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 important to evaluate the situation of the population in H2R areas in order to monitor changes and inform humanitarian aid actors on immediate needs of the communities.

Methodology

Using its Area of Knowledge (AoK) method, REACH monitors the situation in H2R areas remotely through monthly multisector interviews in accessible Local Government Area (LGA) capitals. REACH interviews key informants (KIs) who 1) are recently arrived internally displaced persons (IDPs) who have left a H2R settlement in the last 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

Proportion of settlements assessed:

- Under 5% or less
- 5 - 10%
- 11 - 20%
- 21 - 50%
- 51 - 100%

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:

- Only Water
- Ash and Water
- Sand
- Soap and water
- No consensus, others or "I don't know"

1 Nigerian Centre for Disease Control Twitter feed
2 Due 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.
3 LGA 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).

For more information on this factsheet please contact: REACH
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June 2020

Assessment of Hard-to-Reach Areas in Northeast Nigeria

June 2020

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REACH
Informing more effective humanitarian action
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.

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

- Radio: Abadam 30%, Bama 65%, Damboa 58%, Dikwa 64%, Guzamala 87%, Gwoza 54%, Jere 71%, Kala/Balge 0%, Konduga 56%, Kukawa 0%, Ngala 62%.
- Abductees: Abadam 30%, Bama 65%, Damboa 58%, Dikwa 64%, Guzamala 87%, Gwoza 54%, Jere 71%, Kala/Balge 0%, Konduga 56%, Kukawa 0%, Ngala 62%.
- Community Member: Abadam 30%, Bama 65%, Damboa 58%, Dikwa 64%, Guzamala 87%, Gwoza 54%, Jere 71%, Kala/Balge 0%, Konduga 56%, Kukawa 0%, Ngala 62%.
- Other: Abadam 30%, Bama 65%, Damboa 58%, Dikwa 64%, Guzamala 87%, Gwoza 54%, Jere 71%, Kala/Balge 0%, Konduga 56%, Kukawa 0%, Ngala 62%.

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

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

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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.