IOM NIGERIA
COVID-19 SITUATION ANALYSIS 10
NORTH-EAST NIGERIA

APRIL 2022

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TABLE OF CONTENTS

INTRODUCTION

This Round 10 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 14 February and 30 March 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 10th round of assessments. In this Round 10, 126,668 respondents - or 6 per cent of all identified IDPs as per DTM Round 41 - 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.

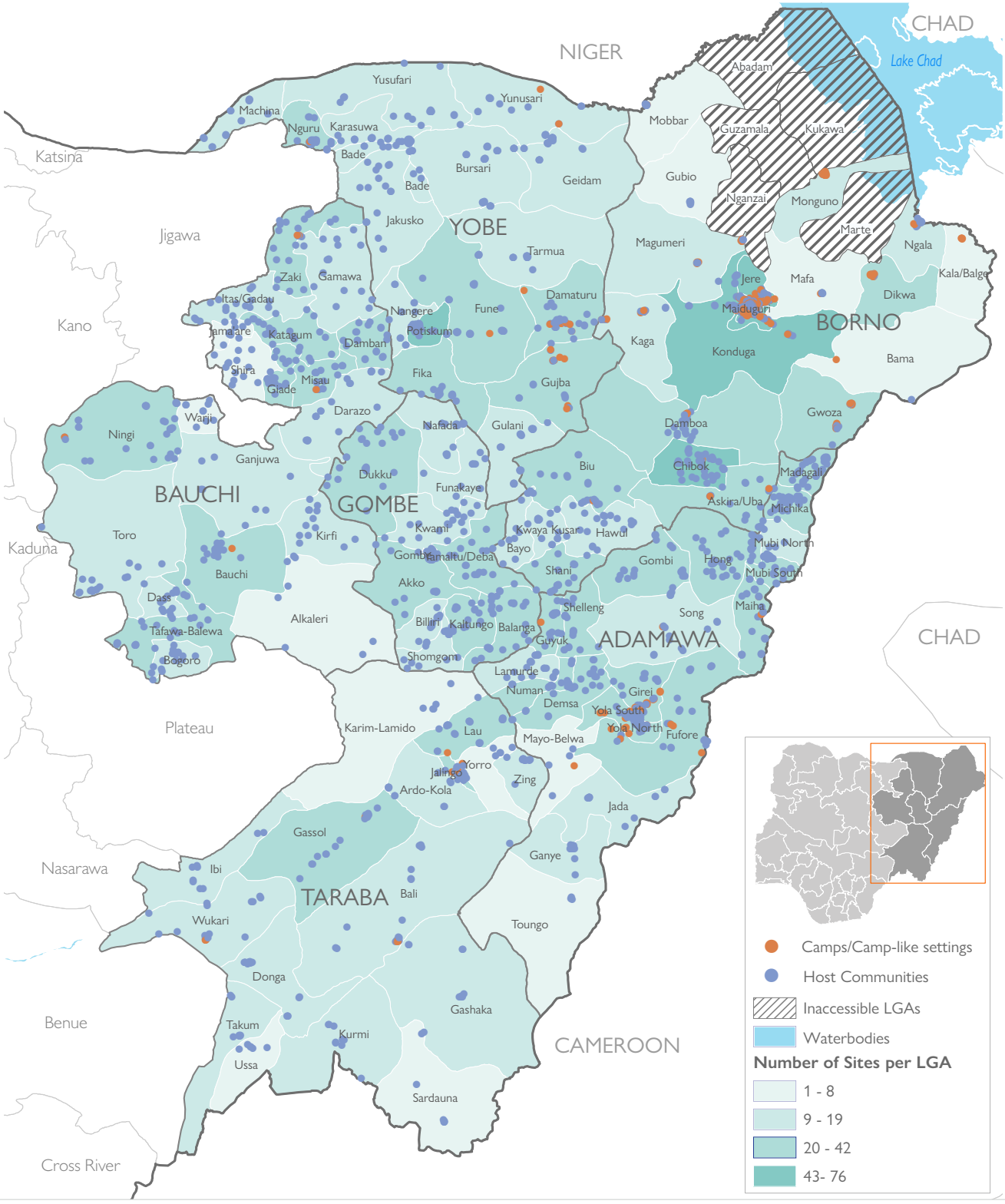
The information collated and analyzed in this report includes COVID-19 awareness among IDPs, communication medium used to receive information, level of awareness (in camps and in host communities, respectively), exposure to communication on risks associated with COVID-19, mitigation measures taken (in 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 of violence between Non-State Armed Groups (NSAG) 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 the 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 2,365 locations – an decrease compared to the 2,371 sites assessed in the 9th round of assessment. These sites included 290 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 with 688 sites (29%). These included both camps and camp-like settings as well as host communities. Taraba had the least number of locations assessed with 202 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 49% of the respondents. Awareness campaigns were followed by word of mouth (32%) and news outlets (29%).
- 87% of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and medical personnel.

- 77% of respondents stated that there were no specific COVID-19 mitigation measures set up in their locality.
- Out of the 77% of IDPs that said that no mitigation measures were set up in their locality, 77 per cent were living among host communities while 23 per cent were living in camps or camp-like settings.

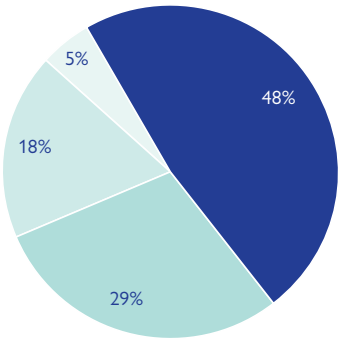
- 80% of respondents felt that health centres were not prepared to handle COVID-19 cases.
- For 76% of respondents, the closest operational health centre is 30 minutes or less away from their locality.

- 72% 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 84% of the locations assessed, a hand washing station with water and soap was not available on-site.
- In 68% of the locations assessed, respondents stated that there was no evidence of hand washing practices. For Taraba, this number was reported at 91% while in Gombe, this number was reported at 7%.

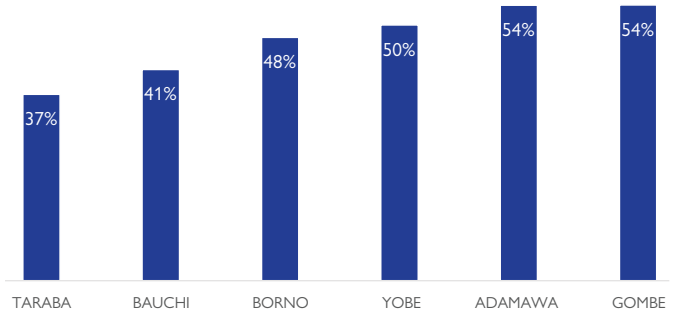
- 94% of the respondents stated that they have heard about vaccines against COVID-19.
- 45% of the respondents stated that they have been informed sufficiently on COVID-19 and the vaccines in order to make an informed decision on whether to get vaccinated or not.
- Out of the respondents that stated that they felt sufficiently informed, 24% said that they would not get vaccinated, even if the vaccine is free and available. 64% of respondents indicated that they would get vaccinated and 12% of respondents were still undecided.

COVID-19 AWARENESS

During the 10th 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 remained unchanged compared to the 9th round of assessments published in March 2022.



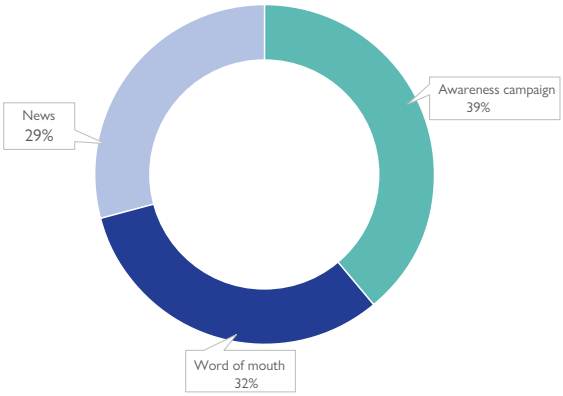
48% of respondents felt that most people in their communities were aware of the disease.



Out of the respondents who felt most people knew about the pandemic, the lowest percentage was recorded in Taraba (37%), followed by Bauchi with 41%. In Borno, 48% respondents felt that most people knew about the pandemic while the highest percentages were recorded in the states Adamawa and Gombe with both 54%.

Figure 1: COVID-19 Awareness

Similar to the 9th round of assessments, awareness campaigns were reported as the most common source of information on COVID-19 during Round 10 (reported in 39% of locations – a decrease from 40% in Round 9). Awareness campaigns were followed by word of mouth, reported in 32 per cent of locations (a decrease from 33% in Round 9) and news outlets, reported in 29 per cent of locations (a decrease from 30% in Round 9). When comparing the reach of awareness campaigns per state, they have been proven the most effective in the states of Borno and Yobe where they were reported as the most common mean of information in respectively 59 per cent and 40 per cent of locations. However, in the state of Taraba, awareness campaigns were reported as the most common source of information in only 17 per cent of the locations assessed, behind news outlets (61%) and word of mouth (42%).



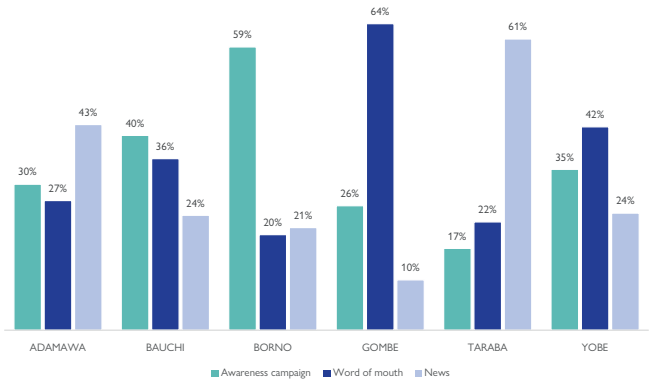


Figure 2: Means of getting information in all assessed locations

Sixty-eight per cent of the respondents stated that there was frequent communication on the pandemic (a decrease by 2% since Round 9), while 32 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 80 per cent, and lowest in Yobe at 46 per cent.

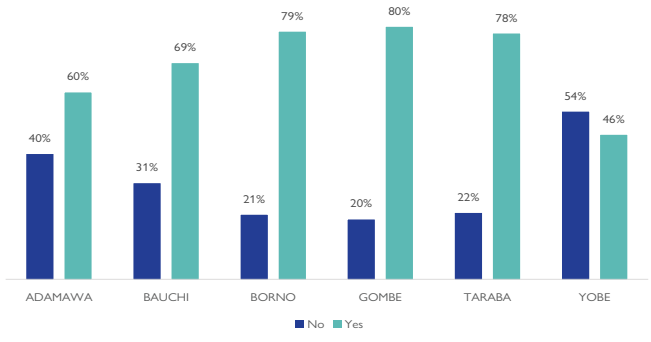


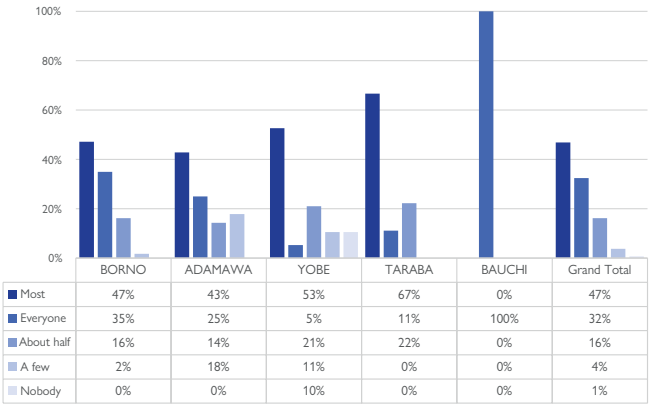
Figure 3: Routine communication on COVID-19 risks per state

Furthermore, 87 per cent of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and medical personnel. Thirteen per cent of IDPs did not receive information on how to protect themselves against COVID-19. Out of the 87 per cent of IDPs who did receive information on how to protect themselves against COVID-19, 31 per cent of respondents received information from government officials, followed by medical personnel (19%) and community leaders (19%).

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

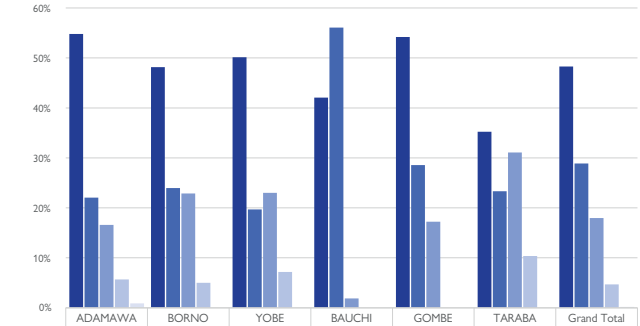
When considering levels of COVID-19 awareness in camps and camp-like settings specifically, it was reported that in 32 per cent of the camps/camp-like settings assessed, everyone was aware of the pandemic (an increase from 30% in Round 9). In 47 per cent of camps/camp-like settings (an decrease from 52%), 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 (no change since Round 9). In Bauchi, 100 per cent of the respondents in the camps/camp-like settings felt that everyone knew about the pandemic while in Yobe, only five per cent 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 29 per cent of the locations assessed felt that everyone knew about the pandemic (a decrease from 32%). In 48 per cent of the locations (an increase from 47%), it was perceived that most inhabitants knew about COVID-19, and in 18 per cent of the locations, about half of the population was aware of the pandemic (an increase from 15%). In the state of Adamawa, the perception that most inhabitants knew about the coronavirus pandemic was the highest at 55 per cent, followed by Gombe (54%) and Yobe (50%). The perception that everyone knew about the pandemic was highest in Bauchi as reported in 56 per cent of the locations assessed.



	BORNO	ADAMAWA	YOBE	TARABA	BAUCHI	Grand Total
Most	47%	43%	53%	67%	0%	47%
Everyone	35%	25%	5%	11%	100%	32%
About half	16%	14%	21%	22%	0%	16%
A few	2%	18%	11%	0%	0%	4%
Nobody	0%	0%	10%	0%	0%	1%

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



	ADAMAWA	BORNO	YOBE	BAUCHI	GOMBE	TARABA	Grand Total
Most	55%	48%	50%	42%	54%	35%	48%
Everyone	22%	24%	20%	56%	29%	23%	29%
About half	16%	23%	23%	2%	17%	31%	18%
A few	6%	5%	7%	0%	0%	11%	5%
Nobody	1%	0%	0%	0%	0%	0%	0%

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 77 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 73% in Round 9). Adamawa and Borno were the states best protected against the virus with mitigation measures set up in respectively 25 and 34 per cent of the locations assessed. In Bauchi, mitigation measures were established in only 12 per cent of the locations assessed.

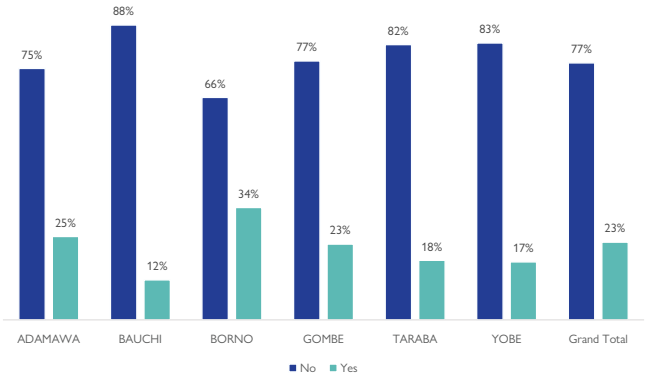


Figure 7: Presence of mitigation measures per state

When considering camps and camp-like setting specifically, the establishment of mitigation measures was reported in 44 per cent of the sites (a decrease from 48% in Round 9). Camps and camp-like settings in the states of Borno and Adamawa were best prepared to handle the pandemic with mitigation measures installed in 50 per cent and 39 per cent of the sites, respectively. Camps and camp-like settings in the states of Yobe and Bauchi were the least prepared to handle the pandemic as mitigation measures were established in none of the locations assessed.

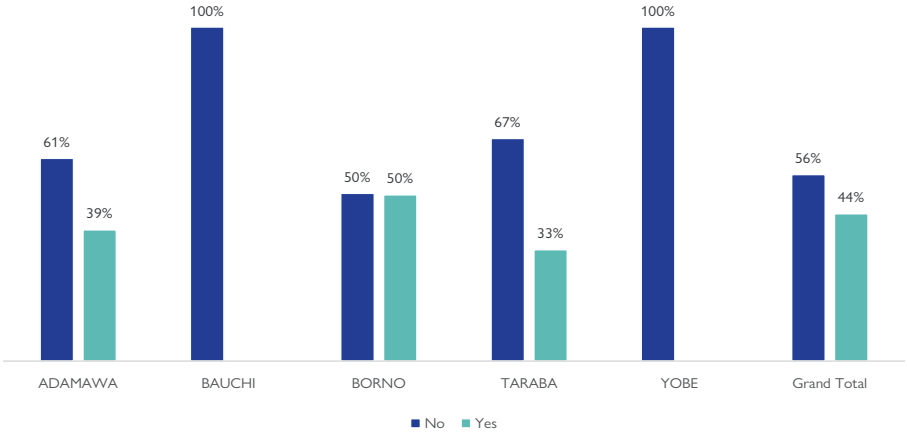


Figure 8: Presence of mitigation measures in camps/camp-like settings

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 80 per cent of the locations where respondents were residing with host communities, no specific mitigation measures were put in place (an increase from 76% in Round 9). In the state of Bauchi, this number surged at 88 per cent of the locations assessed, followed by Taraba and Yobe with 83 per cent and 82 per cent, respectively. Borno and Adamawa were the states best protected against the virus with mitigation measures set up in 25 per cent and 24 per cent of the locations where IDPs were hosted among the local communities, respectively.

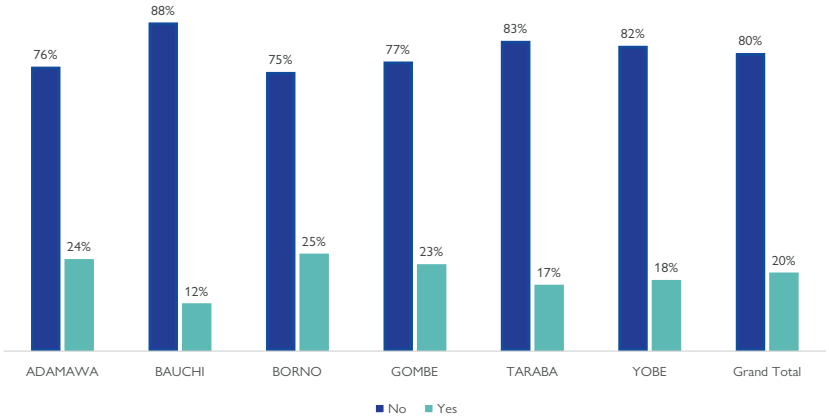


Figure 9: Presence of mitigation measures in host communities

The most common mitigation measure against the spread of COVID-19 was the installation of additional handwashing facilities with soap, as mentioned in 32 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 31 per cent of the locations where mitigation measures were reported. Other mitigation measures included the set up of a referral mechanism (13%), the additional distribution of soap and disinfectants to displaced households (9%) and the disinfection of communal spaces (8%).

Most common COVID-19 Mitigation measures	%
Additional handwashing facilities with soap has been set up	32%
Set up of separate temporary isolation space for people with suspected/confirmed cases	31%
Special reporting and referral mechanism of suspected cases has been set up	13%
Additional distribution of soap/disinfectant to households	9%
Disinfection of communal spaces such as markets, religious spaces, distribution areas, etc.	8%
Individual health screening for newly arrived idps	4%
Isolation at the home of all community (nobody can leave their homes/section/blocks)	2%
Additional hand wash but no soap	1%

Table 1: Specific mitigation measures set up in IDP locations

Eighty per cent of respondents felt that the health centres were not prepared to handle the threat of COVID-19 (an increase from 79% since Round 9). The states were most respondents felt that health centres were insufficiently prepared were Bauchi, Yobe and Borno with 90 per cent, 84 per cent and 78 per cent, respectively. The health centres in the states of Gombe and Taraba scored the best as respectively 30 per cent and 23 per cent of respondents felt that they were well prepared to handle the coronavirus pandemic.

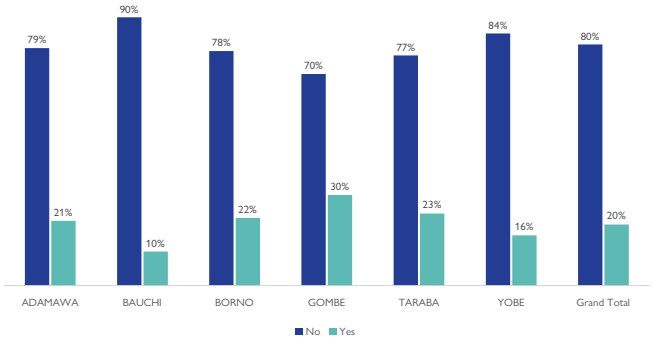


Figure 10: Health centres preparedness to handle COVID-19 cases per state

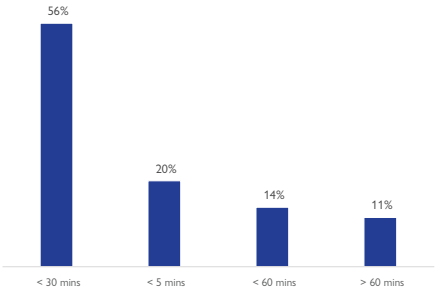


Figure 11: Distance to closest operational health centre

Hand washing practice as a mitigation measure against the spread of COVID-19 at El-Miskin Camp II, Old Maiduguri Ward, Jere LGA of Borno State © IOM Nigeria / Midiga Lagu / IOM 2021

Individual health screening for a newly arrived IDP in Pulka/Bokko ward, Gwoza LGA of Borno State © IOM Nigeria / Midiga Lagu / IOM 2021

EVICTION THREATS / ACCESS TO SERVICES

A small minority or 6 per cent of respondents (a decrease from 8% in Round 9) reported an increase in evictions or eviction threats since the start of the pandemic in March 2020. Ninety-four per cent of respondents did not experience an increase of evictions or suchlike threats. In the state of Bauchi, only two per cent of the respondents reported an increase in eviction threats while in the state of Gombe, 11 per cent of respondents reported an increase in evictions or eviction threats, being the highest of all six states in north-east Nigeria.

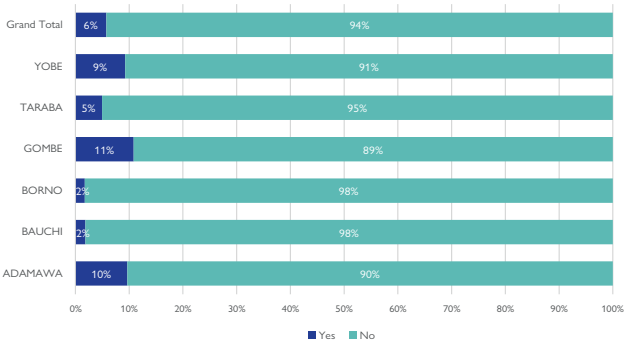


Figure 12: Increase in evictions or eviction threats per state

Twenty-eight per cent of respondents (a decrease from 30% since Round 9) reported that access to services (including food, markets, WASH, health, education, protection, water trucking, etc.) was disrupted because of the pandemic. From the 28 per cent of affected services, 16 per cent were located on the site of assessment while 13 per cent were located off the site of assessment.

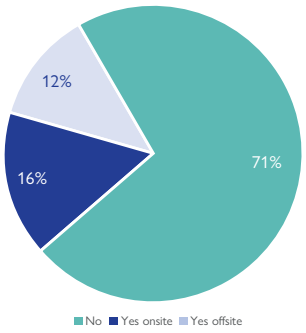


Figure 13: Percentage of service disruption

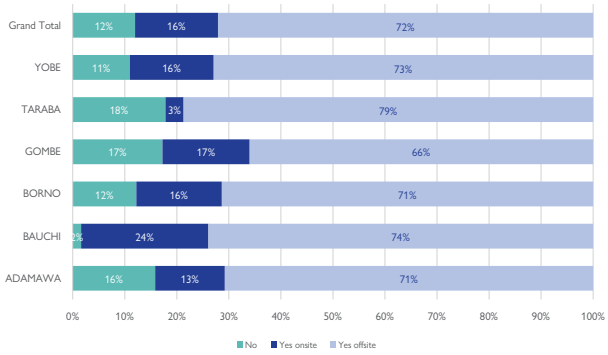


Figure 14: Percentage of service disruption per state

States where access to services was least affected by the pandemic were Taraba, Bauchi, and Yobe where respondents in respectively 79 per cent, 74 per cent and 73 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 34 per cent, followed by Borno at 29 per cent and Adamawa at 29 per cent.

When comparing the disruption of access to services in the previous rounds between respondents living in camps/camp-like settings and respondents 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. Sixteen per cent (a decrease with 1% since Round 9) of respondents in camps and camp-like settings reported their access to services disrupted due to the pandemic. Thirty per cent (a decrease from 31%) 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

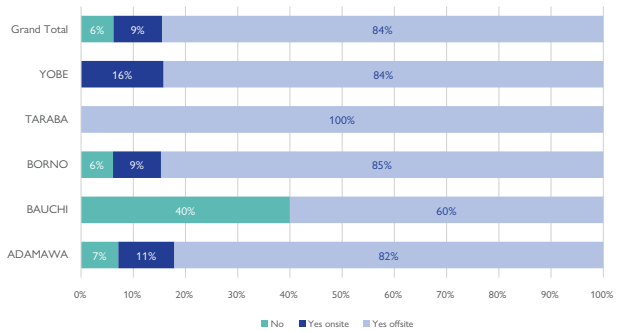


Figure 15: Percentage service disruption in camps/camp-like settings

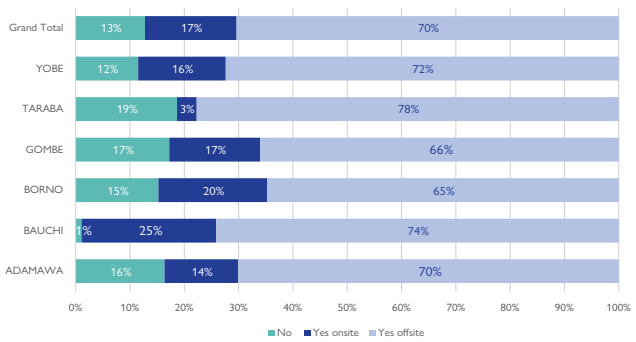


Figure 16: Percentage service disruption in host communities

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 10th round of assessments, in 84 per cent of the locations assessed (an increase from 79% since Round 9), respondents reported that no handwashing station filled with water and soap was available on-site.

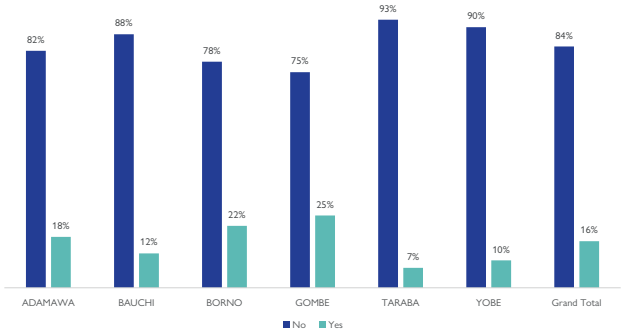
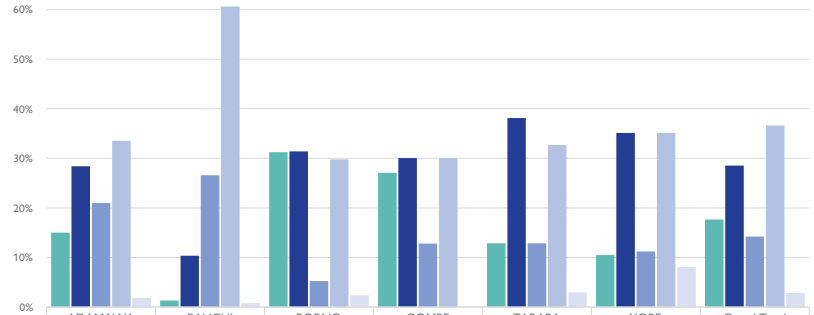


Figure 17: Availability of handwashing stations filled with soap and water on-site

However, in 37 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 36%) while in 28 per cent of locations, about half of the people had access to water and soap (an increase from 25%). In 18 per cent of the locations, only a few people had access (similar to Round 9) and in 14 per cent of the locations, everyone had access to water and soap (a decrease from 17%). Only in three per cent of the locations assessed, respondents stated that nobody in their community had access to water and soap (a decrease from 4% since Round 9).



	ADAMAWA	BAUCHI	BORNO	GOMBE	TARABA	YOBE	Grand Total
A few	15%	1%	31%	27%	13%	11%	18%
About half	28%	10%	32%	30%	38%	35%	28%
Everyone	21%	27%	5%	13%	13%	11%	14%
Most	34%	61%	30%	30%	33%	35%	37%
Nobody	2%	1%	2%	0%	3%	8%	3%

Figure 18: Access to soap and water on-site

In Borno, only five per cent of respondents reported that everyone in their location had access to water and soap, while in Bauchi 27 per cent of respondents reported that everyone in their location had access to water and soap. In Yobe, eight per cent of respondents reported that nobody in the locations assessed had access to water and soap.

In 68 per cent of the locations assessed, respondents stated that there was no evidence of hand washing practices (an increase from 65% since Round 9). For Taraba, this number was reported at 91 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.

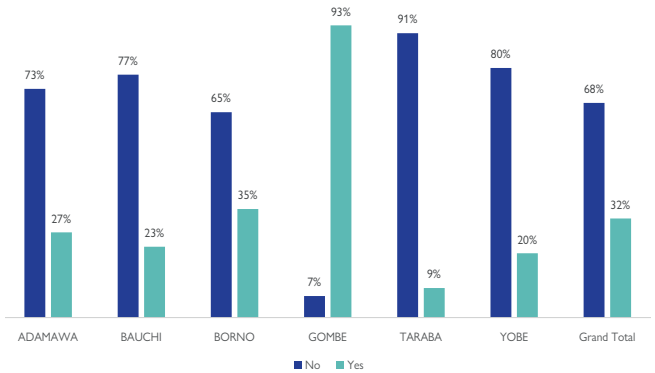


Figure 19: Evidence of hand washing practices per state

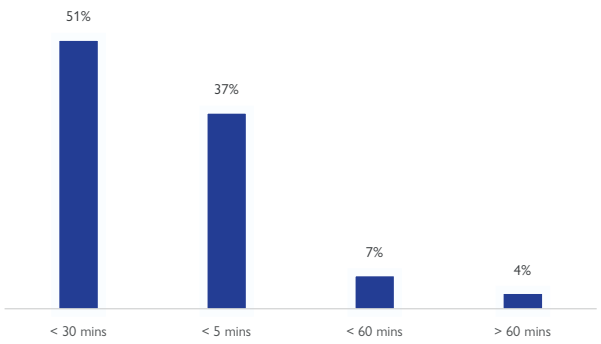


Figure 20: Distance to closest non-drinking water source

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-four per cent of IDPs stated that they have heard about vaccines against COVID-19 (an increase from 93% in Round 9). The highest rate of vaccine awareness was recorded in the state of Bauchi where 99 per cent of respondents said to have heard about vaccines against COVID-19. Off the respondents that indicated that they did hear about vaccines, 33 per cent mentioned that they knew about vaccines through friends or family. Twenty-six per cent were informed about vaccines by government officials and 14 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 (8%) religious leaders (5%) and camp management (2%).

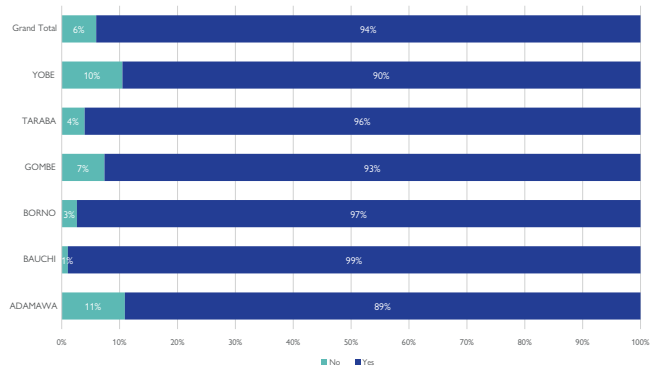


Figure 21: COVID-19 vaccine awareness in all assessed locations

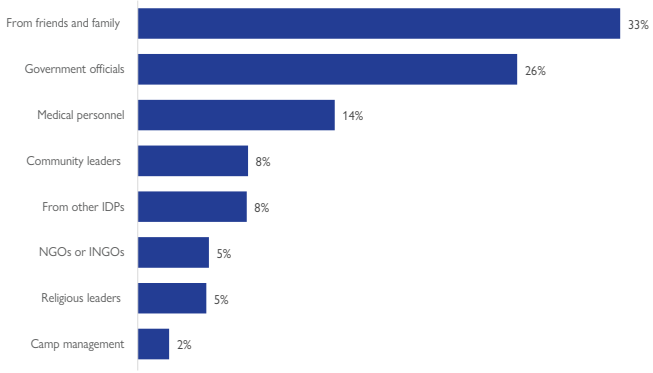


Table 1: Means of getting information on COVID-19 vaccine/vaccination

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 (similar to Round 9). In the state of Adamawa, this number was recorded at 66 per cent. On the contrary, in the states of Borno and Taraba, 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, 24 per cent indicated that they would not get vaccinated, even if the vaccine was available and free (a decrease from 30% in round 9). Sixty-four per cent of respondents stated that they would get vaccinated (an increase from 56% in Round 9) and 12 per cent of respondents were still undecided (similar to Round 9). In Yobe, a high of 41 per cent of the respondents indicated that they would not get vaccinated. To the contrary, Gombe was the state where the highest percentage of respondents indicated that they would get vaccinated at 78 per cent.

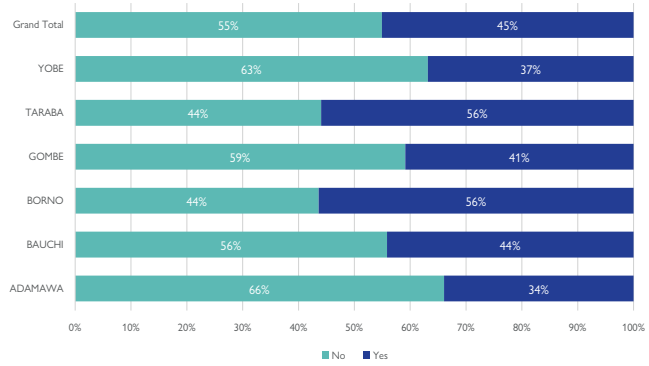


Figure 22: Percentage of respondents with sufficient information to make an informed decision

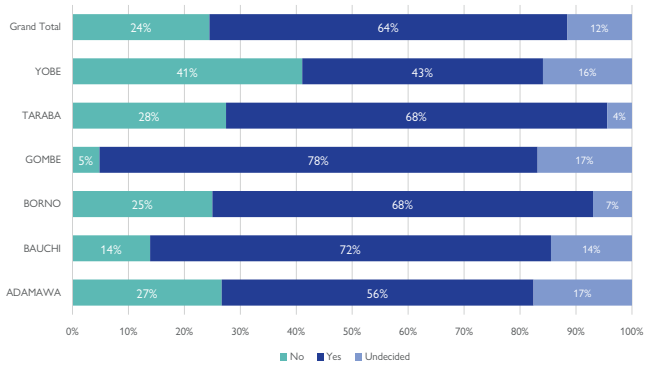


Figure 23: Percentage of respondents per state that would or would not get vaccinated

Forty-one 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 41 per cent indicated that they would not get vaccinated mentioned that they were confused by the conflicting information on vaccines and nine 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, 76 per cent mentioned that they believe that vaccination is the best way to combat the pandemic. Another 21 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	%
I hear lots of conflicting information about the vaccines	41%
I don't trust the vaccines and i am worried about side effects	41%
I need more detailed information in order to make an informed decision	9%
I have other and more urgent needs	5%
I do no consider Covid-19 as a threat	3%
I prefer to use local medications against Covid-19 (local herbs)	1%
I have been advised against getting vaccinated	1%

Response on getting the vaccine if it is free and available	%
I do think that vaccines are the best way to combat the pandemic	76%
When vaccinated, I do not have to follow restrictions any more (quarantine, social distancing)	21%
I have other underlying health conditions which put me at increased risk of getting sick or die from Covid-19 if vaccinated.	3%

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

A COVID-19 awareness/sensitisation to the WASH committee at El-Miskin Camp II, Old Maiduguri Ward, Jere LGA of Borno State © IOM Nigeria / Midiga Lagu / IOM 2021

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Cover photo: Hand washing practice as a mitigation measure against the spread of COVID-19 before biometric registration activity in GSSS camp of Shehuri ward, Bama LGA of Borno State © IOM Nigeria / Ibeh Kasmier / IOM 2021

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