



IOM NIGERIA
COVID-19 SITUATION ANALYSIS 6
NORTH-EAST NIGERIA - JUNE 2021

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INTRODUCTION

This Round 6 of the COVID-19 Situation Analysis is based on the assessment of knowledge, practice and impact of the pandemic on internally displaced persons (IDPs) in conflict-affected communities of north-east Nigeria. Conducted by the Displacement Tracking Matrix (DTM) unit of the International Organization for Migration (IOM), the report covers the period between 19 April and 9 June 2021 and reflects trends from the states Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe in north-east Nigeria.

The first assessment was conducted in May 2020 two months after the index case was reported in Nigeria. In this report, the results are presented from the 6th round of assessments. In this Round 6, 116,320 respondents - or 5 per cent of all identified IDPs as per DTM Round 37 - were interviewed for a range of COVID-19 related indicators. Key informant interviews and focus group discussions were the primary methods used for the assessment and the findings were corroborated with physical on-ground observations.

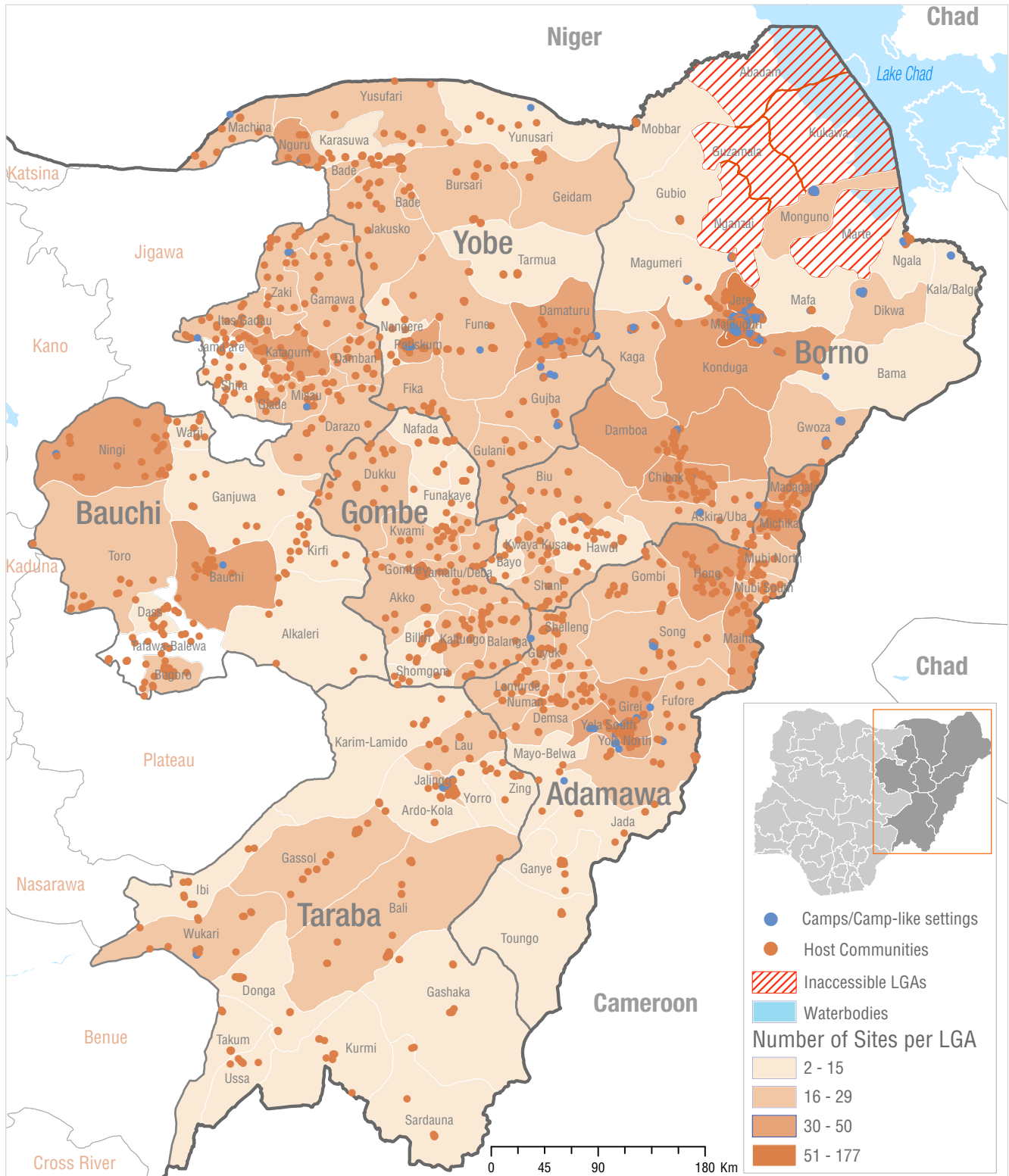
The information collated and analyzed in this report includes COVID-19 awareness among IDPs, communication medium used to receive information, level of awareness (in camps and in host communities, respectively), exposure to communication on risks associated with COVID-19, mitigation measures taken (in camps and among host communities, respectively), health centre's preparedness in managing confirmed cases of COVID-19, effect of the pandemic on day-to-day activities (in camps and in host communities, respectively) and access to infection and prevention control facilities. Additionally, in this 6th Round of assessments, a section was added on vaccine awareness and the preparedness to get vaccinated in the future.

COVID-19 threatens to deepen the humanitarian crisis in north-east Nigeria, a region that has been besieged with an escalation of violence between Non-State Armed Groups (NSAGs) and the Government for nearly a decade, resulting in mass displacement and deprivation. To better understand the scope of displacement and assess the needs of affected populations, IOM has been implementing the DTM programme since September 2014, in collaboration with the National Emergency Management Agency (NEMA) and relevant State Emergency Management Agencies (SEMAs).

The main objective of this report is to provide accurate and detailed information and support the Government and humanitarian partners in providing an adequate and timely response to the needs of forcibly displaced populations.

ASSESSMENT COVERAGE

The assessment was conducted in 2,384 locations – a decrease compared to the 2,397 sites assessed in the fifth round of assessment. These sites included 309 camps and camp-like settings and 2,075 locations where IDPs were residing with host communities. As expected, the most-affected state of Borno had the highest number of assessed locations at 704 sites (30%). These included both camps and camp-like settings as well as host communities. Gombe and Taraba had the least number of locations assessed with 203 locations in each state (9%). As in other similar assessments, staff from IOM, NEMA, SEMAs and the Nigerian Red Cross Society collated the data in the field, including baseline information at Local Government Area and ward-levels.



The names and boundaries shown and the designations used on this map do not imply official endorsement or acceptance by IOM | Data source: DTM, HDX, ESRI

Map 1: Assessed locations per LGA

KEY FINDINGS



99% of all accessed IDPs in the 6 states in north-east Nigeria were aware of the pandemic.



38% of respondents stated that awareness campaigns were the main source of information on COVID-19. Awareness campaigns were followed by news (32%) and word of mouth (29%).

89% of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and friends or family.



72% of respondents stated that there were no specific COVID-19 mitigation measures set up in their locality.

Out of the 72% of IDPs that said that no mitigation measures were set up in their locality, 90 per cent were living among host communities while 10 per cent were living in camps or camp-like settings.



80% of respondents felt that health centres were not prepared to handle COVID-19 cases.

For 70% of respondents, the closest operational health centre is 30 minutes or less away from their locality.

32% of respondents stated that the access to services (food distribution, markets, WASH, health, education, protection and water trucking) was disrupted because of COVID-19.



In 77% of the locations assessed, a hand washing station with water and soap was not available on-site.

In 65% of the locations assessed, respondents stated that there was no evidence of hand washing practices. For Taraba, this number was reported at 89%.

94% of the respondents stated that they have heard about vaccines against COVID-19.



50% of the respondents stated that they have been informed sufficiently on Covid-19 and the vaccines in order to make an informed decision on whether to get vaccinated or not.

69% of the respondents stated that they would not get vaccinated, even if the vaccine is free and available. 25% of respondents indicated that they would get vaccinated and 6% of respondents were still undecided.

COVID-19 AWARENESS

During the 6th round of the COVID-19 Situation Analysis in north-east Nigeria, it was reported that Internally Displaced Persons (IDPs) were aware of the ongoing pandemic in 99 per cent of locations assessed. This number remained unchanged compared to the fifth round of assessments published in April 2021.

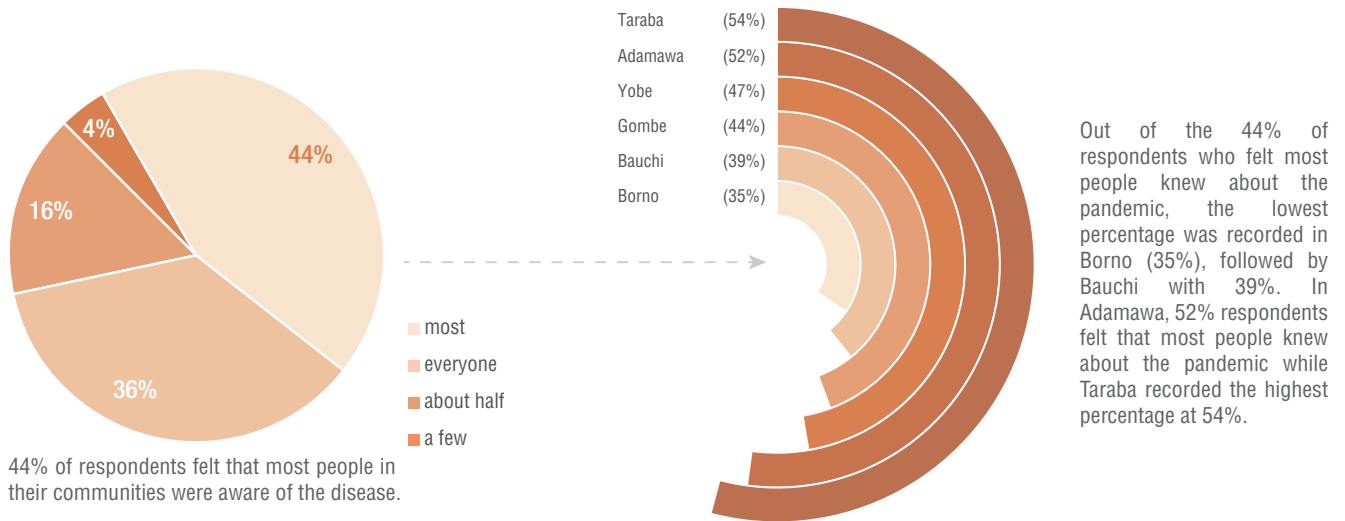


Figure 1: Covid-19 awareness

Similar to the fifth round of assessments, awareness campaigns were reported as the most common source of information on COVID-19 during Round 6 (reported in 38% of locations – an increase from 37% in Round 5). Awareness campaigns were followed by news outlets, reported in 32 per cent of locations (decreased from 34% in Round 5) and word of mouth, reported in 29 per cent of locations (an increase from 28% in Round 5). When comparing the reach of awareness campaigns per state, they have been proven the most effective in the states Borno and Yobe where they were reported as the most common mean of information in respectively 50 per cent and 40 per cent of locations. However, in the state of Adamawa, awareness campaigns were reported as the most common source of information in only 23 per cent of the locations assessed, behind news outlets (46%) and word of mouth (29%).

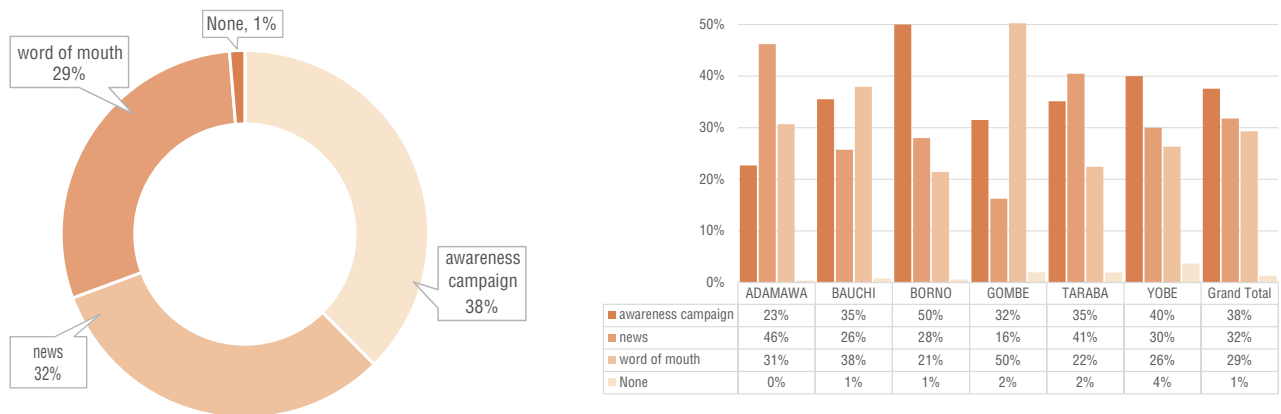


Figure 2: Means of getting information in all assessed locations

Seventy-two per cent of the respondents stated that there was frequent communication on the risks, transmission and preventive measures such as hand washing and physical distancing. This is a 3 per cent decrease compared to the 75 per cent of respondents in Round 5. The availability of routine communication on COVID-19 was reported highest in Gombe with 91 per cent and lowest in Taraba with 53 per cent.

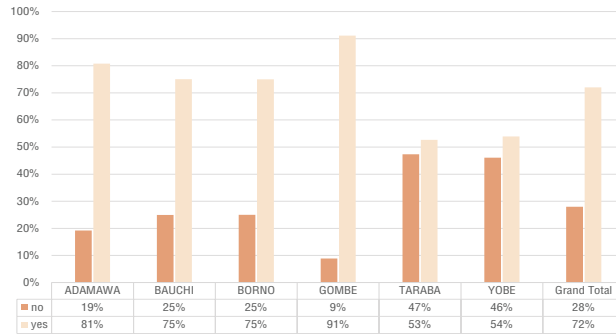


Figure 3: Routine communication on COVID-19 risks per state

Furthermore, 89 per cent of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and friends or family. Eleven per cent of IDPs did not receive information on how to protect themselves against COVID-19. Out of the 89 per cent of IDPs who did receive information on how to protect themselves against COVID-19, 27 per cent of respondents received information from government officials, followed by community leaders (19%) and friends and family (17%).



Figure 4: Percentage of IDPs that received information on COVID-19

When considering levels of COVID-19 awareness in camps and camp-like settings specifically, it was reported that in 41 per cent of the camps/camp-like settings assessed, everyone was aware of the pandemic (an increase from 39%). In 36 per cent (a decrease from 39%) of camps/camp-like settings, most people were aware of the pandemic and in 20 per cent of the camps/camp-like settings, about half of the population was aware of the pandemic (similar to Round 5). In Bauchi, 80 per cent of the respondents in the camps/camp-like settings felt that everyone knew about the pandemic.

In locations where IDPs were living among host communities, respondents in 35 per cent (a decrease from 38%) of the locations assessed felt that everyone knew about the pandemic. In 45 per cent of the locations (an increase from 39%), it was perceived that most inhabitants knew about COVID-19, and in 16 per cent of the locations, about half of the population was aware of the pandemic (a decrease from 19%). In the state Taraba, the perception that most inhabitants knew about the coronavirus pandemic was the highest at 54 per cent, followed by Adamawa and Yobe, at 52 per cent and 49 per cent respectively. The perception that everyone knew about the pandemic was highest in Bauchi as reported in 52 per cent of the locations assessed.

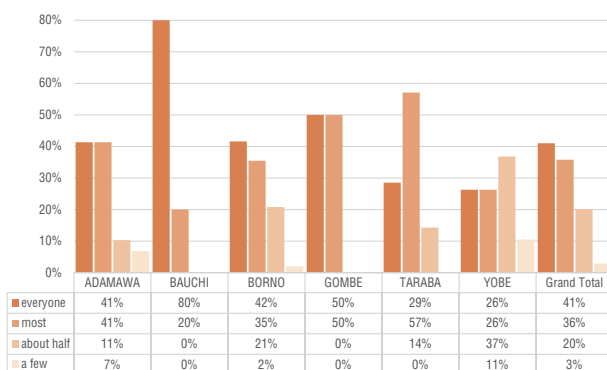


Figure 5: Awareness level in camps/camp-like settings

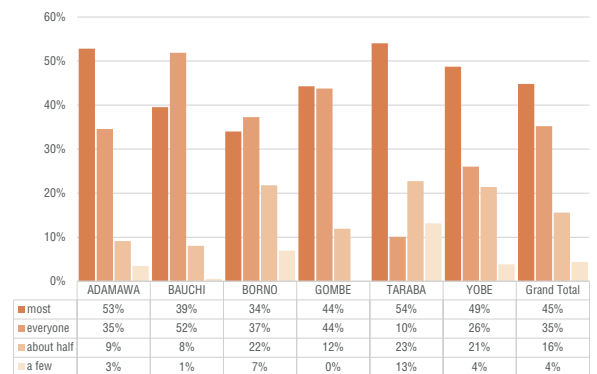


Figure 6: Awareness level in host communities

MITIGATION MEASURES AND PREPAREDNESS

As living conditions in locations of displacement are often cramped, mitigation measures to prevent the spread of COVID-19 are highly necessary. However, in 72 per cent of the locations assessed in both camps/camp-like settings and host communities, respondents reported that no specific mitigation measures have been put in place (an increase from 70% in Round 5). Out of the 72% of IDPs that said that no mitigation measures were set up in their locality, 90 per cent were living among host communities while 10 per cent were living in camps or camp-like settings. Adamawa and Borno were the states best protected against the virus with mitigation measures set up in respectively 40 and 34 per cent of the locations assessed. In Taraba, mitigation measures were established in only 11 per cent of locations assessed.

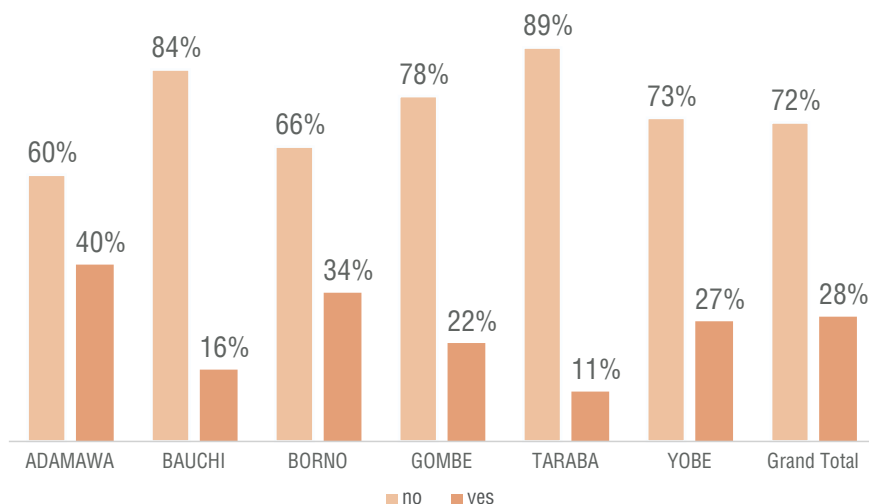


Figure 7: Presence of mitigation measures per state

When considering camps and camp-like setting specifically, the establishment of mitigation measures was reported in 46 per cent of the sites (a decrease from 49% in Round 5). Camps and camp-like settings in the states of Borno and Adamawa were best prepared to handle the pandemic with mitigation measures installed in 53 per cent and 38 per cent of the sites, respectively. Notably, in none of the camps/camp-like settings in the states of Gombe and Taraba, specific mitigation measures to handle the pandemic were put in place.

Camps and camp-like settings were generally better equipped against the spread of the virus compared to locations where IDPs were living among host communities. In 75 per cent of the locations where respondents were residing with host communities, no specific mitigation measures were put in place (an increase from 73% in Round 5). In the state Taraba, this number surged at 88 per cent of the locations assessed, followed by Bauchi and Gombe with 84 per cent and 78 per cent, respectively. Adamawa and Yobe were the states best protected against the virus with mitigation measures set up in respectively in 40 per cent and 28 per cent of the locations where IDPs were hosted among the local communities.

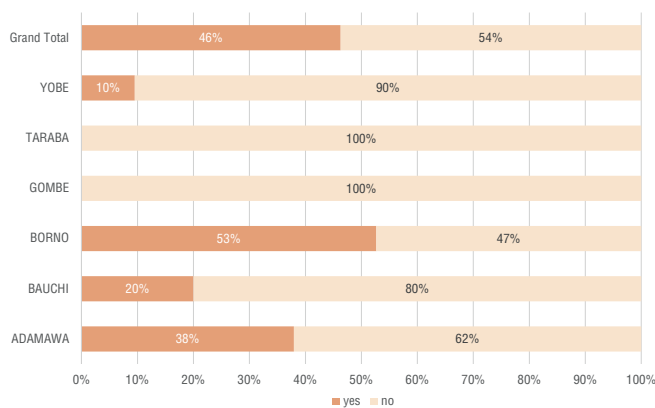


Figure 8: Presence of mitigation measures in camps/camp-like settings

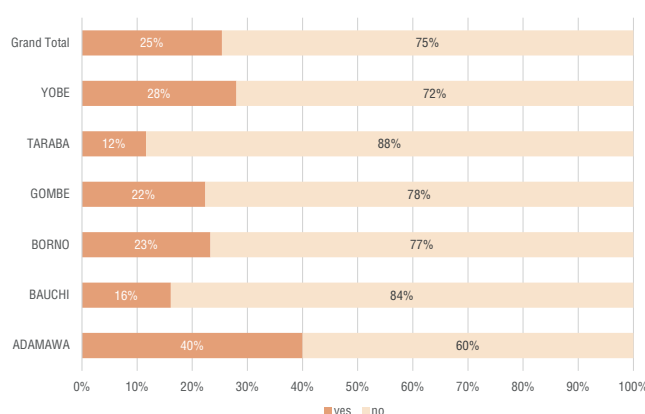


Figure 9: Presence of mitigation measures in host communities

Eighty per cent of respondents felt that the health centres were not prepared to handle the threat of COVID-19 (a decrease from 85%). The states were most respondents felt that health centres were insufficiently prepared were Bauchi, Yobe and Taraba with 86 per cent, 86 per cent and 79 per cent, respectively. The health centres in the states Gombe and Adamawa scored the best as respectively 27 per cent and 24 per cent of respondents felt that they were well prepared to handle the coronavirus pandemic. Furthermore, for 70 per cent of the respondents, the closest operational health centre was 30 minutes or less away from their locality.

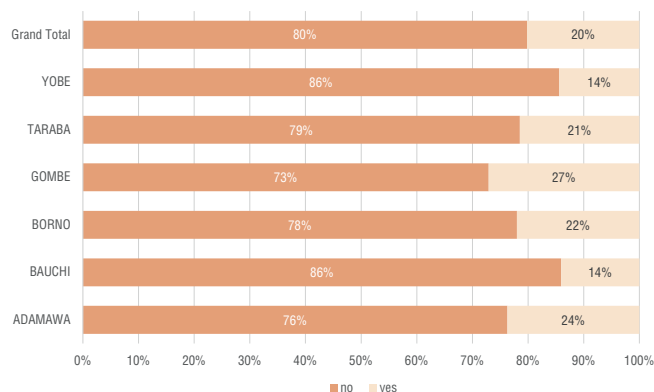


Figure 10: Health centres preparedness to handle COVID-19 cases per state

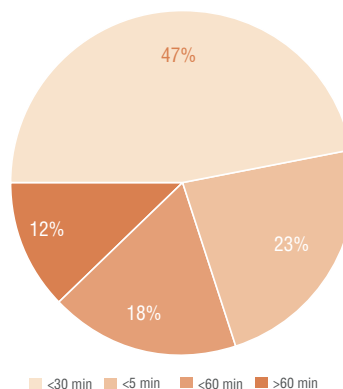


Figure 11: Distance to closest operational health centre

EVICION THREATS /ACCESS TO SERVICES

A small minority or 8 per cent of respondents (an increase from 7% since Round 5) reported an increase in evictions or eviction threats since the start of the pandemic in March 2020. Ninety-two per cent of respondents did not experience an increase of evictions or suchlike threats. In the state of Bauchi, only 1 per cent of respondents reported an increase in eviction threats while in Gombe, 16 per cent of respondents reported an increase in evictions or eviction threats, being the highest of all 6 states in north-east Nigeria.

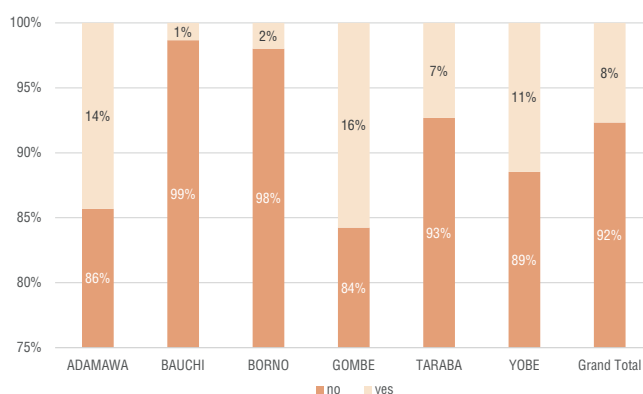


Figure 12: Increase in evictions or eviction threats per state

Thirty-two per cent of respondents (down from 36% in the fifth round of assessments) reported that access to services (including food, markets, WASH, health, education, protection, water trucking, etc.) was disrupted because of the pandemic. From the 32 per cent of affected services, 18 per cent were located on the site of assessment while 14 per cent were located off the site of assessment.

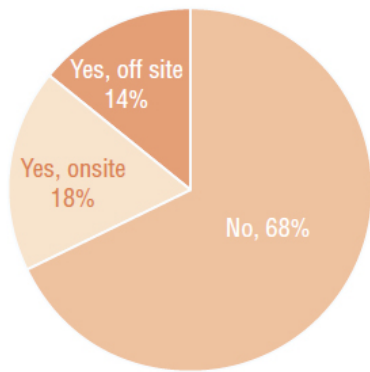


Figure 13: Percentage of service disruption

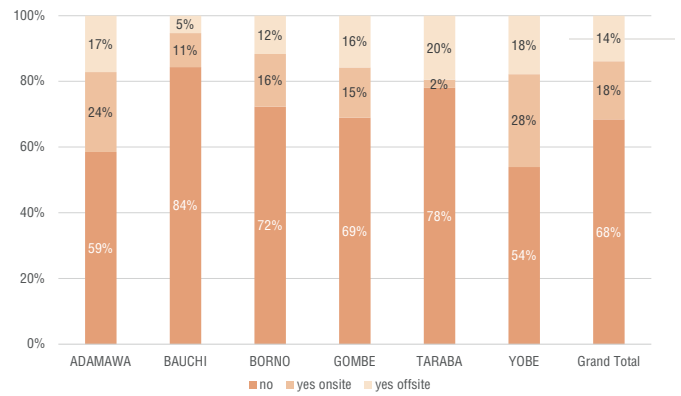


Figure 14: Percentage of service disruption per state

States where access to services was least affected by the pandemic were Bauchi, Taraba and Borno where respondents in respectively 84 per cent, 78 per cent and 72 per cent of the locations stated that no access to services had been disrupted due to the COVID-19 outbreak. To the contrary, Yobe had the highest number of respondents reporting that access to services had been affected by the pandemic at 46 per cent, followed by Adamawa at 42 per cent and Gombe at 31 per cent.

When comparing the disruption of access to services between respondents living in camps/camp-like settings and respondent living in host communities, the consequences of the COVID-19 outbreak affected the access to services in of both types of IDPs in similar ways. Thirty-one per cent (decreased from 35%) of respondents in camps and camp-like settings reported their access to services disrupted due to the pandemic against 32 per cent (decreased from 36%) of respondents living among host communities. The consistent decrease in service disruption throughout the last rounds could be explained by the efforts to restore the access to services by the Government and the humanitarian community.

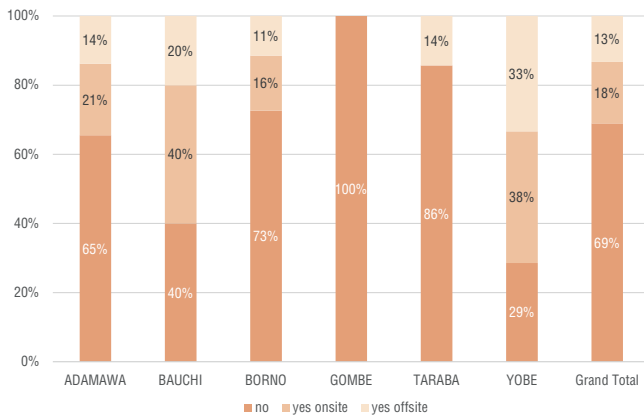


Figure 15: Percentage service disruption in camps/camp-like settings

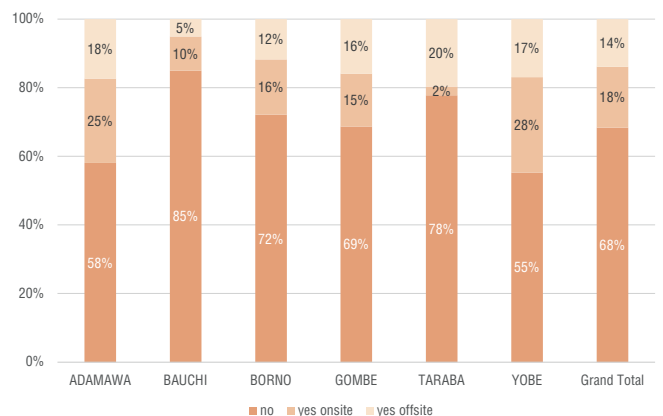


Figure 16: Percentage service disruption in host communities

ACCESS TO HANDWASHING STATIONS

The availability of handwashing stations is an important determinant of whether communities are equipped with basic hygienic facilities to prevent the spread of COVID-19. During the 6th round of assessments, in 77 per cent of the locations assessed (an increase from 76%), respondents reported that no handwashing station filled with water and soap was available on-site. Adamawa (41% of locations) and Borno (28% of locations) were the states where most hand washing stations with water and soap were available on-site.

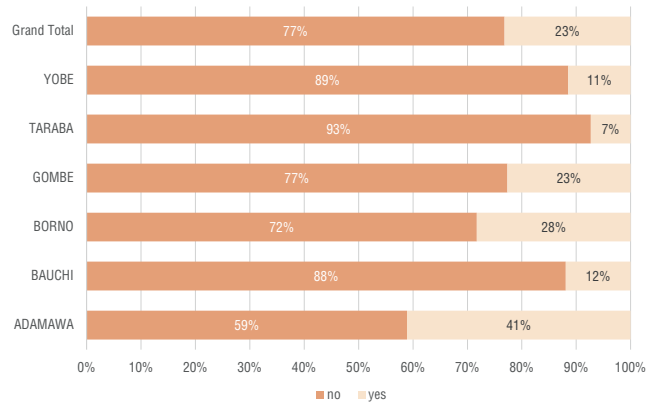


Figure 17: Availability of handwashing stations filled with soap and water on-site

However, in 40 per cent of the locations assessed (both camps/camp-like settings and host communities), most people had access to handwashing stations with soap and water (an increase from 36%) while in 24 per cent of locations, about half of the people had access to with water and soap (a decrease from 29%). In 16 per cent of the locations, only a few people had access (a decrease from 17%) and in 16 per cent of the locations, everyone had access to handwashing stations filled with water and soap (a decrease from 17%). Only in 3 per cent of the locations assessed, respondents stated that nobody in their community had access to water and soap (similar to Round 5).

In Taraba, only 7 per cent of respondents reported that everyone in their location had access to water and soap, while in Adamawa 28 per cent of respondents reported that everyone in their location had access to water and soap. In Yobe, 7 per cent of respondents reported that nobody in the location assesses had access to water and soap.

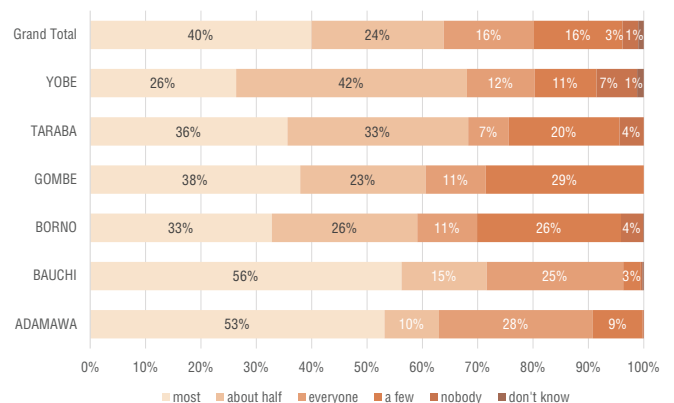
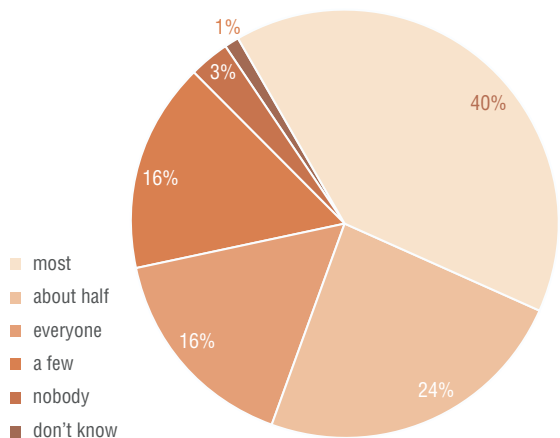


Figure 18: Access to soap and water on-site

In 65 per cent of the locations assessed, respondents stated that there was no evidence of hand washing practices. For Taraba, this number was reported at 89 per cent. To the contrary, in the state of Gombe, evidence of hand washing practices was reported in 71 per cent of the locations assessed, scoring the highest of all states in north-east Nigeria.

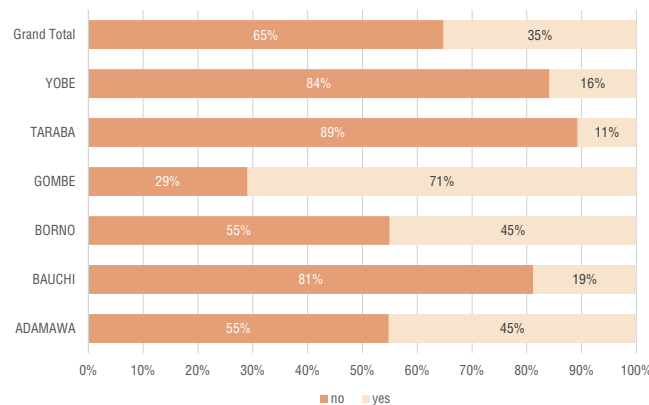


Figure 19: Evidence of hand washing practices per state

VACCINE AWARENESS AND VACCINATION PREPAREDNESS

In this 6th round of assessments, a new section was added examining the perception of IDPs on vaccines against COVID-19. Additional questions were asked about vaccine awareness and the preparedness of IDPs to get vaccinated in the future.

Ninety-four per cent of IDPs stated that they have heard about vaccines against COVID-19. Only in the state of Adamawa, 31 per cent of respondents mentioned that they were not aware of the existence of vaccines against COVID-19. In all other states, all respondents indicated to have heard about vaccines. Of the respondents that indicated that they did hear about vaccines, 32 per cent mentioned that they knew about vaccines through friends or family. Twenty-five per cent were informed about vaccines by government officials and 15 per cent were told by medical personnel. Other sources of information on vaccines mentioned by the respondents were community leaders (8%), NGOs or INGOs (6%), religious leaders (5%) and other IDPs (4%).

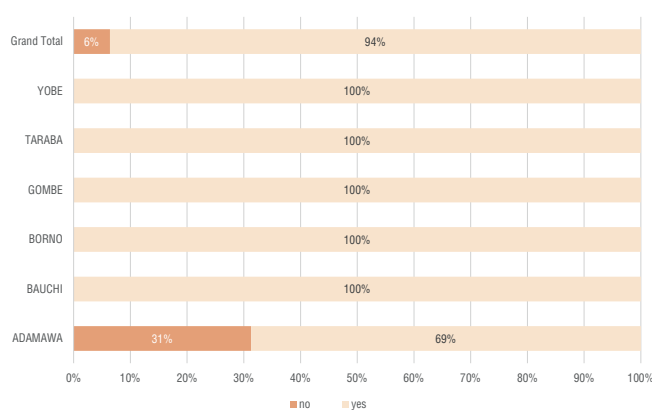


Figure 20: Covid-19 vaccine awareness in all assessed locations

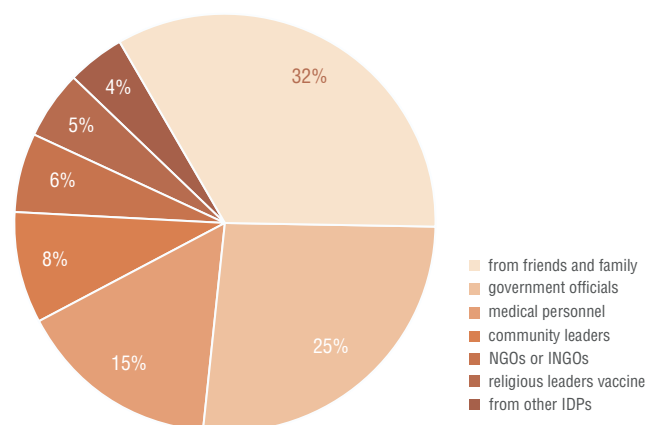


Figure 21: Means of getting information on COVID-19 vaccine/vaccination

Fifty per cent of respondents stated that they did not dispose of sufficient information on COVID-19 and the vaccines to be able to make an informed decision on whether to get vaccinated or not. In the state of Bauchi, this number surged at 71 per cent. On the contrary, in the state of Gombe, 69 per cent of the respondents indicated that they did have sufficient information to be able to make an informed decision on whether to get vaccinated or not.

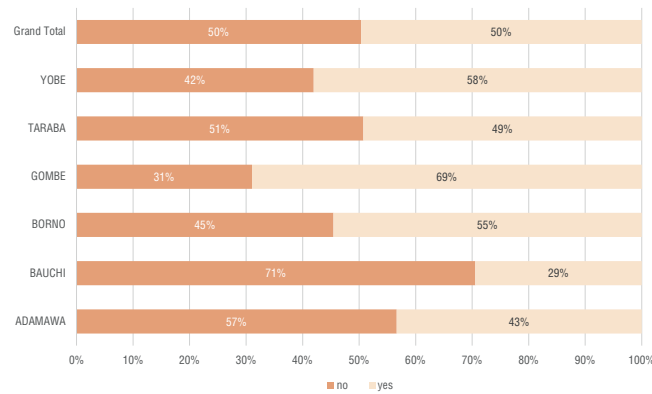


Figure 22: Percentage of respondents with sufficient information to make an informed decision

Sixty-nine per cent of the respondents indicated that they would not get vaccinated, even if the vaccine was available and free. Twenty-five per cent of respondents stated that they would get vaccinated and 6 per cent of respondents were still undecided. In Bauchi, a high of 87 per cent of the respondents indicated that they would not get vaccinated. As mentioned in the previous paragraph, Bauchi is also the state where the highest percentage of respondents felt that they lacked detailed information to be able to make an informed decision whether to get vaccinated or not. On the contrary, Gombe was the state where the highest percentage of respondents indicated that they would get vaccinated at 54 per cent. Again, Gombe was the state where highest percentage of respondents indicated that they did have sufficient information to make an informed decision whether to get vaccinated or not. This demonstrates the clear correlation between the available information on vaccines and the preparedness to get vaccinated.

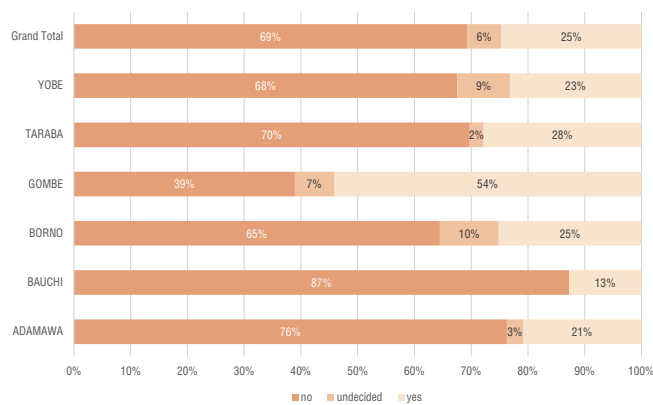


Figure 23: Percentage of respondents per state that would or would not get vaccinated

Twenty per cent of the respondents that indicated that they would not get vaccinated were advised against vaccines. Nineteen per cent mentioned that they did not trust the vaccines and were worried about the side effects. Fifteen per cent of respondents were confused by the conflicting information on vaccines, 14 per cent mentioned that vaccines are forbidden by their religion, 12 per cent stated to have other, more urgent needs and 11 per cent did not consider COVID-19 as a threat.

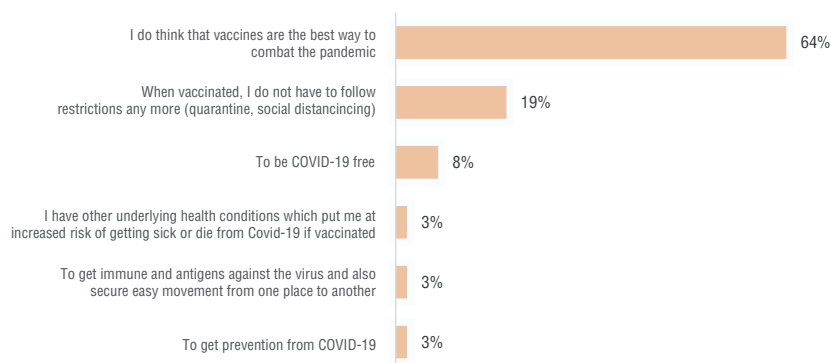


Figure 24: Percentage and reasons of respondents on getting the vaccine if it is free and available

As for the respondents that indicated that they would get vaccinated, 64 per cent mentioned that they believe that vaccination is the best way to combat the pandemic. Another 19 per cent said that they would get the vaccine to not have to follow the restrictions any longer (social distancing, quarantining, wearing a mask). Eight per cent would get vaccinated to be Covid-free and 3 per cent mentioned underlying health conditions as the primary reason to get vaccinated.

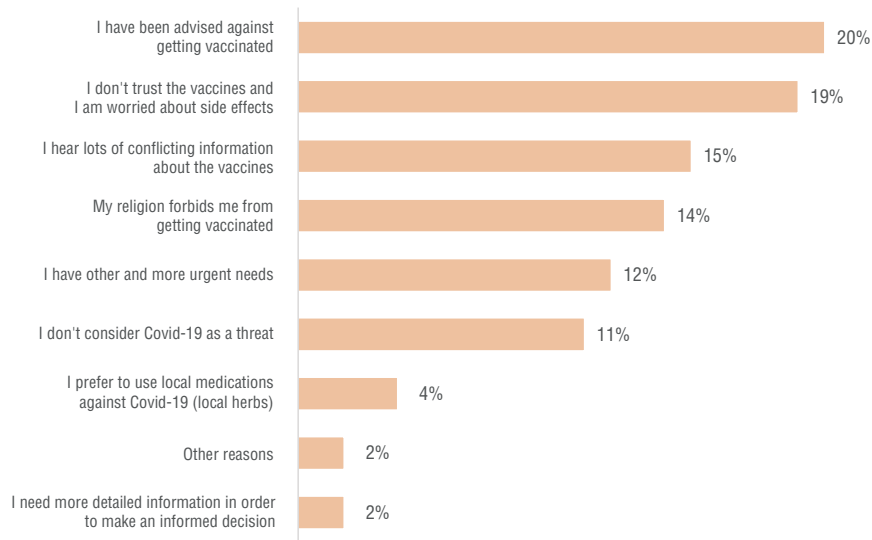


Figure 25: Percentage and reasons of respondents on not getting the vaccine if it is free and available

LIMITATIONS

- The security situation in some wards in north-east Nigeria remains unstable and as a result, accessibility was rather limited. In locations with limited accessibility, data was collected through telephone interviews with key informants. In the state of Taraba, the LGAs Wukari, Takum, Donga, Ibi, Ussa, Bali and Gassol were not accessible as a result of communal clashes between farmers and herders.
- In the state of Yobe, a communication mast was burnt down by a NSAG. This caused considerable delays in data collection as key informants needed to travel to areas with network coverage to be able to share information with DTM enumerators.
- The data used for this analysis are estimates obtained through key informant interviews, personal observation and focus group discussions. Thus, in order to ensure the reliability of these estimates, data collection was performed at the lowest administrative level: the site or the host community.
- The rise in fuel prices have a direct impact on data collection activities as enumerators often travel to remote locations to assess living conditions of IDPs. Additionally, enumerators need to cover great distances between LGA headquarters and wards and some remote locations are only accessible on market days.
- The limited availability of key informants due to farming season hindered the assessments as many KI's do not return from the fields until dusk, when it is not advised to travel between the locations.
- Because of the rainy season, in some wards in Gombe, data collectors needed to take canoes to be able to access remote locations. This considerably slowed down the data collection process.
- The general lack of electricity to charge phones and tablets, and the poor network coverage in many of the locations resulted in delays of data entry and sharing.

The depiction and use of boundaries, geographic names, and related data shown on maps and included in this report are not warranted to be error free nor do they imply judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries by IOM.

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