



IOM NIGERIA
COVID-19 SITUATION ANALYSIS 6
NORTH-CENTRAL AND NORTH-WEST ZONES
MARCH 2022

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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 in the geopolitical zones north-central and north-west Nigeria. Conducted by the Displacement Tracking Matrix (DTM) unit of the International Organization for Migration (IOM), the report covers the period between 16 November and 30 December 2021 and reflects trends from the states Benue, Kaduna, Kano, Katsina, Nasarawa, Plateau, Sokoto and Zamfara.

A total of 95,369 respondents – or 10% of the total IDP population in north-central and north-west Nigeria - were interviewed on 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 mediums used to receive information, exposure to communication on risks associated with COVID-19, mitigation measures, health centre's preparedness in managing confirmed cases of COVID-19, effects of the pandemic on day-to-day activities and access to infection and prevention control facilities. All the information presented in this report was assessed for both IDPs living in camps/camp-like settings and IDPs living among host communities.

COVID-19 threatens to deepen the humanitarian crisis in north-central and north-west Nigeria, zones that already are afflicted with multidimensional crises, rooted in historic ethno-social cleavages, and exasperated by recent large scale displacements. To better understand the scope of displacement and assess the needs of the 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.

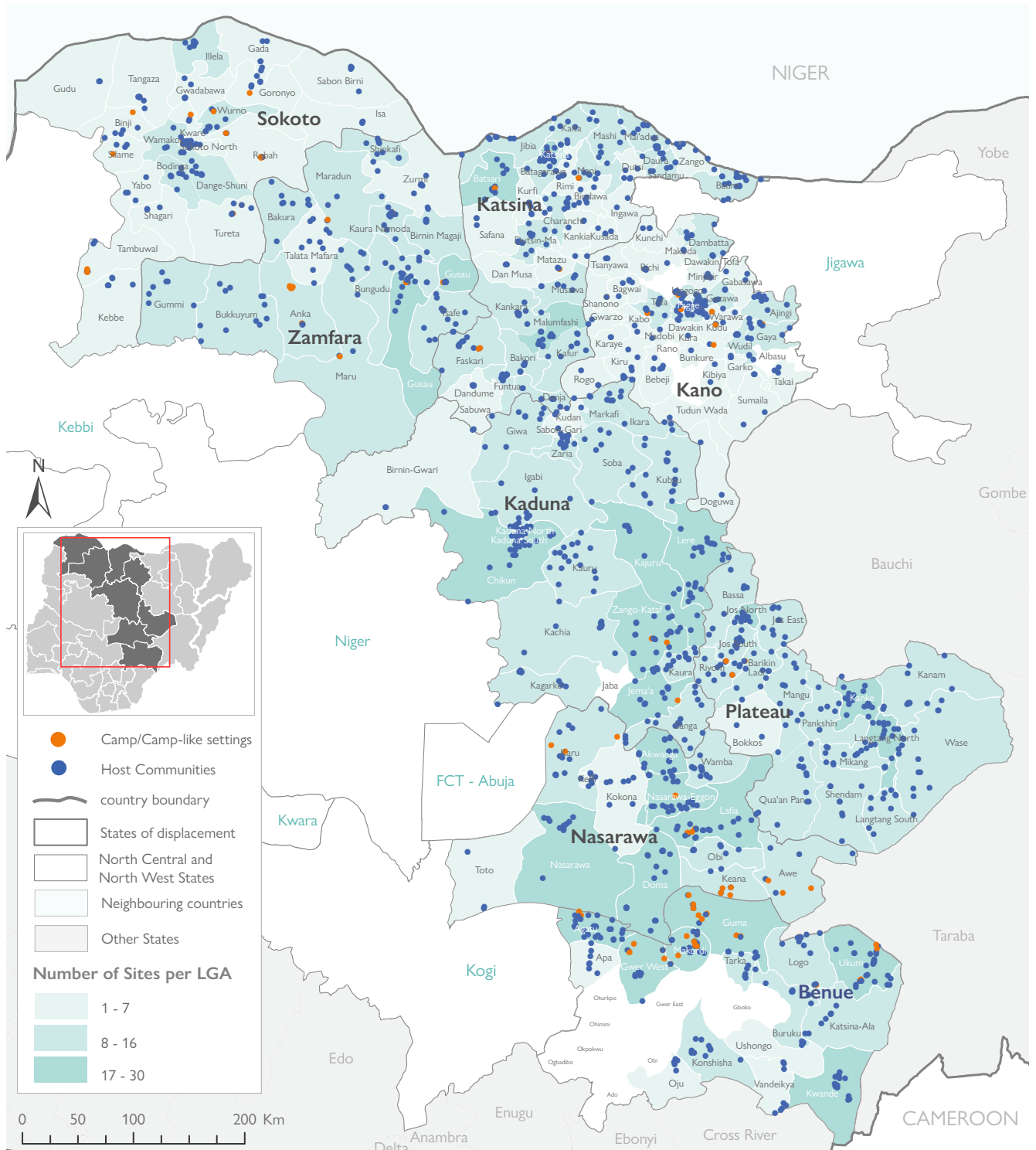


A Focus Group Discussion (FGD) in Ortese IDP camp, Guma LGA of Benue State © IOM Nigeria / Phoebe Awosina / IOM 2022

ASSESSMENT COVERAGE

The first assessment was conducted in July 2020, four months after the first case of COVID-19 was reported in Nigeria. In this report, the results are presented from the 6th round of DTM assessments. The assessments were conducted in 1,654 locations – which is a decrease by 10 locations compared to the 5th round when 1,664 locations were covered. These sites included 97 camps and camp-like settings and 1,557 locations where IDPs were residing among host communities, representing a total of 969,757 IDPs in 157,519 households. The state with the highest number of locations assessed was Katsina State with a total of 297 locations (18%), followed by Kaduna with 262 locations (16%) and Benue with 235 locations (14%). In contrast to Round 5, Zamfara and not Sokoto was the state where the least number of locations were assessed with 126 sites (8%).

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



- All or 100% of the respondents in north-central and north-west Nigeria knew about the pandemic



- 37% of respondents stated that word of mouth was the main source of information on COVID-19. Word of mouth was followed by awareness campaigns (33%) and news outlets (30%).
- 93% of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and friends or family.



- 86% of respondents stated that there were no specific COVID-19 mitigation measures set up in their locality.
- Out of the 86% of IDPs that said that no mitigation measures were set up in their locality, 94 per cent were living among host communities while 6 per cent were living in camps or camp-like settings.



- 86% of respondents felt that health centres were not prepared to handle COVID-19 cases.
- For 86% of respondents, the closest operational health centre is 30 minutes or less away from their locality.



- 93% of respondents stated that the access to services (food distribution, markets, WASH, health, education, protection and water trucking) was not disrupted because of COVID-19.
- In 91% of the locations assessed, a hand washing station with water and soap was not available on-site.
- In 75% of the locations assessed, respondents stated that there was no evidence of hand washing practices. For Sokoto, this number was reported at 99% while in Katsina, this number was reported at 15%.



- 96% of the respondents stated that they have heard about vaccines against COVID-19.
- 71% 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.
- Out of the respondents that stated that they felt sufficiently informed, 45% said that they would not get vaccinated, even if the vaccine is free and available. 52% of respondents indicated that they would get vaccinated and 3% of respondents were still undecided.

COVID-19 AWARENESS

During the 6th round of the COVID-19 Situation Analysis in north-central and north-west Nigeria, it was reported that Internally Displaced Persons (IDPs) were aware of the ongoing pandemic in all the locations assessed. This number remained unchanged since the 5th round of assessments, assessed in September 2021.

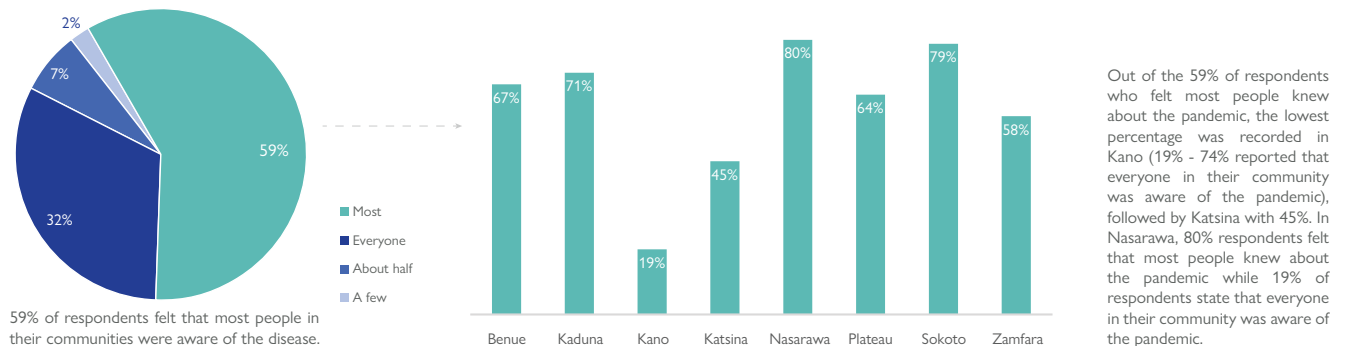


Figure 1: Covid-19 awareness

In contrast to the 5th round of assessments, word of mouth was reported as the most common source of information on COVID-19 during Round 6 (reported in 37% of locations – up from 32% in Round 5). Word of mouth was followed by awareness campaigns, reported in 33 per cent of locations (up from 32%) and news outlets, reported in 30 per cent of locations (down from 35%). When comparing the reach of awareness campaigns per state, they have been proven the most effective in the states Plateau and Katsina where they were reported as the most common mean of information in 74 per cent and 49 per cent of locations, respectively. However, in the state of Kaduna, awareness campaigns were reported as the most common source of information in only 8 per cent of the locations assessed, behind word of mouth and news outlets, reported at 63 per cent and 29 per cent respectively.

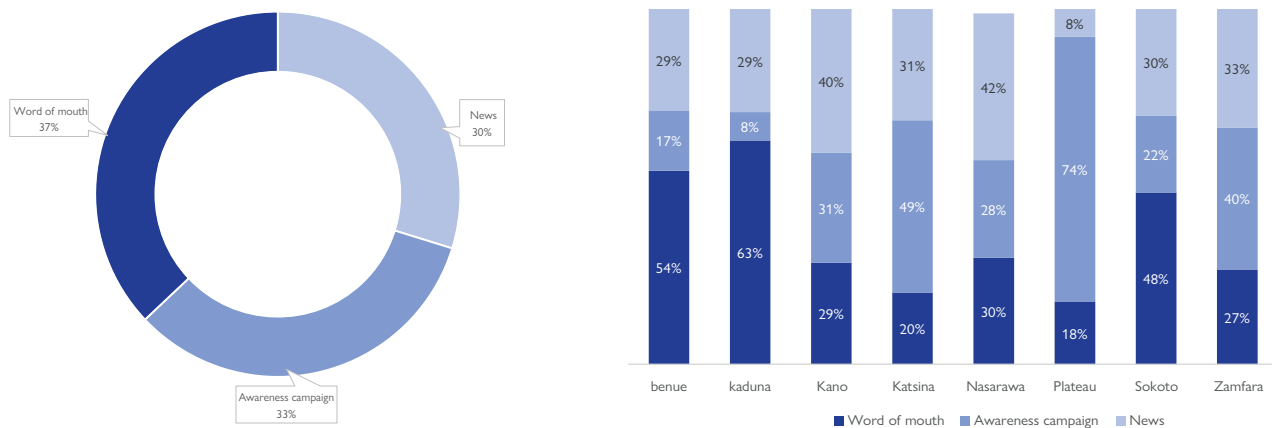


Figure 2: Means of getting information in all assessed locations

Routine information on the risks, transmission, and preventive measures such as proper and frequent hand washing, and physical distancing were frequently disseminated through news outlets and awareness campaigns. Sixty-seven per cent of the respondents stated that there was frequent communication on the pandemic (down from 72%), while 33 per cent of respondents stated that there was no sufficient communication on COVID-19. The availability of routine communication on COVID-19 was reported highest in Kano at 98 per cent, and lowest in Sokoto at 29 per cent.

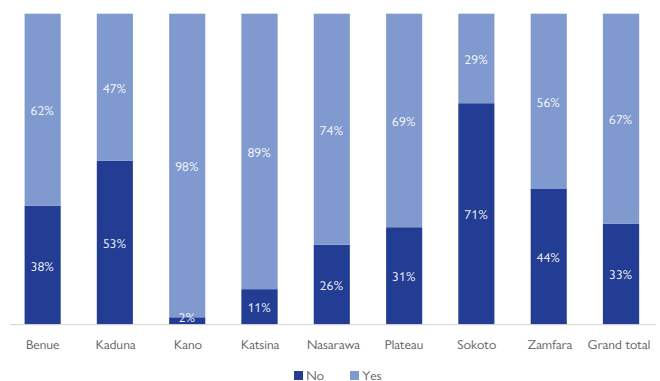


Figure 3: Routine communication on COVID-19 risks per state

Furthermore, 93 per cent of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and friends or family. Seven per cent of IDPs did not receive information on how to protect themselves against COVID-19. Out of the 93 per cent of IDPs who did receive information on how to protect themselves against COVID-19, 32 per cent of respondents received information from government officials, followed by community leaders (24%) and medical personnel (19%).



Figure 4: Percentage of IDPs that received information on COVID-19 on how to protect themselves

When considering levels of COVID-19 awareness in camps and camp-like settings specifically, it was reported that in 24 per cent (down from 34%) of the camps/camp-like settings assessed, everyone was aware of the pandemic. In 66 per cent (up from 53%) of camps/camp-like settings, most people were aware of the pandemic and in 9 per cent of the camps/camp-like settings, about half of the population was aware of the pandemic (no change since Round 5). In the state of Kano, 67 per cent of the respondents felt that everyone in their community was aware of the pandemic while in Kaduna all respondents stated that most people in their community were aware of the pandemic.

In locations where IDPs were living among host communities, respondents in 33 per cent (up from 31%) of the locations assessed felt that everyone knew about the pandemic. In 58 per cent of the locations (no change since Round 5), it was perceived that most inhabitants knew about COVID-19, and in 7 per cent of the locations, about half of the population was aware of the pandemic (down from 8%). In the states of Sokoto and Nasarawa, the perception that most inhabitants knew about the coronavirus pandemic was the highest at 80 per cent, followed by Kaduna at 70 per cent. The perception that everyone knew about the pandemic was highest in Kano, as reported in 74 per cent of the locations assessed.

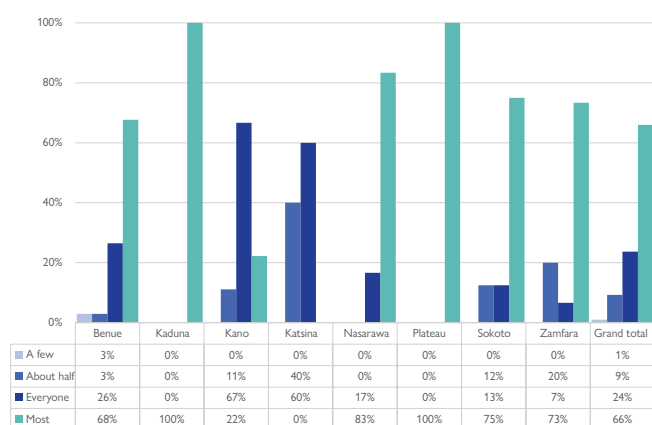


Figure 5: Awareness level in camps/camp-like settings

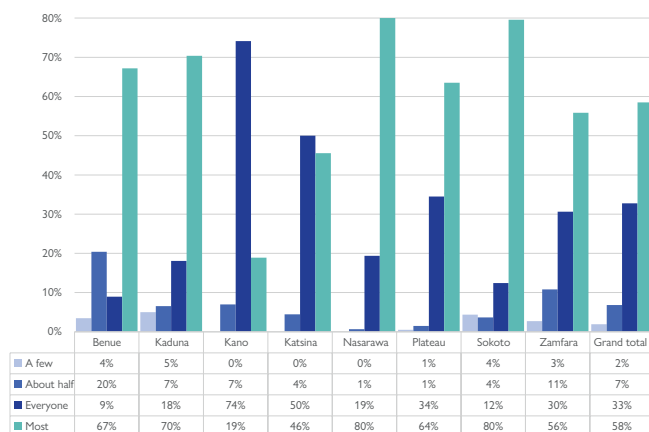


Figure 6: Awareness level in host communities

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 86 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 85% in Round 5). Plateau and Kano were the states best protected against the virus with mitigation measures set up in respectively 37 and 26 per cent of the locations assessed. In Sokoto, mitigation measures were established in only 1 per cent of locations.

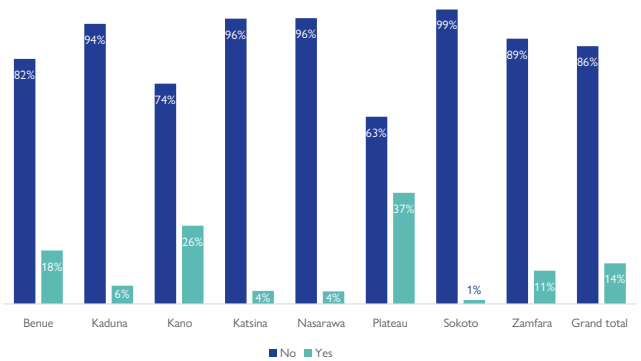


Figure 7: Presence of mitigation measures per state

When considering camps and camp-like setting specifically, the establishment of mitigation measures was reported in 18 per cent (up from 36% in Round 5) of the sites. Camps and camp-like settings in Zamfara and Benue were best prepared to handle the pandemic with mitigation measures installed in 40 per cent and 24 per cent of the sites, respectively. Camps and camp-like settings in the states Kaduna, Kano, Plateau and Katsina were the least prepared to handle the pandemic as in none of the assessed sites mitigation measures were reported.

Similar to camps and camp-like settings, in 13 per cent of the locations where IDPs were living among host communities, specific mitigation measures against COVID-19 were put in place (down from 15% in Round 5). In the state Sokoto, 99 per cent of respondents in locations were living with host communities reported that no specific measures were set up in the locality. Sokoto was followed by Nasarawa and Katsina, reported at 97 per cent and 96 per cent, respectively. The locations where IDPs were residing among host communities in Plateau and Kano were best protected against the virus with mitigation measures set up in respectively in 38 per cent and 27 per cent of the locations assessed.

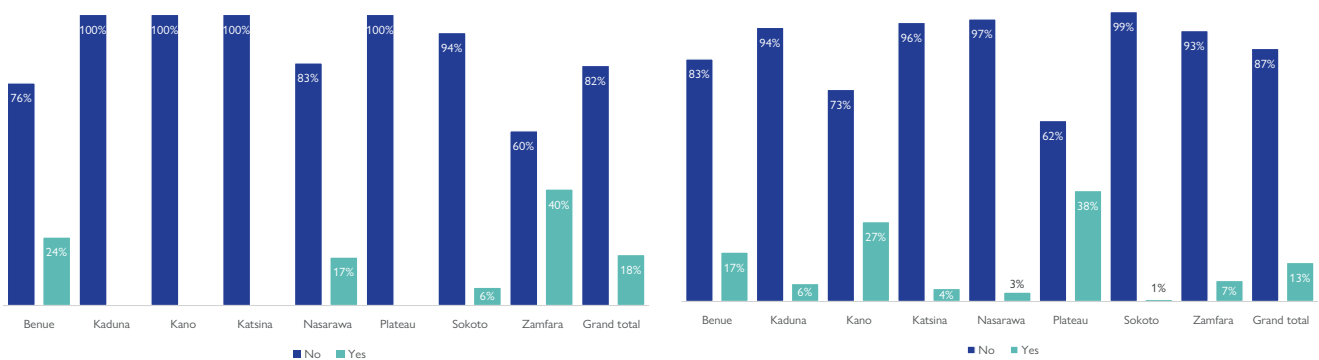


Figure 8: Presence of mitigation measures in camps/camp-like settings

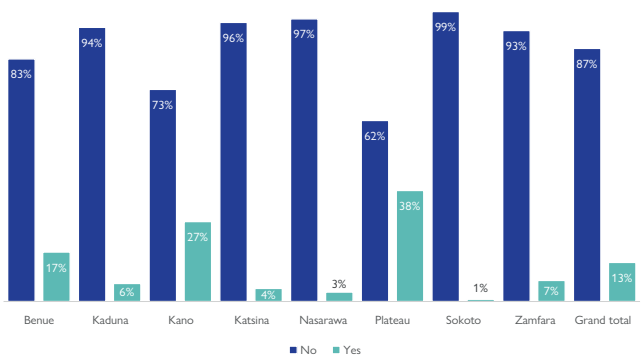


Figure 9: Presence of mitigation measures in host communities

Eighty-eight per cent of respondents felt that the health centres in their respective localities were not prepared to handle the threat of COVID-19 (an increase from 86% in Round 5). The states where most respondents felt that health centres were insufficiently prepared were Kano, Benue and Katsina with 98 per cent, 96 per cent and 93 per cent, respectively. The health centres in the states Zamfara and Nasarawa scored the best as respectively 29 per cent and 26 per cent of respondents felt that they were well prepared to handle the coronavirus pandemic. Furthermore, in 86 per cent of the assessed locations, the closest operational health centre was 30 minutes or less away.

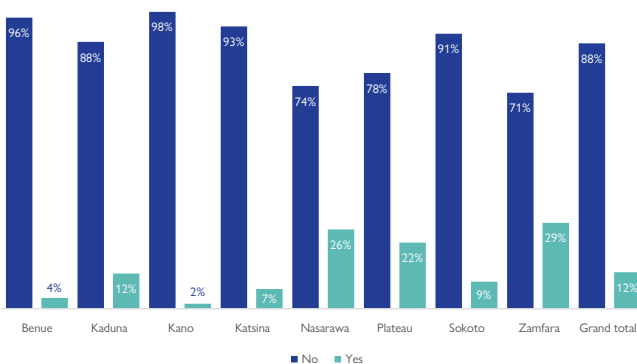


Figure 10: Health centres preparedness to handle COVID-19 cases per state

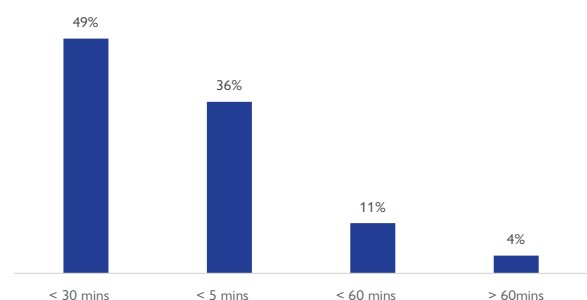


Figure 11: Distance to closest operational health centre

EVICITION THREATS / ACCESS TO SERVICES

A small minority or 4 per cent of respondents (up from 3% in Round 5) reported an increase in evictions or eviction threats since the start of the pandemic in March 2020. Ninety-six per cent of respondents did not experience an increase of evictions or suchlike threats. In the states of Kaduna, Kano and Sokoto, no increase in eviction threats were reported at all while in Plateau, 16 per cent of respondents reported an increase in evictions or eviction threats since the start of the pandemic.

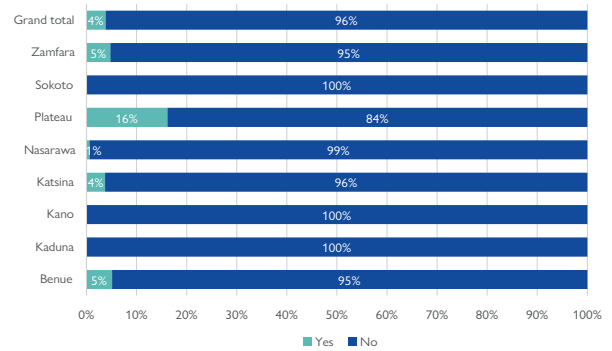


Figure 12: Increase in evictions or eviction threats per state

Seven per cent of respondents (down from 10% since Round 5) reported that access to services (including food, markets, WASH, health, education, protection, water trucking, etc.) was disrupted because of the pandemic. From the 10 per cent of affected services, 2 per cent were located on the site of assessment while 5 per cent were located off the site of assessment.

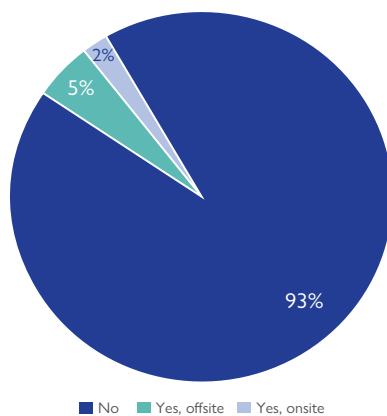


Figure 13: Percentage of service disruption

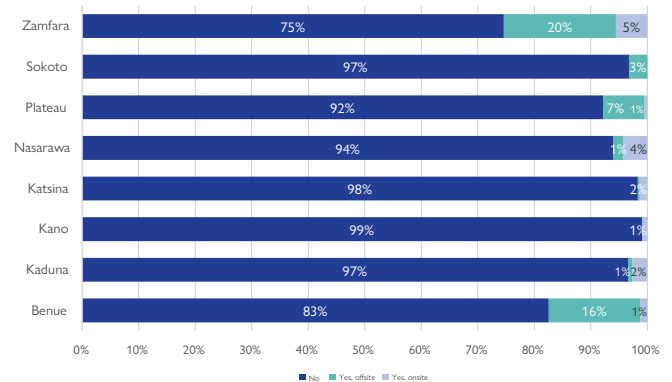


Figure 14: Percentage of service disruption per state

States where the access to services was least affected by the pandemic were Kano and Katsina as respondents in respectively 99 per cent and 98 per cent of the locations stated that no access to services had been disrupted due to the COVID-19 outbreak. To the contrary, Zamfara had the highest number of respondents reporting that access to services had been affected by the pandemic at 25 per cent, followed by Benue at 17 per cent.

When comparing the disruption of access to services between respondents living in camps/camp-like settings and respondents living in host communities, IDPs in camps/camp-like settings were considerably more affected by the consequences of the pandemic. Nineteen per cent (down from 32% Round 5) of respondents in camps and camp-like settings reported their access to services disrupted due to the pandemic against 6 per cent (down from 10%) of respondents living among host communities. The difference in service disruption compared to the previous round of assessments in the camps and camp-like settings could be explained by the efforts to restore the access to services by the Government and the humanitarian community.

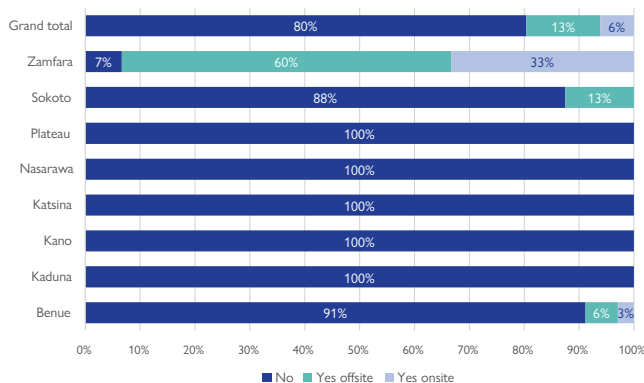


Figure 15: Percentage service disruption in camps/camp-like settings

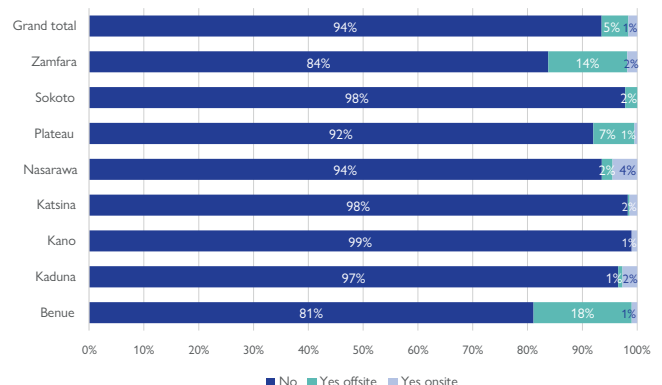


Figure 16: Percentage service disruption in host communities

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 north-central and north-west Nigeria, respondents reported that no handwashing station filled with water and soap was available on-site, in 91 per cent of the locations assessed (down from 92% in Round 5).

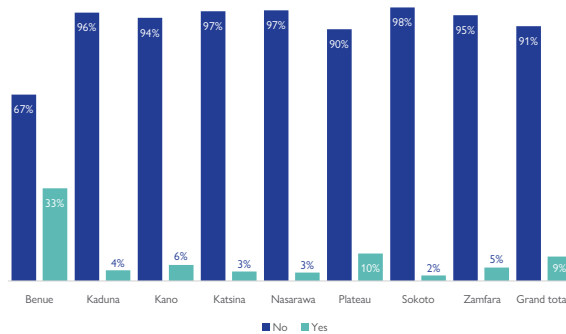


Figure 17: Availability of handwashing stations filled with soap and water on-site

However, in 51 per cent of the locations assessed (both camps/camp-like settings and host communities), most people had access to soap and water (down from 53%) while in 13 per cent of locations, about half of the people had access to with water and soap (similar to Round 5). In 13 per cent of the locations, only a few people had access (similar to Round 5) and in 23 per cent of the locations, everyone had access to handwashing stations filled with water and soap (up from 20%). Only in 1 per cent of the locations assessed, respondents stated that nobody in their community had access to water and soap (similar to Round 5).

In Benue, only 1 per cent of respondents reported that everyone in their location had access to water and soap, while in Kano 72 per cent of respondents reported that everyone in their location had access to water and soap. In Zamfara and Nasarawa States, 2 per cent of respondents reported that nobody in the location assesses had access to water and soap.

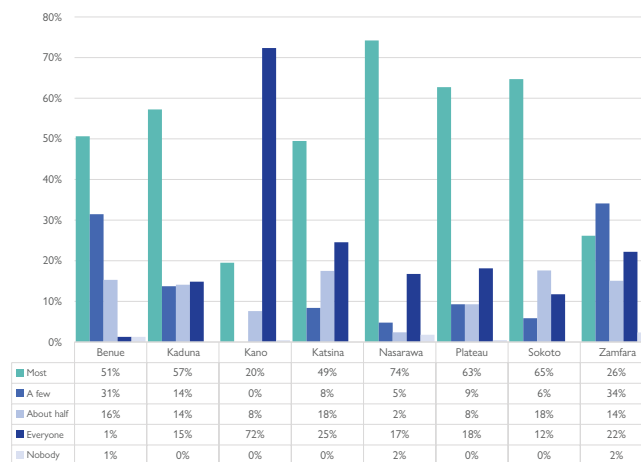
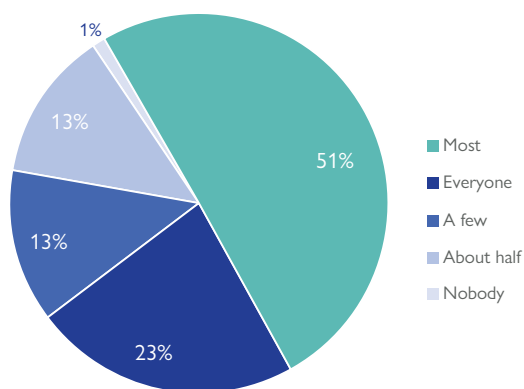


Figure 18: Access to soap and water on-site

In 75 per cent of the locations assessed, respondents stated that there was no evidence of hand washing practices. For Sokoto, this number was reported at 99 per cent. To the contrary, in the state of Katsina, evidence of hand washing practices was reported in 85 per cent of the locations assessed, scoring the highest of all states in north-central and north-west Nigeria.

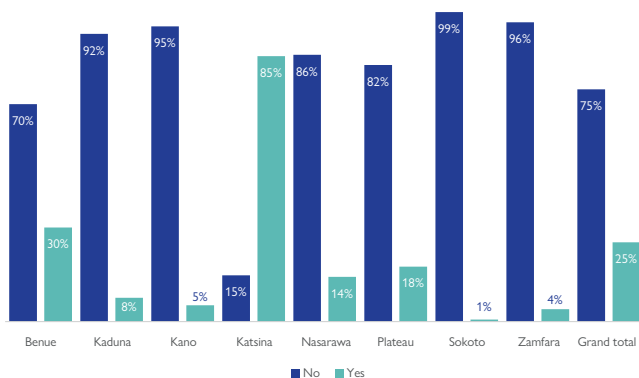


Figure 19: Evidence of hand washing practices per state



A newly installed hand washing station for IDPs in Ortese camp, Guma LGA of Benue State © IOM Nigeria / Phoebe Awosina / IOM 2022

VACCINE AWARENESS AND VACCINATION PREPAREDNESS

Since the fourth round of COVID-19 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-six per cent of IDPs stated that they have heard about vaccines against COVID-19. Vaccine awareness was reported the highest in the state of Katsina at 99 per cent and the lowest in the state of Zamfara at 90 per cent. Of the respondents that indicated that they did hear about vaccines, 33 per cent mentioned that they knew about vaccines through friends or family. Twenty-three per cent were informed about vaccines by government officials and 20 per cent were told by community leaders. Other sources of information on vaccines mentioned by the respondents were medical personnel (12%), religious leaders (4%), other IDPs (4%), the media (3%) and NGOs or INGOs (1%).

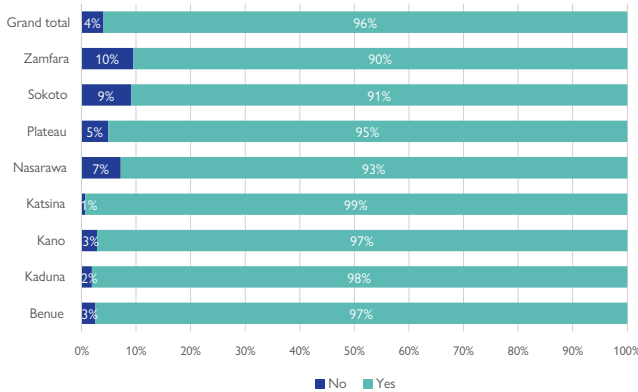


Figure 20: Covid-19 vaccine awareness in all assessed locations

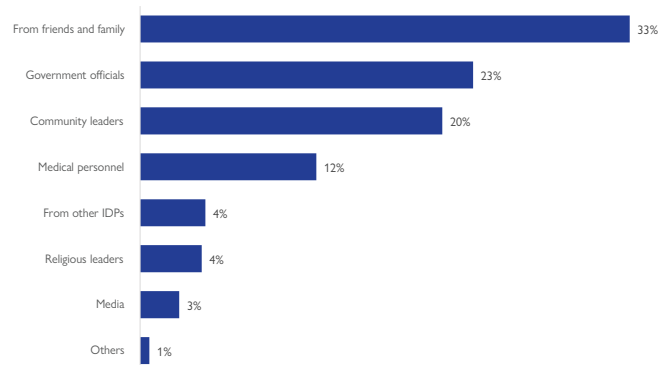


Figure 21: Means of getting information on COVID-19 vaccine/vaccination

Twenty-nine 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 Sokoto, this number was reported at 52 per cent. To the contrary, 71 per cent of the respondents reported that they did have sufficient information to make an informed decision. In the state of Kano, 88 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.

From the respondents that indicated to have sufficient information to make an informed decision whether to get vaccinated or not, 45 per cent of the respondents indicated that they would not get vaccinated, even if the vaccine was available and free (down from 48% in Round 5). Fifty-two per cent of respondents stated that they would get vaccinated (up from 50%) and 3 per cent of respondents were still undecided (up from 2%). In Sokoto, a high of 71 per cent of the respondents indicated that they would not get vaccinated. To the contrary, Katsina was the state where the highest percentage of respondents indicated that they would get vaccinated at 74 per cent. While Sokoto was among the states where a great percentage of respondents felt that they lacked sufficient information to make an informed decision, the state of Katsina was among the states where the respondents felt best informed on COVID-19 and the pandemic. This demonstrates that there is a clear correlation between the available information on vaccines and the preparedness to get vaccinated.

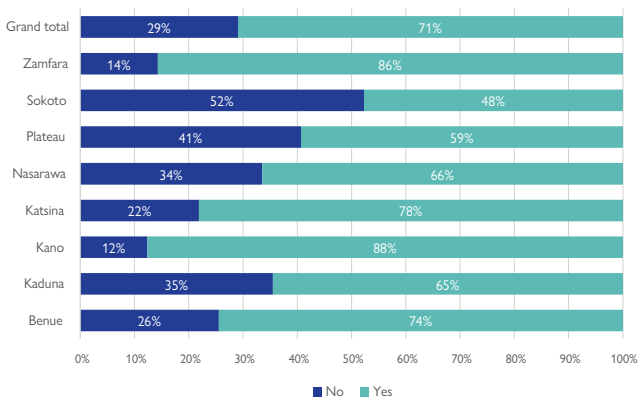


Figure 22: Percentage of respondents with sufficient information to make an informed decision

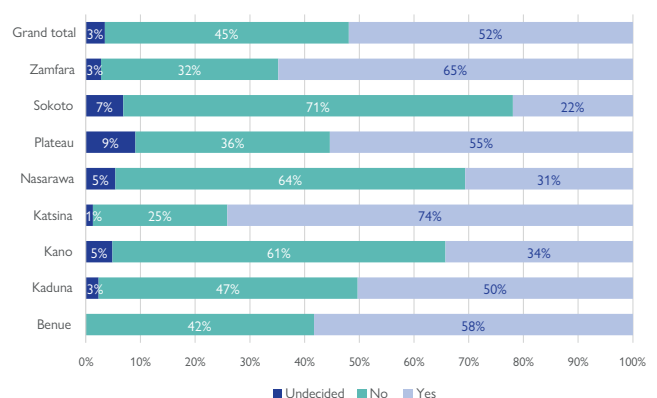


Figure 23: Percentage of respondents per state that would or would not get vaccinated

Fifty-one per cent of the respondents that indicated that they would not get vaccinated because they do not trust the vaccines and are worried about the side-effects. Twenty-eight per cent of respondents were confused by the conflicting information on vaccines and 15 per cent wanted to have more detailed information to be able to make a more informed decision. Two per cent of respondents mentioned that they have other and more urgent needs and another 2 per cent prefers to use traditional medication against COVID-19.

As for the respondents that indicated that they would get vaccinated, 80 per cent mentioned that they believe that vaccination is the best way to combat the pandemic. Fourteen per cent said that they would get the vaccine to not have to follow the restrictions any longer (social distancing, quarantining, wearing a mask) and 6 per cent mentioned underlying health conditions as the primary reason to get vaccinated.

Response on not getting the vaccine if it is free and available	%	Response on getting the vaccine if it is free and available	%
I don't trust the vaccines and i am worried about side effects	51%	I do think that vaccines are the best way to combat the pandemic	80%
I hear lots of conflicting information about the vaccines	28%	When vaccinated, I do not have to follow restrictions any more (quarantine, social distancing)	14%
I need more detailed information in order to make an informed decision	15%	I have other underlying health conditions which put me at increased risk of getting sick or die from Covid-19 if vaccinated	6%
I have other and more urgent needs	2%		
I prefer to use local medications against Covid-19 (local herbs)	2%		
I have been advised against getting vaccinated	1%		
I don't consider Covid-19 as a threat	1%		

Table 1: Reasons for getting vaccinated or not against COVID-19



A Focus Group Discussion (FGD) on COVID-19 vaccine awareness in Ortese IDP camp, Guma LGA of Benue State © IOM Nigeria / Phoebe Awosina / IOM 2022

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