The continuation of conflict in Northeast Nigeria has created a complex humanitarian crisis, rendering sections of Borno and Adamawa states as hard to reach (H2R) for humanitarian actors. Previous assessments illustrate how the conflict continues to have severe consequences for people in H2R areas. People living in H2R areas, who are already facing severe and extreme humanitarian needs, are also vulnerable to the spread of COVID-19, especially due to the lack of health care services and information sources. The first confirmed cases in Borno and Adamawa states were announced on 20 April and 22 April 2020, respectively. Due to the limited access to H2R areas, it is unlikely that there will be confirmation of an outbreak in these areas. It is therefore highly important to evaluate the situation of the population in H2R areas in order to monitor changes and inform humanitarian aid actors on immediate needs of the communities.

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

If not stated otherwise, the recall period is set to one month prior to the last information the KI has had from the hard-to-reach area. Selected KIs are purposively sampled and are interviewed on settlement-wide circumstances in H2R areas. Responses from KIs reporting on the same settlement are then aggregated to the settlement level. The most common response provided by the greatest number of KIs is reported for each settlement. When no most common response could be identified, the response is considered as ‘no consensus’. While included in the calculations, the percentage of settlements for which no consensus was reached is not always displayed in the results below.

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

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

Assessment Coverage

<table>
<thead>
<tr>
<th>LGAs with sufficient coverage</th>
<th>Settlements assessed</th>
<th>Key Informants interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>711</td>
<td>448</td>
<td>20</td>
</tr>
</tbody>
</table>

For more information on this factsheet please contact:
reach.nigeria@reach-initiative.org
Knowledge of COVID-19

Information on Situation in IDP Camps

Although other viruses and bacteria can cause the three main symptoms associated with COVID-19, an increase in the reporting of these symptoms could suggest a local COVID-19 outbreak in the H2R areas. REACH added this indicator to the assessment on 1 April 2020.

In 75% of the assessed settlements, sick community members were reportedly not being separated from others.

Information on COVID-19

The reportedly limited use of soap during hand washing and the limited information on COVID-19 may increase the risk of contraction and spread of the disease in communities in H2R areas. For communities in those assessed settlements that had reportedly heard of COVID-19, the biggest information gap seemed to concern what to do if someone has symptoms, as well as being able to identify symptoms related to COVID-19.

In more than half of the assessed settlements where people had reportedly heard of COVID-19, radio was the most commonly reported source of information on the disease, which suggests that radio campaigns might be an effective tool for sharing information in H2R areas.

Conclusion

The reportedly limited use of soap during hand washing and the limited information on COVID-19 may increase the risk of contraction and spread of the disease in communities in H2R areas. For communities in those assessed settlements that had reportedly heard of COVID-19, the biggest information gap seemed to concern what to do if someone has symptoms, as well as being able to identify symptoms related to COVID-19.

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