



IOM NIGERIA

COVID-19 SITUATION ANALYSIS 8

NORTH EAST NIGERIA

NOVEMBER 2021

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INTRODUCTION

This Round 8 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 30 August and 15 October 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 8th round of assessments. In this Round 8, 122,644 respondents - or 6 per cent of all identified IDPs as per DTM Round 39 - 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.

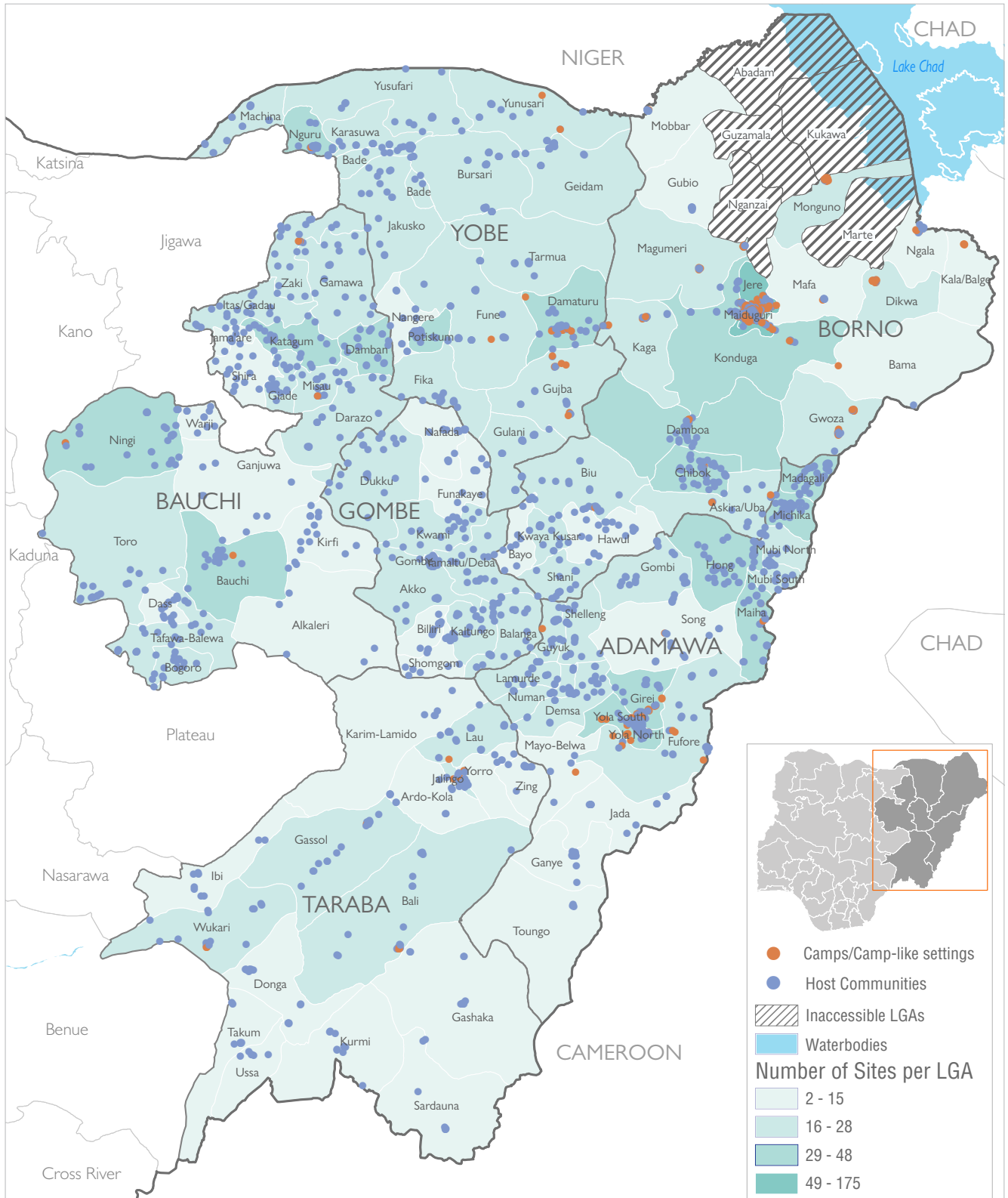
The information collated and analyzed in this report includes COVID-19 awareness among IDPs, communication medium used to receive information, level of awareness (in camps and in host communities, respectively), exposure to communication on risks associated with COVID-19, mitigation measures taken (in 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 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 2,381 locations – an increase compared to the 2,379 sites assessed in the 7th round of assessment. These sites included 309 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 700 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



- 99% of all accessed IDPs in the 6 states in North East Nigeria were aware about the pandemic.



- News outlets were reported as the main source of information on COVID-19 by 36% of the respondents. News outlets were followed by awareness campaigns (35%) and word of mouth (29%).
- 90% of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and medical personnel.



- 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.



- 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.



- 73% 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 80% of the locations assessed, a hand washing station with water and soap was not available on-site.
- In 67% of the locations assessed, respondents stated that there was no evidence of hand washing practices. For Taraba, this number was reported at 89% while in Gombe, this number was reported at 13%.



- 91% of the respondents stated that they have heard about vaccines against COVID-19.
- 44% 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, 38% said that they would not get vaccinated, even if the vaccine is free and available. 51% of respondents indicated that they would get vaccinated and 12% of respondents were still undecided.

COVID-19 AWARENESS

During the 8th 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 7th round of assessments, published in September 2021.

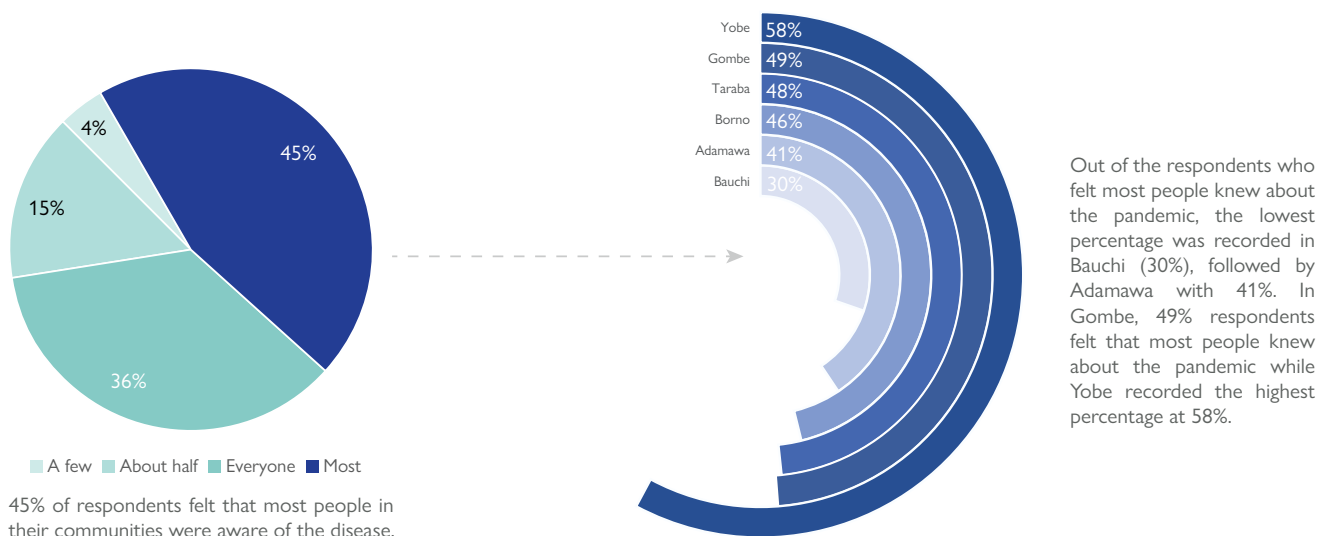


Figure 1: Covid-19 awareness

Contrary to the 7th round of assessments, news outlets were reported as the most common source of information on COVID-19 during Round 8 (reported in 36% of locations – an increase from 34% in Round 7). Awareness campaigns were followed by news outlets, reported in 35 per cent of locations (a decrease from 36% in Round 7) and word of mouth, reported in 29 per cent of locations (no change since Round 7). 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 51 per cent and 37 per cent of locations. However, in the state of Adamawa, awareness campaigns were reported as the most common source of information in only 20 per cent of the locations assessed, behind news outlets (53%) and word of mouth (27%).

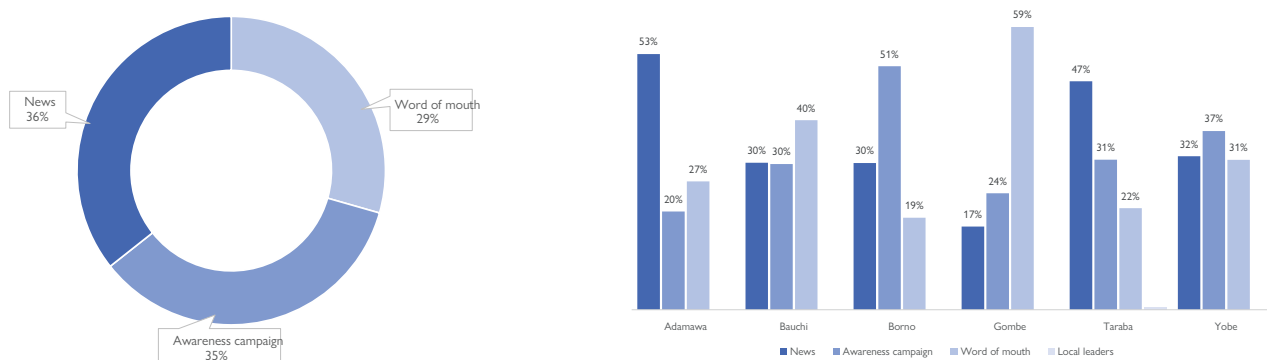


Figure 2: Means of getting information in all assessed locations

Sixty-nine per cent of the respondents stated that there was frequent communication on the pandemic (no change since Round 7), while 31 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 85 per cent, and lowest in Taraba at 47 per cent.



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

Furthermore, 90 per cent of IDPs received information on how to protect themselves against COVID-19, mainly from government officials, community leaders and medical personnel. Ten per cent of IDPs did not receive information on how to protect themselves against COVID-19. Out of the 90 per cent of IDPs who did receive information on how to protect themselves against COVID-19, 37 per cent of respondents received information from government officials, followed by medical personnel and community leaders (20%).



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 35 per cent of the camps/camp-like settings assessed, everyone was aware of the pandemic (a decrease from 41% in Round 7). In 41 per cent of camps/camp-like settings (an increase from 37%), most people were aware of the pandemic and in 21 per cent of the camps/camp-like settings, about half of the population was aware of the pandemic (an increase from 18%). In Bauchi, 60 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 36 per cent of the locations assessed felt that everyone knew about the pandemic (a decrease from 39%). In 46 per cent of the locations (an increase from 43%), it was perceived that most inhabitants knew about COVID-19, and in 14 per cent of the locations, about half of the population was aware of the pandemic (a decrease from 15%). In the state of Yobe, the perception that most inhabitants knew about the coronavirus pandemic was the highest at 58 per cent, followed by Taraba, Gombe and Borno, all reported at 49 per cent. The perception that everyone knew about the pandemic was highest in Bauchi as reported in 66 per cent of the locations assessed.

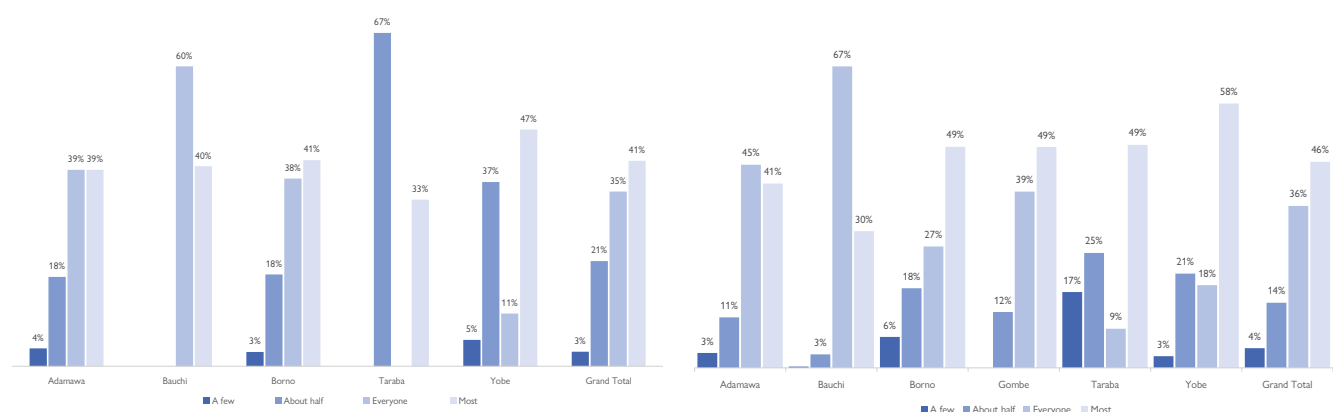


Figure 5: Awareness level in camps/camp-like settings

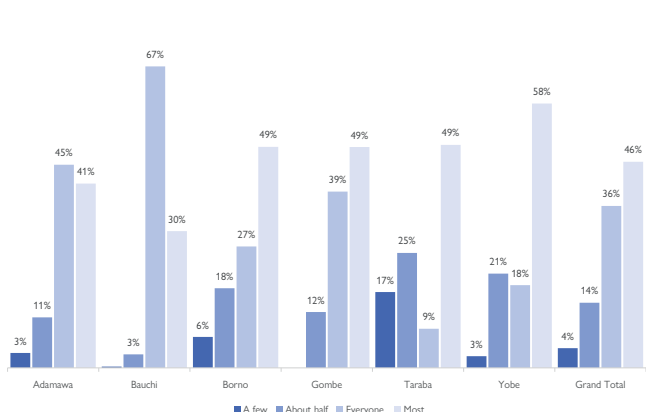


Figure 6: Awareness level in host communities

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 75 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 7). Adamawa and Borno were the states best protected against the virus with mitigation measures set up in respectively 40 and 31 per cent of the locations assessed. In Bauchi, mitigation measures were established in only 11 per cent of the locations assessed.

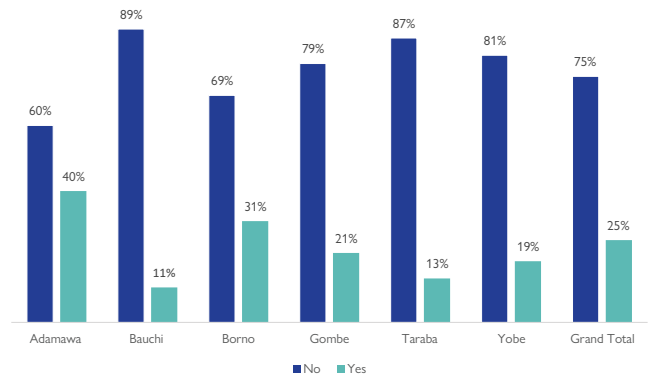


Figure 7: Presence of mitigation measures per state

When considering camps and camp-like setting specifically, the establishment of mitigation measures was reported in 42 per cent of the sites (a decrease from 46% in Round 7). Camps and camp-like settings in the states of Borno and Adamawa were best prepared to handle the pandemic with mitigation measures installed in 46 per cent and 45 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 only 5 per cent of the locations assessed.

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 77 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 7). In the state of Bauchi, this number surged at 89 per cent of the locations assessed, followed by Taraba and Yobe with 87 per cent and 81 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 23 per cent of the locations where IDPs were hosted among the local communities.

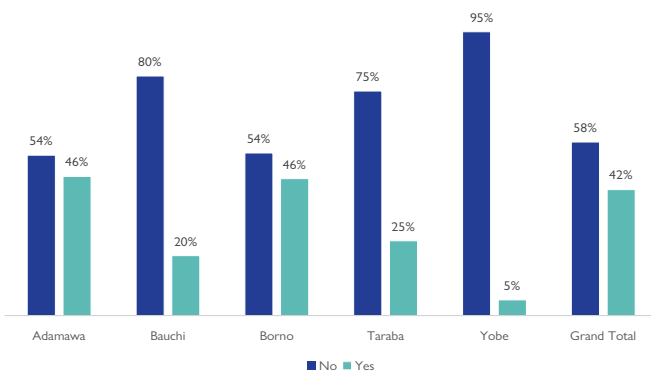


Figure 8: Presence of mitigation measures in camps/camp-like settings

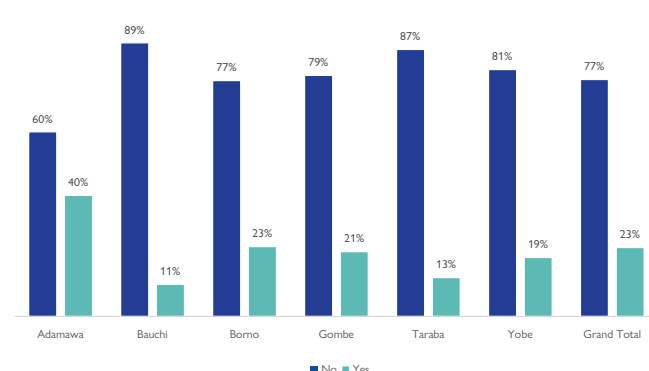


Figure 9: Presence of mitigation measures in host communities

Eighty per cent of respondents felt that the health centres were not prepared to handle the threat of COVID-19 (no change since Round 7). The states where most respondents felt that health centres were insufficiently prepared were Bauchi, Yobe and Adamawa with 92 per cent, 84 per cent and 81 per cent, respectively. The health centres in the states Gombe and Borno scored the best as respectively 29 per cent and 25 per cent of respondents felt that they were well prepared to handle the coronavirus pandemic.

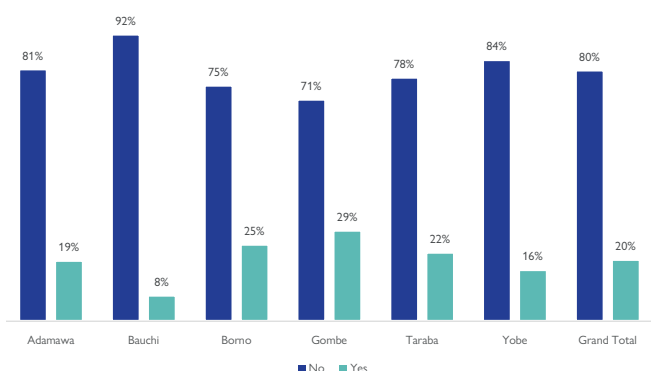


Figure 10: Health centres preparedness to handle COVID-19 cases per state

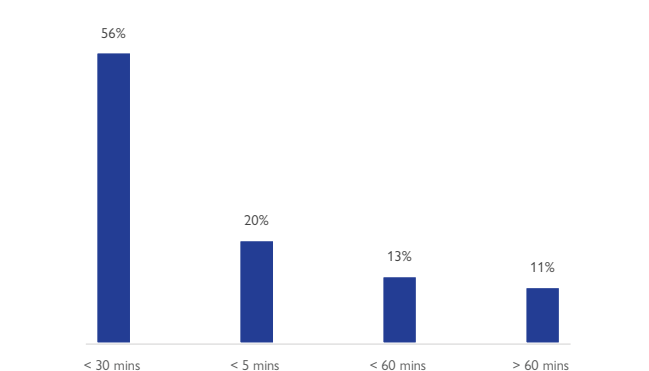


Figure 11: Distance to closest operational health centre

EVICTIION THREATS / ACCESS TO SERVICES

A small minority or 7 per cent of respondents (a decrease from 8% in Round 7) reported an increase in evictions or eviction threats since the start of the pandemic in March 2020. Ninety-three per cent of respondents did not experience an increase of evictions or suchlike threats. In the state of Bauchi, none of the respondents reported an increase in eviction threats while in the state of Adamawa, 18 per cent of respondents reported an increase in evictions or eviction threats, being the highest of all 6 states in North East Nigeria.

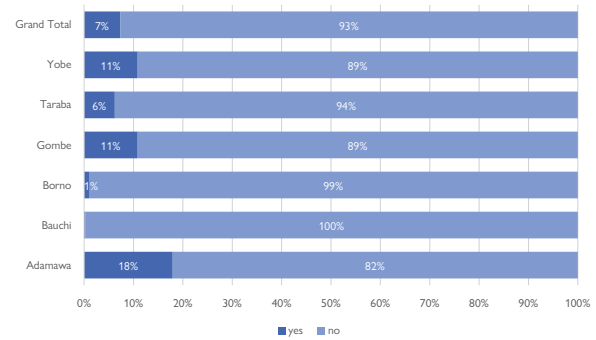


Figure 12: Increase in evictions or eviction threats per state

Twenty-seven per cent of respondents (no change since Round 7) reported that access to services (including food, markets, WASH, health, education, protection, water trucking, etc.) was disrupted because of the pandemic. From the 27 per cent of affected services, 14 per cent were located on the site of assessment while 13 per cent were located off the site of assessment.

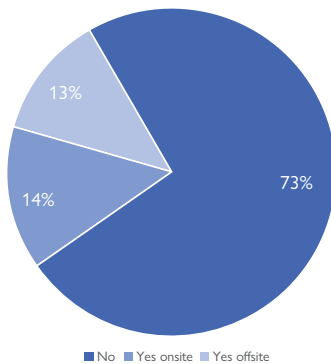


Figure 13: Percentage of service disruption

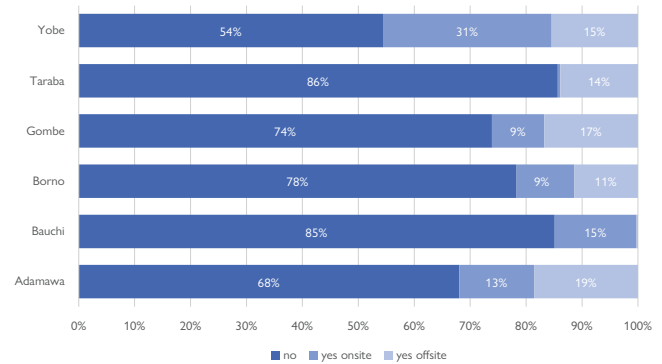


Figure 14: Percentage of service disruption per state

States where access to services was least affected by the pandemic were Taraba, Bauchi and Borno where respondents in respectively 86 per cent, 85 per cent and 78 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 32 per cent and Gombe at 26 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 (decreased from 27%) of respondents in camps and camp-like settings reported their access to services disrupted due to the pandemic. Twenty-eight per cent (increase from 27%) 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.

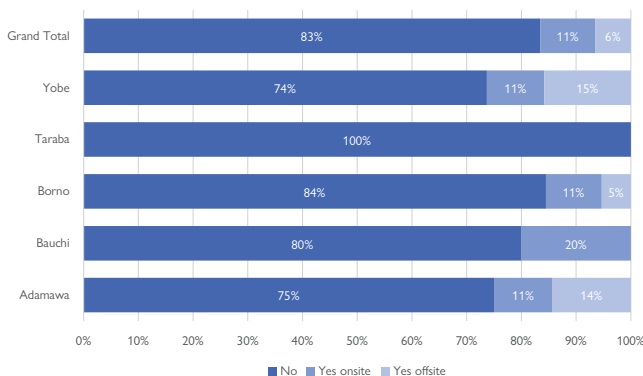


Figure 15: Percentage service disruption in camps/camp-like settings

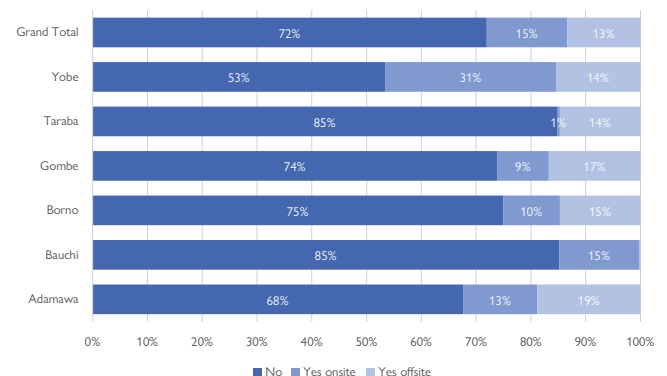


Figure 16: Percentage service disruption in host communities

ACCESS TO HAND-WASHING STATIONS

The availability of hand-washing stations is an important determinant of whether communities are equipped with basic hygienic facilities to prevent the spread of COVID-19. During the 8th round of assessments, in 80 per cent of the locations assessed (no change since round 7), respondents reported that no hand-washing station filled with water and soap was available on-site.

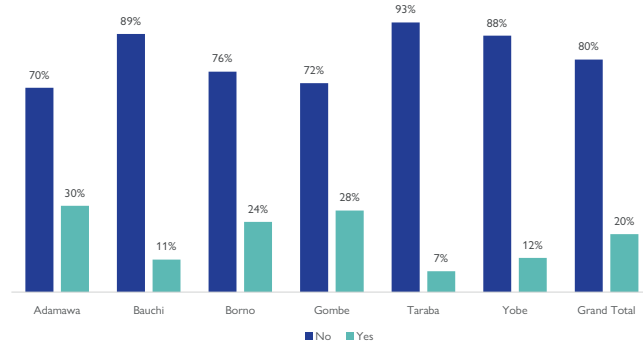


Figure 17: Availability of handwashing stations filled with soap and water on-site

However, in 39 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 37%) while in 22 per cent of locations, about half of the people had access to water and soap (a decrease from 27%). In 17 per cent of the locations, only a few people had access (an increase from 16% in Round 7) and in 19 per cent of the locations, everyone had access to water and soap (an increase from 18%). 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 7).

In Gombe, only 6 per cent of respondents reported that everyone in their location had access to water and soap, while in Adamawa 36 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.

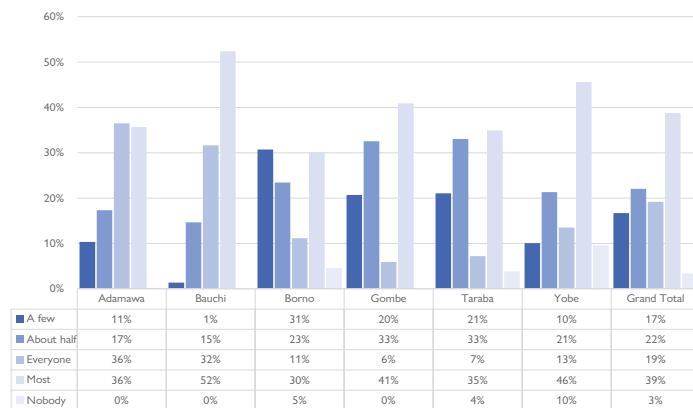


Figure 18: Access to soap and water on-site

In 67 per cent of the locations assessed, respondents stated that there was no evidence of hand washing practices (no change since Round 7). 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 87 per cent of the locations assessed, scoring the highest of all states in North East Nigeria.

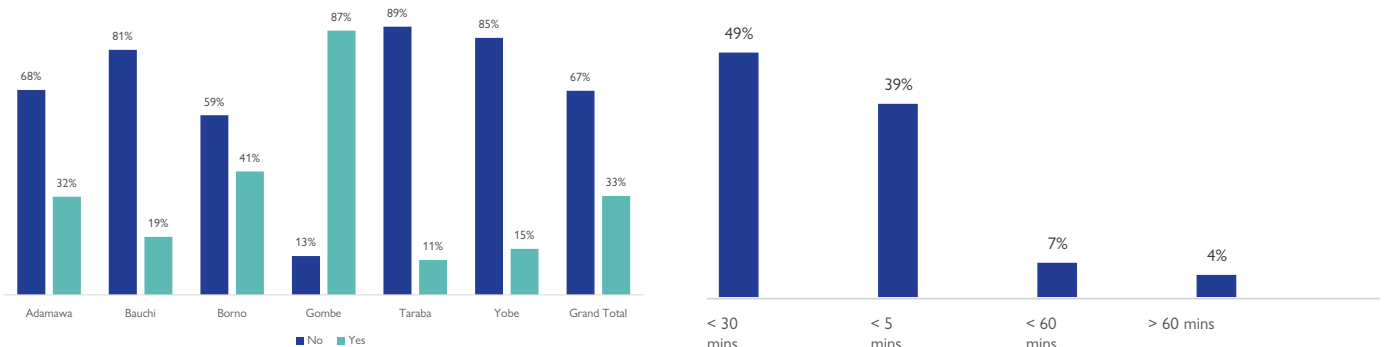


Figure 19: Evidence of hand washing practices per state

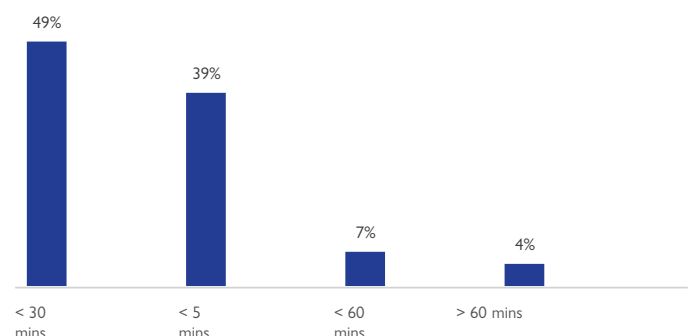


Figure 20: Distance to closest non-drinking water source

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-one per cent of IDPs stated that they have heard about vaccines against COVID-19 (an increase from 87% in Round 7). The highest rate of vaccine awareness was recorded in the state of Borno where 95 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-two per cent were informed about vaccines by government officials and 16 per cent were told by medical personnel. Other sources of information on vaccines mentioned by the respondents were community leaders (10%), NGOs or INGOs (6%), other IDPs (6%) religious leaders (4%) and camp management (3%).

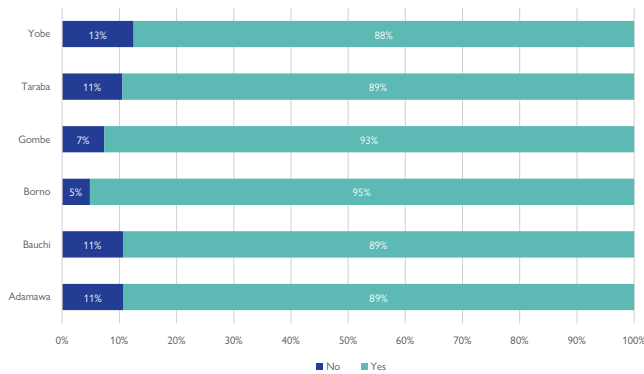


Figure 21: Covid-19 vaccine awareness in all assessed locations

Source	Percentage (%)
From friends and family	33%
Government officials	22%
Medical personnel	16%
Community leaders	10%
From other IDPs	6%
NGOs or INGOs	6%
Religious leaders	4%
Camp management	3%

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

Fifty-six 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 58% in Round 7). In the state of Bauchi, this number surged at 70 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, 38 per cent indicated that they would not get vaccinated, even if the vaccine was available and free (a decrease from 43% in round 7). Fifty-one per cent of respondents stated that they would get vaccinated (an increase from 40% in Round 7) and 12 per cent of respondents were still undecided (a decrease from 17% in Round 7). In Adamawa, a high of 52 per cent of the respondents indicated that they would not get vaccinated. To the contrary, Bauchi was the state where the highest percentage of respondents indicated that they would get vaccinated at 75 per cent.

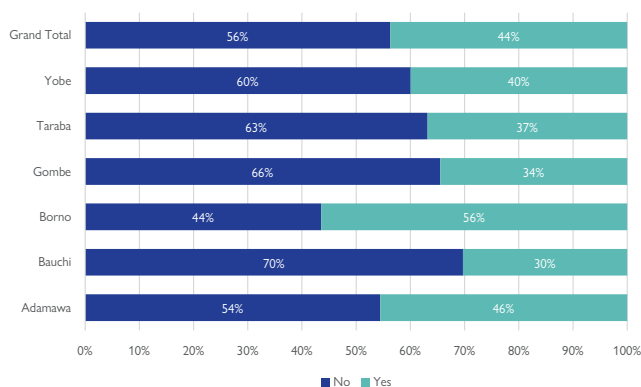


Figure 22: Percentage of respondents with sufficient information to make an informed decision

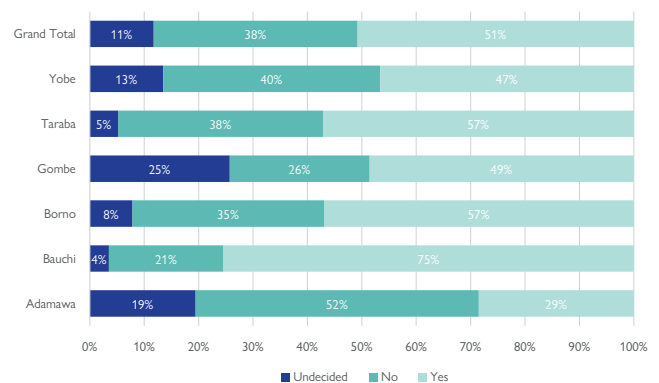


Figure 23: Percentage of respondents per state that would or would not get vaccinated

Forty-four 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 33 per cent indicated that they would not get vaccinated mentioned that they were confused by the conflicting information on vaccines and 11 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, 68 per cent mentioned that they believe that vaccination is the best way to combat the pandemic. Another 29 per cent said that they would get the vaccine to not have to follow the restrictions any longer (social distancing, quarantining, wearing a mask). Two 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	44%	I do think that vaccines are the best way to combat the pandemic	68%
I hear lots of conflicting information about the vaccines	33%	When vaccinated, I do not have to follow restrictions any more (quarantine, social distancing)	29%
I need more detailed information in order to make an informed decision	11%	I have other underlying health conditions which put me at increased risk of getting sick or die from Covid-19 if vaccinated.	2%
Other reasons	4%	To be COVID-19 free	1%
I have other and more urgent needs	4%		
I prefer to use local medications against Covid-19 (local herbs)	2%		
I have been advised against getting vaccinated	2%		

Table 2: Percentage and reasons of respondents on COVID-19 vaccination, if it is free and available

LIMITATIONS

- The security situation in some wards in North West and North Central Nigeria remains unstable and as a result accessibility was limited.
- 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.
- Key informant fatigue. Some enumerators experienced reluctance from IDP populations to cooperate with the surveys as data is collected very regularly and assistance is rather limited.
- In some LGAs, the cost of transportation has increased significantly as a result of banditry and attacks on highways.
- As a result of the security issues, a ban on motorcycles and trucks was issued in the state of Benue. As motorcycles are the means of transportation of the data collectors, they had to come up with alternatives (hiring a keke napep or “tricycle”) which were less effective.
- The poor network in remote locations are often causing delays in data sharing.

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