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

CONTEXT & METHODOLOGY

As the protracted crisis in North-East Nigeria progressed in its eleventh year in 2020, humanitarian needs in Borno, Adamawa and Yobe (BAY) States remain dire and multi-faceted. The conflict has resulted in 7.1 million individuals in need of humanitarian assistance. To respond to persisting information gaps on humanitarian needs severity and to inform further the 2020 response planning, United Nations Office for Coordination of Humanitarian Affairs (OCHA)’s Inter-Sector Working Group (ISWG), with support from REACH, conducted a Multi-Sector Needs Assessment (MSNA) in the BAY States. Data collection took place between June 17th and July 30th in 2019.

Data collection comprised of a total of 8,019 household (HH) interviews in the BAY States overall, including 2,037 in Yobe State, of which 202 were IDP HHs, 274 were returne HHs and 1,561 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 Yobe State was Yunusari LGA, for which findings are indicative only. Due to security concerns, only garrison towns were included in Yunusari LGA. Only 16 out of 17 LGAs in Yobe State could be assessed due to access constraints or lack of partners active in the remaining LGA.

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.

55% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs: 3,4
1. BBC 98%
2. Voice of America 22%
3. RFI 15%

% of HHs reporting listening to the radio during the following times: 3,4
- Morning: 87%
- Mid-day: 14%
- Afternoon: 28%
- Evening: 58%

77% of HHs reported owning a cell phone, of which 23% had access to Internet or social media. 4

% of HHs reporting using the following networks: 3,4
- MTN: 55%
- Airtel: 74%
- Glo / Etisalat: 7%
- No response / Don’t know: 0%

1 OCHA, 2019 Humanitarian Needs Overview
2 OCHA, 2020 Global Humanitarian Overview
3 Respondents could select multiple answers.
4 This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
**HEALTH**

9% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

- 46% Less than 2 km
- 26% Within 2-5 km
- 27% More than 5 km
- 1% No response / Don’t know

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

<table>
<thead>
<tr>
<th>LGA</th>
<th>0%</th>
<th>1 to 20%</th>
<th>21 to 40%</th>
<th>41 to 60%</th>
<th>61 to 80%</th>
<th>81 to 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bursari</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Damaturu</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fika</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fune</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gujba</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gulani</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jakusko</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karasuwa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Machina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nangere</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nguru</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potiskum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tarmua</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yunusari</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yusufari</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>Primary Healthcare (PHC)</td>
<td>29%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>1%</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>12%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>2%</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 **1466 naira** (4.07 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of **2033 naira** (5.65 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. Medicine too expensive 43%
2. Health services too expensive 35%
3. No barrier 33%

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

- Direct provision of health services 26%
- Direct provision of medicines 13%
- Direct provision of transportation 4%
- Case for health service fees 8%
- Cash for medicine 5%
- Cash for transportation 2%
- Mix of cash and provision of health services 35%
- Mix of cash and provision of medicine 8%
- Do not want support 0%
- 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 50%
2. Hand pump 23%
3. Open well 17%

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

- 15% None - at the HH
- 49% Less than 15 min
- 24% 15 min to 30 min
- 11% 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:

51% of HHs reported reducing water consumption for cleaning, bathing and washing.

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

4% reported receiving water on credit or borrowing water.

---

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).
**MSNA INDICATORS FOR COVID-19 | YOBE**

**FOOD SECURITY & LIVELIHOODS**

- **% of respondents reporting hand washing:**
  - Yes, with soap: 43%
  - Yes, with sand or ash: 7%
  - Yes, with water only: 46%
  - No, do not wash hands: 2%
  - No response / Don’t know: 1%

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

- **% of HHs reporting needing the following items that they did not own:**
  - Bar soap: 50%
  - 10 liter bucket: 14%
  - 10 liter basin: 20%

- **% of HHs reporting the following preferred methods of support for Water, Sanitation and Hygiene (WASH):**
  - Direct provision of WASH kits: 28%
  - Cash transfer to buy WASH kits: 6%
  - Mix of WASH kits provision and cash: 50%
  - Vouchers to buy WASH kits: 2%
  - Mix of WASH kits provision and vouchers: 14%
  - Do not want support: 0%
  - Other / No response / Don’t know: 0%

- **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 mealtimes
  - 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. Agriculture: 71%
2. Small business: 29%
3. Livestock: 26%

- **19% 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: 12%
  - Bank withdrawal - counter: 6%
  - Formal money transfer (money agent, Western Union): 1%
  - Informal money transfer (cash from friends, relatives): 3%
  - Mobile phone money transfer: 0%
  - Hand to hand (from seller, employer, other person): 63%
  - No access to cash: 16%
  - Other / No response / Don’t know: 0%

**PROTECTION**

- **10% of HHs reported having a child-friendly space in the community, of which 1% are operated by NGOs.**
- **76% of HHs reported that their child has access to this place.**

- **4% of HHs reported having a safe space in the community for girls and women, of which 1% are operated by NGOs.**
- **96% of HHs reported that the women in their HH have access to this place.**

**SHELTER & WASTE MANAGEMENT**

- **The average household reported 2.8 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%
- 46% 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.*
% of HHs reporting distance to closest health facility:

- Less than 2 km: 55%
- Within 2-5 km: 29%
- More than 5 km: 13%
- No response / Don’t know: 3%

Top 3 reported radio stations listened to by the HHs:
1. Not available (NA)
2. NA
3. NA

65% of HHs reported owning a radio.

Top 3 reported means of receiving information trusted by HHs:
1. Phone call (mobile phone) 75%
2. Radio 65%
3. In person / Face to face 46%

90% of HHs reported owning a cell phone, of which 27% 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%

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 \(59\%\)
2. Public tap \(23\%\)
3. Hand pump \(19\%\)

% of HHs reporting time needed to collect water from main source:
- None - at the HH \(14\%\)
- Less than 15 min \(45\%\)
- 15 min to 30 min \(23\%\)
- More than 30 min \(14\%\)
- No response / Don’t know \(4\%\)

To cope with water quantity issues:\(^1\)
- 31% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 9% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:\(^4\)
- Yes, with soap \(47\%\)
- Yes, with sand or ash \(7\%\)
- Yes, with water only \(45\%\)
- No, do not wash hands \(0\%\)
- No response / Don’t know \(0\%\)

1% of respondents reported not washing their hands on the day before data collection.\(^2\)

% of HHs reporting needing the following items that they do not have:\(^3\)
- Bar soap \(41\%\)
- 10 liter bucket \(6\%\)
- 10 liter basin \(6\%\)

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 \(20\%\)
- Cash transfer to buy WASH kits \(10\%\)
- Mix of WASH kits provision and cash \(53\%\)
- Vouchers to buy WASH kits \(2\%\)
- Mix of WASH kits provision and vouchers \(15\%\)
- Do not want support \(1\%\)
- Other / No response / Don’t know \(0\%\)

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets \(69\%\)
- Markets located outside the community \(20\%\)
- Own agriculture / Crop cultivation \(49\%\)
- Food aid / Assistance from NGOs \(1\%\)
- Food aid / Assistance from government \(0\%\)

40% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 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
- 2 days reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

44% 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 \(30\%\)
3. Livestock \(19\%\)

15% 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 \(26\%\)
- Bank withdrawal - counter \(9\%\)
- Formal money transfer (money agent, Western Union) \(0\%\)
- Informal money transfer (cash from friends, relatives) \(4\%\)
- Mobile phone money transfer \(4\%\)
- Hand to hand (from seller, employer, other person) \(44\%\)
- No access to cash \(13\%\)
- Other / No response / Don’t know \(0\%\)

**PROTECTION**

18% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.\(^2\) 0% of HHs reported that their child has access to this place.\(^2\)

9% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.\(^2\) 100% of HHs reported that the women in their HH have access to this place.\(^2\)

**SHELTER & WASTE MANAGEMENT**

The average household reported 3.4 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) \(0\%\)

54% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.

---

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

Yobe State

BURSARI LGA

ASSESSMENT SAMPLE

HHs Interviewed: 113
- IDP: 9
- Returnee: 0
- Non-displaced: 104

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>7.2</td>
<td>6%</td>
<td>8%</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 76%
2. Religious leader 70%
3. Friend / Family 40%

Top 3 reported means of receiving information trusted by HHs:1,2
1. Phone call (mobile phone) 72%
2. Radio 67%
3. In person / Face to face 55%

58% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 97%
2. Voice of America 21%
3. RFI 15%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 90%
- Mid-day 3%
- Afternoon 11%
- Evening 42%

76% 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 54%
- Airtel 54%
- Glo / Etisalat 9%
- No response / Don’t know 0%

HEALTH

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

% of HHs reporting distance to closest health facility:
- Less than 2 km 52%
- Within 2-5 km 25%
- More than 5 km 19%
- No response / Don’t know 4%

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>39%</td>
</tr>
<tr>
<td>PHC</td>
<td>25%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>1%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>1%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>1%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>21%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>12%</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 1577 naira (4.38 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 1350 naira (3.75 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,3

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

Top 3 reported barriers to accessing healthcare:1
1. No barrier 34%
2. Medicine too expensive 30%
3. Health services too expensive 28%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 18%
- Direct provision of medicines 11%
- Direct provision of transportation 6%
- Cash for health service fees 12%
- Cash for medicine 6%
- Cash for transportation 3%
- Mix of cash and provision of healthcare services 30%
- Mix of cash and provision of medicine 15%
- 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*).

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

INTER-SECTOR WORKING GROUP

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

1. Borehole 44%
2. Hand pump 42%
3. Open well 15%

% 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>7%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>53%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>26%</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

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

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

6% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:4

<table>
<thead>
<tr>
<th>Method</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>34%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>11%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>54%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>2%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

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

- Bar soap 33%
- 10 liter bucket 7%
- 10 liter basin 7%

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 12%
- Cash transfer to buy WASH kits 8%
- Mix of WASH kits provision and cash 65%
- Vouchers to buy WASH kits 2%
- Mix of WASH kits provision and vouchers 12%
- Do not want support 0%
- Other / No response / Don’t know 0%

41% of HHs reported purchasing food on credit or borrowing food.

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

- 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. Agriculture 79%
2. Livestock 49%
3. Small business 19%

13% of HHs reportedly resorted to begging to cope with the lack of income and 3% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM 9%
- Bank withdrawal - counter 4%
- Formal money transfer (money agent, Western Union) 1%
- Informal money transfer (cash from friends, relatives) 1%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 51%
- No access to cash 33%
- Other / No response / Don’t know 0%

**PROTECTION**

18% of HHs reported having a child-friendly space in the community, of which 4% are operated by NGOs.2 75% of HHs reported that their child has access to this place.2

7% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.2 100% of HHs reported that the women in their HH have access to this place.2

**SHELTER & WASTE MANAGEMENT**

The average household reported 3.9 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%

18% 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.
## MSNA Indicators for COVID-19

**Yobe State**

### HEALTH

15% of HHs reported having at least one chronically ill member.

<table>
<thead>
<tr>
<th>% of HHs reporting distance to closest health facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 km</td>
</tr>
<tr>
<td>Within 2-5 km</td>
</tr>
<tr>
<td>More than 5 km</td>
</tr>
<tr>
<td>No response / Don't know</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 means of receiving information trusted by HHs:**

1. Radio 77%
2. Phone call (mobile phone) 62%
3. In person / Face to face 45%

69% of HHs reported owning a radio.

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

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

88% of HHs reported owning a cell phone, of which 43% had access to Internet or social media.

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

- Morning NA
- Afternoon NA
- Evening NA

88% of HHs reported owning a cell phone, of which 43% 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%

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](https://www.cbn.gov.ng/home/templates/2511.aspx)).
**WATER, SANITATION & HYGIENE**

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

1. Mai moya 46%
2. Borehole 41%
3. Public tap 8%

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

- 28% None - at the HH
- 41% Less than at 15 min
- 24% 15 min to 30 min
- 5% More than 30 min
- 1% No response / Don’t know

To cope with water quantity issues:³

- 49% 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:

- 67% Yes, with soap
- 5% Yes, with sand or ash
- 23% Yes, with water only
- 4% No, do not wash hands
- 1% No response / Don’t know

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

% of HHs reporting needing the following items that they do not have:³

- Bar soap 45%
- 10 liter bucket 14%
- 10 liter basin 23%

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 6%
- Mix of WASH kits provision and cash 44%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 12%
- Do not want support 2%
- Other / No response / Don’t know 1%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 91%
- Markets located outside the community 10%
- Own agriculture / Crop cultivation 32%
- Food aid / Assistance from NGOs 4%
- 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:

1. 2 days relying on less preferred and cheaper food
2. 1 day borrowing or relying on food from friends or relatives
3. 1 day limiting portion sizes at mealtime
4. 1 day reducing number of meals eaten in a day
5. 1 day restricting consumption by adults in order for children to eat

62% of HHs reported being in debt of money.

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

1. Agriculture 41%
2. Small business 39%
3. Salary 22%

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 32%
- Bank withdrawal - counter 17%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 5%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 39%
- No access to cash 6%
- Other / No response / Don’t know 0%

5% of HHs reported having a child-friendly space in the community, of which 3% are operated by NGOs.² 67% of HHs reported that their child has access to this place.²

1% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.² 0% of HHs reported that the women in their HH have access to this place.²

**PROTECTION**

5% of HHs reported having a child-friendly space in the community, of which 3% are operated by NGOs.²

1% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.5 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%

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.

---

¹ Percentages may not add up to 100 due to rounding.
MSNA Indicators for COVID-19

Yobe State
FIKA LGA

**ASSESSMENT SAMPLE**

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>125</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>0</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>0</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>125</td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>7.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed HHs:</td>
<td>0%</td>
</tr>
<tr>
<td>Child-headed HHs:</td>
<td>0%</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 75%
2. Religious leader 74%
3. Friend / Family 25%

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

1. Phone call (mobile phone) 76%
2. Radio 57%
3. In person / Face to face 45%

55% of HHs reported owning a radio.

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

1. BBC 98%
2. Voice of America 17%
3. RFI 9%

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

- Morning 86%
- Mid-day 8%
- Afternoon 17%
- Evening 75%

73% of HHs reported owning a cell phone, of which 13% had access to Internet or social media.2

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

- MTN 23%
- Airtel 88%
- Glo / Etisalat 2%
- 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).

**HEALTH**

6% 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 | 23% |
| More than 5 km | 26% |
| 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>36%</td>
</tr>
<tr>
<td>PHC</td>
<td>42%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>0%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>4%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>17%</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 **1351 naira** (3.75 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of **1888 naira** (5.25 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,3

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

Top 3 reported barriers to accessing healthcare:1

1. Medicine too expensive 48%
2. Health services too expensive 42%
3. No barrier 24%

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

- Direct provision of health services 23%
- Direct provision of medicines 16%
- Direct provision of transportation 3%
- Cash for health service fees 2%
- Cash for medicine 3%
- Cash for transportation 3%
- Mix of cash and provision of health services 40%
- Mix of cash and provision of medicine 8%
- Do not want support 2%
- Other / No response / Don’t know 0%

ице

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. Open well 31%
3. Surface water 16%

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

- None - at the HH: 10%
- Less than 15 min: 58%
- 15 min to 30 min: 22%
- More than 30 min: 10%
- No response / Don’t know: 0%

To cope with water quantity issues:

- 58% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 5% reported drinking water usually used for cleaning or other purposes.
- 2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- Yes, with soap: 42%
- Yes, with sand or ash: 7%
- Yes, with water only: 45%
- No, do not wash hands: 0%
- No response / Don’t know: 6%

3% 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: 13%
- 10 liter basin: 22%

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: 26%
- Cash transfer to buy WASH kits: 1%
- Mix of WASH kits provision and cash: 52%
- Vouchers to buy WASH kits: 0%
- Mix of WASH kits provision and vouchers: 21%
- 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: 78%
- Markets located outside the community: 25%
- Own agriculture / Crop cultivation: 74%
- Food aid / Assistance from NGOs: 0%
- Food aid / Assistance from government: 0%

50% 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

62% of HHs reported being in debt of money.

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

1. Agriculture 91%
2. Livestock 22%
3. Small business 17%

20% 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: 3%
- Bank withdrawal - counter: 10%
- Formal money transfer (money agent, Western Union): 0%
- Informal money transfer (cash from friends, relatives): 1%
- Mobile phone money transfer: 0%
- Hand to hand (from seller, employer, other person): 62%
- No access to cash: 24%
- Other / No response / Don’t know: 0%

**PROTECTION**

6% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

1% 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 2.1 families sharing an accommodation.

2% of HHs reported being hosted by a relative, friend or close community member.

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

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

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**

**Yobe State**

**FUNE LGA**

### Assessment Sample

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>118</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>5</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>0</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>113</td>
</tr>
</tbody>
</table>

### Demographic Highlights

**Average HH size:** 7.7

**Female-headed HHs:** 0%

**Child-headed HHs:** 0%

### Health

13% of HHs reported having at least one chronically ill member.

<table>
<thead>
<tr>
<th>% of HHs reporting distance to closest health facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 km: 46%</td>
</tr>
<tr>
<td>Within 2-5 km: 17%</td>
</tr>
<tr>
<td>More than 5 km: 36%</td>
</tr>
<tr>
<td>No response / Don’t know: 1%</td>
</tr>
</tbody>
</table>

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>41%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>1%</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>9%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>4%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<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 2053 naira (5.70 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 3389 naira (9.42 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.

### 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: 80%
3. Friend / Family: 28%

Top 3 reported means of receiving information trusted by HHs:

1. Phone call (mobile phone): 59%
2. Radio: 57%
3. In person / Face to face: 40%

47% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:

1. BBC: 100%
2. Radio Deutsche: 8%
3. Voice of America: 6%

64% of HHs reported owning a cell phone, of which 24% had access to Internet or social media.

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of health services</td>
<td>26%</td>
</tr>
<tr>
<td>Direct provision of medicines</td>
<td>10%</td>
</tr>
<tr>
<td>Direct provision of transportation</td>
<td>2%</td>
</tr>
<tr>
<td>Cash for health service fees</td>
<td>9%</td>
</tr>
<tr>
<td>Cash for medicine</td>
<td>6%</td>
</tr>
<tr>
<td>Cash for transportation</td>
<td>2%</td>
</tr>
<tr>
<td>Mix of cash and provision of health services</td>
<td>39%</td>
</tr>
<tr>
<td>Mix of cash and provision of medicine</td>
<td>7%</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>

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 44%
2. Open well 38%
3. Public tap 14%

% of HHs reporting time needed to collect water from main source:
- 20% None - at the HH
- 43% Less than 15 min
- 24% 15 min to 30 min
- 13% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:
62% of HHs reported reducing water consumption for cleaning, bathing and washing.
8% reported drinking water usually used for cleaning or other purposes.
6% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 36% Yes, with soap
- 7% Yes, with sand or ash
- 47% Yes, with water only
- 8% No, do not wash hands
- 3% No response / Don’t know

6% 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 60%
- 10 liter bucket 23%
- 10 liter basin 29%

15% 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 5%
- Mix of WASH kits provision and cash 51%
- Vouchers to buy WASH kits 2%
- Mix of WASH kits provision and vouchers 16%
- Do not want support 0%
- Other / No response / Don’t know 0%

46% of HHs reported purchasing food on credit or borrowing food.
Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 3 days relying on less preferred and cheaper food
- 2 days borrowing or relying on food from friends or relatives
- 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

62% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:
1. Agriculture 92%
2. Livestock 27%
3. Small business 22%

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 3%
- Bank withdrawal - counter 6%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 1%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 78%
- No access to cash 13%
- Other / No response / Don’t know 0%

0% 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.

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

FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:
- Purchased in local markets 55%
- Markets located outside the community 10%
- Own agriculture / Crop cultivation 82%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

46% of HHs reported purchasing food on credit or borrowing food.
Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 3 days relying on less preferred and cheaper food
- 2 days borrowing or relying on food from friends or relatives
- 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

62% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:
1. Agriculture 92%
2. Livestock 27%
3. Small business 22%

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 3%
- Bank withdrawal - counter 6%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 1%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 78%
- No access to cash 13%
- Other / No response / Don’t know 0%

0% 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.

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

HHs Interviewed: 158
- IDP: 37
- Returnee: 116
- Non-displaced: 5

### 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>5.9</td>
<td>1%</td>
<td>0%</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 76%
3. Friend / Family 33%

Top 3 reported means of receiving information trusted by HHs:
1. Radio 58%
2. In person / Face to face 56%
3. Phone call (mobile phone) 41%

53% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 99%
2. Radio Deutsche 30%
3. Voice of America 17%

% of HHs reporting listening to the radio during the following times:
- Morning 59%
- Mid-day 3%
- Afternoon 29%
- Evening 72%

61% 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 100%
- Glo / Etisalat 1%
- No response / Don’t know 0%

### HEALTH

9% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km 25%
- Within 2-5 km 20%
- More than 5 km 54%
- No response / Don’t know 0%

Reported first choice health facility for treatment vs. closest health facility:
- Hospital 42%
- PHC 34%
- Mobile / Outreach clinic 2%
- Village outreach worker 0%
- Private doctor 0%
- Patent medicine store / Chemist 19%
- Traditional practitioner 0%
- Pharmacy / Dispensary 2%
- Wouldn’t seek treatment 0%
- Other / No response / Don’t know 0%

HHs reported spending an average of 747 naira (2.08 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 3547 naira (9.85 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 38%
2. Health facility too far 38%
3. Health services too expensive 33%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 41%
- Direct provision of medicines 7%
- Direct provision of transportation 0%
- Cash for health service fees 2%
- Cash for medicine 2%
- Cash for transportation 0%
- Mix of cash and provision of health services 45%
- Mix of cash and provision of medicine 2%
- Do not want support 0%
- Other / No response / Don’t know 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. Public tap  
3. Mai moya  

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

- 2% None - at the HH
- 75% Less than 15 min
- 14% 15 min to 30 min
- 8% More than 30 min
- 0% No response / Don’t know

#### To cope with water quantity issues:

- 43% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 0% reported drinking water usually for cleaning or other purposes.
- 4% reported receiving water on credit or borrowing water.

#### % of respondents reporting hand washing:

- 49% Yes, with soap
- 17% Yes, with sand or ash
- 34% Yes, with water only
- 0% No, do not wash hands
- 0% No response / Don’t know

#### 12% 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 27%
- 10 liter basin 31%

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

### FOOD SECURITY & LIVELIHOODS

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

- Purchased in local markets 69%
- Markets located outside the community 1%
- Own agriculture / Crop cultivation 61%
- Food aid / Assistance from NGOs 19%
- Food aid / Assistance from government 1%

### PROTECTION

- 11% of HHs reported having a child-friendly space in the community, of which 4% are operated by NGOs. 90% of HHs reported that their child has access to this place.

### SHELTER & WASTE MANAGEMENT

- The average household reported 2.3 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%

#### 80% 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: 137
  - IDP: 13
  - Returnee: 94
  - Non-displaced: 30

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average</th>
<th>Female-headed HHs: 0%</th>
<th>Child-headed HHs: 0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH size:</td>
<td>7.1</td>
<td></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: 57%
3. Friend / Family: 31%

Top 3 reported means of receiving information trusted by HHs:

1. Phone call (mobile phone): 60%
2. Radio: 59%
3. In person / Face to face: 51%

44% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:

1. BBC: 99%
2. RFI: 56%
3. Voice of America: 44%

**HEALTH**

23% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

- Less than 2 km: 66%
- Within 2-5 km: 15%
- More than 5 km: 17%
- No response / Don't know: 2%

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: 34%</td>
<td>26%</td>
</tr>
<tr>
<td>PHC: 38%</td>
<td>52%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic: 0%</td>
<td>0%</td>
</tr>
<tr>
<td>Village outreach worker: 0%</td>
<td>4%</td>
</tr>
<tr>
<td>Private doctor: 0%</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist: 13%</td>
<td>6%</td>
</tr>
<tr>
<td>Traditional practitioner: 0%</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary: 12%</td>
<td>11%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment: 2%</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 1542 naira (4.28 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 1217 naira (3.38 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 not available: 39%
2. Medicine too expensive: 38%
3. No barrier: 28%

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

<table>
<thead>
<tr>
<th>Support method</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>23%</td>
</tr>
<tr>
<td>Direct provision of transportation</td>
<td>0%</td>
</tr>
<tr>
<td>Cash for health service fees</td>
<td>5%</td>
</tr>
<tr>
<td>Cash for medicine</td>
<td>13%</td>
</tr>
<tr>
<td>Cash for transportation</td>
<td>0%</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>2%</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>

% of HHs reporting the following preferred networks:

<table>
<thead>
<tr>
<th>Network</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTN</td>
<td>6%</td>
</tr>
<tr>
<td>Airtel</td>
<td>98%</td>
</tr>
<tr>
<td>Glo / Etisalat</td>
<td>1%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<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. Borehole 50%
2. Open well 24%
3. Mai moya 22%

% of HHs reporting time needed to collect water from main source:
- 20% None - at the HH
- 51% Less than 15 min
- 21% 15 min to 30 min
- 8% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:
- 43% of HHs reported reducing water consumption for cleaning, bathing, and washing.
- 2% reported drinking water usually used for cleaning or other purposes.
- 10% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 52% Yes, with soap
- 9% Yes, with sand or ash
- 39% Yes, with water only
- 0% No, do not wash hands
- 0% No response / Don’t know

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

% of HHs reporting needing the following items that they do not have:
- Bar soap 54%
- 10 liter bucket 28%
- 10 liter basin 46%

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 58%
- Cash transfer to buy WASH kits 7%
- Mix of WASH kits provision and cash 16%
- Vouchers to buy WASH kits 12%
- 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:
- Purchased in local markets 74%
- Markets located outside the community 3%
- Own agriculture / Crop cultivation 54%
- Food aid / Assistance from NGOs 6%
- Food aid / Assistance from government 0%

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

58% of HHs reported being in debt of money.

**PROTECTION**

42% of HHs reported having a child-friendly space in the community, of which 7% are operated by NGOs.2 70% of HHs reported that their child has access to this place.2

33% of HHs reported having a safe space in the community for girls and women, of which 14% are operated by NGOs.2 89% of HHs reported that the women in their HH have access to this place.2

**SHELTER & WASTE MANAGEMENT**

The average household reported 3.6 families sharing an accommodation.4% of HHs reported being hosted by a relative, friend or close community member.

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

41% 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: 127
- IDP: 2
- Returnee: 0
- Non-displaced: 125

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>7.3</td>
<td>3%</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 63%
3. Friend / Family 53%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 84%
2. Phone call (mobile phone) 60%
3. Radio 54%

42% 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 51%
3. RFI 32%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 94%
- Mid-day 19%
- Afternoon 40%
- Evening 77%

64% 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 66%
- Airtel 73%
- Glo / Etisalat 7%
- No response / Don’t know 0%

COMMUNICATION

Top 3 reported sources of reliable information trusted by HHs:1,2
1. Community leader 88%
2. Religious leader 63%
3. Friend / Family 53%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 84%
2. Phone call (mobile phone) 60%
3. Radio 54%

42% 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 51%
3. RFI 32%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 94%
- Mid-day 19%
- Afternoon 40%
- Evening 77%

64% 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 66%
- Airtel 73%
- 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.
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 54%
2. Borehole 47%
3. Open well 14%

% of HHs reporting time needed to collect water from main source:
- 7% None - at the HH
- 40% Less than 15 min
- 31% 15 min to 30 min
- 22% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:
66% of HHs reported reducing water consumption for cleaning, bathing and washing.
0% reported drinking water usually used for cleaning or other purposes.
0% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 27% Yes, with soap
- 68% Yes, with sand or ash
- 5% Yes, with water only
- 0% No, do not wash hands
- 0% 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 48%
- 10 liter bucket 8%
- 10 liter basin 7%

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 31%
- Cash transfer to buy WASH kits 5%
- Mix of WASH kits provision and cash 51%
- Vouchers to buy WASH kits 2%
- Mix of WASH kits provision and vouchers 10%
- Do not want support 0%
- Other / No response / Don’t know 0%

57% of HHs reported purchasing food on credit or borrowing food.
Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 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
- 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 food in the 30 days before data collection:
1. Agriculture 85%
2. Livestock 37%
3. Small business 31%

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 2%
- Bank withdrawal - counter 0%
- Formal money transfer (money agent, Western Union) 2%
- Informal money transfer (cash from friends, relatives) 11%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 83%
- No access to cash 2%
- Other / No response / Don’t know 0%

PROTECTION

20% of HHs reporting 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.

5% 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 3.3 families sharing an accommodation.
1% of HHs reported being hosted by a relative, friend or close community member.

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

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

KARASUWA LGA

ASSESSMENT SAMPLE

HHs Interviewed: 127
- IDP: 9
- Returnee: 0
- Non-displaced: 118

DEMOGRAPHIC HIGHLIGHTS

| Average HH size: 6.7 | Female-headed HHs: 7% | Child-headed HHs: 7% |

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 85%
2. Religious leader 65%
3. Friend / Family 47%

Top 3 reported means of receiving information trusted by HHs:1,2
1. Phone call (mobile phone) 71%
2. Radio 62%
3. In person / Face to face 58%

50% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 97%
2. Voice of America 45%
3. RFI 31%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 100%
- Mid-day 23%
- Afternoon 43%
- Evening 73%

80% 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 76%
- Airtel 70%
- Glo / Etisalat 12%
- No response / Don’t know 0%

HEALTH

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

% of HHs reporting distance to closest health facility:
- Less than 2 km 44%
- Within 2-5 km 23%
- More than 5 km 32%
- 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>44%</td>
</tr>
<tr>
<td>PHC</td>
<td>38%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>0%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>2%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>1%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>12%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>1%</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 1239 naira (3.44 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 1739 naira (4.83 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,3

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

Top 3 reported barriers to accessing healthcare:1
1. No barrier 44%
2. Medicine too expensive 26%
3. Health services too expensive 25%

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

- Direct provision of health services 15%
- Direct provision of medicines 13%
- Direct provision of transportation 5%
- Cash for health service fees 13%
- Cash for medicine 4%
- Cash for transportation 1%
- Mix of cash and provision of health services 42%
- Mix of cash and provision of medicine 7%
- 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).

INTER-SECTOR WORKING GROUP

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 75%
2. Borehole 25%
3. Public tap 10%

% of HHs reporting time needed to collect water from main source:
- 9% None - at the HH
- 57% Less than 15 min
- 23% 15 min to 30 min
- 11% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:
- 54% 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:
- 34% Yes, with soap
- 9% Yes, with sand or ash
- 56% 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: 0%

% of HHs reporting needing the following items that they do not have:
- Bar soap 46%
- 10 liter bucket 6%
- 10 liter basin 7%

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 14%
- Cash transfer to buy WASH kits 7%
- Mix of WASH kits provision and cash 67%
- Vouchers to buy WASH kits 5%
- Mix of WASH kits provision and vouchers 7%
- Do not want support 0%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:
- Purchased in local markets 60%
- Markets located outside the community 24%
- Own agriculture / Crop cultivation 70%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

51% 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
- 2 days reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

53% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:
1. Agriculture 83%
2. Livestock 35%
3. Small business 28%

10% 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) 4%
- Informal money transfer (cash from friends, relatives) 2%
- Mobile phone money transfer 2%
- Hand to hand (from seller, employer, other person) 64%
- No access to cash 23%
- Other / No response / Don’t know 1%

**PROTECTION**

15% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

11% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.

**SHELTER & WASTE MANAGEMENT**

The average household reported 3.4 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%

11% 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>127</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>7</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>0</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>120</td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>6.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed HHs:</td>
<td>3%</td>
</tr>
<tr>
<td>Child-headed HHs:</td>
<td>2%</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

1. Community leader 88%
2. Religious leader 77%
3. Friend / Family 71%

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

1. In person / Face to face 69%
2. Phone call (mobile phone) 60%
3. Radio 53%

31% of HHs reported owning a radio.

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

1. BBC 95%
2. Voice of America 41%
3. RFI 38%

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

- Morning 95%
- Mid-day 23%
- Afternoon 33%
- Evening 69%

62% of HHs reported owning a cell phone, of which 9% had access to Internet or social media.2

% of HHs reporting using the following networks:1

- MTN 63%
- Airtel 72%
- Glo / Etisalat 4%
- No response / Don’t know 0%

**HEALTH**

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

% of HHs reporting distance to closest health facility:3

- Less than 2 km 41%
- Within 2-5 km 14%
- More than 5 km 41%
- No response / Don’t know 3%

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>51%</td>
</tr>
<tr>
<td>PHC</td>
<td>39%</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>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>7%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>2%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>0%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

30% of HHs reported healthcare as their main priority need.

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

- Direct provision of health services 29%
- Direct provision of medicines 7%
- Direct provision of transportation 12%
- Cash for health service fees 12%
- Cash for medicine 5%
- Cash for transportation 1%
- Mix of cash and provision of health services 30%
- Mix of cash and provision of medicine 5%
- Do not want support 0%
- Other / No response / Don’t know 0%

**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 64%
2. Borehole 44%
3. Public tap 10%

% of HHs reporting time needed to collect water from main source:
- 6% - None - at the HH
- 39% - Less than 15 min
- 33% - 15 min to 30 min
- 22% - More than 30 min
- 0% - No response / Don’t know

To cope with water quantity issues:
50% of HHs reported reducing water consumption for cleaning, bathing and washing.
0% reported drinking water usually used for cleaning or other purposes.
0% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 30% - Yes, with soap
- 3% - Yes, with sand or ash
- 67% - Yes, with water only
- 0% - No, do not wash hands
- 0% - No response / Don’t know

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

% of HHs reporting needing the following items that they do not have:
- Bar soap 46%
- 10 liter bucket 13%
- 10 liter basin 17%

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

% of HHs reporting the following preferred methods of support for WASH:
- Direct provision of WASH kits 26%
- Cash transfer to buy WASH kits 11%
- Mix of WASH kits provision and cash 57%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 5%
- 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 64%
- Markets located outside the community 24%
- Own agriculture / Crop cultivation 77%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

50% 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
- 2 days restricting consumption by adults in order for children to eat

59% of HHs reported being in debt of money.

Type of access to cash reported by HHs:
- Bank withdrawal - ATM 2%
- Bank withdrawal - counter 0%
- Formal money transfer (money agent, Western Union) 3%
- Informal money transfer (cash from friends, relatives) 5%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 76%
- No access to cash 15%
- Other / No response / Don’t know 0%

**PROTECTION**

22% 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.

4% 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 3.6 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%

4% 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: 112
- IDP: 9
- Returnee: 0
- Non-displaced: 103

DEMOGRAPHIC HIGHLIGHTS

Average HH size: 7.5
Female-headed HHs: 0%
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 82%
2. Religious leader 70%
3. Friend / Family 36%

Top 3 reported means of receiving information trusted by HHs:1,2
1. Phone call (mobile phone) 77%
2. Radio 62%
3. In person / Face to face 52%

57% 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 24%
3. RFI 14%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 86%
- Mid-day 9%
- Afternoon 16%
- Evening 77%

73% of HHs reported owning a cell phone, of which 9% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 76%
- Airtel 57%
- Glo / Etisalat 4%
- 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:3
- Less than 2 km: 36%
- Within 2-5 km: 43%
- More than 5 km: 20%
- No response / Don’t know: 0%

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

First choice facility Closest facility
- Hospital 52% 51%
- PHC 34% 42%
- Mobile / Outreach clinic 0% 0%
- Village outreach worker 3% 2%
- Private doctor 0% 0%
- Patent medicine store / Chemist 8% 4%
- Traditional practitioner 2% 1%
- Pharmacy / Dispensary 0% 0%
- Wouldn’t seek treatment 1% NA
- Other / No response / Don’t know 0% 0%

HHs reported spending an average of 1317 naira (3.66 dollars) for a consultation at the first facility they would go to for treatment.2,4

HHs reported an average cost of 915 naira (2.54 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,4

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

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 51%
2. Health services too expensive 43%
3. No barrier 24%

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

Direct provision of health services 31%
Direct provision of medicines 13%
Direct provision of transportation 2%
Cash for health service fees 6%
Cash for medicine 4%
Cash for transportation 6%
Mix of cash and provision of health services 32%
Mix of cash and provision of medicine 7%
Do not want support 0%
Other / No response / Don’t know 0%

1 Respondents could select multiple answers.
2 This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
3 Percentages may not add up to 100 due to rounding.
4 Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).

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. Borehole 51%
2. Open well 43%
3. Sealed well 11%

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

- None - at the HH 16%
- Less than 15 min 53%
- 15 min to 30 min 19%
- More than 30 min 12%
- No response / Don't know 0%

**To cope with water quantity issues:**

- 45% 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:**

- Yes, with soap 30%
- Yes, with sand or ash 9%
- Yes, with water only 57%
- No, do not wash hands 2%
- No response / Don’t know 2%

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

1%

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

- Bar soap 55%
- 10 liter bucket 18%
- 10 liter basin 25%

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

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

- Direct provision of WASH kits 34%
- Cash transfer to buy WASH kits 5%
- Mix of WASH kits provision and cash 41%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 20%
- 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 25%
- Own agriculture / Crop cultivation 76%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

38% of HHs reported purchasing food on credit or borrowing food.

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

- 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

**49% of HHs reported being in debt of money.**

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

1. Agriculture 88%
2. Livestock 30%
3. Small business 28%

13% 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 1%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 2%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 63%
- No access to cash 31%
- Other / No response / Don’t know 0%

**5% 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.

**0% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.**

The average household reported 1.8 families sharing an accommodation.

0% of HHs reported being hosted by a relative, friend or close community member.

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

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

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

<table>
<thead>
<tr>
<th>HHs Interviewed</th>
<th>IDP</th>
<th>Returnee</th>
<th>Non-displaced</th>
</tr>
</thead>
<tbody>
<tr>
<td>114</td>
<td>16</td>
<td>0</td>
<td>98</td>
</tr>
</tbody>
</table>

DEMOGRAPHIC HIGHLIGHTS

- Average HH size: 6.9
- Female-headed HHs: 8%
- Child-headed HHs: 6%

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
1. Community leader
2. Religious leader
3. Friend / Family

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

52% of HHs reported owning a radio.

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

% of HHs reporting listening to the radio during the following times:³
- Morning: 100%
- Mid-day: 19%
- Afternoon: 37%
- Evening: 75%

86% of HHs reported owning a cell phone, of which 19% had access to Internet or social media.²

% of HHs reporting using the following networks:³
- MTN: 75%
- Airtel: 77%
- Glo / Etisalat: 16%
- No response / Don’t know: 0%

HEALTH

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

% of HHs reporting distance to closest health facility:
- Less than 2 km: 59%
- Within 2-5 km: 19%
- More than 5 km: 16%
- No response / Don’t know: 6%

Reported first choice health facility for treatment vs. closest health facility:
- First choice facility: 59%
- Closest facility: 62%

HHs reported spending an average of 1938 naira (5.38 dollars) for a consultation at the first facility they would go to for treatment.²³

HHs reported an average cost of 1740 naira (4.83 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.²³

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

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

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

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services: 19%
- Direct provision of medicines: 14%
- Direct provision of transportation: 6%
- Cash for health service fees: 10%
- Cash for medicine: 7%
- Cash for transportation: 2%
- Mix of cash and provision of health services: 34%
- Mix of cash and provision of medicine: 8%
- 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. Hand pump 71%
2. Borehole 48%
3. Mai moya 17%

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

- 15% None - at the HH
- 52% Less than 15 min
- 27% 15 min to 30 min
- 4% More than 30 min
- 2% No response / Don’t know

To cope with water quantity issues:

- 54% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 0% reported drinking water usually used for cleaning or other purposes.
- 3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 53% Yes, with soap
- 5% Yes, with sand or ash
- 41% 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 38%
- 10 liter bucket 8%
- 10 liter basin 11%

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 23%
- Cash transfer to buy WASH kits 9%
- Mix of WASH kits provision and cash 60%
- Vouchers to buy WASH kits 4%
- Mix of WASH kits provision and vouchers 5%
- 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 76%
- Markets located outside the community 22%
- Own agriculture / Crop cultivation 47%
- Food aid / Assistance from NGOs 1%
- Food aid / Assistance from government 1%

### FOOD SECURITY & LIVELIHOODS

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

47% 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%
2. Agriculture 48%
3. Trade 21%

8% of HHs reportedly resorted to begging to cope with the lack of income and 0% engaged in dangerous or illegal work.

**Type of access to cash reported by HHs:**

- Bank withdrawal - ATM 12%
- Bank withdrawal - counter 1%
- Formal money transfer (money agent, Western Union) 1%
- Informal money transfer (cash from friends, relatives) 3%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 67%
- No access to cash 16%
- Other / No response / Don’t know 0%

### PROTECTION

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

6% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.

### SHELTER & WASTE MANAGEMENT

The average household reported 3.2 families sharing an accommodation.

38% 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

POTISKUM LGA

ASSESSMENT SAMPLE

- HHs Interviewed: 147
  - IDP: 10
  - Returnee: 0
  - Non-displaced: 137

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>8.1</td>
<td>2%</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: 76%
2. Religious leader: 67%
3. Friend / Family: 34%

Top 3 reported means of receiving information trusted by HHs:\(^1,2\)

1. Phone call (mobile phone): 82%
2. Radio: 58%
3. In person / Face to face: 47%

63% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:\(^1,2\)

1. BBC: 100%
2. Radio Deutsche: 7%
3. Voice of America: 5%

% of HHs reporting listening to the radio during the following times:\(^1,2\)

- Morning: 86%
- Mid-day: 1%
- Afternoon: 15%
- Evening: 44%

92% of HHs reported owning a cell phone, of which 43% had access to Internet or social media.\(^2\)

% of HHs reporting using the following networks:\(^1,2\)

- MTN: 80%
- Airtel: 60%
- Glo / Etisalat: 5%
- No response / Don’t know: 0%

COMMUNICATION

Top 3 reported barriers to accessing healthcare:\(^1\)

1. Medicine too expensive: 50%
2. Health services too expensive: 36%
3. No barrier: 35%

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

- Direct provision of health services: 20%
- Direct provision of medicines: 14%
- Direct provision of transportation: 1%
- Cash for health service fees: 11%
- Cash for medicine: 6%
- Cash for transportation: 1%
- Mix of cash and provision of health services: 38%
- Mix of cash and provision of medicine: 8%
- Do not want support: 0%
- Other / No response / Don’t know: 0%

Health

11% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:\(^3\)

- Less than 2 km: 49%
- Within 2-5 km: 36%
- More than 5 km: 16%
- 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: 68%</td>
<td>69%</td>
</tr>
<tr>
<td>PHC: 19%</td>
<td>22%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic: 1%</td>
<td>0%</td>
</tr>
<tr>
<td>Village outreach worker: 0%</td>
<td>1%</td>
</tr>
<tr>
<td>Private doctor: 0%</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist: 10%</td>
<td>7%</td>
</tr>
<tr>
<td>Traditional practitioner: 1%</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary: 1%</td>
<td>1%</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 1474 naira (4.10 dollars) for a consultation at the first facility they would go to for treatment.\(^2,4\)

HHs reported an average cost of 1625 naira (4.52 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.\(^2,4\)

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

Top 3 reported sources of reliable information trusted by HHs:\(^1,2\)

1. Community leader: 76%
2. Religious leader: 67%
3. Friend / Family: 34%

% of HHs reporting healthcare as their main priority need: 5%

HHs reported spending an average of 1474 naira (4.10 dollars) for a consultation at the first facility they would go to for treatment.\(^2,4\)

HHs reported an average cost of 1625 naira (4.52 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.\(^2,4\)

5% 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: 36%
3. No barrier: 35%

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

- Direct provision of health services: 20%
- Direct provision of medicines: 14%
- Direct provision of transportation: 1%
- Cash for health service fees: 11%
- Cash for medicine: 6%
- Cash for transportation: 1%
- Mix of cash and provision of health services: 38%
- Mix of cash and provision of medicine: 8%
- Do not want support: 0%
- Other / No response / Don’t know: 0%

\(^1\) Respondents could select multiple answers.

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

\(^3\) Percentages may not add up to 100 due to rounding.

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

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. Borehole  
2. Mai moy  
3. Public tap  

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

- 26%: None - at the HH  
- 49%: Less than 15 min  
- 17%: 15 min to 30 min  
- 7%: More than 30 min  
- 1%: No response / Don’t know

To cope with water quantity issues:

- 51% 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:

- 56%: Yes, with soap  
- 4%: Yes, with sand or ash  
- 36%: Yes, with water only  
- 2%: No, do not wash hands  
- 2%: No response / Don’t know

5% 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: 50%  
- 10 liter bucket: 17%  
- 10 liter basin: 26%

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: 29%  
- Cash transfer to buy WASH kits: 4%  
- Mix of WASH kits provision and cash: 54%  
- Vouchers to buy WASH kits: 0%  
- 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:

- Purchased in local markets: 88%  
- Markets located outside the community: 5%  
- Own agriculture / Crop cultivation: 33%  
- Food aid / Assistance from NGOs: 0%  
- Food aid / Assistance from government: 0%

49% 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

61% 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. Trade

26% 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: 27%  
- Bank withdrawal - counter: 4%  
- Formal money transfer (money agent, Western Union): 0%  
- Informal money transfer (cash from friends, relatives): 0%  
- Mobile phone money transfer: 0%  
- Hand to hand (from seller, employer, other person): 54%  
- No access to cash: 15%  
- Other / No response / Don’t know: 0%

**PROTECTION**

4% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

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

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.4 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%

67% 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

Yobe State
TARMUA LGA

**ASSESSMENT SAMPLE**

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>122</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>10</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>0</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>112</td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th></th>
<th>Average HH size:</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>6.1</td>
<td>3%</td>
<td>0%</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 95%
2. Religious leader 56%
3. Friend / Family 44%

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

1. Phone call (mobile phone) 79%
2. Radio 60%
3. In person / Face to face 58%

46% of HHs reported owning a radio.

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

1. BBC 98%
2. Voice of America 26%
3. RFI 6%

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

- Morning 75%
- Mid-day 11%
- Afternoon 15%
- Evening 79%

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 49%
- Airtel 59%
- Glo / Etisalat 21%
- 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 59%
- Within 2-5 km 6%
- More than 5 km 35%
- 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>33%</td>
</tr>
<tr>
<td>PHC</td>
<td>54%</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>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>0%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>8%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<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>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 984 naira (2.73 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 997 naira (2.77 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.2,3

5% 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 18%

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

Direct provision of health services 33%
Direct provision of medicines 15%
Direct provision of transportation 4%
Cash for health service fees 6%
Cash for medicine 5%
Cash for transportation 1%
Mix of cash and provision of health services 28%
Mix of cash and provision of medicine 7%
Do not want support 2%
Other / No response / Don’t know 0%

**ASSESSMENT SAMPLE**

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
### 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>Borehole</td>
<td>50%</td>
</tr>
<tr>
<td>Open well</td>
<td>32%</td>
</tr>
<tr>
<td>Public tap</td>
<td>14%</td>
</tr>
</tbody>
</table>

% 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>8%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>48%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>26%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>18%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues:¹

44% of HHs reported reducing water consumption for cleaning, bathing and washing.

3% reported drinking water usually used for cleaning or other purposes.

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:¹

<table>
<thead>
<tr>
<th>Hand Washing</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>53%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>4%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>5%</td>
</tr>
</tbody>
</table>

3% of respondents reported not washing their hands on the day before data collection.²

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

- Bar soap: 53%
- 10 liter bucket: 17%
- 10 liter basin: 25%

20% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits: 28%
- Cash transfer to buy WASH kits: 4%
- Mix of WASH kits provision and cash: 51%
- Vouchers to buy WASH kits: 0%
- Mix of WASH kits provision and vouchers: 16%
- Do not want support: 1%
- Other / No response / Don’t know: 0%

49% of HHs reported purchasing food on credit or borrowing food.

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

- 4 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtime
- 1 day reducing number of meals eaten in a day
- 1 day 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

1. Agriculture  82%
2. Livestock  37%
3. Small business  29%

14% of HHs reportedly resorted to begging to cope with the lack of income and 0% engaged in dangerous or illegal work.

**WATER, SANITATION & HYGIENE**

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

1. Borehole  50%
2. Open well  32%
3. Public tap  14%

% 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>8%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>48%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>26%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>18%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues:¹

44% of HHs reported reducing water consumption for cleaning, bathing and washing.

3% reported drinking water usually used for cleaning or other purposes.

3% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:¹

<table>
<thead>
<tr>
<th>Hand Washing</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>53%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>4%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>5%</td>
</tr>
</tbody>
</table>

3% of respondents reported not washing their hands on the day before data collection.²

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

- Bar soap: 53%
- 10 liter bucket: 17%
- 10 liter basin: 25%

20% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits: 28%
- Cash transfer to buy WASH kits: 4%
- Mix of WASH kits provision and cash: 51%
- Vouchers to buy WASH kits: 0%
- Mix of WASH kits provision and vouchers: 16%
- Do not want support: 1%
- Other / No response / Don’t know: 0%

49% of HHs reported purchasing food on credit or borrowing food.

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

- 4 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 1 day limiting portion sizes at mealtime
- 1 day reducing number of meals eaten in a day
- 1 day 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

1. Agriculture  82%
2. Livestock  37%
3. Small business  29%

14% 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: 4%
- Bank withdrawal - counter: 1%
- Formal money transfer (money agent, Western Union): 0%
- Informal money transfer (cash from friends, relatives): 0%
- Mobile phone money transfer: 0%
- Hand to hand (from seller, employer, other person): 68%
- No access to cash: 28%
- Other / No response / Don’t know: 0%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets: 73%
- Markets located outside the community: 18%
- Own agriculture / Crop cultivation: 71%
- Food aid / Assistance from NGOs: 0%
- Food aid / Assistance from government: 0%

*Percentages may not add up to 100 due to rounding.*
% of HHs reporting distance to closest health facility:

- Less than 2 km: 45%
- Within 2-5 km: 44%
- More than 5 km: 11%
- No response / Don’t know: 0%

Top 3 reported radio stations listened to by the HHs:

1. BBC
2. Voice of America
3. RFI

Top 3 reported barriers to accessing healthcare:

1. No barrier: 40%
2. Medicine too expensive: 40%
3. Health services too expensive: 39%

% of HHs reported healthcare as their main priority need: 8%
WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:1
1. Borehole 74%
2. Hand pump 25%
3. Public tap 19%

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

- 4% None - at the HH
- 56% Less than 15 min
- 33% 15 min to 30 min
- 7% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:1
- 59% 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:

- 36% Yes, with soap
- 8% Yes, with sand or ash
- 56% Yes, with water only
- 0% No, do not wash hands
- 0% No response / Don’t know

3% of respondents reported not washing their hands on the day before data collection.2

% of HHs reporting needing the following items that they do not have:1
- Bar soap 47%
- 10 liter bucket 7%
- 10 liter basin 8%

3% 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 23%
- Cash transfer to buy WASH kits 10%
- Mix of WASH kits provision and cash 58%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 8%
- Do not want support 0%
- Other / No response / Don’t know 0%

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:
- 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

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 89%
2. Livestock 38%
3. Small business 21%

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 4%
- Bank withdrawal - counter 2%
- Formal money transfer (money agent, Western Union) 3%
- Informal money transfer (cash from friends, relatives) 4%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 79%
- No access to cash 7%
- Other / No response / Don’t know 1%

18% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.2 0% of HHs reported that their child has access to this place.2

4% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.2 100% of HHs reported that the women in their HH have access to this place.2

SHELTER & WASTE MANAGEMENT

The average household reported 3 families sharing an accommodation.

1% of HHs reported being hosted by a relative, friend or close community member.

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

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

5% 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**

**YUSUFARI LGA**

### Assessment Sample

- HHs Interviewed: 120
  - IDP: 0
  - Returnee: 0
  - Non-displaced: 120

### Demographic Highlights

| Average HH size: 6.5 | Female-headed HHs: 7% | Child-headed HHs: 6% |

### Communication

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

Top 3 reported sources of reliable information trusted by HHs:
1. Community leader 88%
2. Religious leader 68%
3. Friend / Family 59%

Top 3 reported means of receiving information trusted by HHs:
1. Phone call (mobile phone) 68%
2. In person / Face to face 67%
3. Radio 63%

56% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 96%
2. Voice of America 46%
3. RFI 31%

% of HHs reporting listening to the radio during the following times:
- Morning 96%
- Mid-day 10%
- Afternoon 36%
- Evening 85%

71% of HHs reported owning a cell phone, of which 11% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN 49%
- Airtel 76%
- Glo / Etisalat 8%
- No response / Don’t know 1%

### Health

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

% of HHs reporting distance to closest health facility:
- Less than 2 km 38%
- Within 2-5 km 15%
- More than 5 km 47%
- No response / Don’t know 1%

Reported first choice health facility for treatment vs. closest health facility:
- First choice facility
  - Hospital 61%
  - PHC 23%
  - Mobile / Outreach clinic 0%
  - Village outreach worker 0%
  - Private doctor 0%
  - Patent medicine store / Chemist 13%
  - Traditional practitioner 0%
  - Pharmacy / Dispensary 3%
  - Wouldn’t seek treatment 0%
  - Other / No response / Don’t know 0%

- Closest facility
  - Hospital 62%
  - PHC 28%
  - Mobile / Outreach clinic 0%
  - Village outreach worker 0%
  - Private doctor 0%
  - Patent medicine store / Chemist 7%
  - Traditional practitioner 0%
  - Pharmacy / Dispensary 3%
  - Wouldn’t seek treatment NA
  - Other / No response / Don’t know 0%

HHs reported spending an average of 2228 naira (6.19 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 3210 naira (8.92 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. Health services too expensive 34%
2. Medicine too expensive 33%
3. No barrier 32%

% of HHs reporting the following preferred methods of support for healthcare:
1. Direct provision of health services 28%
2. Direct provision of medicines 12%
3. Direct provision of transportation 8%
4. Cash for health service fees 7%
5. Cash for medicine 0%
6. Cash for transportation 0%
7. Mix of cash and provision of health services 38%
8. Mix of cash and provision of medicine 7%
9. Do not want support 0%
10. Other / No response / Don’t know 0%

### Footnotes:
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. Hand pump 58%
2. Borehole 50%
3. Open well 28%

% of HHs reporting time needed to collect water from main source:
8% None - at the HH
38% Less than 15 min
34% 15 min to 30 min
20% More than 30 min
0% No response / Don’t know

To cope with water quantity issues:
65% of HHs reported reducing water consumption for cleaning, bathing and washing.
1% reported drinking water usually used for cleaning or other purposes.
1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
23% Yes, with soap
1% Yes, with sand or ash
76% 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 44%
10 liter bucket 3%
10 liter basin 5%

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 23%
Cash transfer to buy WASH kits 5%
Mix of WASH kits provision and cash 58%
Vouchers to buy WASH kits 4%
Mix of WASH kits provision and vouchers 9%
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 62%
Markets located outside the community 26%
Own agriculture / Crop cultivation 80%
Food aid / Assistance from NGOs 0%
Food aid / Assistance from government 0%

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:
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

59% of HHs reported being in debt of money.

Top 3 reported main sources of income in the 30 days before data collection:
1. Agriculture 91%
2. Livestock 47%
3. Small business 28%

16% 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 2%
Formal money transfer (money agent, Western Union) 2%
Informal money transfer (cash from friends, relatives) 4%
Mobile phone money transfer 0%
Hand to hand (from seller, employer, other person) 89%
No access to cash 2%
Other / No response / Don’t know 0%

**PROTECTION**

18% 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.

4% 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 3.5 families sharing an accommodation.
1% of HHs reported being hosted by a relative, friend or close community member.

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

13% 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.