



**IOM NIGERIA**  
**COVID-19 SITUATION ANALYSIS 9**  
**NORTH-EAST NIGERIA**

**FEBRUARY 2022**

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## INTRODUCTION

This Round 9 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 16 November and 30 December 2022 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 9th round of assessments. In this Round 9, 122,966 respondents - or 6 per cent of all identified IDPs as per DTM Round 40 - 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.

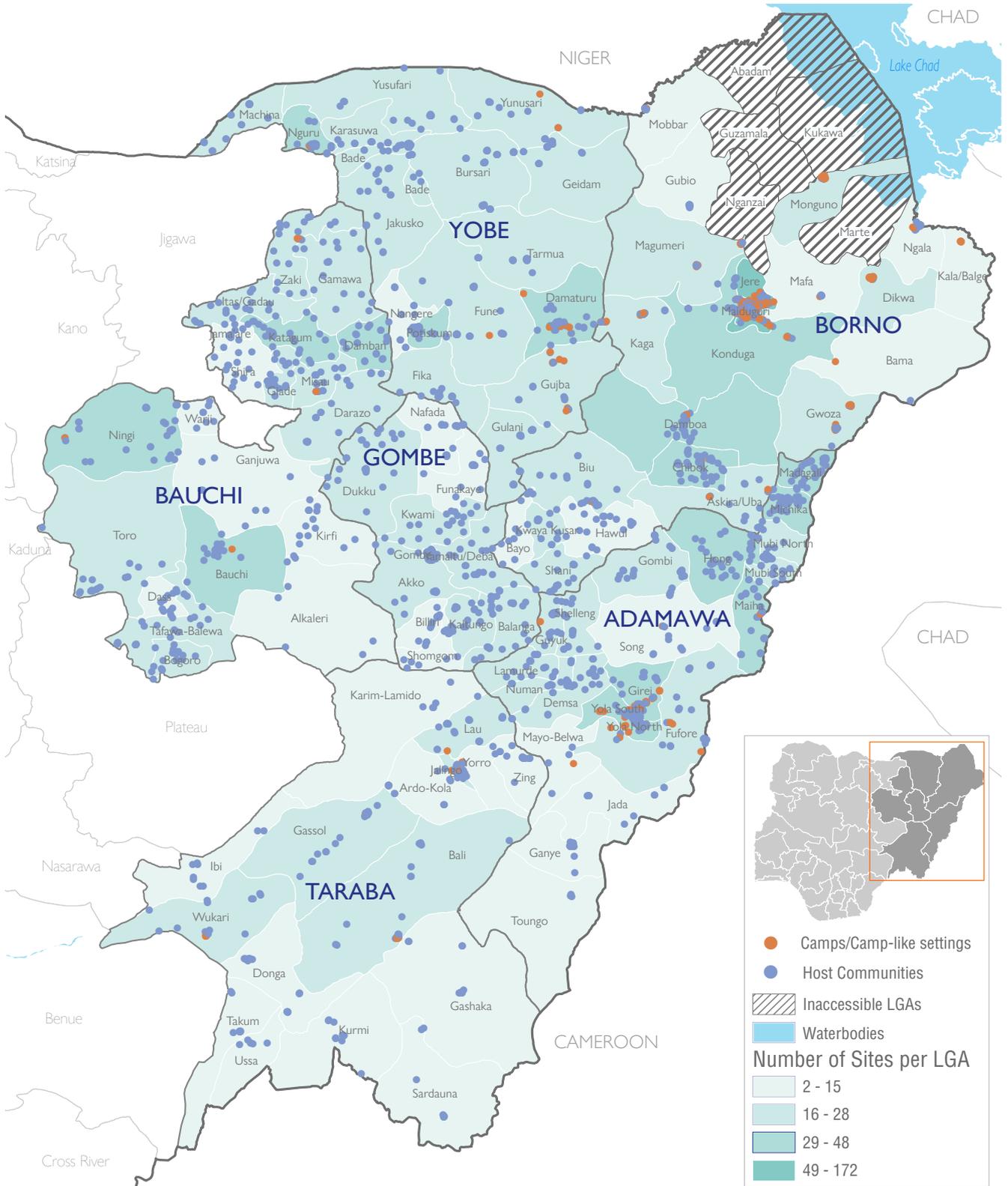
The information collated and analyzed in this report includes COVID-19 awareness among IDPs, communication medium used to receive information, level of awareness (in camps and in host communities, respectively), exposure to communication on risks associated with COVID-19, mitigation measures taken (in 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, since the 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 over violence between Non-State Armed Groups (NSAG) and the Government for over 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 2,371 locations – an decrease compared to the 2,381 sites assessed in the 8th round of assessment. These sites included 299 camps and camp-like settings and 2,072 locations where IDPs were residing with host communities. As expected, the most-affected state of Borno had the highest number of assessed locations with 694 sites (29%). These included both camps and camp-like settings as well as host communities. Gombe had the least number of locations assessed with 203 sites (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



- 98% of all accessed IDPs in the 6 states in north-east Nigeria were aware about the pandemic.



- Awareness campaigns were reported as the main source of information on COVID-19 by 40% of the respondents. Awareness campaigns were followed by word of mouth (33%) and news outlets (28%).
- 88% of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and medical personnel. 90% of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and medical personnel.



- 3% of respondents stated that there were no specific COVID-19 mitigation measures set up in their locality.
- Out of the 73% of IDPs that said that no mitigation measures were set up in their locality, 87 per cent were living among host communities while 13 per cent were living in camps or camp-like settings.



- 79% of respondents felt that health centres were not prepared to handle COVID-19 cases.
- For 74% of respondents, the closest operational health centre is 30 minutes or less away from their locality.



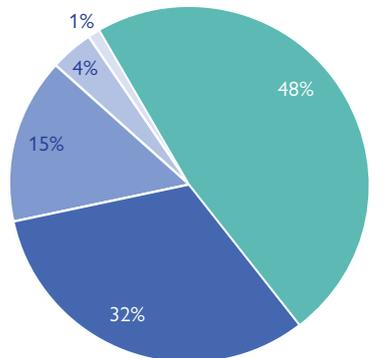
- 70% of respondents stated that the access to services (food distribution, markets, WASH, health, education, protection and water trucking) was not disrupted because of COVID-19.
- In 79% of the locations assessed, a hand washing station with water and soap was not available on-site
- In 65% of the locations assessed, respondents stated that there was no evidence of hand washing practices. For Taraba, this number was reported at 88% while in Gombe, this number was reported at 7%.



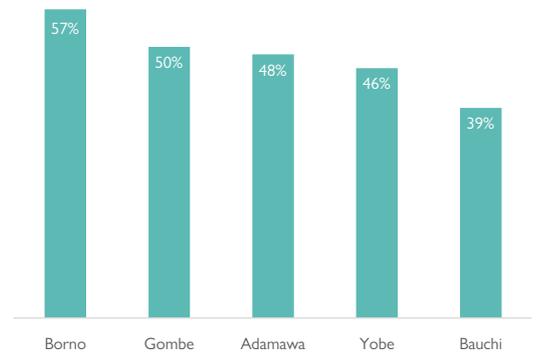
- 93% of the respondents stated that they have heard about vaccines against COVID-19.
- 45% of the respondents stated that they have been informed sufficiently on COVID-19 and the vaccines in order to make an informed decision on whether to get vaccinated or not.
- Out of the respondents that stated that they felt sufficiently informed, 32% said that they would not get vaccinated, even if the vaccine is free and available. 56% of respondents indicated that they would get vaccinated and 12% of respondents were still undecided.

# COVID-19 AWARENESS

During the 9th 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 98 per cent of locations assessed. This number decreased with one per cent compared to the 8th round of assessments published in November 2021.



48% of respondents felt that most people in their communities were aware of the disease.



Out of the respondents who felt most people knew about the pandemic while Borno recorded the highest percentage at 57% the lowest percentage was recorded in Taraba (35%), followed with 39%. In Yobe, 46% respondents felt that most people knew about the pandemic while Borno recorded the highest percentage at 57%.

Figure 1: COVID-19 Awareness

Contrary to the 8th round of assessments, awareness campaigns were reported as the most common source of information on COVID-19 during Round 9 (reported in 40% of locations – an increase from 36% in Round 8). Awareness campaigns were followed by word of mouth, reported in 32 per cent of locations (an increase from 29% in Round 8) and news outlets, reported in 28 per cent of locations (a decrease from 35% in Round 8). 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 58 per cent and 41 per cent of locations. However, in the state of Adamawa, awareness campaigns were reported as the most common source of information in only 26 per cent of the locations assessed, behind news outlets (39%) and word of mouth (38%).

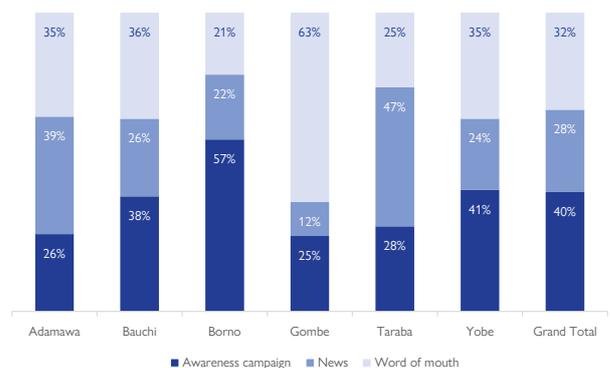
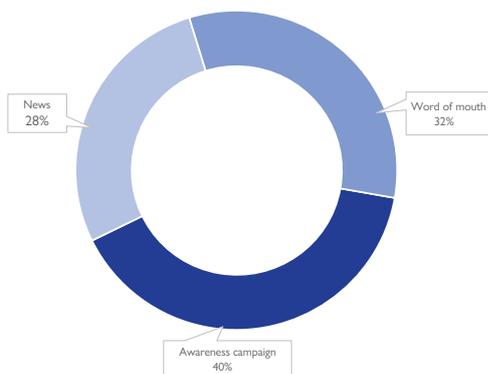


Figure 2: Means of getting information in all assessed locations

Seventy per cent of the respondents stated that there was frequent communication on the pandemic (an increase by 1% since Round 8), while 30 per cent of respondents stated that there was no routine communication on COVID-19. The availability of routine communication on COVID-19 was reported highest in Gombe at 83 per cent, and lowest in Yobe at 53 per cent.

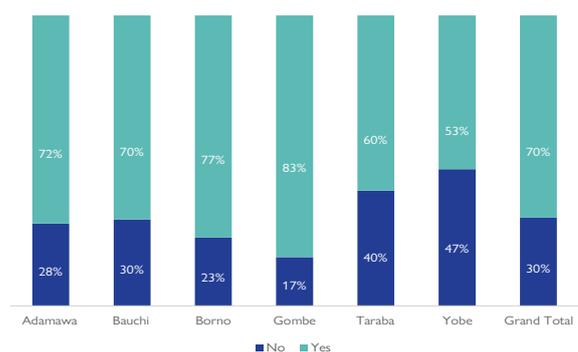


Figure 3: Routine communication on COVID-19 risks per state

Furthermore, 88 per cent of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and medical personnel. Twelve per cent of IDPs did not receive information on how to protect themselves against COVID-19. Out of the 88 per cent of IDPs who did receive information on how to protect themselves against COVID-19, 39 per cent of respondents received information from government officials, followed by medical personnel (25%) and community leaders (23%).



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

When considering levels of COVID-19 awareness in camps and camp-like settings specifically, it was reported that in 30 per cent of the camps/camp-like settings assessed, everyone was aware of the pandemic (a decrease from 35% in Round 8). In 52 per cent of camps/camp-like settings (an increase from 41%), most people were aware of the pandemic and in 16 per cent of the camps/camp-like settings, about half of the population was aware of the pandemic (a decrease from 21%). In Bauchi, 80 per cent of the respondents in the camps/camp-like settings felt that everyone knew about the pandemic while in Taraba, none of the respondents reported that everyone in the camps/camp-like settings was aware of the pandemic.

In locations where IDPs were living among host communities, respondents in 33 per cent of the locations assessed felt that everyone knew about the pandemic (a decrease from 36%). In 47 per cent of the locations (an increase from 46%), it was perceived that most inhabitants knew about COVID-19, and in 15 per cent of the locations, about half of the population was aware of the pandemic (an increase from 14%). In the state of Borno, the perception that most inhabitants knew about the coronavirus pandemic was the highest at 58 per cent, followed by Gombe (50%) and Adamawa (48%). The perception that everyone knew about the pandemic was highest in Bauchi as reported in 58 per cent of the locations assessed.

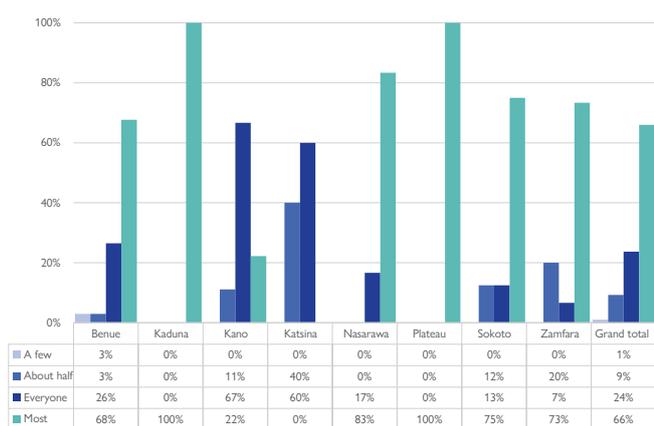


Figure 5: Awareness level in camps/camp-like settings

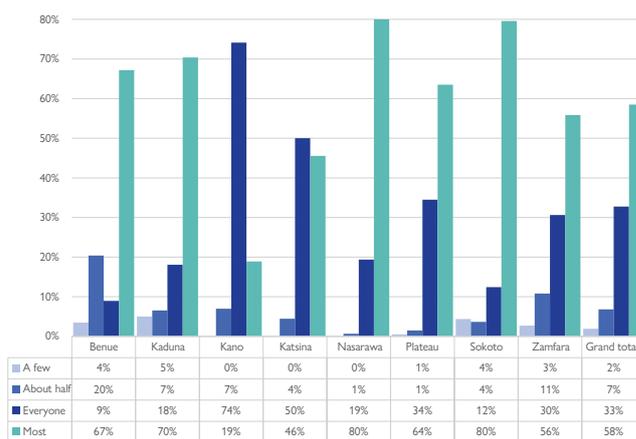


Figure 6: Awareness level in host communities

## 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 73 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 (a decrease from 75% in Round 8). Adamawa and Borno were the states best protected against the virus with mitigation measures set up in respectively 36 and 35 per cent of the locations assessed. In Taraba, mitigation measures were established in only 14 per cent of the locations assessed.

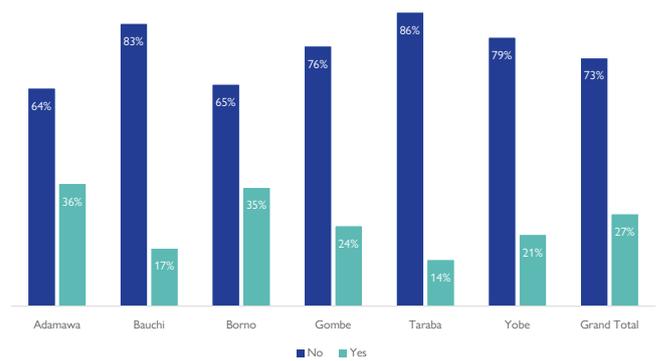


Figure 7: Presence of mitigation measures per state

When considering camps and camp-like setting specifically, the establishment of mitigation measures was reported in 48 per cent of the sites (an increase from 42% in Round 8). Camps and camp-like settings in the states of Borno and Adamawa were best prepared to handle the pandemic with mitigation measures installed in 54 per cent and 43 per cent of the sites in both states. Camps and camp-like settings in the state of Yobe were the least prepared to handle the pandemic as mitigation measures were established in none of the locations assessed.

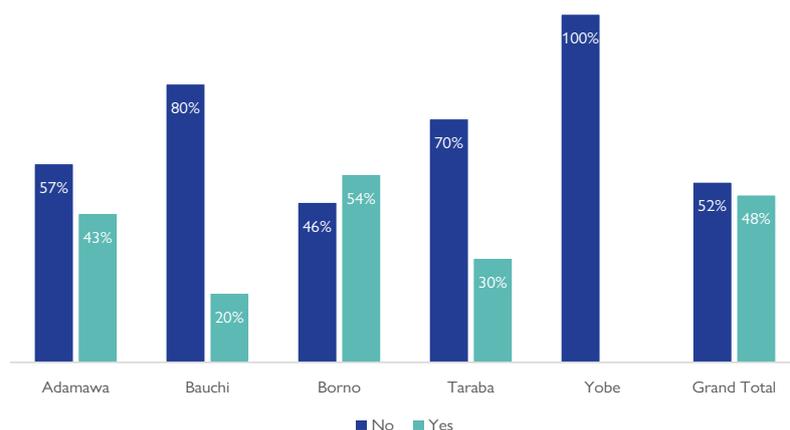


Figure 8: Presence of mitigation measures in camps/camp-like settings

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 76 per cent of the locations where respondents were residing with host communities, no specific mitigation measures were put in place (an decrease from 77% in Round 8). In the state of Taraba, this number surged at 87 per cent of the locations assessed, followed by Bauchi and Yobe with 83 per cent and 78 per cent, respectively. Adamawa and Borno were the states best protected against the virus with mitigation measures set up in respectively 36 per cent and 25 per cent of the locations where IDPs were hosted among the local communities.

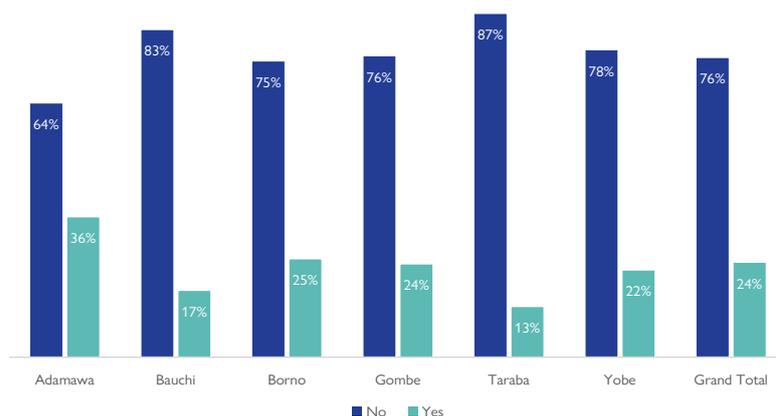


Figure 9: Presence of mitigation measures in host communities

The most common mitigation measure against the spread of COVID-19 was the installation of additional handwashing facilities with soap, as mentioned in 31 per cent of the locations where mitigation measures were reported. Furthermore, the establishment of separate and temporary isolation spaces for suspected and confirmed cases was mentioned in 27 per cent of the locations where mitigation measures were reported. Other mitigation measures included the set up of a referral mechanism (12%), disinfection of communal spaces (8%) and individual health screening for newly arrived IDPs (5%).

Most common COVID-19 Mitigation measures	%
Additional handwashing facilities with soap has been set up	31%
Set up of separate temporary isolation space for people with suspected/confirmed cases	27%
Special reporting and referral mechanism of suspected cases has been set up	12%
Additional distribution of soap/disinfectant to households	10%
Disinfection of communal spaces such as markets, religious spaces, distribution areas, etc.	8%
Individual health screening for newly arrived idps	5%
Isolation at the home of all community (nobody can leave their homes/section/blocks)	5%
Isolation of people with high body temperature, problem breathing, and cough or other symptoms	1%
Other COVID-19 mitigation measures	1%

Table 1: Specific mitigation measures set up in IDP locations

Seventy-nine per cent of respondents felt that the health centres were not prepared to handle the threat of COVID-19 (a decrease from 80% since Round 8). The states were most respondents felt that health centres were insufficiently prepared were Bauchi, Yobe and Borno with 88 per cent, 83 per cent and 78 per cent, respectively. The health centres in the states Gombe and Adamawa scored the best as respectively 28 per cent and 25 per cent of respondents felt that they were well prepared to handle the coronavirus pandemic.

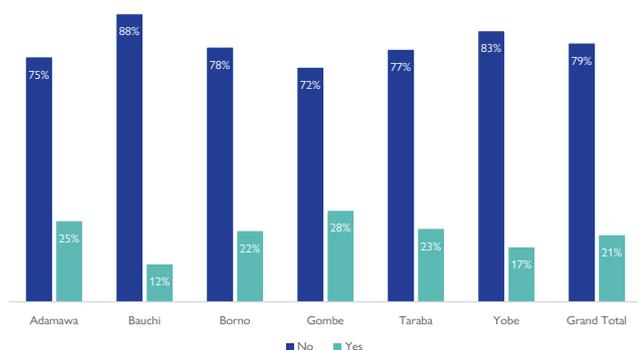


Figure 10: Health centres preparedness to handle COVID-19 cases per state

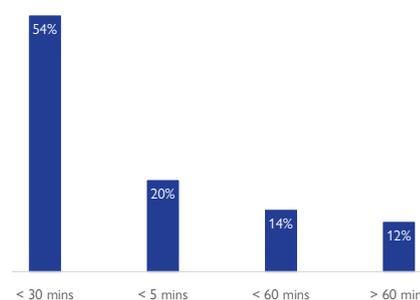


Figure 11: Distance to closest operational health centre



# EVICTIION THREATS / ACCESS TO SERVICES

A small minority or 8 per cent of respondents (an increase from 7% in Round 8) 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 one per cent of the respondents reported an increase in eviction threats while in the state of Gombe, 18 per cent of respondents reported an increase in evictions or eviction threats, being the highest of all 6 states in north-east Nigeria.

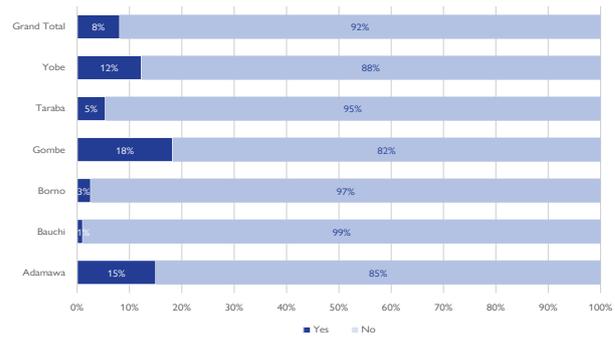


Figure 12: Increase in evictions or eviction threats per state

Thirty per cent of respondents (an increase from 23% since Round 8) reported the access to services (including food, markets, WASH, health, education, protection, water trucking, etc.) was disrupted because of the pandemic. From the 30 per cent of affected services, 17 per cent were located on the site of assessment while 13 per cent were located off the site of assessment.

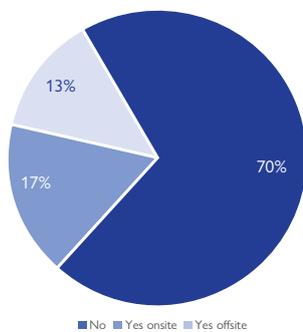


Figure 13: Percentage of service disruption

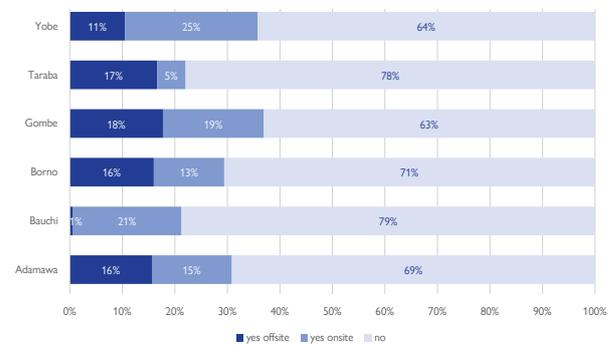


Figure 14: Percentage of service disruption per state

States where access to services was least affected by the pandemic were Bauchi, Taraba and Borno where respondents in respectively 79 per cent, 78 per cent and 71 per cent of the locations stated that no access to services had been disrupted due to the COVID-19 outbreak. To the contrary, Gombe had the highest number of respondents reporting that access to services had been affected by the pandemic at 37 per cent, followed by Yobe at 36 per cent and Adamawa at 31 per cent.

When comparing the disruption of access to services in the previous rounds 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. However, it seems that in camp/camp-like settings, the access to disrupted services as a result of the pandemic can be more easily restored than in locations where IDPs are residing with host communities. Seventeen per cent (no change since Round 8) of respondents in camps and camp-like settings reported their access to services disrupted due to the pandemic. Thirty-two per cent (increase from 28%) of respondents living among host communities reported their access to services disrupted due to the pandemic. The substantial decrease in service disruption in camps/camp-like settings throughout the last rounds could be explained by the efforts to restore the access to services by the Government and the humanitarian community.

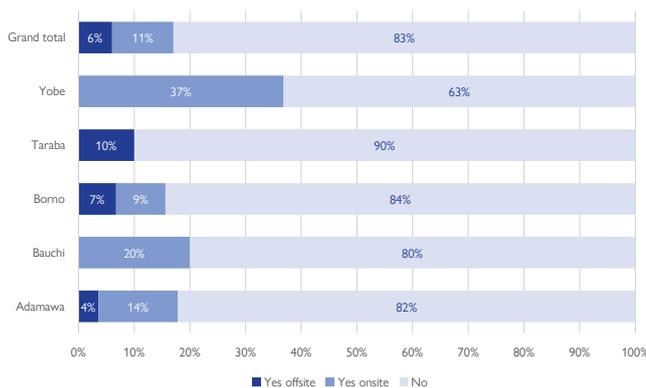


Figure 15: Percentage service disruption in camps/camp-like settings

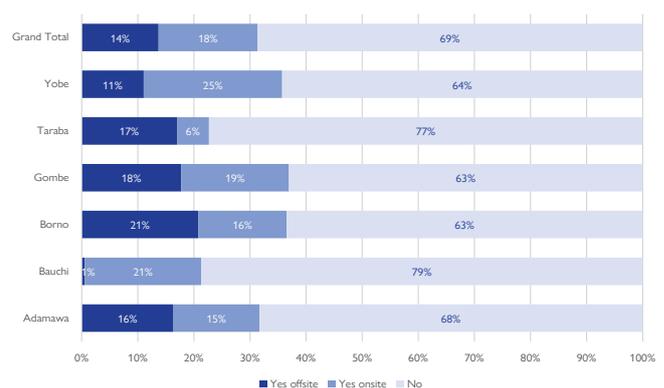


Figure 16: Percentage service disruption in host communities

# 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 9th round of assessments, in 79 per cent of the locations assessed (a decrease from 80% since round 8), respondents reported that no handwashing station filled with water and soap was available on-site.

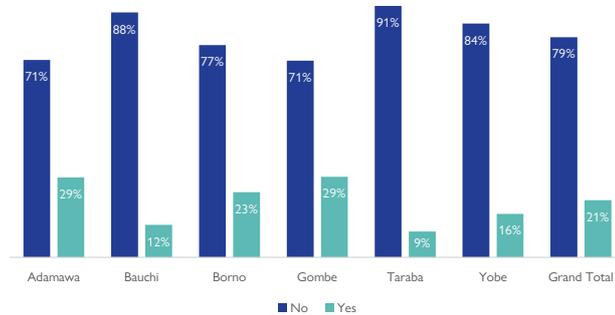


Figure 17: Availability of handwashing stations filled with soap and water on-site

However, in 36 per cent of the locations assessed (both camps/camp-like settings and host communities), most people had access to soap and water (an increase from 39%) while in 25 per cent of locations, about half of the people had access to water and soap (an increase from 22%). In 18 per cent of the locations, only a few people had access (an increase from 17% in Round 8) and in 17 per cent of the locations, everyone had access to water and soap (a decrease from 19%). Only in 4 per cent of the locations assessed, respondents stated that nobody in their community had access to water and soap (an increase from 3% since Round 8).

In Borno, only 7 per cent of respondents reported that everyone in their location had access to water and soap, while in Bauchi 30 per cent of respondents reported that everyone in their location had access to water and soap. In Yobe, 10 per cent of respondents reported that nobody in the locations assessed had access to water and soap.

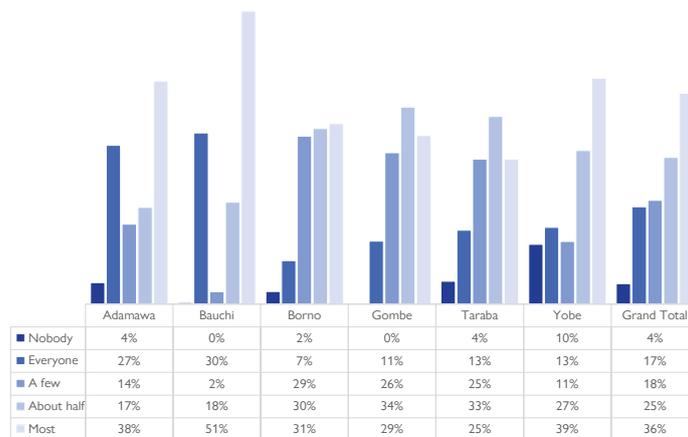


Figure 18: Access to soap and water on-site

In 65 per cent of the locations assessed, respondents stated that there was no evidence of hand washing practices (a decrease from 67% since Round 8). For Taraba, this number was reported at 88 per cent. To the contrary, in the state of Gombe, evidence of hand washing practices was reported in 93 per cent of the locations assessed, scoring the highest of all states in north-east Nigeria.

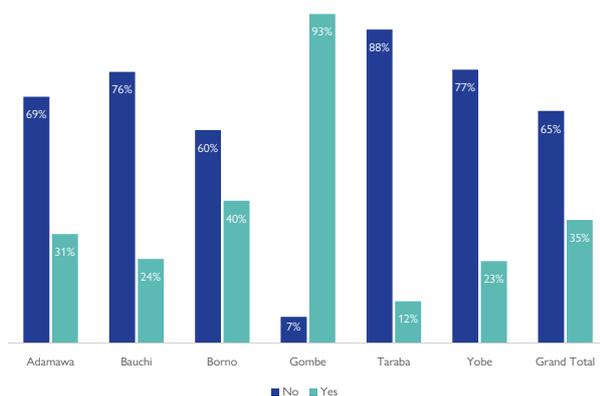


Figure 19: Evidence of hand washing practices per state

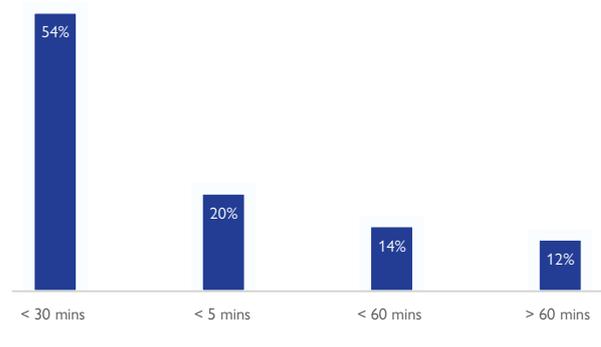


Figure 20: Distance to closest non-drinking water source

# VACCINE AWARENESS AND VACCINATION PREPAREDNESS

Since the 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-three per cent of IDPs stated that they have heard about vaccines against COVID-19 (an increase from 91% in Round 8). The highest rate of vaccine awareness was recorded in the state of Borno where 98 per cent of respondents said to have heard about vaccines against COVID-19. Of the respondents that indicated that they did hear about vaccines, 36 per cent mentioned that they knew about vaccines through friends or family. Twenty-six per cent were informed about vaccines by government officials and 13 per cent were told by medical personnel. Other sources of information on vaccines mentioned by the respondents were community leaders (8%), NGOs or INGOs (5%), other IDPs (5%) religious leaders (5%) and camp management (2%).



Figure 21: COVID-19 vaccine awareness in all assessed locations

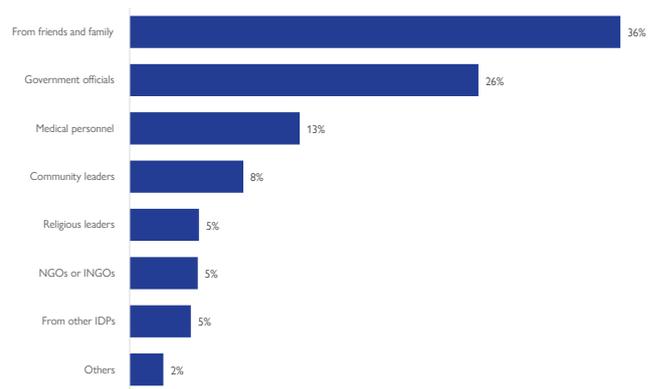


Table 1: Means of getting information on COVID-19 vaccine/vaccination

Fifty-five 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 (a decrease from 56% in Round 8). In the state of Bauchi, this number was recorded at 65 per cent. On the contrary, in the state of Borno, 56 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 who felt sufficiently informed, 32 per cent indicated that they would not get vaccinated, even if the vaccine was available and free (a decrease from 48% in round 8). Fifty-six per cent of respondents stated that they would get vaccinated (an increase from 51% in Round 8) and 12 per cent of respondents were still undecided (similar to Round 8). In Yobe, a high of 40 per cent of the respondents indicated that they would not get vaccinated. To the contrary, Taraba was the state where the highest percentage of respondents indicated that they would get vaccinated at 70 per cent.

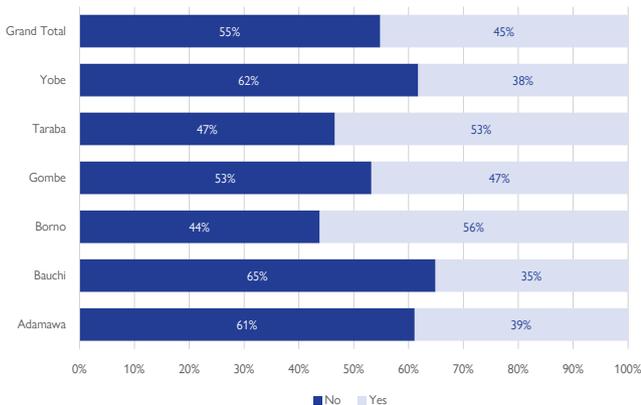


Figure 22: Percentage of respondents with sufficient information to make an informed decision

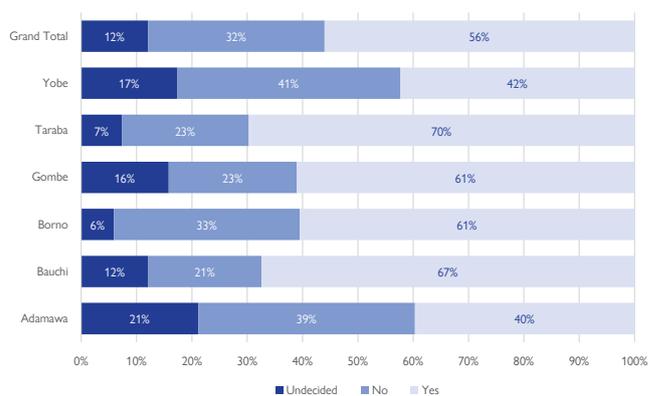


Figure 23: Percentage of respondents per state that would or would not get vaccinated

Forty-six per cent of the respondents that indicated that they would not get vaccinated mentioned that they did not trust the vaccines and were worried about the side effects. Another 29 per cent indicated that they would not get vaccinated mentioned that they were confused by the conflicting information on vaccines and 15 per cent of respondents stated that they wanted more information to be able to make an informed decision.

As for the respondents that indicated that they would get vaccinated, 72 per cent mentioned that they believe that vaccination is the best way to combat the pandemic. Another 25 per cent said that they would get the vaccine to not have to follow the restrictions any longer (social distancing, quarantining, wearing a mask). Three per cent mentioned underlying health conditions as the primary reason to get vaccinated and less than one per cent would get vaccinated to be COVID-free.

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	46%	I do think that vaccines are the best way to combat the pandemic	72%
I hear lots of conflicting information about the vaccines	29%	When vaccinated, I do not have to follow restrictions any more (quarantine, social distancing)	25%
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.	3%
I do no consider Covid-19 as a threat	3%		
I have other and more urgent needs	3%		
I have been advised against getting vaccinated	2%		
I already had Covid-19 so i dont blive the vaccine is necessary	1%		
I prefer to use local medications against Covid-19 (local herbs)	1%		

Table 2: Reasons for getting vaccinated or not against COVID-19



A head of household responding to the IOM DTM survey in Wuroshie host community, Akko LGA of Gombe State © IOM Nigeria / Phoebe Awosina / IOM 2021

## LIMITATIONS

- The security situation in some wards in north-east Nigeria remains unstable and as a result, accessibility is limited. In locations with limited accessibility, data was collected through telephone interviews with key informants.
- Lack of electricity to charge phones and poor network coverage in locations where data is collected remotely resulted in delays.
- Linked to the security situation, access and time are often limited as a result of movement restrictions imposed by the military. During the assessment period, this was the case in the state of Yobe as a result of intermittent kidnappings and abductions.
- As the situation is volatile in some locations with displacements occurring frequently, it is challenging for the enumerators to build a network of trusted key informants. Additionally, due to the frequency of these movements, often due to attacks or the fear of attacks, regular updates of the sites or wards are necessary.
- Key informant fatigue. Many key informants are increasingly reluctant to cooperate due to perceived lack of response. In some cases, this has resulted in threats and intimidation of enumerators.
- The increasing cost of transportation (motorcycle hire) in order to access hard to reach areas as a result of COVID-19 pandemic that caused economic disruption, inflation and current devaluation.
- Enumerators feel that sometimes the numbers provided by key informants are not correct. Exaggerated numbers are given in the hope of receiving assistance. Enumerators cross-check the information provided by also using Focus Group Discussions (FGD).
- In some locations, the difference between camps and host community locations become increasingly blurred as camps are being swallowed by the host community (example: Hostel Camp in Gude ward, Mubi South LGA in Adamawa).

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*<https://dtm.iom.int>*

*Cover photo: A mother helping children wash and sanitize their hands before a biometric registration activity in GSSS camp of Shehuri ward, Bama LGA of Borno State © IOM Nigeria / Ibeh Kasmier / IOM 2021*

*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 a judgment on the legal status of any territory or any endorsement or acceptance of such boundaries by IOM.*

*“When quoting, paraphrasing, or in any other way using the information mentioned in this report, the source needs to be stated appropriately as follows: “Source: Displacement Tracking Matrix (DTM) of the International Organization for Migration (IOM), February 2022.”*

