Multi-Sector Needs Assessment
Indicators for COVID-19: Adamawa 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. In addition to this humanitarian landscape in accessible areas, most recently the humanitarian community has identified around 1,000,000 individuals staying in hard-to-reach areas with little hope to be reached by humanitarian assistance.

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 2,822 in Adamawa State, of which 160 were IDP HHs, 416 were returnee HHs and 2,246 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 exceptions in Adamawa State were Madagali and Song LGAs, which had an 11% margin of error. Due to security concerns, only garrison towns were included for Madagali LGA, but all 21 LGAs in Adamawa State were assessed.

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.

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>5.2</td>
<td>7%</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. Community leader 78%
2. Religious leader 74%
3. Friend / Family 42%

Top 3 reported means of receiving information trusted by HHs:
1. In person / Face to face 72%
2. Phone call (mobile phone) 59%
3. Radio 48%

58% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 79%
2. Gotel FM 70%
3. ABBC Yola FM 53%

% of HHs reporting listening to the radio during the following times:
Morning 89%
Mid-day 22%
Afternoon 43%
Evening 82%

81% of HHs reported owning a cell phone, of which 29% had access to Internet or social media.

% of HHs reporting using the following networks:
MTN 76%
Airtel 59%
Glo / Etisalat 18%
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.

For more information on this factsheet, please contact reach.nigeria@reach-initiative.org
5% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:

- 51% Less than 2 km
- 29% Within 2-5 km
- 19% More than 5 km
- 1% No response / Don’t know

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

- Demsa
- Fufore
- Ganye
- Gombi
- Girei
- Guyuk
- Hong
- Jada
- Lamurde
- Madagali
- Maiha
- Mayo-Belwa
- Michika
- Mubi
- North
- Mubi South
- Numan
- Shelleng
- Song
- Toungo
- Yola North
- Yola South

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>Primary Healthcare (PHC)</td>
<td>43%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>2%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>8%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>2%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>5%</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 1102 naira (3.06 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 1243 naira (3.45 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.

13% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:

1. Medicine too expensive - 66%
2. Health services too expensive - 53%
3. Staff not qualified - 18%

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

- Direct provision of health services - 28%
- Direct provision of medicines - 10%
- Direct provision of transportation - 2%
- Cash for health service fees - 10%
- Cash for transportation - 8%
- Mix of cash and provision of health services - 24%
- Mix of cash and provision of medicine - 14%
- Do not want support - 1%
- Other / No response / Don’t know - 0%

WATER, SANITATION & HYGIENE

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

1. Borehole - 40%
2. Open well - 31%
3. Surface water - 28%

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

- 21% None - at the HH
- 24% Less than 15 min
- 34% 15 min to 30 min
- 19% More than 30 min
- 2% 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:

48% of HHs reported reducing water consumption for cleaning, bathing and washing.

6% reported drinking water usually used for cleaning or other purposes.

2% reported receiving water on credit or borrowing water.

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1 At least one health facility should be within 5 km for primary healthcare coverage (United Nations High Commissioner for Refugees, Emergency Handbook Version 1.9).
2 Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
3 Queuing time of less than 30 minutes is a key indicator for water supply in humanitarian settings (Sphere, The Sphere Handbook 2018).
% of respondents reporting hand washing:

- Yes, with soap: 29%
- Yes, with sand or ash: 67%
- Yes, with water only: 1%
- No, do not wash hands: 2%
- No response / Don’t know: 1%

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

% of HHs reporting needing the following items that they did not own:

- Bar soap: 58%
- 10 liter bucket: 28%
- 10 liter basin: 34%

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

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

- Direct provision of WASH kits: 30%
- Cash transfer to buy WASH kits: 10%
- Mix of WASH kits provision and cash: 53%
- Vouchers to buy WASH kits: 1%
- Mix of WASH kits provision and vouchers: 4%
- Do not want support: 1%
- 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

48% of HHs reported being in debt of money.

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

1. Agriculture: 66%
2. Small business: 24%
3. Livestock: 23%

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: 22%
- Bank withdrawal - counter: 2%
- Formal money transfer (money agent, Western Union): 1%
- Informal money transfer (cash from friends, relatives): 8%
- Mobile phone money transfer: 1%
- Hand to hand (from seller, employer, other person): 55%
- No access to cash: 11%
- Other / No response / Don’t know: 0%

PROTECTION

38% of HHs reported having a child-friendly space in the community, of which 1% are operated by NGOs.

28% 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 1.7 families sharing an accommodation. 1% of HHs reported being hosted by a relative, friend or close community member.

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

- None / Sleeping in the open space: 0%
- Collective shelter (mosque, school, other public building): 0%
- 31% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.
MSNA Indicators for COVID-19

Adamawa State
DEMSA LGA

**ASSESSMENT SAMPLE**

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>169</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>5</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>19</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>145</td>
</tr>
</tbody>
</table>

**DEMOGRAPHIC HIGHLIGHTS**

Average HH size: 4.4
Female-headed HHs: 8%
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. Community leader: 92%
2. Religious leader: 65%
3. Local government: 30%

Top 3 reported means of receiving information trusted by HHs:
1. Radio: 72%
2. Phone call (mobile phone): 71%
3. In person / Face to face: 65%

75% of HHs reported owning a radio.

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

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

91% of HHs reported owning a cell phone, of which 46% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN: 100%
- Airtel: 100%
- 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).

**HEALTH**

8% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km: 65%
- Within 2-5 km: 29%
- More than 5 km: 6%
- No response / Don’t know: 0%

**Reported first choice health facility for treatment vs. closest health facility:**
- Hospital: 27%
- PHC: 69%
- Mobile / Outreach clinic: 0%
- Village outreach worker: 0%
- Private doctor: 0%
- Patent medicine store / Chemist: 4%
- Traditional practitioner: 0%
- Pharmacy / Dispensary: 0%
- Wouldn’t seek treatment: 0%
- Other / No response / Don’t know: 0%

HHs reported spending an average of 536 naira (1.49 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 931 naira (2.59 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:
1. Medicine too expensive: 57%
2. Health services too expensive: 36%
3. Medicine not available: 28%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services: 21%
- Direct provision of medicines: 16%
- Direct provision of transportation: 4%
- Cash for health service fees: 11%
- Cash for medicine: 7%
- Cash for transportation: 1%
- Mix of cash and provision of health services: 25%
- Mix of cash and provision of medicine: 15%
- Do not want support: 1%
- Other / No response / Don’t know: 0%

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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 43%
2. Open well 26%
3. Surface water 25%

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

- 5% None - at the HH
- 15% Less than 15 min
- 47% 15 min to 30 min
- 33% More than 30 min
- 0% No response / Don’t know

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

- 56% 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:

- 29% Yes, with soap
- 1% Yes, with sand or ash
- 70% Yes, with water only
- 0% No, do not wash hands
- 0% No response / Don’t know

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:\(^1\)

- Bar soap 58%
- 10 liter bucket 15%
- 10 liter basin 21%

10% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 36%
- Cash transfer to buy WASH kits 7%
- Mix of WASH kits provision and cash 51%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 4%
- Do not want support 1%
- Other / No response / Don’t know 0%

34% of HHs reported purchasing food on credit or borrowing food.

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

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

48% of HHs reported being in debt of money.

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

1. Agriculture 82%
2. Trade 29%
3. Livestock 27%

21% 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 34%
- Bank withdrawal - counter 2%
- Formal money transfer (money agent, Western Union) 7%
- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 2%
- Hand to hand (from seller, employer, other person) 45%
- No access to cash 4%
- Other / No response / Don’t know 0%

FOOD SECURITY & LIVELIHOODS

34% 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:

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- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 2%
- Hand to hand (from seller, employer, other person) 45%
- No access to cash 4%
- Other / No response / Don’t know 0%

PROTECTION

49% 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.\(^2\)

41% 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 1.6 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.

34% 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
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48% of HHs reported being in debt of money.

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2. Trade 29%
3. Livestock 27%

21% 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 34%
- Bank withdrawal - counter 2%
- Formal money transfer (money agent, Western Union) 7%
- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 2%
- Hand to hand (from seller, employer, other person) 45%
- No access to cash 4%
- Other / No response / Don’t know 0%
**MSNA Indicators for COVID-19**

**Adamawa State**

**FUFORE LGA**

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**ASSESSMENT SAMPLE**

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>152</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>21</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>0</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>131</td>
</tr>
</tbody>
</table>

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**DEMOGRAPHIC HIGHLIGHTS**

**Average**

| Female-headed HHs: | 0% |
| Child-headed HHs:  | 0% |

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**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 - 97%
2. Religious leader - 90%
3. Friend / Family - 82%

Top 3 reported means of receiving information trusted by HHs:

1. Radio - 82%
2. In person / Face to face - 49%
3. Community events - 33%

55% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:

1. ABBC Yola FM - 99%
2. Gotel FM - 93%
3. Fombina - 72%

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

- Morning - 99%
- Mid-day - 25%
- Afternoon - 68%
- Evening - 95%

61% of HHs reported owning a cell phone, of which 6% had access to Internet or social media.

% of HHs reporting using the following networks:

- MTN - 53%
- Airtel - 42%
- Glo / Etisalat - 32%
- No response / Don’t know - 0%

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**HEALTH**

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

% of HHs reporting distance to closest health facility:

- Less than 2 km - 40%
- Within 2-5 km - 33%
- More than 5 km - 27%
- 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>1%</td>
</tr>
<tr>
<td>PHC</td>
<td>91%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>4%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
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<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>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 187 naira (0.52 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 1133 naira (3.15 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

19% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:

1. Medicine too expensive - 96%
2. Health services too expensive - 88%
3. Health facility too far - 17%

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

- Direct provision of health services - 18%
- Direct provision of medicines - 5%
- Direct provision of transportation - 2%
- Cash for health service fees - 0%
- Cash for medicine - 0%
- Cash for transportation - 3%
- Mix of cash and provision of health services - 69%
- Mix of cash and provision of medicine - 3%
- Do not want support - 0%
- Other / No response / Don’t know - 0%

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1 Respondents could select multiple answers.
2 This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
3 Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).

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[Logo: European Union for Protection and Humanitarian Action]

**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 55%
2. Surface water 38%
3. Open well 31%

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

- 12% None - at the HH
- 29% Less than 15 min
- 51% 15 min to 30 min
- 7% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:1

- 72% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 6% reported drinking water usually used for cleaning or other purposes.
- 0% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 94% Yes, with soap
- 94% Yes, with sand or ash
- 1% Yes, with water only
- 1% 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.2

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

- Bar soap 67%
- 10 liter bucket 18%
- 10 liter basin 24%

12% 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 8%
- Cash transfer to buy WASH kits 2%
- Mix of WASH kits provision and cash 88%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 1%
- Do not want support 0%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 63%
- Markets located outside the community 9%
- Own agriculture / Crop cultivation 78%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

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

#### Assessment Sample

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>105</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>105</td>
</tr>
</tbody>
</table>

#### Demographic Highlights

<table>
<thead>
<tr>
<th>Average</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH size:</td>
<td>4.9</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></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. Community leader: 87%
2. Religious leader: 72%
3. Friend / Family: 39%

Top 3 reported means of receiving information trusted by HHs:
1. In person / Face to face: 83%
2. Phone call (mobile phone): 44%
3. Tie: Community events / Radio: 37%

54% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. Gotel FM: 84%
2. ABBC Yola FM: 70%
3. BBC: 65%

% of HHs reporting listening to the radio during the following times:
- Morning: 100%
- Mid-day: 30%
- Afternoon: 49%
- Evening: 89%

69% of HHs reported owning a cell phone, of which 21% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN: 86%
- Airtel: 26%
- Glo / Etisalat: 38%
- No response / Don’t know: 0%

1 Respondents could select multiple answers.
2 This question refers to a subset of the population surveyed.
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

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

% of HHs reporting distance to closest health facility:
- Less than 2 km: 26%
- Within 2-5 km: 41%
- 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>38%</td>
</tr>
<tr>
<td>PHC:</td>
<td>46%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic:</td>
<td>7%</td>
</tr>
<tr>
<td>Village outreach worker:</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor:</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist:</td>
<td>1%</td>
</tr>
<tr>
<td>Traditional practitioner:</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary:</td>
<td>6%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment:</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know:</td>
<td>2%</td>
</tr>
</tbody>
</table>

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

HHs reported an average cost of 1114 naira (3.09 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

14% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:
1. Medicine too expensive: 69%
2. Health services too expensive: 59%
3. Staff not qualified: 45%

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

| Direct provision of health services: | 29% |
| Direct provision of medicines:      | 5%  |
| Direct provision of transportation: | 0%  |
| Cash for health service fees:       | 13% |
| Cash for medicine:                  | 11% |
| Cash for transportation:            | 4%  |
| Mix of cash and provision of health services: | 27% |
| Mix of cash and provision of medicine: | 11% |
| Do not want support:                | 0%  |
| Other / No response / Don’t know:  | 0%  |

14% of HHs reported healthcare as their main priority need.
WATER, SANITATION & HYGIENE

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

1. Surface water 47%
2. Open well 43%
3. Borehole 35%

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

- 13% None - at the HH
- 19% Less than 15 min
- 43% 15 min to 30 min
- 25% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:¹

- 41% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 14% reported drinking water usually used for cleaning or other purposes.
- 0% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 18% Yes, with soap
- 0% Yes, with sand or ash
- 62% Yes, with water only
- 0% No, do not wash hands
- 0% No response / Don’t know

9% of respondents reported not washing their hands on the day before data collection.²

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

- Bar soap 66%
- 10 liter bucket 39%
- 10 liter basin 39%

22% 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 30%
- Cash transfer to buy WASH kits 9%
- Mix of WASH kits provision and cash 52%
- 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%

FOOD SECURITY & LIVELIHOODS

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

- Purchased in local markets 56%
- Markets located outside the community 21%
- Own agriculture / Crop cultivation 78%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

35% of HHs reported purchasing food on credit or borrowing food.

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

- 4 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 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 75%
2. Livestock 25%
3. Small business 16%

10% 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 16%
- Bank withdrawal - counter 0%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 9%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 65%
- No access to cash 10%
- Other / No response / Don’t know 0%

PROTECTION

7% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.²

6% 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 1.5 families sharing an accommodation.¹ 1% of HHs reported being hosted by a relative, friend or close community member.

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

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

0% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.
**MSNA Indicators for COVID-19**

**Adamawa State**

**GOMBI LGA**

---

### ASSESSMENT SAMPLE

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>128</th>
</tr>
</thead>
<tbody>
<tr>
<td>- IDP:</td>
<td>5</td>
</tr>
<tr>
<td>- Returnee:</td>
<td>31</td>
</tr>
<tr>
<td>- Non-displaced:</td>
<td>92</td>
</tr>
</tbody>
</table>

### DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>5.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed HHs:</td>
<td>10%</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. Religious leader
2. Community leader
3. INGO

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

50% of HHs reported owning a radio.

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

% of HHs reporting listening to the radio during the following times:
- Morning: 91%
- Mid-day: 10%
- Afternoon: 14%
- Evening: 90%

84% of HHs reported owning a cell phone, of which 26% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN: 85%
- Airtel: 64%
- Glo / Etisalat: 7%
- No response / Don’t know: 0%

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### HEALTH

10% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km: 41%
- Within 2-5 km: 39%
- More than 5 km: 18%
- 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</td>
<td>55%</td>
</tr>
<tr>
<td>PHC</td>
<td>15%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>15%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>2%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>16%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>8%</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 1575 naira (4.38 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 1432 naira (3.98 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
2. Health services too expensive
3. No barrier

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

| Direct provision of health services | 34% |
| Direct provision of medicines      | 7%  |
| Direct provision of transportation | 7%  |
| Cash for health service fees       | 21% |
| Cash for medicine                  | 4%  |
| Cash for transportation            | 3%  |
| Mix of cash and provision of health services | 11% |
| Mix of cash and provision of medicine | 13% |
| 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.

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

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**INTER-SECTOR WORKING GROUP**

**REACH** Informed more effective humanitarian action

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

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

1. Open well 49%
2. Mai moya 36%
3. Borehole 26%

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

- 35% None - at the HH
- 17% Less than 15 min
- 32% 15 min to 30 min
- 11% More than 30 min
- 6% No response / Don’t know

To cope with water quantity issues:

- 36% reducing water consumption for cleaning, bathing and washing.
- 8% drinking water usually used for cleaning or other purposes.
- 5% receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 25% Yes, with soap
- 0% Yes, with sand or ash
- 72% Yes, with water only
- 0% 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 46%
- 10 liter bucket 27%
- 10 liter basin 41%

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 38%
- Cash transfer to buy WASH kits 8%
- Mix of WASH kits provision and cash 48%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 5%
- Do not want support 1%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:

- Purchased in local markets 71%
- Markets located outside the community 4%
- Own agriculture / Crop cultivation 52%
- Food aid / Assistance from NGOs 1%
- Food aid / Assistance from government 1%

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:

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

63% of HHs reported being in debt of money.

To cope with food quantity issues:

- 36% reducing amount of food for the day.
- 8% drinking water usually used for cleaning or other purposes.
- 5% consuming less preferred and cheaper food.

% of HHs reporting the following main sources of income:

1. Agriculture 41%
2. Trade 39%
3. Small business 36%

6% 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 22%
- Bank withdrawal - counter 7%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 61%
- No access to cash 4%
- Other / No response / Don’t know 0%

**PROTECTION**

35% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

35% 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 1.5 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.

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

- HHs Interviewed: 149
  - IDP: 18
  - Returnee: 0
  - Non-displaced: 131

**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>4.7</td>
<td>11%</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 87%
2. Religious leader 72%
3. Friend / Family 50%

Top 3 reported means of receiving information trusted by HHs:\(^1,2\)
1. Radio 72%
2. In person / Face to face 66%
3. Phone call (mobile phone) 61%

71% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:\(^1,2\)
1. Gotel FM 92%
2. BBC 71%
3. ABBC Yola FM 66%

**HEALTH**

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

| % of HHs reporting distance to closest health facility: |
|---------------------------------|----------------|----------------|
| Less than 2 km                  | 61%            | Less than 2 km |
| Within 2-5 km                   | 23%            | Within 2-5 km  |
| More than 5 km                  | 16%            | More than 5 km |
| No response / Don't know        | 0%             | No response    |

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>40%</td>
</tr>
<tr>
<td>PHC</td>
<td>48%</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>
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<td>Patent medicine store / Chemist</td>
<td>5%</td>
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<tr>
<td>Traditional practitioner</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>6%</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 421 naira (1.17 dollars) for a consultation at the first facility they would go to for treatment.\(^2,3\)

HHs reported an average cost of 729 naira (2.02 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 77%
2. Health services too expensive 54%
3. Medicine not available 20%

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

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

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

<table>
<thead>
<tr>
<th>Network</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTN</td>
<td>81%</td>
</tr>
<tr>
<td>Airtel</td>
<td>67%</td>
</tr>
<tr>
<td>Glo / Etisalat</td>
<td>22%</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).
MSNA INDICATORS FOR COVID-19 | GIREI

**WATER, SANITATION & HYGIENE**

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

1. Borehole  61%
2. Mai moya  31%
3. Surface water  21%

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

- None - at the HH: 22%
- Less than 15 min: 19%
- 15 min to 30 min: 41%
- More than 30 min: 16%
- No response / Don’t know: 2%

To cope with water quantity issues:

- 36% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 5% reported drinking water usually used for cleaning or other purposes.
- 1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- Yes, with soap: 45%
- Yes, with sand or ash: 3%
- Yes, with water only: 52%
- 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.

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

- Bar soap: 56%
- 10 liter bucket: 27%
- 10 liter basin: 31%

10% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits: 36%
- Cash transfer to buy WASH kits: 16%
- Mix of WASH kits provision and cash: 46%
- Vouchers to buy WASH kits: 0%
- Mix of WASH kits provision and vouchers: 1%
- 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: 85%
- Markets located outside the community: 39%
- Own agriculture / Crop cultivation: 48%
- Food aid / Assistance from NGOs: 0%
- Food aid / Assistance from government: 1%

32% of HHs reported purchasing food on credit or borrowing food.

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

- 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

42% of HHs reported being in debt of money.

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

1. Agriculture  59%
2. Livestock  29%
3. Salary  29%

7% 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: 42%
- Bank withdrawal - counter: 3%
- 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): 38%
- No access to cash: 16%
- Other / No response / Don’t know: 0%

**PROTECTION**

40% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

33% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.

74% of HHs reported that the women in their HH have access to this place.

**SHELTER & WASTE MANAGEMENT**

The average household reported 1.7 families sharing an accommodation.

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

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

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

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

Adamawa State
GUYUK LGA

ASSESSMENT SAMPLE

HHs Interviewed: 155
- IDP: 2
- Returnee: 4
- Non-displaced: 149

DEMOGRAPHIC HIGHLIGHTS

Average HH size: 4.8
Female-headed HHs: 10%
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 89%
2. Religious leader 73%
3. Friend / Family 46%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 74%
2. Radio 70%
3. Phone call (mobile phone) 64%

67% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. Gotel FM 91%
2. BBC 69%
3. ABBC Yola FM 63%

% of HHs reporting listening to the radio during the following times:1,2
Morning 97%
Mid-day 41%
Afternoon 52%
Evening 93%

79% of HHs reported owning a cell phone, of which 27% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
MTN 61%
Airtel 73%
Glo / Etisalat 12%
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
64% Less than 2 km
27% Within 2-5 km
10% More than 5 km
0% No response / Don’t know

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

<table>
<thead>
<tr>
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<th>Closest facility</th>
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<td>29%</td>
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<tr>
<td>PHC</td>
<td>57%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>1%</td>
</tr>
<tr>
<td>Village outreach worker</td>
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<td>Private doctor</td>
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<td>Pharmacy / Dispensary</td>
<td>4%</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 559 naira (1.55 dollars) for a consultation at the first facility they would go to for treatment.2,4

HHs reported an average cost of 629 naira (1.75 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,4

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

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 76%
2. Health services too expensive 40%
3. Staff not qualified 39%

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

Direct provision of health services 27%
Direct provision of medicines 4%
Direct provision of transportation 0%
Cash for health service fees 4%
Cash for medicine 19%
Cash for transportation 1%
Mix of cash and provision of health services 19%
Mix of cash and provision of medicine 26%
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:\(^1\)

1. Surface water 53%
2. Open well 36%
3. Borehole 18%

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

- None - at the HH 6%
- Less than 15 min 20%
- 15 min to 30 min 28%
- More than 30 min 46%
- No response / Don’t know 0%

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

- 43% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 13% reported drinking water usually used for cleaning or other purposes.
- 1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- Yes, with soap 21%
- Yes, with sand or ash 0%
- Yes, with water only 78%
- No, do not wash hands 1%
- No response / Don’t know 0%

4% of respondents reported not washing their hands on the day before data collection.\(^2\)

% of HHs reporting needing the following items that they do not have:\(^1\)

- Bar soap 63%
- 10 liter bucket 36%
- 10 liter basin 39%

34% 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 15%
- Mix of WASH kits provision and cash 47%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 2%
- Do not want support 0%
- Other / No response / Don’t know 0%

FOOD SECURITY & LIVELIHOODS

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

- Purchased in local markets 77%
- Markets located outside the community 25%
- Own agriculture / Crop cultivation 78%
- Food aid / Assistance from NGOs 1%
- Food aid / Assistance from government 0%

39% of HHs reported purchasing food on credit or borrowing food.

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

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

71% 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 91%
2. Livestock 27%
3. Small business 17%

10% 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 0%
- Formal money transfer (money agent, Western Union) 6%
- Informal money transfer (cash from friends, relatives) 1%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 66%
- No access to cash 15%
- Other / No response / Don’t know 0%

PROTECTION

27% 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.\(^2\)

25% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.\(^2\) 97% of HHs reported that the women in their HH have access to this place.\(^2\)

SHELTER & WASTE MANAGEMENT

The average household reported 1.2 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

Adamawa State
HONG LGA

**ASSESSMENT SAMPLE**

HHs Interviewed: 108
- IDP: 0
- Returnee: 33
- Non-displaced: 75

**DEMOGRAPHIC HIGHLIGHTS**

<table>
<thead>
<tr>
<th>Average HH size: 5.8</th>
<th>Female-headed HHs: 11%</th>
<th>Child-headed HHs: 4%</th>
</tr>
</thead>
</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: 68%
2. Religious leader: 61%
3. Friend / Family: 27%

Top 3 reported means of receiving information trusted by HHs:
1. In person / Face to face: 76%
2. Phone call (mobile phone): 52%
3. Community events: 20%

48% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC: 100%
2. Voice of America: 40%
3. Gotel FM: 39%

% of HHs reporting listening to the radio during the following times:
- Morning: 87%
- Mid-day: 8%
- Afternoon: 16%
- Evening: 75%

81% of HHs reported owning a cell phone, of which 6% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN: 67%
- Airtel: 66%
- Glo / Etisalat: 4%
- 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: 44%
- Within 2-5 km: 30%
- More than 5 km: 25%
- 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: 48%</td>
<td>46%</td>
</tr>
<tr>
<td>PHC: 23%</td>
<td>27%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic: 3%</td>
<td>3%</td>
</tr>
<tr>
<td>Village outreach worker: 1%</td>
<td>1%</td>
</tr>
<tr>
<td>Private doctor: 2%</td>
<td>1%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist: 4%</td>
<td>4%</td>
</tr>
<tr>
<td>Traditional practitioner: 1%</td>
<td>1%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary: 17%</td>
<td>16%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment: 1%</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 2213 naira (6.15 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 2768 naira (7.69 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

18% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:
1. Medicine too expensive: 61%
2. Health services too expensive: 52%
3. No barrier: 22%

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

- Direct provision of health services: 30%
- Direct provision of medicines: 19%
- Direct provision of transportation: 4%
- Cash for health service fees: 13%
- Cash for medicine: 3%
- Cash for transportation: 4%
- Mix of cash and provision of health services: 6%
- Mix of cash and provision of medicine: 21%
- Do not want support: 0%
- Other / No response / Don’t know: 0%

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

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

1. Borehole 66%
2. Open well 53%
3. Open rainwater tank 23%

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

- 15% None - at the HH
- 32% Less than 15 min
- 38% 15 min to 30 min
- 14% More than 30 min
- 1% No response / Don’t know

To cope with water quantity issues:1

- 46% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 8% reported drinking water usually used for cleaning or other purposes.
- 0% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:2

- 25% Yes, with soap
- 5% Yes, with sand or ash
- 61% Yes, with water only
- 6% No, do not wash hands
- 5% No response / Don’t know

17% 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 59%
- 10 liter bucket 28%
- 10 liter basin 33%

10% 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 11%
- Mix of WASH kits provision and cash 52%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 4%
- Do not want support 3%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:4

- Purchased in local markets 54%
- Markets located outside the community 4%
- Own agriculture / Crop cultivation 76%
- Food aid / Assistance from NGOs 1%
- 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:

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

39% of HHs reported being in debt of money.

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

1. Agriculture 81%
2. Trade 17%
3. Small business 14%

17% of HHs reportedly resorted to begging to cope with the lack of income and 8% engaged in dangerous or illegal work.

**PROTECTION**

35% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.2 100% of HHs reported that their child has access to this place.2

28% of HHs reported having a safe space in the community for girls and women, of which 3% 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 2.3 families sharing an accommodation.1 1% of HHs reported being hosted by a relative, friend or close community member.

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

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

40% 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

Adamawa State
JADA LGA

ASSESSMENT SAMPLE

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

DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average</th>
<th>Female-headed HHs:</th>
<th>Child-headed HHs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH size: 4.9</td>
<td>10%</td>
<td>4%</td>
</tr>
</tbody>
</table>

COMUNICATION

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 76%
3. Friend / Family 44%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 84%
2. Phone call (mobile phone) 55%
3. Radio 41%

52% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. Gotel FM 77%
2. Tie. ABBC Yola FM, Fombina 53%
3. BBC 47%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 92%
- Mid-day 21%
- Afternoon 43%
- Evening 85%

74% of HHs reported owning a cell phone, of which 17% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 84%
- Airtel 47%
- Glo / Etisalat 12%
- No response / Don’t know 0%

HEALTH

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

% of HHs reporting distance to closest health facility:3
- Less than 2 km: 32%
- Within 2-5 km: 39%
- More than 5 km: 30%
- No response / Don’t know: 0%

Reported first choice health facility for treatment vs. closest health facility:
- First choice facility: 34%
- Closest facility: 34%

HHs reported spending an average of 906 naira (2.52 dollars) for a consultation at the first facility.2,4

HHs reported an average cost of 869 naira (2.41 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,4

16% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 76%
2. Health services too expensive 70%
3. Staff not qualified 38%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 25%
- Direct provision of medicines 9%
- Direct provision of transportation 2%
- Cash for health service fees 11%
- Cash for medicine 10%
- Cash for transportation 0%
- Mix of cash and provision of health services 34%
- Mix of cash and provision of medicine 9%
- Do not want support 1%
- Other / No response / Don’t know 0%

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

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

1. Open well 59%
2. Surface water 52%
3. Open rainwater tank 17%

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

- 25% None - at the HH
- 19% Less than 15 min
- 41% 15 min to 30 min
- 16% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:¹

- 62% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 10% reported drinking water usually used for cleaning or other purposes.
- 1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 30% Yes, with soap
- 70% Yes, with sand or ash
- 0% 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.²

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

- Bar soap 53%
- 10 liter bucket 37%
- 10 liter basin 42%

30% 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 32%
- Cash transfer to buy WASH kits 8%
- Mix of WASH kits provision and cash 53%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 6%
- Do not want support 0%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 57%
- Markets located outside the community 18%
- Own agriculture / Crop cultivation 71%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

35% of HHs reported purchasing food on credit or borrowing food.

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

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

51% 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 72%
2. Livestock 32%
3. Small business 23%

9% of HHs reportedly resorted to begging to cope with the lack of income and 0% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM 7%
- Bank withdrawal - counter 1%
- Formal money transfer (money agent, Western Union) 3%
- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 64%
- No access to cash 18%
- Other / No response / Don’t know 0%

**PROTECTION**

37% 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

15% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.² 53% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 1.6 families sharing an accommodation.¹ 1% of HHs reported being hosted by a relative, friend or close community member.

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

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

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

- HHs Interviewed: 166
  - IDP: 10
  - Returnee: 44
  - Non-displaced: 112

**DEMOGRAPHIC HIGHLIGHTS**

- Average HH size: 5.1
  - Female-headed HHs: 16%
  - Child-headed HHs: 1%

**COMMUNICATION**

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

Top 3 reported sources of reliable information trusted by HHs:

1. Community leader: 91%
2. Religious leader: 76%
3. Friend / Family: 43%

Top 3 reported means of receiving information trusted by HHs:

1. Phone call (mobile phone): 71%
2. In person / Face to face: 67%
3. Radio: 59%

52% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:

1. Gotel FM: 89%
2. BBC: 68%
3. ABBC Yola FM: 63%

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

- Morning: 94%
- Mid-day: 28%
- Afternoon: 48%
- Evening: 96%

82% of HHs reported owning a cell phone, of which 37% had access to Internet or social media.

% of HHs reporting using the following networks:

- MTN: 94%
- Airtel: 51%
- Glo / Etisalat: 15%
- No response / Don’t know: 0%

**HEALTH**

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

% of HHs reporting distance to closest health facility:

- Less than 2 km: 55%
- Within 2-5 km: 26%
- More than 5 km: 18%
- 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>26%</td>
</tr>
<tr>
<td>PHC</td>
<td>44%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>0%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>3%</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>8%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>12%</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 548 naira (1.52 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 670 naira (1.86 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.

19% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:

1. Medicine too expensive: 77%
2. Health services too expensive: 54%
3. Health facility too far: 35%

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

| Direct provision of health services | 35% |
| Direct provision of medicines | 3%   |
| Direct provision of transportation | 0%   |
| Cash for health service fees | 6%   |
| Cash for medicine | 9%   |
| Cash for transportation | 1%   |
| Mix of cash and provision of health services | 20% |
| Mix of cash and provision of medicine | 25% |
| 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

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

Top 3 reported sources of water most commonly used in the 30 days before data collection: 1
1. Surface water 42%  
2. Borehole 38%  
3. Open well 19%

% of HHs reporting time needed to collect water from main source: 2
- 6% None - at the HH
- 17% Less than 15 min
- 42% 15 min to 30 min
- 35% More than 30 min
- 1% No response / Don’t know

To cope with water quantity issues: 1
60% of HHs reported reducing water consumption for cleaning, bathing and washing.
9% reported drinking water usually used for cleaning or other purposes.
1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 25% Yes, with soap
- 75% Yes, with sand or ash
- 0% Yes, with water only
- 0% No, do not wash hands
- 0% 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 56%
- 10 liter bucket 51%
- 10 liter basin 50%

24% 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 41%
- Cash transfer to buy WASH kits 10%
- Mix of WASH kits provision and cash 43%
- Vouchers to buy WASH kits 0%
- 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: 1
- Purchased in local markets 77%
- Markets located outside the community 26%
- Own agriculture / Crop cultivation 67%
- Food aid / Assistance from NGOs 2%
- Food aid / Assistance from government 1%

32% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs. 2
21% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs. 2
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:
- 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
- 2 days reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

60% of HHs reported being in debt of money.

Type of access to cash reported by HHs:
- Bank withdrawal - ATM 25%
- Bank withdrawal - counter 1%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 4%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 59%
- No access to cash 10%
- Other / No response / Don’t know 0%

Food security & livelihoods

60% of HHs reported purchasing food on credit or borrowing food.
Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 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
- 2 days reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

60% of HHs reported being in debt of money.

Type of access to cash reported by HHs:
- Bank withdrawal - ATM 25%
- Bank withdrawal - counter 1%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 4%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 59%
- No access to cash 10%
- Other / No response / Don’t know 0%

Protection

32% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs. 2
21% 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 1.3 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) 1%

92% 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

ADAMAWA STATE

MADAGALI LGA

ASSESSMENT SAMPLE

HHs Interviewed: 148
- IDP: 28
- Returnee: 35
- Non-displaced: 85

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>4.5</td>
<td>17%</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. Religious leader 67%
2. Military 48%
3. Community leader 34%

Top 3 reported means of receiving information trusted by HHs:
1. Phone call (mobile phone) 63%
2. In person / Face to face 53%
3. Radio 35%

38% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 100%
2. Voice of America 39%
3. Radio Deutsche 31%

% of HHs reporting listening to the radio during the following times:
- Morning 86%
- Mid-day 6%
- Afternoon 30%
- Evening 66%

70% of HHs reported owning a cell phone, of which 16% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN 0%
- Airtel 0%
- Glo / Etisalat 100%

38% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km 53%
- Within 2-5 km 29%
- 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</td>
<td>36%</td>
</tr>
<tr>
<td>PHC</td>
<td>33%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>2%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>1%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>22%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>5%</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>

HHs reported spending an average of 2813 naira (7.81 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 1268 naira (3.52 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

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

Top 3 reported barriers to accessing healthcare:
1. Medicine too expensive 57%
2. Health services too expensive 53%
3. Medicine not available 41%

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

<table>
<thead>
<tr>
<th>Preferred method of support</th>
<th>HHs reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of health services</td>
<td>18%</td>
</tr>
<tr>
<td>Direct provision of medicines</td>
<td>15%</td>
</tr>
<tr>
<td>Direct provision of transportation</td>
<td>1%</td>
</tr>
<tr>
<td>Cash for health service fees</td>
<td>13%</td>
</tr>
<tr>
<td>Cash for medicine</td>
<td>4%</td>
</tr>
<tr>
<td>Cash for transportation</td>
<td>1%</td>
</tr>
<tr>
<td>Mix of cash and provision of health services</td>
<td>45%</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>

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 66%
2. Open well 47%
3. Mai moya 40%

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

- 5% None - at the HH
- 27% Less than 15 min
- 36% 15 min to 30 min
- 31% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:¹

63% of HHs reported reducing water consumption for cleaning, bathing and washing.
6% reported drinking water usually used for cleaning or other purposes.
21% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:³

- 58% Yes, with soap
- 2% Yes, with sand or ash
- 40% Yes, with water only
- 0% No, do not wash hands
- 1% No response / Don’t know

13% 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 83%
- 10 liter bucket 35%
- 10 liter basin 44%

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 26%
- Cash transfer to buy WASH kits 11%
- Mix of WASH kits provision and cash 56%
- Vouchers to buy WASH kits 0%
- 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:¹

- Purchased in local markets 89%
- Markets located outside the community 11%
- Own agriculture / Crop cultivation 29%
- Food aid / Assistance from NGOs 6%
- Food aid / Assistance from government 1%

66% of HHs reported purchasing food on credit or borrowing food.

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

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

78% of HHs reported being in debt of money.

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

1. Agriculture 38%
2. Small business 28%
3. Casual labour 22%

41% of HHs reportedly resorted to begging to cope with the lack of income and 1% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM 9%
- Bank withdrawal - counter 2%
- Formal money transfer (money agent, Western Union) 1%
- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 56%
- No access to cash 26%
- Other / No response / Don’t know 0%

**PROTECTION**

40% of HHs reported having a child-friendly space in the community, of which 7% are operated by NGOs.² 91% of HHs reported that their child has access to this place.²

27% of HHs reported having a safe space in the community for girls and women, of which 4% are operated by NGOs.² 80% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.1 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%

15% 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

Adamawa State
MAIHA LGA

ASSESSMENT SAMPLE

HHs Interviewed: 108
- IDP: 10
- Returnee: 34
- Non-displaced: 64

DEMOGRAPHIC HIGHLIGHTS

Average HH size: 6.5
Female-headed HHs: 4%
Child-headed HHs: 2%

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. Religious leader 67%
2. Community leader 66%
3. INGO 40%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 78%
2. Phone call (mobile phone) 62%
3. Community events 28%

45% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 94%
2. Voice of America 46%
3. Radio Deutsche 23%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 83%
- Mid-day 17%
- Afternoon 25%
- Evening 81%

83% of HHs reported owning a cell phone, of which 11% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 65%
- Airtel 47%
- Glo / Etisalat 12%
- No response / Don’t know 0%

1 Respondents could select multiple answers.
2 This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
3 Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).

HEALTH

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

% of HHs reporting distance to closest health facility:
- Less than 2 km 28%
- Within 2-5 km 32%
- More than 5 km 39%
- No response / Don’t know 1%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>32%</td>
</tr>
<tr>
<td>PHC</td>
<td>31%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>9%</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>16%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>3%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>4%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>6%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 1000 naira (2.78 dollars) for a consultation at the first facility.2,3

HHs reported an average cost of 1870 naira (5.20 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,3

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

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 59%
2. Health services too expensive 53%
3. Health facility too far 23%

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

<table>
<thead>
<tr>
<th>Support Method</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of health services</td>
<td>41%</td>
</tr>
<tr>
<td>Direct provision of medicines</td>
<td>8%</td>
</tr>
<tr>
<td>Direct provision of transportation</td>
<td>6%</td>
</tr>
<tr>
<td>Cash for health service fees</td>
<td>17%</td>
</tr>
<tr>
<td>Cash for medicine</td>
<td>4%</td>
</tr>
<tr>
<td>Cash for transportation</td>
<td>1%</td>
</tr>
<tr>
<td>Mix of cash and provision of health services</td>
<td>14%</td>
</tr>
<tr>
<td>Mix of cash and provision of medicine</td>
<td>10%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Closest facility</th>
<th>First choice facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>34%</td>
</tr>
<tr>
<td>PHC</td>
<td>38%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>8%</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>14%</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>2%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

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 59%
2. Surface water 41%
3. Open well 29%

% of HHs reporting time needed to collect water from main source:
- 9% None - at the HH
- 43% Less than 15 min
- 39% 15 min to 30 min
- 9% More than 30 min
- 0% No response / Don’t know

To cope with water quantity issues:
- 40% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 5% reported drinking water usually used for cleaning or other purposes.
- 0% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 26% Yes, with soap
- 73% Yes, with sand or ash
- 0% Yes, with water only
- 0% No, do not wash hands
- 1% No response / Don’t know

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

% of HHs reporting needing the following items that they do not have:
- Bar soap 61%
- 10 liter bucket 39%
- 10 liter basin 47%

10% 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 9%
- Mix of WASH kits provision and cash 57%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 1%
- Do not want support 0%
- Other / No response / Don’t know 2%

**FOOD SECURITY & LIVELIHOODS**

% of HHs reporting the following main sources of food:
- Purchased in local markets 66%
- Markets located outside the community 3%
- Own agriculture / Crop cultivation 70%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

**MSNA INDICATORS FOR COVID-19 | MAIHA**

Purchased in local markets
Markets located outside the community
Own agriculture / Crop cultivation
Food aid / Assistance from NGOs
Food aid / Assistance from government

58% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 3 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 2 days restricting consumption by adults in order for children to eat

56% of HHs reported being in debt of money.

**PROTECTION**

42% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

27% 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 1.6 families sharing an accommodation.

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

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

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

<table>
<thead>
<tr>
<th>HHs Interviewed:</th>
<th>131</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>131</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 81%
2. Religious leader 79%
3. Friend / Family 55%

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

1. In person / Face to face 82%
2. Phone call (mobile phone) 67%
3. Radio 63%

66\% of HHs reported owning a radio.

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

1. Gotel FM 84%
2. ABBC Yola FM 68%
3. BBC 63%

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

- Morning 77%
- Mid-day 32%
- Afternoon 63%
- Evening 89%

83\% of HHs reported owning a cell phone, of which 28\% had access to Internet or social media.\(^2\)

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

- MTN 68%
- Airtel 64%
- Glo / Etisalat 14%
- No response / Don’t know 0%

## DEMOGRAPHIC HIGHLIGHTS

<table>
<thead>
<tr>
<th>Average HH size:</th>
<th>4.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female-headed HHs:</td>
<td>4%</td>
</tr>
<tr>
<td>Child-headed HHs:</td>
<td>0%</td>
</tr>
</tbody>
</table>

## HEALTH

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

% of HHs reporting distance to closest health facility:

- Less than 2 km: 47%
- Within 2-5 km: 21%
- More than 5 km: 32%
- 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>26%</td>
</tr>
<tr>
<td>PHC</td>
<td>66%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>1%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
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</tr>
<tr>
<td>Traditional practitioner</td>
<td>2%</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 511 naira (1.42 dollars) for a consultation at the first facility they would go to for treatment.\(^2,3\)

HHs reported an average cost of 919 naira (2.55 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.\(^2,3\)

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

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

1. Medicine too expensive 72%
2. Health services too expensive 53%
3. Medicine not available 26%

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

- Direct provision of health services 36%
- Direct provision of medicines 10%
- Direct provision of transportation 1%
- Cash for health service fees 7%
- Cash for medicine 11%
- Cash for transportation 1%
- Mix of cash and provision of health services 18%
- Mix of cash and provision of medicine 16%
- Do not want support 1%
- Other / No response / Don’t know 0%

1 Respondents could select multiple answers.

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

3 Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
**WATER, SANITATION & HYGIENE**

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

1. Surface water 63%
2. Borehole 34%
3. Open well 31%

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

- 4% None - at the HH
- 24% Less than 15 min
- 35% 15 min to 30 min
- 36% More than 30 min
- 1% No response / Don't know

To cope with water quantity issues:1

- 56% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 5% reported drinking water usually used for cleaning or other purposes.
- 1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 12% Yes, with soap
- 2% Yes, with sand or ash
- 84% Yes, with water only
- 2% No, do not wash hands
- 0% No response / Don't know

9% of respondents reported not washing their hands on the day before data collection.2

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

- Bar soap 66%
- 10 liter bucket 29%
- 10 liter basin 30%

33% 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 3%
- Mix of WASH kits provision and cash 62%
- Vouchers to buy WASH kits 4%
- Mix of WASH kits provision and vouchers 2%
- Do not want support 0%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 54%
- Markets located outside the community 26%
- Own agriculture / Crop cultivation 74%
- Food aid / Assistance from NGOs 0%
- 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:

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

45% 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 78%
2. Livestock 50%
3. Small business 15%

20% of HHs reportedly resorted to begging to cope with the lack of income and 0% engaged in dangerous or illegal work.

**PROTECTION**

40% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

0% of HHs reported that their child has access to this place.2

30% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.

97% of HHs reported that the women in their HH have access to this place.2

**SHELTER & WASTE MANAGEMENT**

The average household reported 2 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%
- 28% using dedicated on-site or public trash bins

(collected by either waste management committee or public authorities) in the 30 days before data collection.
MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed: 109
- IDP: 6
- Returnee: 44
- Non-displaced: 59

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>5.5</td>
<td>8%</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. Religious leader 85%
2. Community leader 45%
3. Friend / Family 31%

Top 3 reported means of receiving information trusted by HHs:1,2
1. Phone call (mobile phone) 72%
2. In person / Face to face 64%
3. Text message (mobile phone) 23%

48% 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 61%
3. Radio Deutsche 39%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 88%
- Mid-day 0%
- Afternoon 41%
- Evening 71%

88% of HHs reported owning a cell phone, of which 25% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 72%
- Airtel 65%
- Glo / Etisalat 20%
- 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 51%
- Within 2-5 km 36%
- More than 5 km 13%
- 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>48%</td>
</tr>
<tr>
<td>PHC</td>
<td>27%</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>22%</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>1%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 2680 naira (7.45 dollars) for a consultation at the first facility. They would go to treatment.2,3

HHs reported an average cost of 1965 naira (5.46 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,3

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

Top 3 reported barriers to accessing healthcare:1
1. Health services too expensive 54%
2. Medicine too expensive 53%
3. Medicine not available 31%

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

- Direct provision of health services 10%
- Direct provision of medicines 7%
- Direct provision of transportation 1%
- Cash for health service fees 17%
- Cash for medicine 7%
- Cash for transportation 1%
- Mix of cash and provision of health services 45%
- Mix of cash and provision of medicine 10%
- Do not want support 2%
- 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 64%
2. Open well 30%
3. Mai moya 25%

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

- None - at the HH: 27%
- Less than 15 min: 37%
- 15 min to 30 min: 28%
- More than 30 min: 8%
- No response / Don’t know: 0%

To cope with water quantity issues:¹

- 48% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 4% reported drinking water usually used for cleaning or other purposes.
- 13% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- Yes, with soap: 54%
- Yes, with sand or ash: 2%
- Yes, with water only: 41%
- No, do not wash hands: 3%
- No response / Don’t know: 0%

11% of respondents reported not washing their hands on the day before data collection.²

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

- Bar soap: 74%
- 10 liter bucket: 34%
- 10 liter basin: 53%

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

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

- Direct provision of WASH kits: 21%
- Cash transfer to buy WASH kits: 14%
- Mix of WASH kits provision and cash: 54%
- 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: 1%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets: 76%
- Markets located outside the community: 7%
- Own agriculture / Crop cultivation: 41%
- Food aid / Assistance from NGOs: 0%
- Food aid / Assistance from government: 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:

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

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: 46%
2. Small business: 34%
3. Casual labour: 16%

25% of HHs reportedly resorted to begging to cope with the lack of income and 5% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM: 14%
- Bank withdrawal - counter: 1%
- 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): 62%
- No access to cash: 16%
- Other / No response / Don’t know: 1%

**PROTECTION**

25% of HHs reported having a child-friendly space in the community, of which 3% are operated by NGOs.³ 43% of HHs reported that their child has access to this place.²

25% of HHs reported having a safe space in the community for girls and women, of which 8% are operated by NGOs.³ 40% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.1 families sharing an accommodation.¹ 1% of HHs reported being hosted by a relative, friend or close community member.

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

- None / Sleeping in the open space: 0%
- Collective shelter (mosque, school, other public building): 1%

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.
MSNA Indicators for COVID-19

ASSESSMENT SAMPLE

HHs Interviewed: 137
- IDP: 7
- Returnee: 71
- Non-displaced: 59

DEMOGRAPHIC HIGHLIGHTS

Average HH size: 6.6
Female-headed HHs: 3%
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. Religious leader 59%
2. Community leader 55%
3. INGO 35%

Top 3 reported means of receiving information trusted by HHs:1,2
1. Phone call (mobile phone) 76%
2. In person / Face to face 54%
3. Radio 31%

54% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 88%
2. Voice of America 48%
3. Gotel FM 32%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 95%
- Mid-day 3%
- Afternoon 22%
- Evening 98%

92% of HHs reported owning a cell phone, of which 27% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 86%
- Airtel 62%
- Glo / Etisalat 32%
- No response / Don’t know 0%

HEALTH

8% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km 64%
- Within 2-5 km 27%
- More than 5 km 9%
- No response / Don’t know 0%

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

<table>
<thead>
<tr>
<th>First choice facility</th>
<th>Closest facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>50%</td>
</tr>
<tr>
<td>PHC</td>
<td>35%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>2%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>8%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>5%</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 2419 naira (6.72 dollars) for a consultation at the first facility they would go to for treatment.2,3

HHs reported an average cost of 1301 naira (3.62 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,3

14% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 49%
2. Health services too expensive 43%
3. No barrier 35%

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

- Direct provision of health services 28%
- Direct provision of medicines 19%
- Direct provision of transportation 5%
- Cash for health service fees 14%
- Cash for medicine 4%
- Cash for transportation 2%
- Mix of cash and provision of health services 20%
- Mix of cash and provision of medicine 7%
- Do not want support 1%
- Other / No response / Don’t know 0%

1 Respondents could select multiple answers.
2 This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
3 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. Mai moyo (41%)
2. Borehole (31%)
3. Open well (31%)

To cope with water quantity issues:

- 34% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 2% reported drinking water usually used for cleaning or other purposes.
- 5% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 52% Yes, with soap
- 44% Yes, with sand or ash
- 3% No, do not wash hands
- 0% No response / Don’t know

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

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

- Bar soap (47%)
- 10 liter bucket (23%)
- 10 liter basin (29%)

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 (38%)
- Cash transfer to buy WASH kits (7%)
- Mix of WASH kits provision and cash (48%)
- Vouchers to buy WASH kits (1%)
- Mix of WASH kits provision and vouchers (6%)
- 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
- 2 days limiting portion sizes at mealtime
- 2 days reducing number of meals eaten in a day
- 2 days restricting consumption by adults in order for children to eat

39% of HHs reported being in debt of money.

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

- Trade (42%)
- Agriculture (34%)
- Small business (27%)

11% of HHs reportedly resorted to begging to cope with the lack of income and 7% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM (24%)
- Bank withdrawal - counter (1%)
- Formal money transfer (money agent, Western Union) (0%)
- Informal money transfer (cash from friends, relatives) (8%)
- Mobile phone money transfer (0%)
- Hand to hand (from seller, employer, other person) (54%)
- No access to cash (13%)
- Other / No response / Don’t know (0%)

**PROTECTION**

35% of HHs reported having a child-friendly space in the community, of which 5% are operated by NGOs.

20% of HHs reported that their child has access to this place.

29% of HHs reported having a safe space in the community for girls and women, of which 5% are operated by NGOs.

69% of HHs reported that the women in their HH have access to this place.

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.3 families sharing an accommodation.

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%)

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.

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

**Health**

10% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km: 28%
- Within 2-5 km: 47%
- More than 5 km: 25%
- No response / Don’t know: 0%

Reported first choice health facility for treatment vs. closest health facility:
- First choice facility: Hospital 56%  PHC 10%  Mobile / Outreach clinic 0%  Village outreach worker 0%  Private doctor 1%  Patent medicine store / Chemist 21%  Traditional practitioner 1%  Pharmacy / Dispensary 10%  Wouldn’t seek treatment 2%  Other / No response / Don’t know 0%
- Closest facility: Hospital 52%  PHC 14%  Mobile / Outreach clinic 2%  Village outreach worker 0%  Private doctor 1%  Patent medicine store / Chemist 20%  Traditional practitioner 2%  Pharmacy / Dispensary 9%  Wouldn’t seek treatment NA  Other / No response / Don’t know 0%

HHs reported spending an average of 1875 naira (5.21 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 1788 naira (4.97 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

8% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:
- Medicine too expensive: 71%
- Health services too expensive: 55%
- No barrier: 22%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services: 22%
- Direct provision of medicines: 11%
- Direct provision of transportation: 2%
- Cash for health service fees: 20%
- Cash for medicine: 7%
- Cash for transportation: 4%
- 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%

**Demographic Highlights**

Average HH size: 6.1

Female-headed HHs: 4%

Child-headed HHs: 2%

HHs interviewed:
- IDP: 124
- Returnee: 8
- Non-displaced: 75

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: 61%
2. Religious leader: 54%
3. INGO: 52%

Top 3 reported means of receiving information trusted by HHs:
1. Phone call (mobile phone): 65%
2. In person / Face to face: 65%
3. Radio: 35%

58% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC: 99%
2. Gotel FM: 31%
3. RFI: 18%

% of HHs reporting listening to the radio during the following times:
- Morning: 78%
- Mid-day: 15%
- Afternoon: 28%
- Evening: 61%

81% of HHs reported owning a cell phone, of which 28% had access to internet or social media.

% of HHs reporting using the following networks:
- MTN: 95%
- Airtel: 41%
- Glo / Etisalat: 14%
- No response / Don’t know: 0%

1 Respondents could select multiple answers.

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

3 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. Mai moya 76%
2. Open well 23%
3. Open rainwater tank 17%

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

- 32% None - at the HH
- 23% Less than 15 min
- 22% 15 min to 30 min
- 10% More than 30 min
- 13% No response / Don’t know

To cope with water quantity issues: 1

- 47% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 4% reported drinking water usually used for cleaning or other purposes.
- 8% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

- 37% Yes, with soap
- 63% Yes, with sand or ash
- 0% Yes, with water only
- 0% No, do not wash hands
- 0% No response / Don’t know

9% 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 41%
- 10 liter bucket 22%
- 10 liter basin 34%

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 31%
- Cash transfer to buy WASH kits 5%
- Mix of WASH kits provision and cash 53%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 9%
- 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 86%
- Markets located outside the community 14%
- Own agriculture / Crop cultivation 37%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 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:

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

1. Trade 34%
2. Small business 33%
3. Agriculture 27%

26% 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 24%
- Bank withdrawal - counter 4%
- Formal money transfer (money agent, Western Union) 2%
- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 53%
- No access to cash 9%
- Other / No response / Don’t know 2%

**PROTECTION**

47% of HHs reported having a child-friendly space in the community, of which 4% are operated by NGOs. 100% of HHs reported that their child has access to this place. 2

31% of HHs reported having a safe space in the community for girls and women, of which 2% are operated by NGOs. 63% of HHs reported that the women in their HH have access to this place. 2

**SHELTER & WASTE MANAGEMENT**

The average household reported 2.3 families sharing an accommodation. 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%

8% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.
**MSNA Indicators for COVID-19**

**Adamawa State**

**NUMAN LGA**

**ASSESSMENT SAMPLE**

HHs Interviewed: 172
- IDP: 19
- Returnee: 26
- Non-displaced: 127

**DEMOGRAPHIC HIGHLIGHTS**

Average HH size: 5.3
Female-headed HHs: 8%
Child-headed HHs: 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: 73%
- Within 2-5 km: 3%
- More than 5 km: 23%
- No response / Don’t know: 1%

Reported first choice facility for treatment vs. closest health facility:
- First choice: Hospital - 41%, PHC - 38%, Mobile / Outreach clinic - 8%
- Closest: Hospital - 33%, PHC - 51%, Mobile / Outreach clinic - 8%

HHs reported spending an average of 1327 naira (3.69 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 960 naira (2.67 dollars) for accessing the nearest health services in terms of transportation, lodging or other non-drug-related expenses.

8% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:
1. Medicine too expensive - 85%
2. Health services too expensive - 54%
3. Medicine not available - 17%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services - 24%
- Direct provision of medicines - 8%
- Direct provision of transportation - 0%
- Cash for health service fees - 7%
- Cash for medicine - 11%
- Cash for transportation - 0%
- Mix of cash and provision of health services - 23%
- Mix of cash and provision of medicine - 27%
- Do not want support - 0%
- Other / No response / Don’t know - 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. Community leader - 88%
2. Religious leader - 82%
3. Friend / Family - 36%

Top 3 reported means of receiving information trusted by HHs:
1. Phone call (mobile phone) - 77%
2. In person / Face to face - 65%
3. Radio - 61%

62% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. Gotel FM - 95%
2. Fombina - 65%
3. BBC - 63%

% of HHs reporting listening to the radio during the following times:
- Morning - 92%
- Mid-day - 56%
- Afternoon - 63%
- Evening - 82%

90% of HHs reported owning a cell phone, of which 34% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN - 87%
- Airtel - 62%
- Glo / Etisalat - 18%
- No response / Don’t know - 0%

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

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**WATER, SANITATION & HYGIENE**

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

1. Mai moya 42%
2. Open well 29%
3. Surface water 27%

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

- 23% None - at the HH
- 22% Less than 15 min
- 21% 15 min to 30 min
- 32% More than 30 min
- 3% No response / Don’t know

To cope with water quantity issues:1

- 42% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 9% reported drinking water usually used for cleaning or other purposes.
- 2% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:4

- 27% Yes, with soap
- 1% Yes, with sand or ash
- 72% Yes, with water only
- 1% 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:1

- Bar soap 62%
- 10 liter bucket 34%
- 10 liter basin 41%

23% of HHs reported water as their main priority need.

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

- Direct provision of WASH kits 35%
- Cash transfer to buy WASH kits 7%
- Mix of WASH kits provision and cash 53%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 4%
- Do not want support 0%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 82%
- Markets located outside the community 35%
- Own agriculture / Crop cultivation 52%
- Food aid / Assistance from NGOs 1%
- Food aid / Assistance from government 1%

52% of HHs reported purchasing food on credit or borrowing food.

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

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

61% of HHs reported being in debt of money.

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

1. Agriculture 69%
2. Small business 25%
3. Livestock 20%

13% 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 27%
- Bank withdrawal - counter 5%
- Formal money transfer (money agent, Western Union) 8%
- Informal money transfer (cash from friends, relatives) 8%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 41%
- No access to cash 10%
- Other / No response / Don’t know 0%

41% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.2

38% of HHs reported having a safe space in the community for girls and women, of which 1% are operated by NGOs.2

91% of HHs reported that the women in their HH have access to this place.2

**SHELTER & WASTE MANAGEMENT**

The average household reported 1.4 families sharing an accommodation.6% of HHs reported being hosted by a relative, friend or close community member.

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

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

100% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities) in the 30 days before data collection.
**MSNA Indicators for COVID-19**

**ASSESSMENT SAMPLE**

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

**DEMOGRAPHIC HIGHLIGHTS**

| Average HH size: 4.9 | Female-headed HHs: 7% | Child-headed HHs: 3% |

**COMMUNICATION**

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

Top 3 reported sources of reliable information trusted by HHs:
1. Community leader 68%
2. Religious leader 67%
3. Friend / Family 39%

Top 3 reported means of receiving information trusted by HHs:
1. In person / Face to face 88%
2. Phone call (mobile phone) 59%
3. Community events 32%

48% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:
1. BBC 86%
2. Gotel FM 70%
3. ABBC Yola FM 47%

% of HHs reporting listening to the radio during the following times:
- Morning 93%
- Mid-day 11%
- Afternoon 30%
- Evening 84%

80% of HHs reported owning a cell phone, of which 16% had access to Internet or social media.

% of HHs reporting using the following networks:
- MTN 63%
- Airtel 80%
- Glo / Etisalat 7%
- No response / Don’t know 0%

**HEALTH**

8% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:
- Less than 2 km 42%
- Within 2-5 km 38%
- More than 5 km 20%
- No response / Don’t know 0%

Reported first choice health facility for treatment vs. closest health facility:
- Hospital 28%
- PHC 55%
- Mobile / Outreach clinic 3%
- Village outreach worker 0%
- Private doctor 1%
- Patent medicine store / Chemist 8%
- Traditional practitioner 2%
- Pharmacy / Dispensary 3%
- Wouldn’t seek treatment 0%
- Other / No response / Don’t know 0%

HHs reported spending an average of 510 naira (1.42 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of 775 naira (2.15 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

14% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:
1. Medicine too expensive 55%
2. Health services too expensive 47%
3. Staff not qualified 32%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 41%
- Direct provision of medicines 8%
- Direct provision of transportation 4%
- Cash for health service fees 8%
- Cash for medicine 9%
- Cash for transportation 1%
- Mix of cash and provision of health services 13%
- Mix of cash and provision of medicine 17%
- 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

1. Surface water 36%
2. Tie: Borehole, Open well 33%
3. Mai moya 23%

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

<table>
<thead>
<tr>
<th>Time Needed</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - at the HH</td>
<td>14%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>24%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>25%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>36%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>3%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues:¹

56% of HHs reported reducing water consumption for cleaning, bathing and washing.

9% reported drinking water usually used for cleaning or other purposes.

0% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

<table>
<thead>
<tr>
<th>Hand Washing</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>12%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>1%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>81%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>1%</td>
</tr>
<tr>
<td>No response / Don’t know</td>
<td>5%</td>
</tr>
</tbody>
</table>

15% of respondents reported not washing their hands on the day before data collection.²

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

- Bar soap 75%
- 10 liter bucket 46%
- 10 liter basin 49%

22% 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 52%
- Cash transfer to buy WASH kits 4%
- Mix of WASH kits provision and cash 39%
- Vouchers to buy WASH kits 1%
- Mix of WASH kits provision and vouchers 4%
- Do not want support 0%
- Other / No response / Don’t know 0%

**FOOD SECURITY & LIVELIHOODS**

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

- Purchased in local markets 73%
- Markets located outside the community 19%
- Own agriculture / Crop cultivation 70%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 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:

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

55% of HHs reported being in debt of money.

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

1. Agriculture 67%
2. Livestock 29%
3. Small business 24%

3% of HHs reportedly resorted to begging to cope with the lack of income and 0% engaged in dangerous or illegal work.

Type of access to cash reported by HHs:

- Bank withdrawal - ATM 7%
- Bank withdrawal - counter 0%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 8%
- Mobile phone money transfer 2%
- Hand to hand (from seller, employer, other person) 74%
- No access to cash 10%
- Other / No response / Don’t know 0%

**PROTECTION**

19% 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

15% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.²

82% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 1.6 families sharing an accommodation. 1% of HHs reported being hosted by a relative, friend or close community member.

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

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

14% 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

Adamawa State
SONG LGA

ASSESSMENT SAMPLE

HHs Interviewed: 90
- IDP: 0
- Returnee: 0
- Non-displaced: 90

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>8%</td>
<td>4%</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 83%
2. Religious leader 71%
3. INGO 28%

Top 3 reported means of receiving information trusted by HHs: 1,2
1. In person / Face to face 90%
2. Phone call (mobile phone) 46%
3. Community events 39%

30% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs: 1,2
1. BBC 100%
2. Gotel FM 63%
3. Voice of America 48%

% of HHs reporting listening to the radio during the following times: 1,2
- Morning 96%
- Mid-day 4%
- Afternoon 22%
- Evening 70%

69% of HHs reported owning a cell phone, of which 8% had access to Internet or social media. 2

% of HHs reporting using the following networks: 1,2
- MTN 56%
- Airtel 71%
- Glo / Etisalat 11%
- No response / Don’t know 0%

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

% of HHs reporting distance to closest health facility:
- Less than 2 km 57%
- Within 2-5 km 11%
- More than 5 km 29%
- 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>30%</td>
</tr>
<tr>
<td>PHC</td>
<td>43%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>7%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>10%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>0%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>7%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>3%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 914 naira (2.54 dollars) for a consultation at the first facility they would go to for treatment. 2,3

HHs reported an average cost of 1013 naira (2.81 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses. 2,3

10% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare: 1
1. Medicine too expensive 47%
2. Health services too expensive 44%
3. Health facility too far 22%

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

| Direct provision of health services | 42% |
| Direct provision of medicines | 8% |
| Direct provision of transportation | 1% |
| Cash for health service fees | 12% |
| Cash for medicine | 2% |
| Cash for transportation | 6% |
| Mix of cash and provision of health services | 11% |
| Mix of cash and provision of medicine | 18% |
| 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. Surface water 52%
2. Open well 33%
3. Open rainwater tank 24%

% of HHs reporting time needed to collect water from main source:
- 8% None - at the HH
- 22% Less than 15 min
- 42% 15 min to 30 min
- 27% More than 30 min
- 1% No response / Don’t know

To cope with water quantity issues:
- 50% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 7% reported drinking water usually used for cleaning or other purposes.
- 1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- 11% Yes, with soap
- 2% Yes, with sand or ash
- 70% Yes, with water only
- 8% No, do not wash hands
- 9% No response / Don’t know

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

% of HHs reporting needing the following items that they do not have:
- Bar soap 69%
- 10 liter bucket 34%
- 10 liter basin 47%

23% 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 11%
- Mix of WASH kits provision and cash 46%
- Vouchers to buy WASH kits 2%
- 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 37%
- Markets located outside the community 9%
- Own agriculture / Crop cultivation 84%
- Food aid / Assistance from NGOs 0%
- Food aid / Assistance from government 0%

36% 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

40% of HHs reported being in debt of money.

PROTECTION

36% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.

44% 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 1.6 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.
MSNA Indicators for COVID-19

Adamawa State
TOUNGO LGA

**ASSESSMENT SAMPLE**

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

**DEMOGRAPHIC HIGHLIGHTS**

| Average HH size: 5.4 | Female-headed HHs: 7% | Child-headed HHs: 3% |

**COMMUNICATION**

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

Top 3 reported sources of reliable information trusted by HHs:1,2
1. Community leader 77%
2. Religious leader 68%
3. Friend / Family 47%

Top 3 reported means of receiving information trusted by HHs:1,2
1. In person / Face to face 88%
2. Community events 47%
3. Radio 37%

39% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. BBC 71%
2. Gotel FM 62%
3. ABBC Yola FM 53%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 91%
- Mid-day 36%
- Afternoon 40%
- Evening 82%

50% of HHs reported owning a cell phone, of which 24% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 83%
- Airtel 22%
- Glo / Etisalat 9%
- No response / Don’t know 0%

**HEALTH**

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

% of HHs reporting distance to closest health facility:3
- Less than 2 km 60%
- Within 2-5 km 10%
- More than 5 km 29%
- 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>45%</td>
</tr>
<tr>
<td>PHC</td>
<td>34%</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>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>6%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>7%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>7%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>0%</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 1461 naira (4.06 dollars) for a consultation at the first facility they would go to for treatment.2,4

HHs reported an average cost of 1476 naira (4.10 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,4

14% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 72%
2. Health services too expensive 54%
3. Staff not qualified 30%

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

| Direct provision of health services | 32% |
| Direct provision of medicines | 6% |
| Direct provision of transportation | 3% |
| Cash for health service fees | 12% |
| Cash for medicine | 17% |
| Cash for transportation | 1% |
| Mix of cash and provision of health services | 20% |
| Mix of cash and provision of medicine | 9% |
| 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
1. Surface water 53%
2. Open well 36%
3. Borehole 26%

% of HHs reporting time needed to collect water from main source:
- 17% None - at the HH
- 32% Less than 15 min
- 36% 15 min to 30 min
- 15% More than 30 min

% of HHs reporting needing the following items that they do not have:1
- Bar soap 60%
- 10 liter bucket 29%
- 10 liter basin 30%

% of HHs reporting water as their main priority need.

% of HHs reporting the following preferred methods of support for WASH:
- Direct provision of WASH kits 27%
- Cash transfer to buy WASH kits 14%
- Mix of WASH kits provision and cash 53%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 6%
- Do not want support 0%
- Other / No response / Don’t know 0%

34% of HHs reported purchasing food on credit or borrowing food.

Number of days on average, in the 7 days before data collection, that HHs reported doing the following to cope with lack of food:
- 4 days relying on less preferred and cheaper food
- 1 day borrowing or relying on food from friends or relatives
- 2 days limiting portion sizes at mealtime
- 2 days reducing number of meals eaten in a day
- 1 day restricting consumption by adults in order for children to eat

64% of HHs reported being in debt of money.

To cope with water quantity issues:1
52% of HHs reported reducing water consumption for cleaning, bathing and washing.
13% reported drinking water usually used for cleaning or other purposes.
1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- Yes, with soap 20%
- Yes, with sand or ash 2%
- Yes, with water only 75%
- No, do not wash hands 3%
- No response / Don’t know 0%

14% 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 60%
- 10 liter bucket 29%
- 10 liter basin 30%

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 27%
- Cash transfer to buy WASH kits 14%
- Mix of WASH kits provision and cash 53%
- Vouchers to buy WASH kits 0%
- Mix of WASH kits provision and vouchers 6%
- Do not want support 0%
- Other / No response / Don’t know 0%

FOOD SECURITY & LIVELIHOODS

% of HHs reporting the following main sources of food:2
- Purchased in local markets 56%
- Markets located outside the community 14%
- Own agriculture / Crop cultivation 70%
- Food aid / Assistance from NGOs 1%
- Food aid / Assistance from government 0%

46% of HHs reported purchasing food on credit or borrowing food.

To cope with food quantity issues:
- 12% 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 6%
- Bank withdrawal - counter 2%
- Formal money transfer (money agent, Western Union) 0%
- Informal money transfer (cash from friends, relatives) 11%
- Mobile phone money transfer 1%
- Hand to hand (from seller, employer, other person) 65%
- No access to cash 16%
- Other / No response / Don’t know 0%

PROTECTION

21% 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

11% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.2 46% of HHs reported that the women in their HH have access to this place.2

SHELTER & WASTE MANAGEMENT

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

- **HHs Interviewed:** 184
  - IDP: 12
  - Returnee: 0
  - Non-displaced: 172

### DEMOGRAPHIC HIGHLIGHTS

- **Average HH size:** 4.2
- **Female-headed HHs:** 15%
- **Child-headed HHs:** 0%

### COMMUNICATION

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

**Top 3 reported sources of reliable information trusted by HHs:**
1. Religious leader: 81%
2. Community leader: 72%
3. Friend / Family: 58%

**Top 3 reported means of receiving information trusted by HHs:**
1. Phone call (mobile phone): 74%
2. Radio: 67%
3. In person / Face to face: 61%

**81%** of HHs reported owning a radio.

**Top 3 reported radio stations listened to by the HHs:**
1. Gotel FM: 88%
2. ABBC Yola FM: 70%
3. BBC: 62%

**% of HHs reporting listening to the radio during the following times:**
- **Morning:** 77%
- **Mid-day:** 24%
- **Afternoon:** 48%
- **Evening:** 80%

**95%** of HHs reported owning a cell phone, of which **72%** had access to Internet or social media.

**% of HHs reporting using the following networks:**
- **MTN:** 89%
- **Airtel:** 56%
- **Glo / Etisalat:** 30%
- **No response / Don’t know:** 0%

### HEALTH

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

**% of HHs reporting distance to closest health facility:**
- **Less than 2 km:** 62%
- **Within 2-5 km:** 36%
- **More than 5 km:** 2%
- **No response / Don’t know:** 0%

**Reported first choice health facility for treatment vs. closest health facility:**
- **First choice facility:**
  - Hospital: 66%
  - PHC: 28%
  - Mobile / Outreach clinic: 5%
  - Village outreach worker: 0%
  - Private doctor: 0%
  - Patent medicine store / Chemist: 1%
  - Traditional practitioner: 0%
  - Pharmacy / Dispensary: 1%
  - Wouldn’t seek treatment: 0%
  - Other / No response / Don’t know: 0%

- **Closest facility:**
  - Hospital: 63%
  - PHC: 37%
  - Mobile / Outreach clinic: 0%
  - Village outreach worker: 0%
  - Private doctor: 0%
  - Patent medicine store / Chemist: 1%
  - Traditional practitioner: 0%
  - Pharmacy / Dispensary: 0%
  - Wouldn’t seek treatment: NA
  - Other / No response / Don’t know: 0%

HHs reported spending an average of **590 naira** (1.64 dollars) for a consultation at the first facility they would go to for treatment.

HHs reported an average cost of **1002 naira** (2.78 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.

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

**Top 3 reported barriers to accessing healthcare:**
1. Medicine too expensive: 65%
2. Health services too expensive: 39%
3. No barrier: 24%

**% of HHs reporting the following preferred methods of support for healthcare:**
- **Direct provision of health services:** 17%
- **Direct provision of medicines:** 17%
- **Direct provision of transportation:** 1%
- **Cash for health service fees:** 8%
- **Cash for medicine:** 15%
- **Cash for transportation:** 0%
- **Mix of cash and provision of health services:** 20%
- **Mix of cash and provision of medicine:** 14%
- **Do not want support:** 8%
- **Other / No response / Don’t know:** 1%

1. Respondents could select multiple answers.
2. This question refers to a subset of the population surveyed. Findings relating to subsets of a population may have a lower confidence level and a wider margin of error.
3. Currency was converted using the June 2019 average Bureau de Change rate of 359.94 Nigerian naira to 1 United States dollar (Central Bank of Nigeria, Monthly Average Exchange Rates of the Naira).
**WATER, SANITATION & HYGIENE**

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

1. Borehole 44%
2. Mai moya 39%
3. Piped water 26%

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

<table>
<thead>
<tr>
<th>Time Needed</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None - at the HH</td>
<td>47%</td>
</tr>
<tr>
<td>Less than 15 min</td>
<td>20%</td>
</tr>
<tr>
<td>15 min to 30 min</td>
<td>14%</td>
</tr>
<tr>
<td>More than 30 min</td>
<td>11%</td>
</tr>
<tr>
<td>No response / Don't know</td>
<td>9%</td>
</tr>
</tbody>
</table>

To cope with water quantity issues:¹

43% of HHs reported reducing water consumption for cleaning, bathing and washing.

0% reported drinking water usually used for cleaning or other purposes.

1% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, with soap</td>
<td>58%</td>
</tr>
<tr>
<td>Yes, with sand or ash</td>
<td>1%</td>
</tr>
<tr>
<td>Yes, with water only</td>
<td>41%</td>
</tr>
<tr>
<td>No, do not wash hands</td>
<td>0%</td>
</tr>
<tr>
<td>No response / Don't know</td>
<td>0%</td>
</tr>
</tbody>
</table>

% of HHs reporting not washing their hands on the day before data collection:²

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

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar soap</td>
<td>41%</td>
</tr>
<tr>
<td>10 liter bucket</td>
<td>13%</td>
</tr>
<tr>
<td>10 liter basin</td>
<td>18%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct provision of WASH kits</td>
<td>24%</td>
</tr>
<tr>
<td>Cash transfer to buy WASH kits</td>
<td>15%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and cash</td>
<td>49%</td>
</tr>
<tr>
<td>Vouchers to buy WASH kits</td>
<td>1%</td>
</tr>
<tr>
<td>Mix of WASH kits provision and vouchers</td>
<td>3%</td>
</tr>
<tr>
<td>Do not want support</td>
<td>7%</td>
</tr>
<tr>
<td>Other / No response / Don't know</td>
<td>2%</td>
</tr>
</tbody>
</table>

**FOOD SECURITY & LIVELIHOODS**

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased in local markets</td>
<td>89%</td>
</tr>
<tr>
<td>Markets located outside the community</td>
<td>32%</td>
</tr>
<tr>
<td>Own agriculture / Crop cultivation</td>
<td>19%</td>
</tr>
<tr>
<td>Food aid / Assistance from NGOs</td>
<td>0%</td>
</tr>
<tr>
<td>Food aid / Assistance from government</td>
<td>1%</td>
</tr>
</tbody>
</table>

**PROTECTION**

49% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.³ 67% of HHs reported that their child has access to this place.²

35% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.³ 100% of HHs reported that the women in their HH have access to this place.²

**SHELTER & WASTE MANAGEMENT**

The average household reported 1.9 families sharing an accommodation.¹ 1% of HHs reported being hosted by a relative, friend or close community member.

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

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

72% 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.

¹Percentages may not add up to 100 due to rounding.

---

1. Bar soap
   - 10 liter bucket
   - 10 liter basin

2. 41% of HHs reporting needing the following items that they do not have:1
   - 72% of HHs reported using dedicated on-site or public trash bins (collected by either waste management committee or public authorities)

3. 46% of HHs reported being in debt of money.

---

**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
  - 0 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
  - 0 days restricting consumption by adults in order for children to eat

**SHELTER & WASTE MANAGEMENT**

- **Top 3 reported main sources of income in the 30 days before data collection:**
  1. Salary 51%
  2. Trade 35%
  3. Small business 32%

---

**Protection**

- **Type of access to cash reported by HHs:**
  - Bank withdrawal - ATM 70%
  - Bank withdrawal - counter 6%
  - 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) 23%
  - No access to cash 0%
  - Other / No response / Don’t know 1%

---

**Food Security & Livelihoods**

- **Top 3 reported main sources of water most commonly used in the 30 days before data collection:**
  1. Borehole 44%
  2. Mai moya 39%
  3. Piped water 26%

---

**Waste Management**

- **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
  - 0 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
  - 0 days restricting consumption by adults in order for children to eat

---

**Protection**

- **Type of access to cash reported by HHs:**
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  - Other / No response / Don’t know 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
  - 0 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
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---

**Protection**

- **Type of access to cash reported by HHs:**
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  - Mobile phone money transfer 0%
  - Hand to hand (from seller, employer, other person) 23%
  - No access to cash 0%
  - Other / No response / Don’t know 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
  - 0 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
  - 0 days restricting consumption by adults in order for children to eat
MSNA Indicators for COVID-19

Assessment Sample

HHs Interviewed: 152
- IDP: 9
- Returnee: 0
- Non-displaced: 143

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>4.8</td>
<td>2%</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 87%
2. Religious leader 80%
3. Friend / Family 59%

Top 3 reported means of receiving information trusted by HHs:1,2
1. Radio 72%
2. In person / Face to face 71%
3. Phone call (mobile phone) 59%

74% of HHs reported owning a radio.

Top 3 reported radio stations listened to by the HHs:1,2
1. Gotel FM 87%
2. ABBC Yola FM 78%
3. BBC 71%

% of HHs reporting listening to the radio during the following times:1,2
- Morning 82%
- Mid-day 32%
- Afternoon 44%
- Evening 69%

85% of HHs reported owning a cell phone, of which 47% had access to Internet or social media.2

% of HHs reporting using the following networks:1,2
- MTN 79%
- Airtel 59%
- Glo / Etisalat 20%
- No response / Don’t know 0%

Health

2% of HHs reported having at least one chronically ill member.

% of HHs reporting distance to closest health facility:3
- Less than 2 km 61%
- Within 2-5 km 25%
- More than 5 km 10%
- 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>40% 30%</td>
</tr>
<tr>
<td>PHC</td>
<td>46% 58%</td>
</tr>
<tr>
<td>Mobile / Outreach clinic</td>
<td>0% 0%</td>
</tr>
<tr>
<td>Village outreach worker</td>
<td>0% 0%</td>
</tr>
<tr>
<td>Private doctor</td>
<td>0% 0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>8% 4%</td>
</tr>
<tr>
<td>Traditional practitioner</td>
<td>6% 4%</td>
</tr>
<tr>
<td>Pharmacy / Dispensary</td>
<td>0% 0%</td>
</tr>
<tr>
<td>Wouldn’t seek treatment</td>
<td>1% NA</td>
</tr>
<tr>
<td>Other / No response / Don’t know</td>
<td>0% 3%</td>
</tr>
</tbody>
</table>

HHs reported spending an average of 797 naira (2.21 dollars) for a consultation at the first facility they would go to for treatment.2,4

HHs reported an average cost of 1186 naira (3.30 dollars) for accessing the nearest health services in terms of transportation, lodging or other non drug-related expenses.2,4

16% of HHs reported healthcare as their main priority need.

Top 3 reported barriers to accessing healthcare:1
1. Medicine too expensive 60%
2. Health services too expensive 49%
3. Medicine not available 18%

% of HHs reporting the following preferred methods of support for healthcare:
- Direct provision of health services 30%
- Direct provision of medicines 12%
- Direct provision of transportation 2%
- Cash for health service fees 3%
- Cash for medicine 7%
- Cash for transportation 2%
- Mix of cash and provision of health services 29%
- Mix of cash and provision of medicine 14%
- Do not want support 0%
- Other / No response / Don’t know 0%

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

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<tr>
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<td>0%</td>
</tr>
<tr>
<td>Patent medicine store / Chemist</td>
<td>4%</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>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 Percentages may not add up to 100 due to rounding.
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For more information on this factsheet, please contact reach.nigeria@reach-initiative.org

INTER-SECTOR WORKING GROUP

Adamawa State
YOLA SOUTH LGA
WATER, SANITATION & HYGIENE

Top 3 reported sources of water most commonly used in the 30 days before data collection:¹
1. Borehole 53%
2. Mai moya 23%
3. Open well 18%

% of HHs reporting time needed to collect water from main source:²
- None - at the HH 31%
- Less than 15 min 29%
- 15 min to 30 min 32%
- More than 30 min 7%
- No response / Don’t know 2%

To cope with water quantity issues:¹
- 49% of HHs reported reducing water consumption for cleaning, bathing and washing.
- 1% reported drinking water usually used for cleaning or other purposes.
- 4% reported receiving water on credit or borrowing water.

% of respondents reporting hand washing:
- Yes, with soap 31%
- Yes, with sand or ash 2%
- Yes, with water only 67%
- No, do not wash hands 0%
- No response / Don’t know 0%

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:³
- Bar soap 54%
- 10 liter bucket 16%
- 10 liter basin 20%

9% 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 58%
- Vouchers to buy WASH kits 2%
- Mix of WASH kits provision and vouchers 2%
- Do not want support 1%
- Other / No response / Don’t know 0%

22% 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
- 0 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
- 0 days restricting consumption by adults in order for children to eat

34% 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 63%
2. Livestock 31%
3. Trade 31%

8% 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 30%
- Bank withdrawal - counter 5%
- Formal money transfer (money agent, Western Union) 1%
- Informal money transfer (cash from friends, relatives) 6%
- Mobile phone money transfer 0%
- Hand to hand (from seller, employer, other person) 52%
- No access to cash 6%
- Other / No response / Don’t know 0%

PROTECTION

42% of HHs reported having a child-friendly space in the community, of which 0% are operated by NGOs.² 100% of HHs reported that their child has access to this place.²

28% of HHs reported having a safe space in the community for girls and women, of which 0% are operated by NGOs.² 94% of HHs reported that the women in their HH have access to this place.²

SHELTER & WASTE MANAGEMENT

The average household reported 1.4 families sharing an accommodation. 0% of HHs reported being hosted by a relative, friend or close community member.

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

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.