronically ill member**.

% of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	28%	27%
PHC	55%	57%
Mobile / Outreach clinic	3%	3%
Village outreach worker	0%	0%
Private doctor	1%	0%
Patent medicine store / Chemist	8%	8%
Traditional practitioner	2%	2%
Pharmacy / Dispensary	3%	3%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **510 naira** (1.42 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **775 naira** (2.15 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

14% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	55%
2. Health services too expensive	47%
3. Staff not qualified	32%

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

Direct provision of health services	41%
Direct provision of medicines	8%
Direct provision of transportation	4%
Cash for health service fees	8%
Cash for medicine	9%
Cash for transportation	1%
Mix of cash and provision of health services	13%
Mix of cash and provision of medicine	17%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).

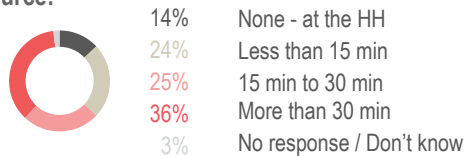


WATER, SANITATION & HYGIENE

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

1. Surface water 36%
2. Tie: Borehole, Open well 33%
3. Mai moya 23%

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



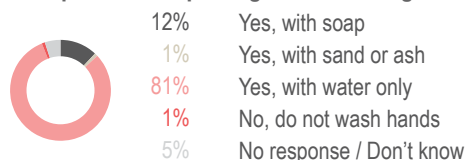
To cope with water quantity issues:¹

56% of HHs reported **reducing water consumption for cleaning, bathing and washing.**

9% reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:



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

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

Bar soap	75%
10 liter bucket	46%
10 liter basin	49%

22% 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	52%
Cash transfer to buy WASH kits	4%
Mix of WASH kits provision and cash	39%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	4%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	73%
Markets located outside the community	19%
Own agriculture / Crop cultivation	70%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

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:

3 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

55% of HHs reported being **in debt of money.**

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

1. Agriculture 67%
2. Livestock 29%
3. Small business 24%

3% of HHs reportedly resorted to **begging to cope with the lack of income** and **0%** engaged in **dangerous or illegal work.**

Type of access to cash reported by HHs:

Bank withdrawal - ATM	7%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	8%
Mobile phone money transfer	2%
Hand to hand (from seller, employer, other person)	74%
No access to cash	10%
Other / No response / Don't know	0%

PROTECTION

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

15% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **82%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.6 families** sharing an accommodation. **1%** of HHs reported being **hosted** by a relative, friend or close community member.

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

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

14% of HHs reported **using dedicated on-site or public trash bins** (collected by either waste management committee or public authorities) in the 30 days before data collection.

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



MSNA Indicators for COVID-19

Adamawa State

SONG LGA

ASSESSMENT SAMPLE

HHs Interviewed:	90
- IDP:	0
- Returnee:	0
- Non-displaced:	90

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.9	8%	4%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	83%
2. Religious leader	71%
3. INGO	28%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	90%
2. Phone call (mobile phone)	46%
3. Community events	39%

30% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	100%
2. Gotel FM	63%
3. Voice of America	48%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	96%
Mid-day	4%
Afternoon	22%
Evening	70%

69% of HHs reported owning a **cell phone**, of which **8%** had access to **Internet or social media**.²

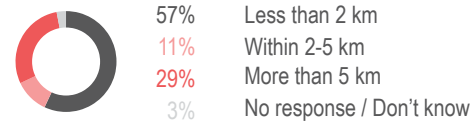
% of HHs reporting using the following networks:^{1,2}

MTN	56%
Airtel	71%
Glo / Etisalat	11%
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	30%	28%
PHC	43%	42%
Mobile / Outreach clinic	7%	7%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	10%	10%
Traditional practitioner	0%	0%
Pharmacy / Dispensary	7%	10%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	3%	3%

HHs reported spending an average of **914 naira** (2.54 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1013 naira** (2.81 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

10% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	47%
2. Health services too expensive	44%
3. Health facility too far	22%

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

Direct provision of health services	42%
Direct provision of medicines	8%
Direct provision of transportation	1%
Cash for health service fees	12%
Cash for medicine	2%
Cash for transportation	6%
Mix of cash and provision of health services	11%
Mix of cash and provision of medicine	18%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



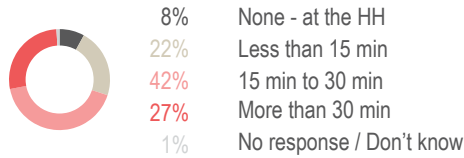
MSNA INDICATORS FOR COVID-19 | SONG

WATER, SANITATION & HYGIENE

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

1. Surface water 52%
2. Open well 33%
3. Open rainwater tank 24%

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



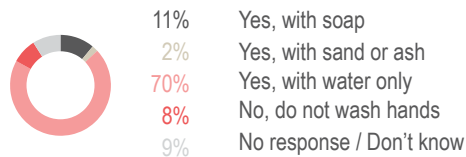
To cope with water quantity issues:¹

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

7% reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:



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

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

Bar soap	69%
10 liter bucket	34%
10 liter basin	47%

23% 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	11%
Mix of WASH kits provision and cash	46%
Vouchers to buy WASH kits	2%
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:¹

Purchased in local markets	37%
Markets located outside the community	9%
Own agriculture / Crop cultivation	84%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

36% 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

40% of HHs reported being **in debt of money.**

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

1. Agriculture 87%
2. Livestock 23%
3. Trade 18%

10% 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	11%
Bank withdrawal - counter	0%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	13%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	63%
No access to cash	12%
Other / No response / Don't know	0%

PROTECTION

36% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

44% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **89%** of HHs reported that **the women in their HH have access** to this place.²

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.



MSNA Indicators for COVID-19

Adamawa State
TOUNGO LGA

ASSESSMENT SAMPLE

HHs Interviewed:	116
- IDP:	0
- Returnee:	0
- Non-displaced:	116

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
5.4	7%	3%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	77%
2. Religious leader	68%
3. Friend / Family	47%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. In person / Face to face	88%
2. Community events	47%
3. Radio	37%

39% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. BBC	71%
2. Gotel FM	62%
3. ABBC Yola FM	53%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	91%
Mid-day	36%
Afternoon	40%
Evening	82%

50% of HHs reported owning a **cell phone**, of which **24%** had access to **Internet or social media**.²

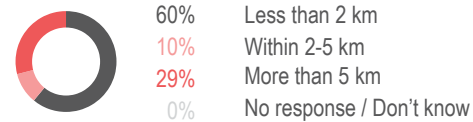
% of HHs reporting using the following networks:^{1,2}

MTN	83%
Airtel	22%
Glo / Etisalat	9%
No response / Don't know	0%

HEALTH

5% of HHs reported having **at least one chronically ill member**.

% of HHs reporting distance to closest health facility:³



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

	First choice facility	Closest facility
Hospital	45%	44%
PHC	34%	34%
Mobile / Outreach clinic	0%	0%
Village outreach worker	2%	1%
Private doctor	0%	0%
Patent medicine store / Chemist	6%	6%
Traditional practitioner	7%	6%
Pharmacy / Dispensary	7%	9%
Wouldn't seek treatment	0%	NA
Other / No response / Don't know	0%	0%

HHs reported spending an average of **1461 naira** (4.06 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,4}

HHs reported an average cost of **1476 naira** (4.10 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,4}

14% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	72%
2. Health services too expensive	54%
3. Staff not qualified	30%

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

Direct provision of health services	32%
Direct provision of medicines	6%
Direct provision of transportation	3%
Cash for health service fees	12%
Cash for medicine	17%
Cash for transportation	1%
Mix of cash and provision of health services	20%
Mix of cash and provision of medicine	9%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Percentages may not add up to 100 due to rounding.

⁴ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



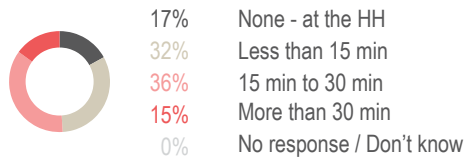
MSNA INDICATORS FOR COVID-19 | TOUNGO

WATER, SANITATION & HYGIENE

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

1. Surface water	53%
2. Open well	36%
3. Borehole	26%

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



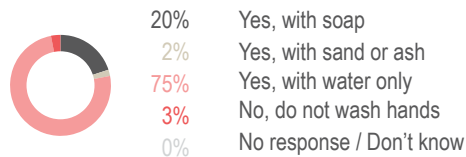
To cope with water quantity issues:¹

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

13% reported **drinking water usually used for cleaning** or other purposes.

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

% of respondents reporting hand washing:



14% of respondents reported **not washing their hands** on the day before data collection.²

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

Bar soap	60%
10 liter bucket	29%
10 liter basin	30%

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	27%
Cash transfer to buy WASH kits	14%
Mix of WASH kits provision and cash	53%
Vouchers to buy WASH kits	0%
Mix of WASH kits provision and vouchers	6%
Do not want support	0%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:²

Purchased in local markets	56%
Markets located outside the community	14%
Own agriculture / Crop cultivation	70%
Food aid / Assistance from NGOs	1%
Food aid / Assistance from government	0%

34% of HHs reported **purchasing food on credit or borrowing food.**

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

4 days relying on less preferred and cheaper food

1 day borrowing or relying on food from friends or relatives

2 days limiting portion sizes at mealtime

2 days reducing number of meals eaten in a day

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

64% of HHs reported being **in debt of money.**

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

1. Agriculture	67%
2. Small business	20%
3. Livestock	17%

12% 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	6%
Bank withdrawal - counter	2%
Formal money transfer (money agent, Western Union)	0%
Informal money transfer (cash from friends, relatives)	11%
Mobile phone money transfer	1%
Hand to hand (from seller, employer, other person)	65%
No access to cash	16%
Other / No response / Don't know	0%

PROTECTION

21% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **0%** of HHs reported that **their child has access** to this place.²

11% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **46%** of HHs reported that **the women in their HH have access** to this place.²

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

Adamawa State

YOLA NORTH LGA

ASSESSMENT SAMPLE

HHs Interviewed:	184
- IDP:	12
- Returnee:	0
- Non-displaced:	172

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.2	15%	0%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Religious leader	81%
2. Community leader	72%
3. Friend / Family	58%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Phone call (mobile phone)	74%
2. Radio	67%
3. In person / Face to face	61%

81% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	88%
2. ABBC Yola FM	70%
3. BBC	62%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	77%
Mid-day	24%
Afternoon	48%
Evening	80%

95% of HHs reported owning a **cell phone**, of which **72%** had access to **Internet or social media**.²

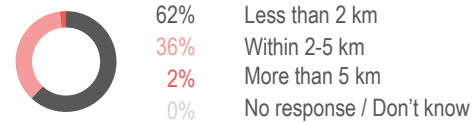
% of HHs reporting using the following networks:^{1,2}

MTN	89%
Airtel	56%
Glo / Etisalat	30%
No response / Don't know	0%

HEALTH

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

% of HHs reporting distance to closest health facility:



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

	First choice facility	Closest facility
Hospital	66%	63%
PHC	28%	37%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	5%	1%
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 **590 naira** (1.64 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,3}

HHs reported an average cost of **1002 naira** (2.78 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,3}

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

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	65%
2. Health services too expensive	39%
3. No barrier	24%

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

Direct provision of health services	17%
Direct provision of medicines	17%
Direct provision of transportation	1%
Cash for health service fees	8%
Cash for medicine	15%
Cash for transportation	0%
Mix of cash and provision of health services	20%
Mix of cash and provision of medicine	14%
Do not want support	8%
Other / No response / Don't know	1%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ 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](#)).



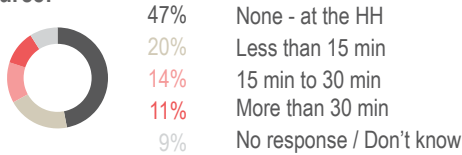
MSNA INDICATORS FOR COVID-19 | YOLA NORTH

WATER, SANITATION & HYGIENE

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

1. Borehole	44%
2. Mai moya	39%
3. Piped water	26%

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



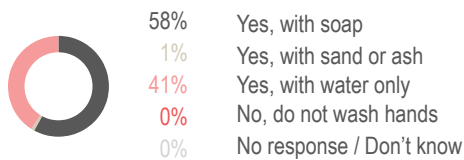
To cope with water quantity issues:¹

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

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

1% 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.²

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

Bar soap	41%
10 liter bucket	13%
10 liter basin	18%

5% 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	24%
Cash transfer to buy WASH kits	15%
Mix of WASH kits provision and cash	49%
Vouchers to buy WASH kits	1%
Mix of WASH kits provision and vouchers	3%
Do not want support	7%
Other / No response / Don't know	2%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	89%
Markets located outside the community	32%
Own agriculture / Crop cultivation	19%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	1%

24% 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

0 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

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

46% of HHs reported being **in debt of money.**

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

1. Salary	51%
2. Trade	35%
3. Small business	32%

3% 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	70%
Bank withdrawal - counter	6%
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)	23%
No access to cash	0%
Other / No response / Don't know	1%

PROTECTION

49% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **67%** of HHs reported that **their child has access** to this place.²

35% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **100%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.9 families sharing an accommodation.** **1%** of HHs reported being **hosted** by a relative, friend or close community member.

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

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

72% 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.

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



MSNA Indicators for COVID-19

Adamawa State

YOLA SOUTH LGA

ASSESSMENT SAMPLE

HHs Interviewed:	152
- IDP:	9
- Returnee:	0
- Non-displaced:	143

DEMOGRAPHIC HIGHLIGHTS

Average HH size:	Female-headed HHs:	Child-headed HHs:
4.8	2%	0%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:^{1,2}

1. Community leader	87%
2. Religious leader	80%
3. Friend / Family	59%

Top 3 reported means of receiving information trusted by HHs:^{1,2}

1. Radio	72%
2. In person / Face to face	71%
3. Phone call (mobile phone)	59%

74% of HHs reported owning a **radio**.

Top 3 reported radio stations listened to by the HHs:^{1,2}

1. Gotel FM	87%
2. ABBC Yola FM	78%
3. BBC	71%

% of HHs reporting listening to the radio during the following times:^{1,2}

Morning	82%
Mid-day	32%
Afternoon	44%
Evening	69%

85% of HHs reported owning a **cell phone**, of which **47%** had access to **Internet or social media**.²

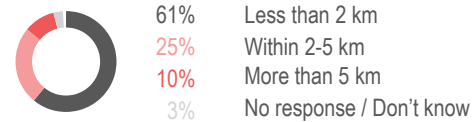
% of HHs reporting using the following networks:^{1,2}

MTN	79%
Airtel	59%
Glo / Etisalat	20%
No response / Don't know	0%

HEALTH

2% of HHs reported having **at least one chronically ill member**.

% of HHs reporting distance to closest health facility:³



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

	First choice facility	Closest facility
Hospital	40%	30%
PHC	46%	58%
Mobile / Outreach clinic	0%	0%
Village outreach worker	0%	0%
Private doctor	0%	0%
Patent medicine store / Chemist	8%	4%
Traditional practitioner	6%	4%
Pharmacy / Dispensary	0%	0%
Wouldn't seek treatment	1%	NA
Other / No response / Don't know	0%	3%

HHs reported spending an average of **797 naira** (2.21 dollars) for a **consultation at the first facility** they would go to for treatment.^{2,4}

HHs reported an average cost of **1186 naira** (3.30 dollars) for **accessing the nearest health services** in terms of transportation, lodging or other non drug-related expenses.^{2,4}

16% of HHs reported **healthcare** as their main priority need.

Top 3 reported barriers to accessing healthcare:¹

1. Medicine too expensive	60%
2. Health services too expensive	49%
3. Medicine not available	18%

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

Direct provision of health services	30%
Direct provision of medicines	12%
Direct provision of transportation	2%
Cash for health service fees	3%
Cash for medicine	7%
Cash for transportation	2%
Mix of cash and provision of health services	29%
Mix of cash and provision of medicine	14%
Do not want support	0%
Other / No response / Don't know	0%

¹ Respondents could select multiple answers.

² This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.

³ Percentages may not add up to 100 due to rounding.

⁴ Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, [Monthly Average Exchange Rates of the Naira](#)).



MSNA INDICATORS FOR COVID-19 | YOLA SOUTH

WATER, SANITATION & HYGIENE

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

1. Borehole 53%
2. Mai moya 23%
3. Open well 18%

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



31%	None - at the HH
29%	Less than 15 min
32%	15 min to 30 min
7%	More than 30 min
2%	No response / Don't know

To cope with water quantity issues:¹

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

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

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

% of respondents reporting hand washing:



31%	Yes, with soap
2%	Yes, with sand or ash
67%	Yes, with water only
0%	No, do not wash hands
0%	No response / Don't know

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

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

Bar soap	54%
10 liter bucket	16%
10 liter basin	20%

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

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

Direct provision of WASH kits	26%
Cash transfer to buy WASH kits	11%
Mix of WASH kits provision and cash	58%
Vouchers to buy WASH kits	2%
Mix of WASH kits provision and vouchers	2%
Do not want support	1%
Other / No response / Don't know	0%

FOOD SECURITY & LIVELIHOODS

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

Purchased in local markets	77%
Markets located outside the community	21%
Own agriculture / Crop cultivation	53%
Food aid / Assistance from NGOs	0%
Food aid / Assistance from government	0%

22% 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

0 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

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

34% of HHs reported being **in debt of money.**

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

1. Agriculture	63%
2. Livestock	31%
3. Trade	31%

8% 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	30%
Bank withdrawal - counter	5%
Formal money transfer (money agent, Western Union)	1%
Informal money transfer (cash from friends, relatives)	6%
Mobile phone money transfer	0%
Hand to hand (from seller, employer, other person)	52%
No access to cash	6%
Other / No response / Don't know	0%

PROTECTION

42% of HHs reported having a **child-friendly space** in the community, of which **0%** are operated by NGOs.² **100%** of HHs reported that **their child has access** to this place.²

28% of HHs reported having a **safe space** in the community for **girls and women**, of which **0%** are operated by NGOs.² **94%** of HHs reported that **the women in their HH have access** to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported **1.4 families sharing an accommodation.** **0%** of HHs reported being **hosted** by a relative, friend or close community member.

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

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

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.