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 Eighty percent of internally displaced persons (IDPs) are located in Borno State only, with a majority living in urban host communities. 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 3,160 in Borno State, of which 1,071 were IDP HHs, 1,024 were returnee HHs and 1,065 were non-displaced HHs. This assessment used a two-stage cluster sampling designed to collect data with a confidence level of 90% and a margin of error of 10% for all accessible areas within a local government area (LGA) (not generalizable for each population group at LGA level). The exception in Borno State was Magumeri LGA, which had an 11% margin of error. Due to security concerns, only garrison towns could be included for Bama, Damboa, Dikwa, Gubio, Gwoza, Kala / Balge, Mafa, Monguno, and Ngala LGAs. Only 22 out of 27 LGAs in Borno State could be assessed due to access constraints or lack of partners active in the remaining LGAs.

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.

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 81%
2. Religious leader 49%
3. Friend / Family 24%

Top 3 reported means of receiving information trusted by HHs:3,4
1. In person / Face to face 66%
2. Radio 46%
3. Phone call (mobile phone) 37%

40% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:3,4
1. BBC 91%
2. BRTV 25%
3. Peace FM 23%

% of HHs reporting listening to the radio during the following times:3,4
Morning 92%
Mid-day 21%
Afternoon 32%
Evening 71%

64% of HHs reported owning a cell phone, of which 22% had access to Internet or social media.4

% of HHs reporting using the following networks:3,4
MTN 53%
Airtel 64%
Glo / Etisalat 14%
No response / Don’t know 3%

DEMOGRAPHIC HIGHLIGHTS

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

1 OCHA, 2019 Humanitarian Needs Overview
2 OCHA, 2020 Global Humanitarian Overview
3 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.
4 Respondents could select multiple answers.
**HEALTH**

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

% of HHs reporting distance to closest health facility:

- 55% Less than 2 km
- 26% Within 2-5 km
- 18% More than 5 km
- 1% No response / Don’t know

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

- Askira/Uba
- Bama
- Bayo
- Biu
- Chibok
- Damboa
- Dikwa
- Gubio
- Gwoza
- Hawul
- Jere
- Kaga
- Kala/Balge
- Konduga
- Kwaya Kusar
- Mafa
- Magumeri
- Maiduguri
- Mobbar
- Monguno
- Ngala
- Shani
- State boundary: LGA non assessed
- 0%
- 1 to 20%
- 21 to 40%
- 41 to 60%
- 61 to 80%
- 81 to 100%

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

<table>
<thead>
<tr>
<th></th>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>54%</td>
<td>50%</td>
</tr>
<tr>
<td>Primary Healthcare</td>
<td>23%</td>
<td>25%</td>
</tr>
<tr>
<td>Mobile / Outreach</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Village outreach</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Patent medicine store</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>1%</td>
<td>NA</td>
</tr>
<tr>
<td>Other / No response</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 953 naira (2.65 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 856 naira (2.38 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:

1. No barrier 44%
2. Medicine too expensive 34%
3. Health services too expensive 24%

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

- Direct provision of health services 38%
- Direct provision of medicines 11%
- Direct provision of transportation 2%
- Case for health service fees 11%
- Cash for medicine 7%
- Cash for transportation 1%
- Mix of cash and provision of health services 19%
- Mix of cash and provision of medicine 9%
- Do not want support 2%
- 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:

1. Borehole 60%
2. Mai moya 25%
3. Public tap 17%

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

- 14% None - at the HH
- 35% Less than 15 min
- 25% 15 min to 30 min
- 25% More than 30 min
- 1% No response / Don’t know

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

To cope with water quantity issues:

- 38% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 2% reported drinking water usually used for cleaning or other purposes.
- 6% reported receiving water on credit or borrowing water.

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1 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).  
2 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).  
3 Queuing time of less than 30 minutes is a key indicator for water supply in humanitarian settings (Sphere, The Sphere Handbook 2018).  
4 HHs reported spending an average of 953 naira (2.65 dollars) for a consultation at the first facility they would go to for treatment.
5 HHs reported an average cost of 856 naira (2.38 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.
6 3% of HHs reported healthcare as their main priority need.
% of respondents reporting hand washing:

- Yes, with soap: 37%
- Yes, with sand or ash: 6%
- Yes, with water only: 54%
- No, do not wash hands: 2%
- No response / Don’t know: 1%

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

- 10% 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

- Bar soap: 60%
- 10 liter bucket: 28%
- 10 liter basin: 33%

4% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits: 40%
- Cash transfer to buy WASH kits: 7%
- Mix of WASH kits provision and cash: 38%
- Vouchers to buy WASH kits: 1%
- Mix of WASH kits provision and vouchers: 11%
- Do not want support: 2%
- Other / No response / Don’t know: 1%

10% of respondents reported purchasing food on credit or borrowing food.⁵

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

61% 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 39%
2. Small business 31%
3. Trade 18%

20% 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: 9%
- Bank withdrawal - counter: 2%
- Formal money transfer (money agent, Western Union): 0%
- Informal money transfer (cash from friends, relatives): 8%
- Mobile phone money transfer: 1%
- Hand to hand (from seller, employer, other person): 61%
- No access to cash: 18%
- Other / No response / Don’t know: 1%

34% of HHs reported having a child-friendly space in the community, of which 17% are operated by NGOs.⁴ 80% of HHs reported that their child has access to this place.⁴

26% of HHs reported having a safe space in the community for girls and women, of which 13% are operated by NGOs.⁴ 84% of HHs reported that the women in their HH have access to this place.⁶

The average household reported 2.7 families sharing an accommodation. 3% of HHs reported being hosted by a relative, friend or close community member.

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

- None / Sleeping in the open space: 0%
- Collective shelter (mosque, school, other public building): 0%
- 39% 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.
**ASSESSMENT SAMPLE**

HHs Interviewed: 155
- IDP: 9
- Returnee: 86
- Non-displaced: 60

**DEMOGRAPHIC HIGHLIGHTS**

Average HH size: 6.1
Female-headed HHs: 3%
Child-headed HHs: 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 88%
2. Religious leader 74%
3. Friend / Family 30%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 71%
2. Phone call (mobile phone) 49%
3. Radio 42%

43% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 95%
2. RFI 36%
3. Voice of America 29%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 97%
- Mid-day 16%
- Afternoon 31%
- Evening 82%

83% of HHs reported owning a cell phone, of which 22% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 78%
- Airtel 70%
- Glo / Etisalat 5%
- 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:
- Less than 2 km 72%
- Within 2-5 km 17%
- More than 5 km 11%
- No response / Don’t know 0%

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

<table>
<thead>
<tr>
<th></th>
<th>First choice facility</th>
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</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>62%</td>
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</tr>
<tr>
<td>PHC</td>
<td>8%</td>
<td>7%</td>
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<td>13%</td>
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</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
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</tr>
<tr>
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<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 1829 naira (5.08 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 1551 naira (4.31 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,3

2% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 50%
2. Health services too expensive 40%
3. No barrier 33%

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

- Direct provision of health services 22%
- Direct provision of medicines 6%
- Direct provision of transportation 4%
- Cash for health service fees 12%
- Cash for medicine 14%
- Cash for transportation 2%
- Mix of cash and provision of health services 34%
- Mix of cash and provision of medicine 3%
- Do not want support 0%
- Other / No response / Don’t know 2%

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<td>15%</td>
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<tr>
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</tr>
<tr>
<td>Other / No response / Don’t know</td>
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<td>0%</td>
</tr>
</tbody>
</table>

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. Open well 68%
2. Borehole 24%
3. Mai moya 14%

% of HHs reporting time needed to collect water from main source:
- 36% None - at the HH
- 20% Less than 15 min
- 18% 15 min to 30 min
- 26% More than 30 min
- 0% No response / Don't know

To cope with water quantity issues:
- 38% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 35% Yes, with soap
- 6% Yes, with sand or ash
- 57% Yes, with water only
- 2% No, do not wash hands
- 0% No response / Don’t know

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

% of HHs reporting needing the following items that they do not have:
- Bar soap 62%
- 10 liter bucket 20%
- 10 liter basin 29%

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 36%
- Cash transfer to buy WASH kits 4%
- Mix of WASH kits provision and cash 48%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 11%
- Do not want support 1%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:
- Purchased in local markets 75%
- Markets located outside the community 13%
- Own agriculture / Crop cultivation 74%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

47% of HHs reported purchasing food on credit or borrowing food.

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

75% of HHs reported being in debt of money.

To cope with water quantity issues:
- 38% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 35% Yes, with soap
- 6% Yes, with sand or ash
- 57% Yes, with water only
- 2% No, do not wash hands
- 0% No response / Don’t know

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

47% of HHs reported purchasing food on credit or borrowing food.

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

75% of HHs reported being in debt of money.

**PROTECTION**

26% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

18% of HHs reported having a safe space in the community for girls and women, of which 1% are operated by NGOs.

68% of HHs reported that the women in their HH have access to this place.

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.7 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%

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.
**ASSESSMENT SAMPLE**

| HHs Interviewed: | 243 |
| IDP: | 144 |
| Returnee: | 99 |
| Non-displaced: | 0 |

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH size:</td>
<td>4.8</td>
<td>18%</td>
</tr>
</tbody>
</table>

**COMMUNICATION**

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

Top 3 reported sources of reliable information trusted by HHs:
1. Community leader 66%
2. Religious leader 45%
3. INGO 28%

Top 3 reported means of receiving information trusted by HHs:
1. Radio 63%
2. Information desks in camps 34%
3. Phone call (mobile phone) 26%

30% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 69%
2. Peace FM 27%
3. BRTV 24%

% of HHs reporting listening to the radio during the following times:
- Morning 97%
- Mid-day 10%
- Afternoon 31%
- Evening 42%

41% of HHs reported owning a cell phone, of which 24% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN 28%
- Airtel 73%
- Glo / Etisalat 0%
- 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:
- Less than 2 km 68%
- Within 2-5 km 24%
- More than 5 km 7%
- No response / Don’t know 1%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>43%</td>
</tr>
<tr>
<td>PHC</td>
<td>51%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>0%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
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<tr>
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<td>0%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>1%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>3%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 141 naira (0.39 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 148 naira (0.41 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:
1. No barrier 37%
2. Medicine not available 23%
3. Medicine too expensive 12%

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

<table>
<thead>
<tr>
<th>Method of support</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of health services</td>
<td>43%</td>
</tr>
<tr>
<td>Direct provision of medicines</td>
<td>18%</td>
</tr>
<tr>
<td>Direct provision of transportation</td>
<td>7%</td>
</tr>
<tr>
<td>Cash for health service fees</td>
<td>4%</td>
</tr>
<tr>
<td>Cash for medicine</td>
<td>3%</td>
</tr>
<tr>
<td>Cash for transportation</td>
<td>2%</td>
</tr>
<tr>
<td>Mix of cash and provision of health services</td>
<td>13%</td>
</tr>
<tr>
<td>Mix of cash and provision of medicine</td>
<td>5%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>3%</td>
</tr>
</tbody>
</table>
| 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).
**WATER, SANITATION & HYGIENE**

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

1. Hand pump 61%
2. Borehole 59%
3. Public tap 21%

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

<table>
<thead>
<tr>
<th>Time Needed</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - at the HH</td>
<td>12%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>35%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>26%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>27%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues:

33% of HHs reported reducing water consumption for cleaning, bathing and washing.

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

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

<table>
<thead>
<tr>
<th>Wash Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>50%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>8%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>42%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>1%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar soap</td>
<td>49%</td>
</tr>
<tr>
<td>10 liter bucket</td>
<td>11%</td>
</tr>
<tr>
<td>10 liter basin</td>
<td>12%</td>
</tr>
</tbody>
</table>

0% of HHs reported water as their main priority need.

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

<table>
<thead>
<tr>
<th>Support Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of WASH kits</td>
<td>37%</td>
</tr>
<tr>
<td>Cash transfer to buy WASH kits</td>
<td>8%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and cash</td>
<td>35%</td>
</tr>
<tr>
<td>Vouchers to buy WASH kits</td>
<td>1%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and vouchers</td>
<td>12%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>5%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:

<table>
<thead>
<tr>
<th>Source of Food</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in local markets</td>
<td>30%</td>
</tr>
<tr>
<td>Markets located outside the community</td>
<td>8%</td>
</tr>
<tr>
<td>Own agriculture / Crop cultivation</td>
<td>6%</td>
</tr>
<tr>
<td>Food aid / Assistance from NGOs</td>
<td>76%</td>
</tr>
<tr>
<td>Food aid / Assistance from government</td>
<td>9%</td>
</tr>
</tbody>
</table>

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:

- 2 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtime
- 2 days reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

37% of HHs reported being in debt of money.

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

1. No income 41%
2. Agriculture 25%
3. Small business 19%

24% of HHs reportedly resorted to begging to cope with the lack of income and 13% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank withdrawal - ATM</td>
<td>2%</td>
</tr>
<tr>
<td>Bank withdrawal - counter</td>
<td>1%</td>
</tr>
<tr>
<td>Formal money transfer (money agent, Western Union)</td>
<td>1%</td>
</tr>
<tr>
<td>Informal money transfer (cash from friends, relatives)</td>
<td>2%</td>
</tr>
<tr>
<td>Mobile phone money transfer</td>
<td>1%</td>
</tr>
<tr>
<td>Hand to hand (from seller, employer, other person)</td>
<td>37%</td>
</tr>
<tr>
<td>No access to cash</td>
<td>54%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

86% of HHs reported having a child-friendly space in the community, of which 52% are operated by NGOs.

76% of HHs reported that their child has access to this place.

67% of HHs reported having a safe space in the community for girls and women, of which 43% are operated by NGOs.

76% of HHs reported that the women in their HH have access to this place.

**SHELTER & WASTE MANAGEMENT**

The average household reported 3.4 families sharing an accommodation. 8% of HHs reported being hosted by a relative, friend or close community member.

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

<table>
<thead>
<tr>
<th>Shelter Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None / Sleeping in the open space</td>
<td>0%</td>
</tr>
<tr>
<td>Collective shelter (mosque, school, other public building)</td>
<td>1%</td>
</tr>
</tbody>
</table>

63% 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.

*Percentages may not add up to 100 due to rounding.
MSNA Indicators for COVID-19

Borno State
BAYO LGA

ASSESSMENT SAMPLE

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

DEMOGRAPHIC HIGHLIGHTS

Average HH size: 5.9
Female-headed HHs: 7%
Child-headed HHs: 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 95%
2. Religious leader 48%
3. Friend / Family 26%

Top 3 means of receiving information trusted by HHs:1,2
1. In person / Face to face 70%
2. Radio 34%
3. Phone call (mobile phone) 30%

36% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 81%
2. Tie: RFI, Voice of America 19%
3. Peace FM 14%

% of HHs reporting listening to the radio during the following times:1,2
- Morning: 98%
- Mid-day: 12%
- Afternoon: 40%
- Evening: 65%

64% of HHs reported owning a cell phone, of which 14% had access to Internet or social media.

% of HHs reporting using the following networks:1,2
- MTN: 51%
- Airtel: 78%
- Glo / Elisalat: 4%
- No response / Don't know: 0%

36% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:3
- Less than 2 km: 47%
- Within 2-5 km: 24%
- More than 5 km: 30%
- No response / Don't know: 0%

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

First choice facility: 53%
Closest facility: 53%

Top 3 reported barriers to accessing health care:1
1. Medicine too expensive 53%
2. Health services too expensive 41%
3. No barrier 19%

% of HHs reported healthcare as their main priority need.

HHs reported spending an average of 1169 naira (3.25 dollars) for a consultation at the first facility they would go to for treatment.2,4

HHs reported an average cost of 1381 naira (3.84 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,4

3% of HHs reported health care as their main priority need.

Top 3 reported methods of support for healthcare:

- Direct provision of health services: 54%
- Direct provision of medicines: 4%
- Direct provision of transportation: 3%
- Cash for health service fees: 10%
- Cash for medicine: 6%
- Cash for transportation: 3%
- Mix of cash and provision of health services: 13%
- Mix of cash and provision of medicine: 4%
- Do not want support: 1%
- 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 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).

For more information on this factsheet, please contact reach.nigeria@reach-initiative.org

INTER-SECTOR WORKING GROUP

REACH informing more effective humanitarian action

REACH
### WATER, SANITATION & HYGIENE

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

1. Open well
2. Borehole
3. Surface water

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open well</td>
<td>42%</td>
</tr>
<tr>
<td>Borehole</td>
<td>36%</td>
</tr>
<tr>
<td>Surface water</td>
<td>32%</td>
</tr>
</tbody>
</table>

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

- None - at the HH: 11%
- Less than 15 min: 28%
- 15 min to 30 min: 21%
- More than 30 min: 40%
- No response / Don’t know: 0%

**To cope with water quantity issues:**

- 37% of HHs reported reducing water consumption for cleaning, bathing, and washing.
- 3% reported drinking water usually used for cleaning or other purposes.
- 1% reported receiving water on credit or borrowing water.

**% of respondents reporting hand washing:**

- Yes, with soap: 28%
- Yes, with sand or ash: 7%
- Yes, with water only: 62%
- No, do not wash hands: 3%
- No response / Don’t know: 0%

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

- Bar soap: 64%
- 10 liter bucket: 31%
- 10 liter basin: 39%

**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: 53%
- Cash transfer to buy WASH kits: 6%
- Mix of WASH kits provision and cash: 29%
- Vouchers to buy WASH kits: 0%
- Mix of WASH kits provision and vouchers: 12%
- Do not want support: 0%
- Other / No response / Don’t know: 0%

### FOOD SECURITY & LIVELIHOODS

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

- Purchased in local markets: 70%
- Markets located outside the community: 9%
- Own agriculture / Crop cultivation: 66%
- Food aid / Assistance from NGOs: 2%
- Food aid / Assistance from government: 0%

### PROTECTION

19% of HHs reported having a child-friendly space in the community, of which 1% are operated by NGOs. 0% of HHs reported that their child has access to this place.

14% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs. 100% of HHs reported that the women in their HH have access to this place.

### SHELTER & WASTE MANAGEMENT

The average household reported 2.6 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.
### ASSESSMENT SAMPLE

- HHs Interviewed: 146
  - IDP: 26
  - Returnee: 9
  - Non-displaced: 111

### COMMUNICATION

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

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

1. Community leader 80%
2. Religious leader 54%
3. Friend / Family 26%

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

1. In person / Face to face 61%
2. Phone call (mobile phone) 45%
3. Radio 35%

28% 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 27%
3. RFI 22%

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

- Morning 97%
- Mid-day 14%
- Afternoon 23%
- Evening 68%

70% of HHs reported owning a cell phone, of which 20% had access to Internet or social media.²

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

- MTN 78%
- Airtel 65%
- Glo / Elitasat 8%
- 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

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

% of HHs reporting distance to closest health facility: ³

- Less than 2 km 53%
- Within 2-5 km 29%
- More than 5 km 17%
- No response / Don’t know 0%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>55%</td>
</tr>
<tr>
<td>PHC</td>
<td>11%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>1%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>20%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>2%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>9%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 2508 naira (6.97 dollars) for a consultation at the first facility they would go to for treatment.²,⁴

HHs reported an average cost of 968 naira (2.69 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.²,⁴

0% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare: ¹

1. Medicine too expensive 67%
2. Health services too expensive 48%
3. Medicine not available 19%

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

Direct provision of health services: 55%
Direct provision of medicines: 4%
Direct provision of transportation: 1%
Cash for health service fees: 9%
Cash for medicine: 8%
Cash for transportation: 1%
Mix of cash and provision of health services: 19%
Mix of cash and provision of medicine: 4%
Do not want support: 0%
Other / No response / Don’t know: 0%

For more information on this factsheet, please contact reach.nigeria@reach-initiative.org
**WATER, SANITATION & HYGIENE**

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

1. Borehole 54%
2. Open well 36%
3. Mai moya 20%

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

<table>
<thead>
<tr>
<th>Time Needed</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - at the HH</td>
<td>16%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>41%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>27%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>16%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues:¹

40% of HHs reported reducing water consumption for cleaning, bathing and washing.
6% reported drinking water usually used for cleaning or other purposes.
3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

<table>
<thead>
<tr>
<th>Method of Hand Washing</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>29%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>7%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>60%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>4%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

20% 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

<table>
<thead>
<tr>
<th>Item</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar soap</td>
<td>56%</td>
</tr>
<tr>
<td>10 liter bucket</td>
<td>27%</td>
</tr>
<tr>
<td>10 liter basin</td>
<td>32%</td>
</tr>
</tbody>
</table>

0% of HHs reported water as their main priority need.

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

<table>
<thead>
<tr>
<th>Method of Support</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of WASH kits</td>
<td>44%</td>
</tr>
<tr>
<td>Cash transfer to buy WASH kits</td>
<td>6%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and cash</td>
<td>32%</td>
</tr>
<tr>
<td>Vouchers to buy WASH kits</td>
<td>1%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and vouchers</td>
<td>16%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

**FOOD SECURITY & LIVELIHOODS**

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

<table>
<thead>
<tr>
<th>Source of Food</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in local markets</td>
<td>73%</td>
</tr>
<tr>
<td>Markets located outside the community</td>
<td>18%</td>
</tr>
<tr>
<td>Own agriculture / Crop cultivation</td>
<td>59%</td>
</tr>
<tr>
<td>Food aid / Assistance from NGOs</td>
<td>0%</td>
</tr>
<tr>
<td>Food aid / Assistance from government</td>
<td>0%</td>
</tr>
</tbody>
</table>

54% of HHs reported purchasing food on credit or borrowing food.

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

- 3 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtime
- 2 days reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

65% 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 26%
3. Trade 15%

16% 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:

<table>
<thead>
<tr>
<th>Type of Access to Cash</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank withdrawal - ATM</td>
<td>12%</td>
</tr>
<tr>
<td>Bank withdrawal - counter</td>
<td>0%</td>
</tr>
<tr>
<td>Formal money transfer (money agent, Western Union)</td>
<td>1%</td>
</tr>
<tr>
<td>Informal money transfer (cash from friends, relatives)</td>
<td>13%</td>
</tr>
<tr>
<td>Mobile phone money transfer</td>
<td>0%</td>
</tr>
<tr>
<td>Hand to hand (from seller, employer, other person)</td>
<td>72%</td>
</tr>
<tr>
<td>No access to cash</td>
<td>2%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

**PROTECTION**

35% of HHs reported having a child-friendly space in the community, of which 14% are operated by NGOs.² 100% of HHs reported that their child has access to this place.²

24% of HHs reported having a safe space in the community for girls and women, of which 6% are operated by NGOs.² 86% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.9 families sharing an accommodation.² 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:

<table>
<thead>
<tr>
<th>Type of Shelter</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>None / Sleeping in the open space</td>
<td>0%</td>
</tr>
<tr>
<td>Collective shelter (mosque, school, other public building)</td>
<td>0%</td>
</tr>
</tbody>
</table>

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.
**Health**

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

% of HHs reporting distance to closest health facility:
- Less than 2 km: 71%
- Within 2-5 km: 18%
- More than 5 km: 10%
- No response / Don't know: 0%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>64%</td>
</tr>
<tr>
<td>PHC</td>
<td>20%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>2%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>9%</td>
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<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>4%</td>
</tr>
<tr>
<td>Wouldn't seek treatment</td>
<td>1%</td>
</tr>
<tr>
<td>Other / No response / Don't know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 3134 naira ($8.71) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 2177 naira ($6.05) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

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

**Demographic Highlights**

Average HH size: 6.3
- Female-headed HHs: 2%
- Child-headed HHs: 2%

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. Community leader: 81%
2. Religious leader: 66%
3. Friend / Family: 23%

Top 3 reported means of receiving information trusted by HHs:
1. In person / Face to face: 70%
2. Phone call (mobile phone): 51%
3. Radio: 45%

33% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC: 100%
2. Voice of America: 45%
3. RFI: 38%

% of HHs reporting listening to the radio during the following times:
- Morning: 100%
- Mid-day: 18%
- Afternoon: 18%
- Evening: 84%

67% of HHs reported owning a cell phone, of which 8% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN: 71%
- Airtel: 66%
- Glo / Etisalat: 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).
**WATER, SANITATION & HYGIENE**

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

1. Open well 57%
2. Borehole 42%
3. Mai moya 30%

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

- None - at the HH: 11%
- Less than 15 min: 15%
- 15 min to 30 min: 25%
- More than 30 min: 49%
- No response / Don’t know: 0%

To cope with water quantity issues:

- 44% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 3% reported drinking water usually used for cleaning or other purposes.
- 1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- Yes, with soap: 44%
- Yes, with sand or ash: 5%
- Yes, with water only: 50%
- No, do not wash hands: 1%
- No response / Don’t know: 0%

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

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

- Bar soap: 58%
- 10 liter bucket: 10 liter basin: 29%
- 10 liter basin: 40%

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

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

- Direct provision of WASH kits: 35%
- Cash transfer to buy WASH kits: 7%
- Mix of WASH kits provision and cash: 46%
- Vouchers to buy WASH kits: 0%
- Mix of WASH kits provision and vouchers: 12%
- Do not want support: 0%
- Other / No response / Don’t know: 0%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:

- Purchased in local markets: 70%
- Markets located outside the community: 10%
- Own agriculture / Crop cultivation: 74%
- Food aid / Assistance from NGOs: 0%
- Food aid / Assistance from government: 0%

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:

- 2 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtime
- 1 day reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

68% of HHs reported being in debt of money.

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

1. Agriculture 79%
2. Small business 12%
3. Casual labour 10%

29% of HHs reportedly resorted to begging to cope with the lack of income and 1% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM: 10%
- Bank withdrawal - counter: 0%
- Formal money transfer (money agent, Western Union): 1%
- Informal money transfer (cash from friends, relatives): 17%
- Mobile phone money transfer: 1%
- Hand to hand (from seller, employer, other person): 64%
- No access to cash: 7%
- Other / No response / Don’t know: 0%

**PROTECTION**

24% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs. 0% of HHs reported that their child has access to this place.

12% of HHs reported having a safe space in the community for girls and women, of which 2% are operated by NGOs. 72% of HHs reported that the women in their HH have access to this place.

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.5 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%
- Using dedicated on-site or public trash bins (collected by either waste management committee or public authorities): 0%

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:

- 2 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtime
- 1 day reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

68% of HHs reported being in debt of money.

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

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2. Small business 12%
3. Casual labour 10%

29% of HHs reportedly resorted to begging to cope with the lack of income and 1% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM: 10%
- Bank withdrawal - counter: 0%
- Formal money transfer (money agent, Western Union): 1%
- Informal money transfer (cash from friends, relatives): 17%
- Mobile phone money transfer: 1%
- Hand to hand (from seller, employer, other person): 64%
- No access to cash: 7%
- Other / No response / Don’t know: 0%

**PROTECTION**

24% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs. 0% of HHs reported that their child has access to this place.

12% of HHs reported having a safe space in the community for girls and women, of which 2% are operated by NGOs. 72% of HHs reported that the women in their HH have access to this place.

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.5 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%
- Using dedicated on-site or public trash bins (collected by either waste management committee or public authorities): 0%
MSNA Indicators for COVID-19

Borno State
DAMBOA LGA

ASSESSMENT SAMPLE

HHs Interviewed: 159
- IDP: 115
- Returnee: 24
- Non-displaced: 20

DEMOGRAPHIC HIGHLIGHTS

| Average HH size: 4.4 | Female-headed HHs: 0% | Child-headed HHs: 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. Community leader 89%
2. Religious leader 67%
3. Local government 36%

Top 3 reported means of receiving information trusted by HHs:
1. Radio 77%
2. In person / Face to face 37%
3. Phone call (mobile phone) 30%

59% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 98%
2. Dandal Kura 59%
3. BRTV 23%

% of HHs reporting listening to the radio during the following times:
- Morning 100%
- Mid-day 0%
- Afternoon 15%
- Evening 69%

42% of HHs reported owning a cell phone, of which 17% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN 1%
- Airtel 100%
- Glo / Etisalat 0%
- 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:
- Less than 2 km 71%
- Within 2-5 km 29%
- More than 5 km 1%
- No response / Don’t know 0%

Reported first choice health facility for treatment vs. closest health facility:
- Hospital 4% vs. 2%
- PHC 82% vs. 84%
- Mobile / Outreach clinic 8% vs. 8%
- Village outreach worker 0% vs. 1%
- Private doctor 1% vs. 1%
- Patent medicine store / Chemist 3% vs. 3%
- Traditional practitioner 0% vs. 0%
- Pharmacy / Dispensary 2% vs. 2%
- Wouldn’t seek treatment 0% vs. NA
- Other / No response / Don’t know 1% vs. 0%

HHs reported spending an average of 576 naira (1.60 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 179 naira (0.50 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:
1. No barrier 80%
2. Medicine too expensive 6%
3. Health facility unsafe 5%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 48%
- Direct provision of medicines 15%
- Direct provision of transportation 4%
- Cash for health service fees 10%
- Cash for medicine 1%
- Cash for transportation 2%
- Mix of cash and provision of health services 8%
- Mix of cash and provision of medicine 2%
- Do not want support 6%
- Other / No response / Don’t know 4%

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.
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For more information on this factsheet, please contact reach.nigeria@reach-initiative.org
**WATER, SANITATION & HYGIENE**

Top 3 reported sources of water most commonly used in the 30 days before data collection: 1
1. Borehole
2. Mai moya
3. Hand pump

% of HHs reporting time needed to collect water from main source:
- 9% None - at the HH
- 50% Less than 15 min
- 22% 15 min to 30 min
- 16% More than 30 min
- 3% No response / Don’t know

To cope with water quantity issues:
- 45% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 5% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 72% Yes, with soap
- 13% Yes, with sand or ash
- 13% Yes, with water only
- 1% No, do not wash hands
- 0% No response / Don’t know

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

% of HHs reporting needing the following items that they do not have:
- Bar soap
- 40%
- 10 liter bucket
- 13%
- 10 liter basin
- 17%

2% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:
- Direct provision of WASH kits 47%
- Cash transfer to buy WASH kits 14%
- Mix of WASH kits provision and cash 21%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 4%
- Do not want support 6%
- Other / No response / Don’t know 7%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:
- Purchased in local markets 61%
- Markets located outside the community 11%
- Own agriculture / Crop cultivation 30%
- Food aid / Assistance from NGOs 45%
- Food aid / Assistance from government 5%

70% 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:
- 1 day relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtimes
- 1 day 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.

To cope with food quantity issues:
- 61% 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.
- 11% of HHs reported using less preferred and cheaper food
- 30% of HHs reported reducing portion sizes at mealtimes
- 45% of HHs reported using less preferred and cheaper food
- 5% of HHs reported using less preferred and cheaper food

**PROTECTION**

41% of HHs reported having a child-friendly space in the community, of which 31% are operated by NGOs.

23% of HHs reportedly resorted to begging to cope with the lack of income and 16% engaged in dangerous or illegal work.

**SHELTER & WASTE MANAGEMENT**

The average household reported 3.5 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%

81% 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.
**COMMUNICATION**

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

Top 3 reported sources of reliable information trusted by HHs:1,2
1. Community leader 88%
2. Religious leader 51%
3. INGO 37%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 56%
2. Radio 55%
3. Loudspeaker 29%

24% 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 36%
3. RFI 35%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 95%
- Mid-day 16%
- Afternoon 69%
- Evening 79%

12% of HHs reported owning a cell phone, of which 14% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 16%
- Airtel 49%
- Glo / Etisalat 25%
- No response / Don’t know 23%

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**HEALTH**

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

% of HHs reporting distance to closest health facility:
- Less than 2 km: 81%
- Within 2-5 km: 17%
- More than 5 km: 1%
- No response / Don’t know: 1%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>32%</td>
</tr>
<tr>
<td>PHC</td>
<td>20%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>44%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>1%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>1%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>1%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>NA</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 32 naira (0.09 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 23 naira (0.06 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:4
1. No barrier 83%
2. Explosives 6%
3. Health facility unsafe 5%

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

- Direct provision of health services 29%
- Direct provision of medicines 13%
- Direct provision of transportation 6%
- Cash for health service fees 4%
- Cash for medicine 1%
- Cash for transportation 4%
- Mix of cash and provision of health services 31%
- Mix of cash and provision of medicine 9%
- Do not want support 4%
- Other / No response / Don’t know 0%

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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 62%
2. Public tap 48%
3. Hand pump 33%

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

- 8% None - at the HH
- 26% Less than 15 min
- 24% 15 min to 30 min
- 41% More than 30 min
- 1% No response / Don't know

To cope with water quantity issues:\(^1\)

- 54% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 5% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:\(^4\)

- 64% Yes, with soap
- 8% Yes, with sand or ash
- 25% Yes, with water only
- 4% No, do not wash hands
- 0% No response / Don’t know

16% 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 70%
- 10 liter bucket 33%
- 10 liter basin 29%

0% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 31%
- Cash transfer to buy WASH kits 16%
- Mix of WASH kits provision and cash 30%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 15%
- Do not want support 6%
- Other / No response / Don’t know 0%

## FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:\(^1\)

- Purchased in local markets 28%
- Markets located outside the community 5%
- Own agriculture / Crop cultivation 8%
- Food aid / Assistance from NGOs 78%
- Food aid / Assistance from government 2%

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:

- 2 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 2 days limiting portion sizes at mealtime
- 1 day reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

35% of HHs reported being in debt of money.

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

1. No income 53%
2. Small business 20%
3. Agriculture 15%

30% of HHs reportedly resorted to begging to cope with the lack of income and 10% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM 0%
- Bank withdrawal - counter 1%
- Formal money transfer (money agent, Western Union) 1%
- Informal money transfer (cash from friends, relatives) 0%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 45%
- No access to cash 51%
- Other / No response / Don’t know 1%

## PROTECTION

56% of HHs reported having a child-friendly space in the community, of which 53% are operated by NGOs.\(^2\)

84% of HHs reported that their child has access to this place.\(^2\)

50% of HHs reported having a safe space in the community for girls and women, of which 47% 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 2.8 families sharing an accommodation.\(^8\)

8% 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%
- 79% 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.

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\(^1\) Percentages may not add up to 100 due to rounding.

\(^2\) HHs = Households
MSNA Indicators for COVID-19

Borno State
GUBIO LGA

ASSSESSMENT SAMPLE

HHs Interviewed: 139
- IDP: 35
- Returnee: 81
- Non-displaced: 23

DEMOGRAPHIC HIGHLIGHTS

Average Female-headed Child-headed
HH size: HHs: HHs:
6.8  9%  8%

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:¹ ²
1. Community leader 84%
2. Religious leader 56%
3. Military 22%

Top 3 reported means of receiving information trusted by HHs:¹ ²
1. In person / Face to face 61%
2. Phone call (mobile phone) 51%
3. Radio 44%

21% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:¹ ²
1. BBC 100%
2. Dandal Kura 28%
3. RFI 26%

% of HHs reporting listening to the radio during the following times:¹ ²
Morning 82%
Mid-day 28%
Afternoon 32%
Evening 64%

70% 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 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.
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HEALTH

18% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

- Less than 2 km 60%
- Within 2-5 km 34%
- More than 5 km 4%
- No response / Don’t know 2%

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

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<thead>
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</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>5%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>2%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 985 naira (2.74 dollars) for a consultation at the first facility they would go to for treatment.²³

HHs reported an average cost of 845 naira (2.35 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.²³

2% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:¹
1. No barrier 46%
2. Medicine too expensive 37%
3. Health services too expensive 31%

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

Direct provision of health services 26%
Direct provision of medicines 21%
Direct provision of transportation 2%
Cash for health service fees 9%
Cash for medicine 1%
Cash for transportation 2%
Mix of cash and provision of health services 29%
Mix of cash and provision of medicine 9%
Do not want support 0%
Other / No response / Don’t know 1%

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

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¹ For more information on this factsheet, please contact reach.nigeria@reach-initiative.org

INTER-SECTOR WORKING GROUP

INTER-SECTOR WORKING GROUP

REACH
Informing more effective humanitarian action

REACH
Informing more effective humanitarian action
WATER, SANITATION & HYGIENE

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

1. Borehole 86%
2. Public tap 23%
3. Mai moya 17%

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

- 9% None - at the HH
- 35% Less than 15 min
- 19% 15 min to 30 min
- 37% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:

- 52% of HHs reported reducing water consumption for cleaning, bathing, and washing.
- 2% reported drinking water usually used for cleaning or other purposes.
- 12% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 78% Yes, with soap
- 6% Yes, with sand or ash
- 13% Yes, with water only
- 3% No, do not wash hands
- 0% No response / Don’t know

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

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

- Bar soap 74%
- 10 liter bucket 41%
- 10 liter basin 65%

2% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 38%
- Cash transfer to buy WASH kits 10%
- Mix of WASH kits provision and cash 25%
- Vouchers to buy WASH kits 8%
- Mix of WASH kits provision and vouchers 20%
- Do not want support 0%
- Other / No response / Don’t know 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
- 2 days 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. Agriculture 58%
2. Trade 33%
3. Small business 28%

14% of HHs reportedly resorted to begging to cope with the lack of income and 2% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM 2%
- Bank withdrawal - counter 2%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 1%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 65%
- No access to cash 29%
- Other / No response / Don’t know 1%

PROTECTION

18% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

9% of HHs reported having a safe space in the community for girls and women, of which 1% are operated by NGOs.

SHELTER & WASTE MANAGEMENT

The average household reported 3.3 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%

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**

**Borno State**

**GWOZA LGA**

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### ASSESSMENT SAMPLE

- HHs Interviewed: 166
  - IDP: 64
  - Returnee: 75
  - Non-displaced: 27

### DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4</td>
<td>12%</td>
<td>6%</td>
</tr>
</tbody>
</table>

### 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. Community leader 82%
2. Religious leader 45%
3. Friend / Family 20%

Top 3 reported means of receiving information trusted by HHs:

1. Radio 79%
2. In person / Face to face 47%
3. Phone call (mobile phone) 27%

53% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:

1. BBC 100%
2. Voice of America 17%
3. RFI 10%

% of HHs reporting listening to the radio during the following times:

- Morning: 70%
- Mid-day: 26%
- Afternoon: 33%
- Evening: 55%

32% of HHs reported owning a cell phone, of which 26% had access to Internet or social media.

% of HHs reporting using the following networks:

- MTN 20%
- Airtel 45%
- Glo / Etisalat 75%
- 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:

- Less than 2 km: 68%
- Within 2-5 km: 19%
- More than 5 km: 13%
- No response / Don’t know: 1%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital: 62%</td>
<td>36%</td>
</tr>
<tr>
<td>PHC: 30%</td>
<td>37%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic: 3%</td>
<td>19%</td>
</tr>
<tr>
<td>Village outreach worker: 0%</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor: 2%</td>
<td>2%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist: 1%</td>
<td>1%</td>
</tr>
<tr>
<td>Traditional practitioner: 0%</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary: 2%</td>
<td>2%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment: 0%</td>
<td>NA</td>
</tr>
<tr>
<td>Other / No response / Don’t know: 0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 188 naira (0.52 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 266 naira (0.74 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:

1. No barrier: 74%
2. Medicine not available: 8%
3. Health facility unsafe: 7%

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

- Direct provision of health services: 28%
- Direct provision of medicines: 14%
- Direct provision of transportation: 3%
- Cash for health service fees: 14%
- Cash for medicine: 5%
- Cash for transportation: 1%
- Mix of cash and provision of health services: 24%
- Mix of cash and provision of medicine: 11%
- 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).
**WATER, SANITATION & HYGIENE**

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

1. Borehole 66%
2. Public tap 29%
3. Hand pump 21%

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

<table>
<thead>
<tr>
<th>Time Needed</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - at the HH</td>
<td>6%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>43%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>14%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>37%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues:¹

20% 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:

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>59%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>7%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>32%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>1%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

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 40%
- 10 liter bucket 7%
- 10 liter basin 3%

15% of HHs reported water as their main priority need.

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of WASH kits</td>
<td>29%</td>
</tr>
<tr>
<td>Cash transfer to buy WASH kits</td>
<td>15%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and cash</td>
<td>44%</td>
</tr>
<tr>
<td>Vouchers to buy WASH kits</td>
<td>2%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and vouchers</td>
<td>10%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 25%
- Markets located outside the community 7%
- Own agriculture / Crop cultivation 6%
- Food aid / Assistance from NGOs 77%
- Food aid / Assistance from government 4%

**PROTECTION**

52% of HHs reported having a child-friendly space in the community, of which 36% are operated by NGOs.² 86% of HHs reported that their child has access to this place.²

34% of HHs reported having a safe space in the community for girls and women, of which 24% are operated by NGOs.² 78% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.6 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%

55% 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.
**ASSESSMENT SAMPLE**

HHs Interviewed: 115
- IDP: 15
- Returnee: 22
- Non-displaced: 78

**DEMOGRAPHIC HIGHLIGHTS**

| Average HH size: 6.4 | Female-headed HHs: 0% | Child-headed HHs: 0% |

**COMMUNICATION**

HHs reported that the preferred language for receiving written communications was Bura 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 58%
3. Friend / Family 30%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 66%
2. Radio 51%
3. Phone call (mobile phone) 40%

46% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 91%
2. RFI 28%
3. Voice of America 25%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 94%
- Mid-day 11%
- Afternoon 15%
- Evening 77%

66% of HHs reported owning a cell phone, of which 12% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 79%
- Airtel 53%
- Glo / Etisalat 21%
- 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.

**HEALTH**

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

% of HHs reporting distance to closest health facility:
- Less than 2 km: 43%
- Within 2-5 km: 18%
- More than 5 km: 38%
- No response / Don’t know: 1%

Reported first choice health facility for treatment vs. closest health facility:
- First choice facility
  - Hospital: 61%
  - PHC: 9%
  - Mobile / Outreach clinic: 0%
  - Village outreach worker: 0%
  - Private doctor: 0%
  - Patent medicine store / Chemist: 20%
  - Traditional practitioner: 1%
  - Pharmacy / Dispensary: 9%
  - Wouldn’t seek treatment: 0%
  - Other / No response / Don’t know: 0%
- Closest facility
  - Hospital: 61%
  - PHC: 9%
  - Mobile / Outreach clinic: 0%
  - Village outreach worker: 0%
  - Private doctor: 0%
  - Patent medicine store / Chemist: 17%
  - Traditional practitioner: 2%
  - Pharmacy / Dispensary: 10%
  - Wouldn’t seek treatment: NA
  - Other / No response / Don’t know: 0%

HHs reported spending an average of 1953 naira (5.42 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 2430 naira (6.75 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 60%
2. Health services too expensive 50%
3. Health facility too far 24%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 37%
- Direct provision of medicines 13%
- Direct provision of transportation 2%
- Cash for health service fees 13%
- Cash for medicine 8%
- Cash for transportation 2%
- Mix of cash and provision of health services 21%
- 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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open well</td>
<td>51%</td>
</tr>
<tr>
<td>Borehole</td>
<td>48%</td>
</tr>
<tr>
<td>Mai moya</td>
<td>15%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - at the HH</td>
<td>12%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>28%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>32%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>29%</td>
</tr>
<tr>
<td>No response / Don't know</td>
<td>0%</td>
</tr>
</tbody>
</table>

#### To cope with water quantity issues:¹

34% of HHs reported reducing water consumption for cleaning, bathing and washing. 0% reported drinking water usually used for cleaning or other purposes. 2% reported receiving water on credit or borrowing water.

#### % of respondents reporting hand washing:

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>30%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>9%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>56%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>5%</td>
</tr>
<tr>
<td>No response / Don't know</td>
<td>0%</td>
</tr>
</tbody>
</table>

16% 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:³

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar soap</td>
<td>67%</td>
</tr>
<tr>
<td>10 liter bucket</td>
<td>22%</td>
</tr>
<tr>
<td>10 liter basin</td>
<td>32%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of WASH kits</td>
<td>39%</td>
</tr>
<tr>
<td>Cash transfer to buy WASH kits</td>
<td>5%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and cash</td>
<td>41%</td>
</tr>
<tr>
<td>Vouchers to buy WASH kits</td>
<td>2%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and vouchers</td>
<td>13%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don't know</td>
<td>0%</td>
</tr>
</tbody>
</table>

### FOOD SECURITY & LIVELIHOODS

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in local markets</td>
<td>79%</td>
</tr>
<tr>
<td>Markets located outside the community</td>
<td>8%</td>
</tr>
<tr>
<td>Own agriculture / Crop cultivation</td>
<td>70%</td>
</tr>
<tr>
<td>Food aid / Assistance from NGOs</td>
<td>0%</td>
</tr>
<tr>
<td>Food aid / Assistance from government</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

59% of HHs reported purchasing food on credit or borrowing food. Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relying on less preferred and cheaper food</td>
<td>3</td>
</tr>
<tr>
<td>Borrowing or relying on food from friends or relatives</td>
<td>1</td>
</tr>
<tr>
<td>Limiting portion sizes at mealtime</td>
<td>2</td>
</tr>
<tr>
<td>Reducing number of meals eaten in a day</td>
<td>1</td>
</tr>
<tr>
<td>Restricting consumption by adults in order for children to eat</td>
<td>1</td>
</tr>
</tbody>
</table>

63% of HHs reported being in debt of money.

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td>76%</td>
</tr>
<tr>
<td>Small business</td>
<td>16%</td>
</tr>
<tr>
<td>Livestock</td>
<td>11%</td>
</tr>
</tbody>
</table>

21% 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:

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank withdrawal - ATM</td>
<td>9%</td>
</tr>
<tr>
<td>Bank withdrawal - counter</td>
<td>1%</td>
</tr>
<tr>
<td>Formal money transfer (money agent, Western Union)</td>
<td>2%</td>
</tr>
<tr>
<td>Informal money transfer (cash from friends, relatives)</td>
<td>10%</td>
</tr>
<tr>
<td>Mobile phone money transfer</td>
<td>0%</td>
</tr>
<tr>
<td>Hand to hand (from seller, employer, other person)</td>
<td>71%</td>
</tr>
<tr>
<td>No access to cash</td>
<td>7%</td>
</tr>
<tr>
<td>Other / No response / Don't know</td>
<td>0%</td>
</tr>
</tbody>
</table>

68% of HHs reported that the women in their HH have access to this place.²

### PROTECTION

17% of HHs reported having a child-friendly space in the community, of which 1% are operated by NGOs.² 0% 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 3% are operated by NGOs.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:

<table>
<thead>
<tr>
<th>Type of shelter</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None / Sleeping in the open space</td>
<td>0%</td>
</tr>
<tr>
<td>Collective shelter (mosque, school, other public building)</td>
<td>0%</td>
</tr>
</tbody>
</table>

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**

**ASSESSMENT SAMPLE**
- HHs Interviewed: 159
  - IDP: 48
  - Returnee: 2
  - Non-displaced: 109

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average HH size</th>
<th>Female-headed HHs</th>
<th>Child-headed HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.5</td>
<td>0%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**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. Community leader 71%
2. Religious leader 51%
3. INGO 24%

Top 3 reported means of receiving information trusted by HHs:
1. In person / Face to face 80%
2. Radio 39%
3. Phone call (mobile phone) 37%

44% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 84%
2. BRTV 54%
3. Peace FM 42%

% of HHs reporting listening to the radio during the following times:
- Morning 94%
- Mid-day 38%
- Afternoon 37%
- Evening 80%

77% of HHs reported owning a cell phone, of which 24% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN 70%
- Airtel 65%
- Glo / Elitelat 8%
- 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:
- Less than 2 km 46%
- Within 2-5 km 38%
- More than 5 km 17%
- No response / Don’t know 0%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>56%</td>
</tr>
<tr>
<td>PHC</td>
<td>17%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>7%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>13%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>7%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 737 naira (2.05 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 603 naira (1.67 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:
1. Medicine too expensive 49%
2. No barrier 31%
3. Health services too expensive 29%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 45%
- Direct provision of medicines 7%
- Direct provision of transportation 0%
- Cash for health service fees 11%
- Cash for medicine 8%
- Cash for transportation 1%
- Mix of cash and provision of health services 16%
- Mix of cash and provision of medicine 11%
- 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).

For more information on this factsheet, please contact reach.nigeria@reach-initiative.org
**WATER, SANITATION & HYGIENE**

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

1. Borehole 66%
2. Mai moya 47%
3. Public tap 13%

% of HHs reporting time needed to collect water from main source:²

- None - at the HH 13%
- Less than 15 min 45%
- 15 min to 30 min 23%
- More than 30 min 20%
- No response / Don’t know 0%

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.

6% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:³

- Yes, with soap 25%
- Yes, with sand or ash 3%
- Yes, with water only 72%
- No, do not wash hands 1%
- No response / Don’t know 0%

6% 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 31%
- 10 liter basin 34%

0% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 46%
- Cash transfer to buy WASH kits 2%
- Mix of WASH kits provision and cash 38%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 13%
- 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 93%
- Markets located outside the community 15%
- Own agriculture / Crop cultivation 2%
- Food aid / Assistance from NGOs 10%
- Food aid / Assistance from government 4%

59% of HHs reported purchasing food on credit or borrowing food.

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

- 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

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. Small business 48%
2. Casual labour 18%
3. Trade 18%

23% 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 13%
- Bank withdrawal - counter 4%
- 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) 73%
- No access to cash 2%
- Other / No response / Don’t know 0%

**PROTECTION**

32% of HHs reported having a child-friendly space in the community, of which 8% are operated by NGOs.² 82% 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 5% are operated by NGOs.² 90% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 3 families sharing an accommodation.

3% of HHs reported being hosted by a relative, friend or close community member.

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

- None / Sleeping in the open space 0%
- Collective shelter (mosque, school, other public building) 0%
- Using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) 36%

(30 days before data collection)
**MSNA Indicators for COVID-19**

**Borno State**

**KAGA LGA**

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### ASSESSMENT SAMPLE

- HHs Interviewed: 149
  - IDP: 28
  - Returnee: 98
  - Non-displaced: 23

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### HEALTH

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

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

- **57%** Less than 2 km
- **23%** Within 2-5 km
- **20%** More than 5 km
- **0%** No response / Don’t know

---

### DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

---

### COMMUNICATION

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

**Top 3 reported sources of reliable information trusted by HHs:**

1. Community leader 82%
2. Religious leader 69%
3. Friend / Family 35%

**Top 3 reported means of receiving information trusted by HHs:**

1. In person / Face to face 63%
2. Phone call (mobile phone) 55%
3. Radio 40%

**24%** of HHs reported owning a radio.

**Top 3 reported radio stations listened to by the HHs:**

1. BBC 84%
2. BRTV 26%
3. Peace FM 19%

**% of HHs reporting the following times:**

- Morning 75%
- Mid-day 22%
- Afternoon 34%
- Evening 92%

**69%** of HHs reported owning a cell phone, of which **13%** had access to Internet or social media.

**% of HHs reporting the following networks:**

- MTN 36%
- Airtel 62%
- Glo / Etisalat 12%
- 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).

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For more information on this factsheet, please contact reach.nigeria@reach-initiative.org
WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:¹
1. Borehole 75%
2. Mai moya 25%
3. Public tap 20%

% of HHs reporting time needed to collect water from main source:
- 11% None - at the HH
- 39% Less than 15 min
- 30% 15 min to 30 min
- 19% More than 30 min
- 1% 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.
- 14% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 48% Yes, with soap
- 3% Yes, with sand or ash
- 45% Yes, with water only
- 2% No, do not wash hands
- 2% No response / Don’t know

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 69%
- 10 liter bucket 35%
- 10 liter basin 49%

0% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:
- Direct provision of WASH kits 35%
- Cash transfer to buy WASH kits 8%
- Mix of WASH kits provision and cash 31%
- Vouchers to buy WASH kits 4%
- Mix of WASH kits provision and vouchers 21%
- Do not want support 2%
- 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 10%
- Own agriculture / Crop cultivation 46%
- Food aid / Assistance from NGOs 5%
- Food aid / Assistance from government 2%

59% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 4 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

73% 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. Small business 29%
3. Trade 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 3%
- Bank withdrawal - counter 0%
- 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) 66%
- No access to cash 24%
- Other / No response / Don’t know 0%

PROTECTION

17% of HHs reported having a child-friendly space in the community, of which 7% are operated by NGOs.³ 86% of HHs reported that their child has access to this place.²

12% of HHs reported having a safe space in the community for girls and women, of which 8% are operated by NGOs.³ 84% of HHs reported that the women in their HH have access to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported 2.4 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%

45% 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

KALA / BALGE LGA

ASSESSMENT SAMPLE

HHs Interviewed: 116
- IDP: 36
- Returnee: 79
- Non-displaced: 1

DEMOGRAPHIC HIGHLIGHTS

Average HH size: 4.4
Female-headed HHs: NA
Child-headed HHs: 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 38%
2. United Nations 33%
3. INGO 31%

Top 3 reported means of receiving information trusted by HHs: 1, 2
1. Radio 67%
2. Phone call (mobile phone) 48%
3. Information desks in camps 37%

36% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs: 1, 2
1. BBC 100%
2. Lafiya Dole 36%
3. ABBC Yola FM 23%

% of HHs reporting listening to the radio during the following times: 1, 2
Morning 98%
Mid-day 9%
Afternoon 55%
Evening 41%

53% of HHs reported owning a cell phone, of which 48% had access to Internet or social media. 2

% of HHs reporting using the following networks: 1, 2
MTN 48%
Airtel 1%
Glo / Etisalat 0%
No response / Don’t know 77%

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

% of HHs reporting distance to closest health facility:
- Less than 2 km 84%
- Within 2-5 km 9%
- More than 5 km 3%
- No response / Don’t know 4%

Reported first choice health facility for treatment vs. closest health facility:
Hospital 66% 65%
PHC 13% 13%
Mobile / Outreach clinic 16% 20%
Village outreach worker 0% 1%
Private doctor 0% 0%
Patent medicine store / Chemist 1% 1%
Traditional practitioner 0% 0%
Pharmacy / Dispensary 0% 1%
Wouldn’t seek treatment 1% NA
Other / No response / Don’t know 0% 0%

HHs reported spending an average of 600 naira (1.67 dollars) for a consultation at the first facility they would go to for treatment. 2, 3
HHs reported an average cost of 644 naira (1.79 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. No barrier 80%
2. Medicine not available 7%
3. Health facility unsafe 7%

% of HHs reporting the following preferred methods of support for healthcare:
Direct provision of health services 15%
Direct provision of medicines 6%
Direct provision of transportation 4%
Cash for health service fees 4%
Cash for medicine 27%
Cash for transportation 3%
Mix of cash and provision of health services 29%
Mix of cash and provision of medicine 6%
Do not want support 5%
Other / No response / Don’t know 1%

For more information on this factsheet, please contact reach.nigeria@reach-initiative.org
**WATER, SANITATION & HYGIENE**

Top 3 reported sources of water most commonly used in the 30 days before data collection:  
1. Hand pump 90%  
2. Borehole 37%  
3. Public tap 7%

% of HHs reporting time needed to collect water from main source:  
- 3% None - at the HH  
- 43% Less than 15 min  
- 16% 15 min to 30 min  
- 36% More than 30 min  
- 2% No response / Don’t know

To cope with water quantity issues:  
- 43% of HHs reported reducing water consumption for cleaning, bathing and washing.  
- 1% reported drinking water usually used for cleaning or other purposes.  
- 46% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:  
- 63% Yes, with soap  
- 3% Yes, with sand or ash  
- 34% Yes, with water only  
- 0% No, do not wash hands  
- 0% No response / Don’t know

29% of respondents reported not washing their hands on the day before data collection.

% of HHs reporting needing the following items that they do not have:  
- Bar soap 67%  
- 10 liter bucket 23%  
- 10 liter basin 51%

% of HHs reporting the following preferred methods of support for WASH:  
- Direct provision of WASH kits 8%  
- Cash transfer to buy WASH kits 6%  
- Mix of WASH kits provision and cash 38%  
- Vouchers to buy WASH kits 1%  
- Mix of WASH kits provision and vouchers 42%  
- Do not want support 5%  
- Other / No response / Don’t know 1%

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  
- 2 days borrowing or relying on food from friends or relatives  
- 1 day limiting portion sizes at mealtime  
- 3 days reducing number of meals eaten in a day  
- 1 day restricting consumption by adults in order for children to eat

69% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:  
1. No income 56%  
2. Agriculture 39%  
3. Trade 16%

8% of HHs reportedly resorted to begging to cope with the lack of income and 45% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:  
- Bank withdrawal - ATM 6%  
- Bank withdrawal - counter 0%  
- Formal money transfer (money agent, Western Union) 1%  
- Informal money transfer (cash from friends, relatives) 7%  
- Mobile phone money transfer 0%  
- Hand to hand (from seller, employer, other person) 70%  
- No access to cash 15%  
- Other / No response / Don’t know 1%

**PROTECTION**

71% of HHs reported having a child-friendly space in the community, of which 25% are operated by NGOs.  
89% of HHs reported that their child has access to this place.

28% of HHs reported having a safe space in the community for girls and women, of which 20% are operated by NGOs.  
92% of HHs reported that the women in their HH have access to this place.

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.2 families sharing an accommodation.  
32% 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%  

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.
MSNA Indicators for COVID-19

Borno State
KONDUGA LGA

ASSESSMENT SAMPLE

<table>
<thead>
<tr>
<th>HHs Interviewed</th>
<th>132</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP</td>
<td>45</td>
</tr>
<tr>
<td>- Returnee</td>
<td>24</td>
</tr>
<tr>
<td>- Non-displaced</td>
<td>63</td>
</tr>
</tbody>
</table>

DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average HH size</th>
<th>6.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed HHs</td>
<td>7%</td>
</tr>
<tr>
<td>Child-headed HHs</td>
<td>1%</td>
</tr>
</tbody>
</table>

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 84%
2. Religious leader 57%
3. Friend / Family 36%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 90%
2. Phone call (mobile phone) 32%
3. Community events 26%

25% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 86%
2. BRTV 40%
3. Peace FM 36%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 96%
- Mid-day 17%
- Afternoon 24%
- Evening 79%

66% 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 50%
- Airtel 81%
- Glo / Etisalat 8%
- No response / Don’t know 0%

HEALTH

% of HHs reporting distance to closest health facility:
- Less than 2 km 58%
- Within 2-5 km 33%
- More than 5 km 9%
- No response / Don’t know 0%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>41%</td>
</tr>
<tr>
<td>PHC</td>
<td>31%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>19%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>1%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>8%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>1%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 897 naira (2.49 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 760 naira (2.11 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. No barrier 58%
2. Medicine too expensive 18%
3. Health services too expensive 15%

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

<table>
<thead>
<tr>
<th>Method of support for healthcare</th>
<th>35%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of health services</td>
<td></td>
</tr>
<tr>
<td>Direct provision of medicines</td>
<td></td>
</tr>
<tr>
<td>Direct provision of transportation</td>
<td></td>
</tr>
<tr>
<td>Cash for health service fees</td>
<td></td>
</tr>
<tr>
<td>Cash for medicine</td>
<td></td>
</tr>
<tr>
<td>Cash for transportation</td>
<td></td>
</tr>
<tr>
<td>Mix of cash and provision of health services</td>
<td></td>
</tr>
<tr>
<td>Mix of cash and provision of medicine</td>
<td></td>
</tr>
<tr>
<td>Do not want support</td>
<td></td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td></td>
</tr>
</tbody>
</table>

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).

For more information on this factsheet, please contact reach.nigeria@reach-initiative.org

INTER-SECTOR WORKING GROUP

REACH: Inherning more effective humanitarian action
**WATER, SANITATION & HYGIENE**

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

1. Borehole  
2. Mai moya  
3. Hand pump  
55%  
27%  
18%

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

- 15% None - at the HH
- 40% Less than 15 min
- 21% 15 min to 30 min
- 24% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:¹

- 29% 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:

- 73% Yes, with soap
- 4% Yes, with sand or ash
- 3% Yes, with water only
- 3% No, do not wash hands
- 0% No response / Don’t know

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 70%
- 10 liter bucket 44%
- 10 liter basin 50%

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 45%
- Cash transfer to buy WASH kits 6%
- Mix of WASH kits provision and cash 39%
- Vouchers to buy WASH kits 2%
- 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 80%
- Markets located outside the community 5%
- Own agriculture / Crop cultivation 34%
- Food aid / Assistance from NGOs 38%
- Food aid / Assistance from government 1%

44% 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

65% 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 32%
2. Small business 31%
3. Casual labour 19%

20% 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 8%
- Bank withdrawal - counter 1%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 11%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 76%
- No access to cash 4%
- Other / No response / Don’t know 0%

**PROTECTION**

37% of HHs reported having a child-friendly space in the community, of which 27% are operated by NGOs.² 75% of HHs reported that their child has access to this place.²

24% of HHs reported having a safe space in the community for girls and women, of which 18% are operated by NGOs.² 98% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.2 families sharing an accommodation.² 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%

16% 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**

**Borno State**

**KWAYA KUSAR LGA**

**ASSESSMENT SAMPLE**

<table>
<thead>
<tr>
<th>HHs Interviewed</th>
<th>IDP</th>
<th>Returnee</th>
<th>Non-displaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td>4</td>
<td>0</td>
<td>97</td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC HIGHLIGHTS**

- **Average HH size:** 6.4
- **Female-headed HHs:** 3%
- **Child-headed HHs:** 3%

**COMMUNICATION**

- HHS reported that the preferred language for receiving written communications was **Bura** and the preferred language for receiving spoken communications was **Hausa**.

**Top 3 reported radio stations listened to by the HHS:**
1. **BBC**
2. **Voice of America**
3. **RFI**

**Percentage of HHs reporting having at least one chronically ill member:** 8%

**Percentage of HHs reporting distance to closest health facility:**
- **Less than 2 km:** 60%
- **Within 2-5 km:** 20%
- **More than 5 km:** 17%
- **No response / Don’t know:** 2%

**First choice health facility vs. closest health facility:**
- **Hospital:** 65%
- **PHC:** 7%
- **Mobile / Outreach clinic:** 0%
- **Village outreach worker:** 0%
- **Private doctor:** 0%
- **Pharmaceutical store / Chemist:** 12%
- **Traditional practitioner:** 10%
- **Pharmacy / Dispensary:** 6%
- **Wouldn’t seek treatment:** 0%
- **Other / No response / Don’t know:** 0%

**Average cost of access to the nearest health services in terms of transportation, lodging or other non drug-related expenses:** 1538 naira (4.27 dollars)

**Average cost of consultation at the first facility they would go to for treatment:** 2604 naira (7.23 dollars)

**Average HH size:** 6.4

**% of HHs reporting owning a cell phone:** 71%

**% of HHs reporting owning a radio:** 34%

**% of HHs reporting listening to the radio during the following times:**
- Morning: 100%
- Mid-day: 18%
- Afternoon: 24%
- Evening: 82%

**% of HHs reporting using the following networks:**
- **MTN:** 51%
- **Airtel:** 75%
- **Glo / Etisalat:** 14%
- **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 40%
2. Open well 39%
3. Sealed well 12%

% of HHs reporting time needed to collect water from main source: 2

<table>
<thead>
<tr>
<th>Time Needed</th>
<th>HHs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - at the HH</td>
<td>24%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>29%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>32%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>14%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues: 1

30% of HHs reported reducing water consumption for cleaning, bathing and washing.

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

1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

<table>
<thead>
<tr>
<th>Method Used</th>
<th>HHs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>27%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>7%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>60%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>6%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

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: 3

<table>
<thead>
<tr>
<th>Item</th>
<th>HHs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar soap</td>
<td>57%</td>
</tr>
<tr>
<td>10 liter bucket</td>
<td>27%</td>
</tr>
<tr>
<td>10 liter basin</td>
<td>36%</td>
</tr>
</tbody>
</table>

9% of HHs reported water as their main priority need.

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

<table>
<thead>
<tr>
<th>Method of Support</th>
<th>HHs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of WASH kits</td>
<td>42%</td>
</tr>
<tr>
<td>Cash transfer to buy WASH kits</td>
<td>6%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and cash</td>
<td>32%</td>
</tr>
<tr>
<td>Vouchers to buy WASH kits</td>
<td>0%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and vouchers</td>
<td>16%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>1%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>3%</td>
</tr>
</tbody>
</table>

42% of HHs reported purchasing food on credit or borrowing food.

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

- 2 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtime
- 1 day reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

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 81%
2. Small business 23%
3. Livestock 10%

15% 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:

<table>
<thead>
<tr>
<th>Access to Cash</th>
<th>HHs Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank withdrawal - ATM</td>
<td>10%</td>
</tr>
<tr>
<td>Bank withdrawal - counter</td>
<td>0%</td>
</tr>
<tr>
<td>Formal money transfer (money agent, Western Union)</td>
<td>0%</td>
</tr>
<tr>
<td>Informal money transfer (cash from friends, relatives)</td>
<td>11%</td>
</tr>
<tr>
<td>Mobile phone money transfer</td>
<td>0%</td>
</tr>
<tr>
<td>Hand to hand (from seller, employer, other person)</td>
<td>77%</td>
</tr>
<tr>
<td>No access to cash</td>
<td>2%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

28% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs. 0% of HHs reported that their child has access to this place. 2

17% of HHs reported having a safe space in the community for girls and women, of which 1% are operated by NGOs. 100% of HHs reported that the women in their HH have access to this place. 2

**PROTECTION**

28% 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
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- 1 day reducing number of meals eaten in a day
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<table>
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<tr>
<td>Bank withdrawal - ATM</td>
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</tr>
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<td>Mobile phone money transfer</td>
<td>0%</td>
</tr>
<tr>
<td>Hand to hand (from seller, employer, other person)</td>
<td>77%</td>
</tr>
<tr>
<td>No access to cash</td>
<td>2%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.3 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.
**ASSESSMENT SAMPLE**

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>217</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>109</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>69</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>39</td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th></th>
<th>Average HH size: 5.4</th>
<th>Female-headed HHs: 2%</th>
<th>Child-headed HHs: 1%</th>
</tr>
</thead>
</table>

**COMMUNICATION**

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

Top 3 reported sources of reliable information trusted by HHs:

1. Community leader 83%
2. Religious leader 38%
3. Military 36%

Top 3 reported means of receiving information trusted by HHs:

1. In person / Face to face 70%
2. Radio 43%
3. Posters 25%

41% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:

1. NA NA
2. NA NA
3. NA NA

% of HHs reporting listening to the radio during the following times:

- Morning NA
- Mid-day NA
- Afternoon NA
- Evening NA

42% of HHs reported owning a cell phone, of which 5% had access to Internet or social media.

% of HHs reporting using the following networks:

- MTN 0%
- AirTel 0%
- Glo / Etisalat 0%
- 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:

- Less than 2 km 81%
- Within 2-5 km 16%
- More than 5 km 3%
- No response / Don’t know 0%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>54%</td>
</tr>
<tr>
<td>PHC</td>
<td>29%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>15%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>0%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>2%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 63 naira (0.18 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 62 naira (0.17 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

2% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:

1. No barrier 65%
2. Medicine not available 23%
3. Medicine too expensive 9%

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

- Direct provision of health services 42%
- Direct provision of medicines 13%
- Direct provision of transportation 0%
- Cash for health service fees 7%
- Cash for medicine 3%
- Cash for transportation 1%
- Mix of cash and provision of health services 18%
- Mix of cash and provision of medicine 9%
- Do not want support 7%
- 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 83%
2. Public tap 26%
3. Surface water 4%

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

- 2% None - at the HH
- 37% Less than 15 min
- 33% 15 min to 30 min
- 27% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:¹

- 42% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 0% reported drinking water usually used for cleaning or other purposes.
- 7% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:⁴

- 31% Yes, with soap
- 4% Yes, with sand or ash
- 63% Yes, with water only
- 2% No, do not wash hands
- 1% No response / Don’t know

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 69%
- 10 liter bucket 27%
- 10 liter basin 28%

0% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 44%
- Cash transfer to buy WASH kits 4%
- Mix of WASH kits provision and cash 41%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 10%
- Do not want support 2%
- Other / No response / Don’t know 0%

FOOD SECURITY & LIVELIHOODS

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

- Purchased in local markets 76%
- Markets located outside the community 3%
- Own agriculture / Crop cultivation 24%
- Food aid / Assistance from NGOs 62%
- Food aid / Assistance from government 1%

60% 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

67% 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 51%
2. Small business 26%
3. Trade 19%

22% of HHs reportedly resorted to begging to cope with the lack of income and 0% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM 2%
- Bank withdrawal - counter 0%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 11%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 81%
- No access to cash 6%
- Other / No response / Don’t know 0%

PROTECTION

47% of HHs reported having a child-friendly space in the community, of which 31% are operated by NGOs.² 86% of HHs reported that their child has access to this place.²

43% of HHs reported having a safe space in the community for girls and women, of which 29% are operated by NGOs.² 88% of HHs reported that the women in their HH have access to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported 2.6 families sharing an accommodation. 3% of HHs reported being hosted by a relative, friend or close community member.

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

- None / Sleeping in the open space 0%
- Collective shelter (mosque, school, other public building) 0%
- 29% 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.

¹ Percentages may not add up to 100 due to rounding.
**ASSESSMENT SAMPLE**

HHs Interviewed: 98
- IDP: 54
- Returnee: 36
- Non-displaced: 8

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average HH size: 5.3</th>
<th>Female-headed HHs: 0%</th>
<th>Child-headed HHs: 18%</th>
</tr>
</thead>
</table>

**COMMUNICATION**

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

Top 3 reported sources of reliable information trusted by HHs:\(^1,\(^2\)
1. Community leader 92%
2. Religious leader 60%
3. INGO 34%

Top 3 reported means of receiving information trusted by HHs:\(^1,\(^2\)
1. In person / Face to face 62%
2. Radio 55%
3. Phone call (mobile phone) 38%

26% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:\(^1,\(^2\)
1. BBC 90%
2. BRTV 39%
3. RFI 28%

% of HHs reporting listening to the radio during the following times:\(^1,\(^2\)
- Morning 98%
- Mid-day 14%
- Afternoon 7%
- Evening 88%

63% 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 70%
- Airtel 38%
- Glo / Etisalat 24%
- No response / Don’t know 0%

**HEALTH**

22% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km 32%
- Within 2-5 km 37%
- More than 5 km 31%
- No response / Don’t know 0%

Reported first choice health facility for treatment vs. closest health facility:
- Hospital 60%
- PHC 30%
- Mobile / Outreach clinic 6%
- Village outreach worker 0%
- Private doctor 0%
- Patent medicine store / Chemist 3%
- Traditional practitioner 0%
- Pharmacy / Dispensary 1%
- Wouldn’t seek treatment 0%
- Other / No response / Don’t know 0%

HHs reported spending an average of 369 naira (1.02 dollars) for a consultation at the first facility they would go to for treatment.\(^2,\(^3\)

HHs reported an average cost of 2778 naira (7.72 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.\(^2,\(^3\)

0% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:\(^1\)
1. Medicine too expensive 41%
2. No barrier 40%
3. Health services too expensive 38%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 19%
- Direct provision of medicines 6%
- Direct provision of transportation 1%
- Cash for health service fees 9%
- Cash for medicine 8%
- Cash for transportation 0%
- Mix of cash and provision of health services 30%
- Mix of cash and provision of medicine 24%
- Do not want support 2%
- Other / No response / Don’t know 0%

**REPORTED FIRST CHOICE HEALTH FACILITY VS. CLOSEST HEALTH FACILITY**

- Hospital: 53%
- PHC: 37%
- Mobile / Outreach clinic: 6%
- Village outreach worker: 0%
- Private doctor: 0%
- Patent medicine store / Chemist: 2%
- Traditional practitioner: 0%
- Pharmacy / Dispensary: 1%
- Wouldn’t seek treatment: 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. Borehole 68%
2. Open well 32%
3. Public tap 9%

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

- 15% None - at the HH
- 24% Less than 15 min
- 10% 15 min to 30 min
- 51% More than 30 min
- 0% No response / Don’t know

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

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

14% reported receiving water on credit or borrowing water.

% of respondents reporting handwashing:

- 57% Yes, with soap
- 42% Yes, with sand or ash
- 2% Yes, with water only
- 1% No, do not wash hands
- 0% No response / Don’t know

% of respondents reported not washing their hands on the day before data collection: 3%

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

- Bar soap 71%
- 10 liter bucket 66%
- 10 liter basin 62%

14% 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 9%
- Mix of WASH kits provision and cash 43%
- Vouchers to buy WASH kits 2%
- Mix of WASH kits provision and vouchers 26%
- Do not want support 0%
- Other / No response / Don’t know 0%

### FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:

- Purchased in local markets 67%
- Markets located outside the community 10%
- Own agriculture / Crop cultivation 24%
- Food aid / Assistance from NGOs 51%
- Food aid / Assistance from government 1%

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
- 2 days limiting portion sizes at mealtime
- 3 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. Agriculture 84%
2. Casual labour 24%
3. begging 22%

27% 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) 7%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 75%
- No access to cash 10%
- Other / No response / Don’t know 0%

### PROTECTION

23% of HHs reported having a child-friendly space in the community, of which 9% are operated by NGOs.

78% of HHs reported that their child has access to this place.

10% of HHs reported having a safe space in the community for girls and women, of which 7% are operated by NGOs.

76% of HHs reported that the women in their HH have access to this place.

### SHELTER & WASTE MANAGEMENT

The average household reported 2.6 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%

20% 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**

**Borno State**

**MAIDUGURI LGA**

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### ASSESSMENT SAMPLE

- HHs Interviewed: **134**
  - IDP: **51**
  - Returnee: **0**
  - Non-displaced: **83**

### DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.6</strong></td>
<td><strong>0%</strong></td>
<td><strong>5%</strong></td>
</tr>
</tbody>
</table>

### 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. Community leader: **85%**
2. Religious leader: **38%**
3. Friend / Family: **27%**

Top 3 reported means of receiving information trusted by HHs:
1. In person / Face to face: **77%**
2. Radio: **45%**
3. Phone call (mobile phone): **42%**

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

Top 3 reported radio stations listened to by the HHs:
1. BBC: **88%**
2. Peace FM: **48%**
3. BRTV: **38%**

**85%** of HHs reported owning a cell phone, of which **38%** had access to Internet or social media.

### COMMUNICATION

**85%** of HHs reported listening to the radio during the following times:
- Morning: **89%**
- Mid-day: **30%**
- Afternoon: **44%**
- Evening: **68%**

### HEALTH

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

**% of HHs reporting distance to closest health facility:**
- Less than 2 km: **50%**
- Within 2-5 km: **25%**
- More than 5 km: **24%**
- No response / Don’t know: **1%**

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital: <strong>59%</strong></td>
<td>Hospital: <strong>59%</strong></td>
</tr>
<tr>
<td>PHC: <strong>23%</strong></td>
<td>PHC: <strong>22%</strong></td>
</tr>
<tr>
<td>Mobile / Outreach clinic: <strong>8%</strong></td>
<td>Mobile / Outreach clinic: <strong>10%</strong></td>
</tr>
<tr>
<td>Village outreach worker: <strong>0%</strong></td>
<td>Village outreach worker: <strong>0%</strong></td>
</tr>
<tr>
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<td>Private doctor: <strong>0%</strong></td>
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<tr>
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<td>Patent medicine store / Chemist: <strong>5%</strong></td>
</tr>
<tr>
<td>Traditional practitioner: <strong>1%</strong></td>
<td>Traditional practitioner: <strong>1%</strong></td>
</tr>
<tr>
<td>Pharmacy / Dispensary: <strong>3%</strong></td>
<td>Pharmacy / Dispensary: <strong>4%</strong></td>
</tr>
<tr>
<td>Wouldn’t seek treatment: <strong>1%</strong></td>
<td>NA</td>
</tr>
<tr>
<td>Other / No response / Don’t know: <strong>1%</strong></td>
<td><strong>0%</strong></td>
</tr>
</tbody>
</table>

HHs reported spending an average of **773** naira (2.15 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of **595** naira (1.65 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:
1. No barrier: **40%**
2. Medicine too expensive: **36%**
3. Health services too expensive: **25%**

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

<table>
<thead>
<tr>
<th>Support Method</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of health services</td>
<td><strong>37%</strong></td>
</tr>
<tr>
<td>Direct provision of medicines</td>
<td><strong>12%</strong></td>
</tr>
<tr>
<td>Direct provision of transportation</td>
<td><strong>3%</strong></td>
</tr>
<tr>
<td>Cash for health service fees</td>
<td><strong>9%</strong></td>
</tr>
<tr>
<td>Cash for medicine</td>
<td><strong>6%</strong></td>
</tr>
<tr>
<td>Cash for transportation</td>
<td><strong>1%</strong></td>
</tr>
<tr>
<td>Mix of cash and provision of health services</td>
<td><strong>15%</strong></td>
</tr>
<tr>
<td>Mix of cash and provision of medicine</td>
<td><strong>14%</strong></td>
</tr>
<tr>
<td>Do not want support</td>
<td><strong>2%</strong></td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td><strong>0%</strong></td>
</tr>
</tbody>
</table>

---

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 67%
2. Mai moya 43%
3. Public tap 23%

% of HHs reporting time needed to collect water from main source:4
- 15% None - at the HH
- 36% Less than 15 min
- 33% 15 min to 30 min
- 14% More than 30 min
- 3% No response / Don’t know

To cope with water quantity issues:1
- 40% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 8% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:1
- 27% Yes, with soap
- 5% Yes, with sand or ash
- 67% Yes, with water only
- 0% No, do not wash hands
- 0% No response / Don’t know

6% 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:3
- Bar soap 62%
- 10 liter bucket 36%
- 10 liter basin 41%

2% of HHs reported water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:
- Direct provision of WASH kits 43%
- Cash transfer to buy WASH kits 8%
- Mix of WASH kits provision and cash 39%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 7%
- 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 93%
- Markets located outside the community 10%
- Own agriculture / Crop cultivation 3%
- Food aid / Assistance from NGOs 8%
- Food aid / Assistance from government 4%

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
- 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

65% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:1
- Small business 50%
- Trade 31%
- Casual labour 13%

23% 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 19%
- Bank withdrawal - counter 6%
- Formal money transfer (money agent, Western Union) 1%
- Informal money transfer (cash from friends, relatives) 7%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 64%
- No access to cash 2%
- Other / No response / Don’t know 1%

PROTECTION

16% of HHs reported having a child-friendly space in the community, of which 6% are operated by NGOs.2 82% of HHs reported that their child has access to this place.2

14% of HHs reported having a safe space in the community for girls and women, of which 4% 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 2.9 families sharing an accommodation.1 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%

66% 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.

* Percentages may not add up to 100 due to rounding.
**MSNA Indicators for COVID-19**

### ASSESSMENT SAMPLE

HHs Interviewed: 118
- IDP: 17
- Returnee: 101
- Non-displaced: 0

### DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average</th>
<th>Female-headed</th>
<th>Child-headed</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH size:</td>
<td>5.8</td>
<td>6%</td>
</tr>
</tbody>
</table>

### COMMUNICATION

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

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

1. Community leader  84%
2. Religious leader  59%
3. Military  29%

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

1. Radio  52%
2. Phone call (mobile phone)  46%
3. Loudspeaker  42%

45% of HHs reported owning a radio.

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

1. BBC  93%
2. Voice of America  21%
3. RFI  19%

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

- Morning  89%
- Mid-day  5%
- Afternoon  32%
- Evening  78%

57% 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  0%
- Airtel  4%
- Glo / Etisalat  0%
- No response / Don’t know 100%

### HEALTH

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

% of HHs reporting distance to closest health facility:3

- Less than 2 km  73%
- Within 2-5 km  18%
- More than 5 km  9%
- No response / Don’t know 1%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>38%</td>
</tr>
<tr>
<td>PHC</td>
<td>53%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>2%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>1%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>1%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>3%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 1324 naira (3.68 dollars) for a consultation at the first facility they would go to for treatment.2,4

HHs reported an average cost of 971 naira (2.70 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,4

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

Top 3 reported barriers to accessing healthcare:1

1. No barrier  63%
2. Medicine not available  12%
3. Medicine too expensive  10%

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

- Direct provision of health services  26%
- Direct provision of medicines  6%
- Direct provision of transportation  4%
- Cash for health service fees  2%
- Cash for medicine  6%
- Cash for transportation  2%
- Mix of cash and provision of health services  20%
- Mix of cash and provision of medicine  12%
- Do not want support  1%
- 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 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. Borehole
2. Hand pump
3. Public tap

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

- 23% None - at the HH
- 52% Less than 15 min
- 21% 15 min to 30 min
- 4% More than 30 min
- 0% No response / Don't know

To cope with water quantity issues:

- 20% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 2% reported drinking water usually used for cleaning or other purposes.
- 2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 53% Yes, with soap
- 11% Yes, with sand or ash
- 29% Yes, with water only
- 6% No, do not wash hands
- 1% No response / Don't know

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

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

- Bar soap 73%
- 10 liter bucket 31%
- 10 liter basin 18%

0% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 25%
- Cash transfer to buy WASH kits 7%
- Mix of WASH kits provision and cash 47%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 19%
- Do not want support 2%
- Other / No response / Don’t know 1%

**FOOD SECURITY & LIVELIHOODS**

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

58% of HHs reported being in debt of money.

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

1. Agriculture
2. Small business
3. Fishery

58% of HHs reported being in debt of money.

% of respondents reporting hand washing:

- Yes, with soap 53%
- Yes, with sand or ash 11%
- Yes, with water only 29%
- No, do not wash hands 6%
- No response / Don’t know 1%

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

0% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 25%
- Cash transfer to buy WASH kits 7%
- Mix of WASH kits provision and cash 47%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 19%
- Do not want support 2%
- Other / No response / Don’t know 1%

**PROTECTION**

53% of HHs reported having a child-friendly space in the community, of which 37% are operated by NGOs.

47% of HHs reported having a safe space in the community for girls and women, of which 21% are operated by NGOs.

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.5 families sharing an accommodation.

63% 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

Borno State
MONGUNO LGA

**ASSESSMENT SAMPLE**

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>109</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>81</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>18</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>10</td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>4.3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed HHs:</td>
<td>12%</td>
</tr>
<tr>
<td>Child-headed HHs:</td>
<td>3%</td>
</tr>
</tbody>
</table>

**COMMUNICATION**

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

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

1. Community leader 69%
2. Religious leader 30%
3. INGO 22%

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

1. In person / Face to face 58%
2. Radio 41%
3. Phone call (mobile phone) 34%

31% of HHs reporting owning a radio.

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

1. BBC 97%
2. BRTV 30%
3. Dandal Kura 25%

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

- Morning 92%
- Mid-day 8%
- Afternoon 28%
- Evening 67%

31% of HHs reported owning a cell phone, of which 18% had access to Internet or social media. 2

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

- MTN 0%
- Airtel 98%
- Glo / Etisalat 0%
- No response / Don’t know 2%

**HEALTH**

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

% of HHs reporting distance to closest health facility:

- Less than 2 km: 51%
- Within 2-5 km: 32%
- More than 5 km: 12%
- No response / Don’t know: 5%

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

- Hospital: 58%
- PHC: 16%
- Mobile / Outreach clinic: 10%
- Village outreach worker: 0%
- Private doctor: 1%
- Patent medicine store / Chemist: 7%
- Traditional practitioner: 2%
- Pharmacy / Dispensary: 0%
- Wouldn’t seek treatment: 6%
- Other / No response / Don’t know: 0%

HHs reported spending an average of 223 naira (0.62 dollars) for a consultation at the first facility they would go to for treatment. 2,3

HHs reported an average cost of 56 naira (0.16 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. No barrier 80%
2. Health facility unsafe 7%
3. Explosives 4%

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

- Direct provision of health services 30%
- Direct provision of medicines 13%
- Direct provision of transportation 4%
- Cash for health service fees 22%
- Cash for medicine 4%
- Cash for transportation 1%
- Mix of cash and provision of health services 15%
- Mix of cash and provision of medicine 4%
- Do not want support 8%
- Other / No response / Don’t know 0%

1 Respondents could select multiple answers.
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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).

For more information on this factsheet, please contact reach.nigeria@reach-initiative.org
**WATER, SANITATION & HYGIENE**

Top 3 reported sources of water most commonly used in the 30 days before data collection:¹
1. Borehole 80%
2. Public tap 24%
3. Hand pump 21%

% of HHs reporting time needed to collect water from main source:²
- 18% None - at the HH
- 23% Less than 15 min
- 16% 15 min to 30 min
- 44% More than 30 min
- 1% No response / Don’t know

To cope with water quantity issues:¹
- 33% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 15% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 46% Yes, with soap
- 14% Yes, with sand or ash
- 34% Yes, with water only
- 0% No, do not wash hands
- 6% No response / Don’t know

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:³
- Bar soap 39%
- 10 liter bucket 10%
- 10 liter basin 12%

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 31%
- Cash transfer to buy WASH kits 14%
- Mix of WASH kits provision and cash 35%
- Vouchers to buy WASH kits 6%
- Mix of WASH kits provision and vouchers 3%
- Do not want support 11%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:¹
- Purchased in local markets 58%
- Markets located outside the community 13%
- Own agriculture / Crop cultivation 11%
- Food aid / Assistance from NGOs 32%
- Food aid / Assistance from government 0%

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

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
- 1 day reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

43% 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 44%
2. No income 27%
3. Small business 21%

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

Type of access to cash reported by HHs:
- Bank withdrawal - ATM 2%
- Bank withdrawal - counter 0%
- 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) 37%
- No access to cash 54%
- Other / No response / Don’t know 1%

57% of HHs reported having a child-friendly space in the community, of which 46% are operated by NGOs.² 74% of HHs reported that their child has access to this place.²

51% of HHs reported having a safe space in the community for girls and women, of which 40% are operated by NGOs.² 62% of HHs reported that the women in their HH have access to this place.²

**PROTECTION**

52% of HHs reported having a child-friendly space in the community, of which 46% are operated by NGOs.² 74% of HHs reported that their child has access to this place.²

51% of HHs reported having a safe space in the community for girls and women, of which 40% are operated by NGOs.² 62% 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. 8% 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%

52% 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.
ASSESSMENT SAMPLE

HHs Interviewed: 223
- IDP: 96
- Returnee: 127
- Non-displaced: 0

DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4</td>
<td>5%</td>
<td>1%</td>
</tr>
</tbody>
</table>

COMMUNICATION

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

Top 3 reported sources of reliable information trusted by HHs:1,2
1. Community leader 84%
2. Religious leader 48%
3. Friend / Family 31%

Top 3 reported means of receiving information trusted by HHs:1,2
1. Radio 57%
2. In person / Face to face 43%
3. Phone call (mobile phone) 36%

49% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 87%
2. RFI 29%
3. Dandal Kura 28%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 87%
- Mid-day 9%
- Afternoon 13%
- Evening 63%

51% 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 99%
- Airtel 0%
- Glo / Etisalat 0%
- No response / Don’t know 1%

COMMUNICATION

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

% of HHs reporting distance to closest health facility:3
- Less than 2 km 83%
- Within 2-5 km 13%
- More than 5 km 2%
- No response / Don’t know 1%

Reported first choice health facility for treatment vs. closest health facility:
- First choice facility
  - Hospital 22%
  - PHC 24%
  - Mobile / Outreach clinic 44%
  - Village outreach worker 0%
  - Private doctor 1%
  - Patent medicine store / Chemist 2%
  - Traditional practitioner 1%
  - Pharmacy / Dispensary 1%
  - Wouldn’t seek treatment 5%
  - Other / No response / Don’t know 1%
- Closest facility
  - 21%
  - 22%
  - 52%
  - NA

Healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:1
1. No barrier 82%
2. Health facility unsafe 6%
3. Medicine not available 3%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 36%
- Direct provision of medicines 14%
- Direct provision of transportation 1%
- Cash for health service fees 5%
- Cash for medicine 3%
- Cash for transportation 1%
- Mix of cash and provision of health services 27%
- Mix of cash and provision of medicine 11%
- 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:**
1. Borehole 73%
2. Hand pump 54%
3. Mai moya 16%

**% of HHs reporting time needed to collect water from main source:**
- None - at the HH 16%
- Less than 15 min 22%
- 15 min to 30 min 41%
- More than 30 min 21%
- No response / Don't know 0%

**To cope with water quantity issues:**
- 50% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 3% reported receiving water on credit or borrowing water.

**% of respondents reporting hand washing:**
- Yes, with soap 68%
- Yes, with sand or ash 12%
- Yes, with water only 20%
- No, do not wash hands 1%
- No response / Don’t know 0%

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

**% of HHs reporting needing the following items that they do not have:**
- Bar soap 65%
- 10 liter bucket 19%
- 10 liter basin 14%

**2% of HHs reported water as their main priority need.**

**% of HHs reporting the following preferred methods of support for WASH:**
- Direct provision of WASH kits 26%
- Cash transfer to buy WASH kits 2%
- Mix of WASH kits provision and cash 53%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 16%
- Do not want support 2%
- Other / No response / Don’t know 0%

### FOOD SECURITY & LIVELIHOODS

**% of HHs reporting the following main sources of food:**
- Purchased in local markets 33%
- Markets located outside the community 2%
- Own agriculture / Crop cultivation 6%
- Food aid / Assistance from NGOs 79%
- Food aid / Assistance from government 11%

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:
- 1 day 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

25% of HHs reported being in debt of money.

**Top 3 reported main sources of income in the 30 days before data collection:**
1. No income 35%
2. Small business 26%
3. Agriculture 24%

11% of HHs reportedly resorted to begging to cope with the lack of income and 2% engaged in dangerous or illegal work.

**Type of access to cash reported by HHs:**
- Bank withdrawal - ATM 0%
- Bank withdrawal - counter 0%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 4%
- Mobile phone money transfer 14%
- Hand to hand (from seller, employer, other person) 32%
- No access to cash 47%
- Other / No response / Don’t know 2%

### PROTECTION

78% of HHs reported having a child-friendly space in the community, of which 54% are operated by NGOs.

92% of HHs reported that their child has access to this place.

56% of HHs reported having a safe space in the community for girls and women, of which 42% are operated by NGOs.

88% of HHs reported that the women in their HH have access to this place.

### SHELTER & WASTE MANAGEMENT

The average household reported 2.3 families sharing an accommodation.

3% of HHs reported being hosted by a relative, friend or close community member.

High COVID-19 risk types of shelter arrangement reported by HHs:
- None / Sleeping in the open space 0%
- Collective shelter (mosque, school, other public building) 2%

50% 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**

**ASSESSMENT SAMPLE**

- IDP: 0
- Returnee: 0
- Non-displaced: 116

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.3</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**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 62%
3. Friend / Family 24%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 72%
2. Radio 41%
3. Phone call (mobile phone) 32%

41% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 94%
2. RFI 38%
3. Gotel FM 31%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 100%
- Mid-day 27%
- Afternoon 38%
- Evening 77%

60% 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 33%
- Airtel 94%
- Glo / Etisalat 7%
- 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.

**HEALTH**

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

% of HHs reporting distance to closest health facility:
- Less than 2 km 30%
- Within 2-5 km 37%
- More than 5 km 33%
- No response / Don’t know 0%

Reported first choice health facility for treatment vs. closest health facility:
- First choice facility
- Hospital 72%
- PHC 8%
- Mobile / Outreach clinic 0%
- Village outreach worker 0%
- Private doctor 1%
- Patent medicine store / Chemist 13%
- Traditional practitioner 2%
- Pharmacy / Dispensary 3%
- Wouldn’t seek treatment 1%
- Other / No response / Don’t know 0%

- Closest facility
- Hospital 72%
- PHC 8%
- Mobile / Outreach clinic 0%
- Village outreach worker 0%
- Private doctor 1%
- Patent medicine store / Chemist 12%
- Traditional practitioner 3%
- Pharmacy / Dispensary 4%
- Wouldn’t seek treatment NA
- Other / No response / Don’t know 0%

HHs reported spending an average of 1548 naira (4.30 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 2388 naira (6.64 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 69%
2. Health services too expensive 47%
3. No barrier 22%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 47%
- Direct provision of medicines 6%
- Direct provision of transportation 3%
- Cash for health service fees 14%
- Cash for medicine 12%
- Cash for transportation 2%
- Mix of cash and provision of health services 14%
- Mix of cash and provision of medicine 3%
- Do not want support 0%
- 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).
**WATER, SANITATION & HYGIENE**

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

1. Surface water 38%
2. Borehole 37%
3. Open well 22%

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

- 9% None - at the HH
- 34% Less than 15 min
- 27% 15 min to 30 min
- 31% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:1

- 34% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 4% 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

- 22% Yes, with soap
- 69% Yes, with sand or ash
- 4% Yes, with water only
- 4% No, do not wash hands
- 0% No response / Don’t know

19% 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:3

- Bar soap 62%
- 10 liter bucket 33%
- 10 liter basin 49%

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 47%
- Cash transfer to buy WASH kits 3%
- Mix of WASH kits provision and cash 36%
- Vouchers to buy WASH kits 13%
- Mix of WASH kits provision and vouchers 13%
- Do not want support 0%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 67%
- Markets located outside the community 11%
- Own agriculture / Crop cultivation 72%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

47% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:3

- 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

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 67%
2. Livestock 24%
3. Tie: Small business, Trade 15%

12% 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 3%
- 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) 75%
- No access to cash 4%
- Other / No response / Don’t know 0%

**PROTECTION**

22% of HHs reported having a child-friendly space in the community, of which 3% are operated by NGOs.2 33% of HHs reported that their child has access to this place.2

22% of HHs reported having a safe space in the community for girls and women, of which 2% 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 2.3 families sharing an accommodation.1 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.