



Borno - COVID-19 Risk Related Indicators

Assessment of Hard-to-Reach Areas in Northeast Nigeria

June 2020

Introduction

The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno State as hard to reach (H2R) for humanitarian actors. Previous assessments illustrate how the conflict continues to have severe consequences for people in H2R areas. People living in H2R areas, who are already facing severe and extreme humanitarian needs, are also vulnerable to the spread of COVID-19, especially due to the lack of health care services and information sources. The first confirmed case in Borno state was announced on 20 April 2020.¹ Due to the limited access to H2R areas, it is unlikely that there will be confirmation of an outbreak in these areas. It is therefore highly importance to evaluate the situation of the population in H2R areas in order to monitor changes and inform humanitarian aid actors on immediate needs of the communities.

Methodology

Using its Area of Knowledge (AoK) method, REACH monitors the situation in H2R areas remotely through monthly multisector interviews in accessible Local Government Area (LGA) capitals. REACH interviews key informants (KIs) who 1) are recently arrived internally displaced persons (IDPs) who have left a H2R settlement in the last 3 months, or 2) have been in contact with someone living in or transiting through a H2R settlement in the last month (e.g. traders, migrants, relatives, etc.)²

If not stated otherwise, the recall period is set to one month prior to the last information the KI has had from the hard-to-reach area. Selected KIs are purposively sampled and are interviewed on

settlement-wide circumstances in H2R areas. Responses from KIs reporting on the same settlement are then aggregated to the settlement level. The most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as 'no consensus'. While included in the calculations, the percentage of settlements for which no consensus was reached is not always displayed in the results below.

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

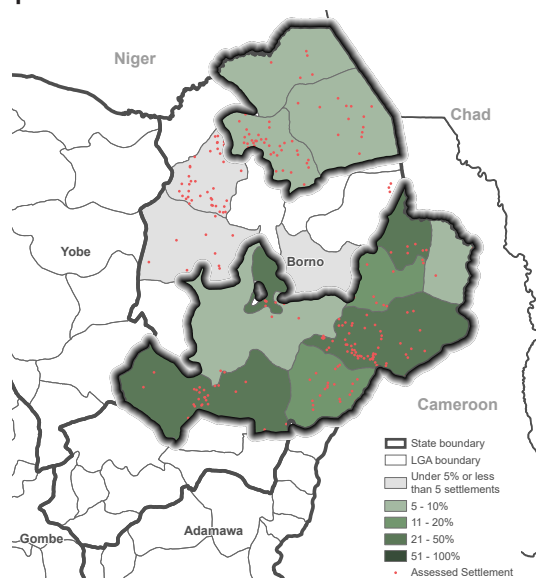
Results presented in this factsheet, unless otherwise specified, represent the proportion of settlements assessed within a LGA. Findings are only reported on LGAs where at least 5% of populated settlements and at least 5 settlements in the respective LGA have been assessed. The findings presented are indicative of broader trends in assessed settlements in June 2020, and are not statistically generalisable.³

Assessment Coverage

508 Key Informants interviewed
310 Settlements assessed
14 LGAs assessed
11 LGAs with sufficient coverage⁴

Assessment Coverage

Proportion of settlements assessed:



¹Nigerian Centre for Disease Control Twitter feed

²Where possible, only KIs that have arrived very recently (0-3 weeks prior to data collection) were interviewed.

³Due to changes in migration patterns, the specific settlements assessed within each LGA varies each month. Changes in results reported in this factsheet, compared to previous factsheets, may therefore be due to changes in which settlements were assessed instead of changes over time.

⁴LGA level data is only represented for LGAs in which at least 5% of populated settlements and where at least 5 settlements have been assessed. The most recent version of the VTS dataset (released in February 2019 on vts.eocng.org) has been used as the reference for settlement names and locations, and adjusted for deserted villages (OCHA 2020).

COVID-19 Precautions in IDP Camps

Precautions for New Arrivals

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

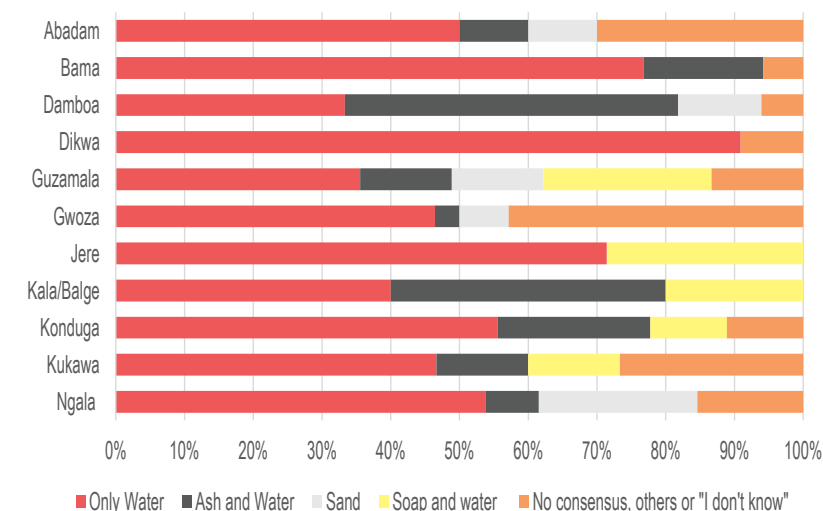
66% of surveyed KIs had left a H2R area within the last one month, among them:

87% reported they were asked to wash and/or sanitise their hands when they arrived at the IDP camp

43% reported their temperature was measured when they arrived at the IDP camp

Hand Washing Practices in H2R Areas

Proportion of assessed settlements by reported most common hand washing materials by LGA:





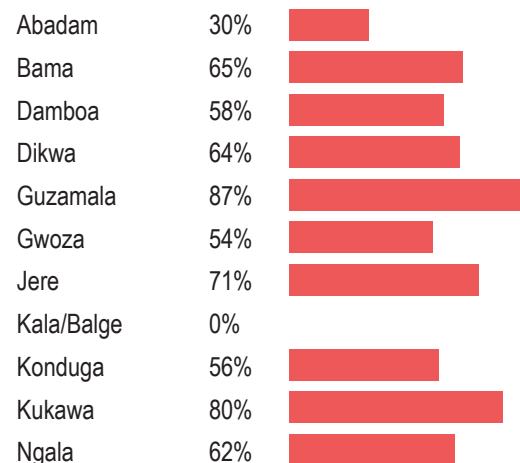
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Knowledge on COVID-19

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



COVID-19 Related Symptoms

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

	Breathing difficulties	Coughing	Fever and breathing difficulties	Fever and coughing	None
Abadam	20%	30%	20%	10%	60%
Bama	1%	1%	1%	0%	72%
Dambo	3%	3%	0%	0%	97%
Dikwa	0%	0%	0%	9%	64%
Guzamala	0%	9%	0%	7%	84%
Gwoza	4%	29%	0%	18%	39%
Jere	14%	29%	14%	14%	57%
Kala/Balge	0%	20%	0%	0%	80%
Konduga	0%	11%	0%	0%	56%
Kukawa	27%	33%	20%	7%	60%
Ngala	0%	0%	0%	0%	85%

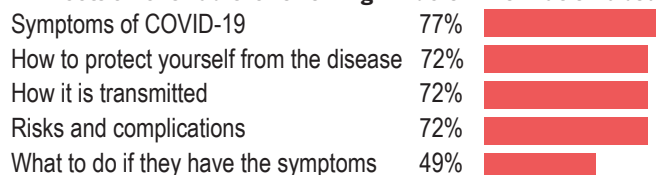
Although other viruses and bacteria can cause the three main symptoms associated with COVID-19, an increase in the reporting of these symptoms could suggest a local COVID-19 outbreak in the H2R areas. REACH added this indicator to the assessment on 1 April 2020. This is the first time that settlements in Abadam, Dikwa, Guzamala, Jere, and Kala/Balge LGAs reported symptoms possibly related to COVID-19.

In 20% of the assessed settlements, sick community members were reportedly being separated from others

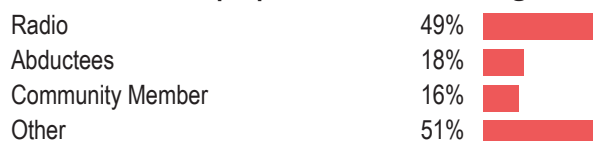
Information on COVID-19

Of the **64%** of assessed settlements where it was reported people had heard about COVID-19:

Proportion of assessed settlements where it was reported that people in the H2R settlement had the following kinds of information about COVID-19:



Proportion of assessed settlements where it was reported that the following sources were how people in H2R settlements got information about COVID-19:



Information on Situation in IDP Camps

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

	Humanitarian Services	COVID-19	None- no information on IDP camps
Abadam	30%	0%	70%
Bama	12%	54%	17%
Dambo	58%	0%	33%
Dikwa	9%	9%	55%
Guzamala	64%	38%	24%
Gwoza	43%	39%	25%
Jere	100%	0%	0%
Kala-Balge	60%	0%	20%
Konduga	56%	0%	44%
Kukawa	93%	7%	7%
Ngala	77%	62%	15%

Conclusion

Findings suggest that a combined lack of access to resources ([see REACH's H2R June Factsheets](#)), the reportedly limited use of soap during hand washing, and the limited communication on COVID-19 might have increased the risk of contraction and spread of the disease in communities in H2R areas. For communities in those settlements that had reportedly heard of COVID-19, the biggest information gap seemed to concern what to do if someone has symptoms. In approximately half of the assessed settlements where people had reportedly heard of COVID-19, radio was the most commonly reported source of information on the disease, which suggests that radio campaigns might be an effective tool for sharing information in H2R areas.