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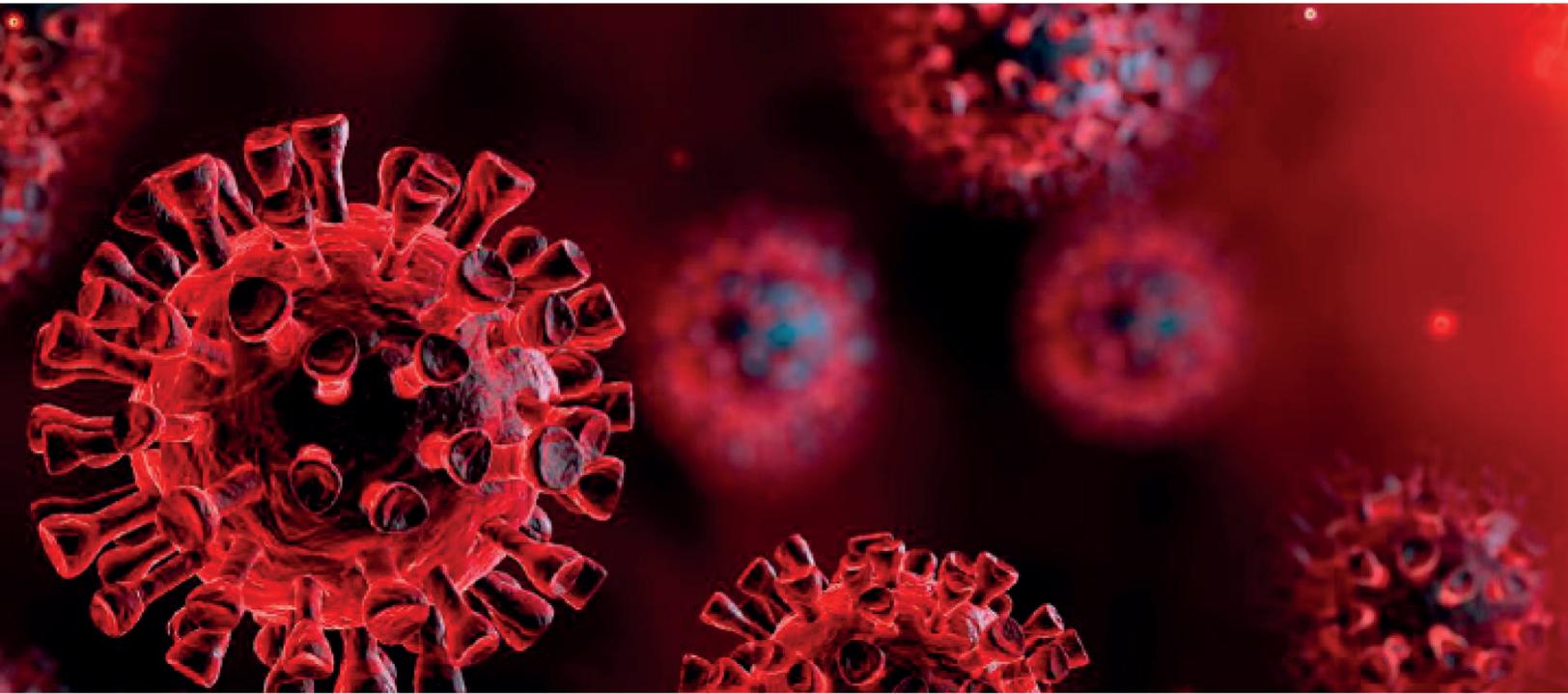
# COVID-19 SITUATION ANALYSIS

CRISIS TYPE: EPIDEMIC



FEB 2020 - JULY 2021

## HUMANITARIAN OPERATIONAL ENVIRONMENT ANNUAL REVIEW



**Better Data | Better Decisions | Better Outcomes**

The outbreak of disease caused by the virus known as Severe Acute Respiratory Syndrome (SARS-CoV-2) or COVID-19 started in China in December 2019. The virus quickly spread across the world, with the WHO Director-General declaring it as a pandemic on March 11th, 2020.

The virus's impact has been felt most acutely by countries facing humanitarian crises due to conflict and natural disasters. As humanitarian access to vulnerable communities has been restricted to basic movements only, monitoring and assessments have been interrupted.

To overcome these constraints and provide the wider humanitarian community with timely and comprehensive information on the spread of the COVID-19 pandemic, IMMAP initiated the [COVID-19 Situational Analysis project](#) with the support of the USAID Bureau of Humanitarian Assistance (USAID BHA), aiming to provide timely solutions to the growing global needs for assessment and analysis among humanitarian stakeholders.

#### Disclaimer

*"This report is the result of a secondary data review exercise that cross-analyzes a number of cited information sources, including the media. The views expressed herein do not necessarily reflect the views of USAID, the United States Government, the humanitarian clusters for Nigeria or any one of their individual sources."*

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# 1. Executive Summary

Figure 1. COVID-19 Overview in Nigeria July 2021

Confirmed Cases	COVID Related Deaths	Tests Conducted
		
<b>171K</b> Total confirmed cases	<b>2.1K</b> Total death recorded	<b>2.4M</b> Test samples collected
<b>3.6K</b> New confirmed cases in July 2021	<b>13</b> New COVID related deaths in July 2021	<b>145K</b> New test samples collected in July 2021
<b>260%</b> Increase compared to June 2021	<b>-72.9%</b> Increase compared to June 2021	<b>-18%</b> Increase compared to June 2021

## NIGERIA'S INFLATION AND THE UNEMPLOYMENT RATE REMAINS HIGH DESPITE THE ECONOMY'S RECOVERY FROM THE RECESSION AMID THE COVID-19 PANDEMIC IMPACT

Nigeria has experienced the macroeconomic impact of the collapse in international oil prices, which caused the nation to slip into recession in Q3 2020. The gross domestic product (GDP) contracted by -3.62% (year-on-year) in Q3 2020, making a full-blown recession and second consecutive contraction from -6.10% recorded in Q2 2020. Further, the rebounding of the economy in Q3 2020, reflected residual effects of the restrictions to movement and economic activity implemented across the country in early Q2 2020 in response to the COVID-19 pandemic ([Nairametrics](#), 22/11/2020). The Nigeria gross domestic product (GDP) advanced 0.51% YOY in the Q1 of 2021, slightly faster than a 0.11% rise in the previous quarter, making it the second consecutive quarterly growth since Nigeria's economy dipped into recession in the Q3 of 2020, helped by easing COVID-19 restrictions and higher oil prices ([Trading Economics](#), 24/05/2021). The GDP growth for 2021 is expected to be positive and the economy is expected to expand by 1.3%, and up to 2.3% in 2021 ([CBN Economic Report](#), 2020).

Although Nigeria's economy is gradually recovering from the negative effects of the COVID-19 pandemic, unemployment and inflation have remained high with

the receding number of confirmed cases and the lifting of COVID-19 restrictions. Nigeria's total unemployment rate rose to 33.30% in Q1 2021 from 27.10% in Q2 2020, and of the population, unemployed youth accounted for 53.4% in Q1 2021 from 40.8% in Q1 2020 ([Trading Economics](#)). In addition, the World Bank says over 11 million or more Nigerians may lose their jobs due to the high inflation rate, and an estimated 7 million Nigerians may have been pushed below the poverty line in 2020 due to rising prices alone without considering the direct impacts of COVID-19 ([The Cable](#), 15,06/2021).

## THE INFLATION AND CONSUMER PRICE INDEX (CPI) RATE REMAINED HIGH DURING PANDEMIC

The country's annual inflation rate continues to rise from 12.34% in April 2020 to 15.75% in December 2020 and reaching the peak of 18.17% in March 2021 from 16.47% reported in January 2021, making it the highest inflation rate since April 2017. The inflation rate also pushed food inflation to 22.95% at the end of Q1 of 2021. Nigeria's annual inflation rate dropped for four consecutive months after reaching a peak of 18.17% in March to 17.38% in July from 17.75% in June 2021, amid a slight slowdown in prices of food & non-alcoholic beverages (21.03% vs 22.72% in April). The annual core inflation rate, which excludes the prices of agricultural produce, hit 13.72% in July from 12.7% in April ([Trading Economics](#) 16/07/2021). On the other hand, the Consumer price index (CPI) rose to 387.50 points in July 2021 from 318.40 points in April of 2020 ([Trading Economics](#)). Similarly, Core Consumer Prices (CCP) increased to 338.91 points in July 2021 from 2898.98 points in April of 2020 ([Trading Economics](#)). To regulate the inflation and multi-exchange rates operating in the parallel market, the Central Bank of Nigeria is halting the sales of dollars to exchange bureaus among other policies that could help restore the integrity of the Naira ([Reuters](#) 27/07/2021)

## COVID-19 EPIDEMIC OVERVIEW AND VACCINATION PROGRAM

On February 27, 2020, the Federal Ministry of Health confirmed the first COVID-19 case in Lagos State, Nigeria, making the country the third country in Africa to recognize an imported COVID-19 case after Egypt and Algeria, it was not until the 18th of April 2020 that the first case in the Northeast states of Borno, Adamawa, and Yobe, since

the first index case was confirmed in Borno State. The epidemiology of COVID-19 in Nigeria has since evolved, between February 27, 2020, and July 18, 2021, a total of 2,420,863 persons have been tested for COVID-19 in Nigeria, of which 169,518 (7.0%) were confirmed as being infected with SARS-CoV-2 by RT-PCR. A total of 2,127 deaths have been recorded among the confirmed COVID-19 cases, resulting in an observed case fatality ratio (CFR) of approximately 1.3% ([NCDC](#), 19/07/2021).

## COMMENCEMENT OF COVID-19 VACCINATION CAMPAIGN AND ESTABLISHMENT OF MORE ISOLATION CENTERS

As many party parts of the world continued to grapple with COVID-19 and the resultant effect on health, economy, livelihood, and others, there was an outbreak of the second wave of the virus and as expected, Nigeria was not left out of its devastating effects. With introduction of vaccination program globally, the Government of Nigeria (GoN) received 4,024,000 doses of Oxford/AstraZeneca vaccine through the COVAX facility in March 2021, and as of 28th June 2021, statistics indicated that 3,441,146 doses have so far been utilized for the 1st and 2nd dose vaccinations, which is approximately 88% of the total AstraZeneca COVID-19 vaccine stock in the country. The people that have been vaccinated with 1st dose are 2,265,805 while those that have received 2nd are 1,175,341, respectively ([NPHCDA](#)).

The Nigerian government commences the COVID-19 vaccination campaign in March 2021 but still with containment measures in place such as the mandatory wearing of face masks, encouragement to work from home, temperature checks, ensuring the availability of handwashing facilities, physical distancing at work, avoidance of public gatherings and non-essential traveled.

Delta COVID-19 variant cases increased as it spread across the globe in June 2021, which led the World Health Organization to urge fully vaccinated people to continue to practice COVID-19 pandemic safety measures and travelers from some African countries were banned. The travel ban placed on Turkey, Brazil and India were still in effect ([NCDC](#) 26/04/2021, [BBC](#) 4/01/2021).

## MULTIPLE INFORMATION CHANNELS TO INCREASE COVID-19 AWARENESS AND REDUCE THE RISK OF INFECTION

Efforts were in place to continually sensitize the population about COVID-19 risks and mitigation measures through various channels such as the radio, television, leaflets,

posters, flyers, social media, and public information vans broadcasting COVID-19 information in the four major languages spoken in the country (English, Igbo, Hausa, and Yoruba). Also, the humanitarian agencies played a major role as they were primarily responsible for disseminating COVID-19 sensitization messages at the local levels, even though the information is met with varying trust levels by local communities.

To continue to reduce the risk of infection and for children not to missed on education, the Federal Ministry of Education, and State Governments of Education with technical assistance from UNICEF, children were engaged with learning through alternate home-based platforms such as radio, television, online/internet-based, and take-home learning resources across 36 states and the Federal Capital Territory

The NGOs and UN agencies engaged in sensitization activities to reduce the transmission of COVID-19 like UNICEF Nigeria continue to disseminate information through press releases, human interest stories, graphics, videos, and photos through its website and social media platforms. The C4D team engaged with various education entities including State Universal Basic Education Boards, Quranic and Islamiyah Schools Management Board, and other key stakeholder bodies/organizations to sustain public education on COVID-19

## SECURITY AND HUMANITARIAN ACCESS

Nigeria's security situation remains very volatile given that nearly every part of the country is beset with some type of security challenges. Nigeria being confronted by multiple security challenges ranging from Boko Haram terrorists, militia herdsmen, bandits, armed robbers, and others almost in every part of the country, SBM intelligence report for 2020 indicates that approximately 7,070 people lost their lives in security-related incidents where civilians accounted for 3,456 (49%) and 678 (10%) were government security personnel ([SBM Intel-Q1](#) 04/04/2020; [Q2](#) 20/07/2020; [Q3](#) 26/10/2020; [Q4](#) 18/01/2021). In the first quarter of 2021, SBM Intelligence reported that approximately 2861 Nigerians were killed from January to March 2021 and in second quarter between April to June about 3,133 lost their lives in violent incidents including attacks by Boko Haram terrorists, militia herdsmen, bandits, armed robbers, and others ([SBM Intel](#) 27/04/2021; [Naira metrics](#) 22/06/2021)

The Global Terrorism Index while covering security events during 2019/2020 ([Vision of humanity](#)) categorized Nigeria as the third most affected country by terrorism in the world

based on the number of deaths from terrorist attacks, making the country gradually becoming one of the most dangerous places to live. According to the Global Risk Index ([INFORM 2021](#)), Nigeria was among the countries with the highest overall projected conflict risk and increased risk of socioeconomic vulnerability, inequality, and food insecurity. The recent surge of insecurity in the country is somehow attributed to a staggering poverty level and youth unemployment currently standing at 32.5% compounded by the worst economic downturns in 27 years exacerbated by the outbreak of the COVID-19 pandemic ([BBC 19/07/2021](#)).

During the COVID-19 pandemic restrictions and lockdown, government forces made some achievements against terrorism although Boko Haram continued to launch series of attacks – targeting security personnel, rather than the civilian population which proved a change of strategy by Boko Haram during the pandemic. As the pandemic restrictions and lockdown confined the majority of people to their homes, the government forces used this advantage to launch a series of attacks against Boko Haram and registered significant successes. With successes made by government troops against Boko Haram during the lockdown and curfews, a recorded clip, purported to belong to a factional leader of Boko Haram, Abubakar Shakau, came on social media on 8th May 2020 in which the leader

lamented the serious losses Boko Haram has experienced and how it is being hit hard by the operations of the Nigerian Armed Forces during the pandemic (BBC 12/05/2020).

## **THE HUMANITARIAN ACCESS IN BAY STATES REMAINS CONSTRAINED DUE TO ONGOING NSAGS HOSTILITIES**

The ongoing conflict remains highly volatile and unpredictable, resulting in a reduction in the humanitarian space. This is induced by increased activity of non-state armed groups (NSAGs), attacks on civilians, direct targeting of humanitarian personnel and assets, and is compounded by bureaucratic and administrative impediments that have restricted aid organizations from reaching many vulnerable populations to provide essential support. There are up to one million civilians residing in unreachable or partially reachable areas in Northeast Nigeria, requiring significant and immediate humanitarian support. Ongoing hostilities and violence have caused significant displacement of civilian populations and are directly preventing the access of humanitarian agencies in the delivery of humanitarian aid. Furthermore, COVID-19 continued to impact humanitarian response.

## **2. About this Report**

The BHA-funded COVID-19 support project, implemented by IMMAP and DFS in six countries (DRC, Burkina Faso, Nigeria, Bangladesh, Syria, and Colombia), has been analyzing the main concerns and unmet needs that have emerged across humanitarian sectors due to the COVID-19 pandemic since the summer of 2020.

After almost a decade of conflict, economic challenges over the past years, and high levels of vulnerabilities, untangling the specific effects of the COVID-19 pandemic on humanitarian needs from other factors at play in Nigeria has been challenging.

This report reviews the data collected between July 2020 and August 2021 and works chronologically through the main issues and evolution of humanitarian needs in the operation environment in Northeast Nigeria as the COVID-19 pandemic progressed. This review is detailing

an overview of the epidemiological situation, including the imposition of containment measures by authorities in response to the COVID-19 outbreak and the knowledge, attitudes, and practices of the wider population regarding the prevention of COVID-19. In addition, there is an analysis of the wider macro and microeconomic developments that have emerged since the beginning of the pandemic and the impact of these developments on the humanitarian situation in Northeast Nigeria. There are three further reports, one examining the added impact of COVID-19 on the food security, livelihoods, and nutrition sectors in the northeast, the second analyses the effects of the pandemic on the health and education sectors in the region and how COVID-19 acted as a driver of protection risks and lastly, the analysis on the effects of the pandemic on the WASH and SHELTER sectors in the region.

### 3. Economic Context

#### **NIGERIA'S ECONOMY IS RECOVERING FROM COVID-19 IMPACT; HIGH PRICES AND UNEMPLOYMENT PUSHES 7 MILLION NIGERIANS INTO POVERTY**

In the last five years, the unsteadiness of Nigeria's economy has contributed to the crippling of business sectors in the country, which in turn affects the socio-economic status of residents. Nigeria has experienced the macroeconomic impact of the collapse in international oil prices, which caused the nation to slip into recession in Q3 2020. The gross domestic product (GDP) contracted by -3.62% (year-on-year) in Q3 2020, making a full-blown recession and second consecutive contraction from -6.10% recorded in Q2 2020. Further, the rebounding of the economy in Q3 2020, reflected residual effects of the restrictions to movement and economic activity implemented across the country in early Q2 2020 in response to the COVID-19 pandemic ([Nairametrics](#), 22/11/2020).

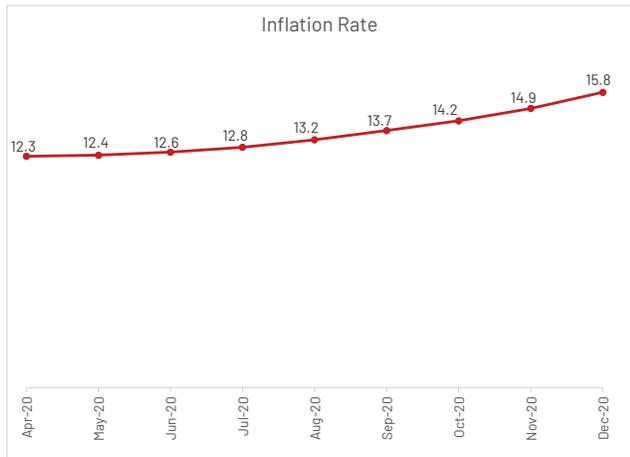
However, Nigeria's economy is gradually recovering from the negative effects of the COVID-19 pandemic, although unemployment and inflation have remained high despite the reduction in the number of confirmed cases and the lifting of COVID-19 restrictions. The Nigeria Gross Domestic Product (GDP) advanced 0.51% (year-on-year) in the Q1 of 2021, slightly faster than a 0.11% rise in the previous quarter, making it the second consecutive quarterly growth since Nigeria's economy dipped into recession in the Q3 of 2020, helped by easing COVID-19 restrictions and higher oil prices. The non-oil sector grew 0.8% (vs 1.7% in Q4), driven mainly by information & communication (6.3%); agriculture (2.3%); the manufacture of food, beverage & tobacco (7.1%); real estate (1.8%); construction (1.4%) and human health & social services (4.7%), while the oil sector shrunk by 2.2%, following a 19.8% plunge in the previous period. In the first quarter of the year, the average daily crude oil production stood at 1.72 million barrels per day, from 1.56 Mbps in Q4 2020 but below 2.07 Mbps recorded a year ago. The GDP declined 13.9%, after expanding 9.7% in the previous quarter, reflecting a generally slower pace of economic activities at the start of the year ([Trading Economics](#), 24/05/2021).

The GDP growth for 2021 is expected to be positive and the economy is expected to expand by 1.3%, and up to 2.3% in 2021 ([CBN Economic Report](#), 2020). According to the International Monetary Fund, employment levels continue to fall drastically, together with other socio-economic indicators, far below pre-pandemic levels. With the recovery in oil prices and remittance flows, the strong pressures on the balance of payments have somewhat abated, although imports are rebounding faster than exports and foreign investor appetite remains subdued resulting in continued FX shortage ([The Cable](#), 17/06/2021). Nigeria's total unemployment rate rose to 33.30% in Q1 2021 from 27.10% in Q2 2020, and of the population, unemployed youth accounted for 53.4% in Q1 2021 from 40.8% in Q1 2020 ([Trading Economics](#)). In addition, the World Bank says over 11 million or more Nigerians may lose their jobs due to the high inflation rate, and an estimated 7 million Nigerians may have been pushed below the poverty line in 2020 due to rising prices alone without considering the direct impacts of COVID-19 ([The World Bank](#), 15/06/2021).

#### **INFLATION RATE HITS MULTI-YEAR HIGHS BETWEEN APRIL AND DECEMBER 2020**

Nigeria's inflation has been higher than the average for African and Sub-Saharan countries for years. Amidst the continued impact of the coronavirus epidemic on global oil prices and its repercussions on the Naira currency, prices of commodities continue to rise in Nigeria. The country's annual inflation rate rose to 12.4% in May and 12.56% in June from 12.34% in April, Q2 2020. Consequently, the inflation rate continues to increase in Q3 and Q4 respectively to 14.23% in October, 14.89% in November, and 15.75% in December from 13.71% in September 2020 ([Trading Economics](#) 15/12/2020). Food inflation hit a nearly 15-year peak at 19.56% in December 2020. Consumer prices increased to 1.56%, following a 1.54% increase in the previous month ([Trading Economics](#), 2021). Similarly, core consumer prices rose to 312.55 points in December from 289.98 points in April of 2020 ([Trading Economics](#) 07/12/2020).

**Figure 2.** Inflation rate in Nigeria, April - December 2020



**Figure 3.** CPI and Exchange rates, April - December 2020

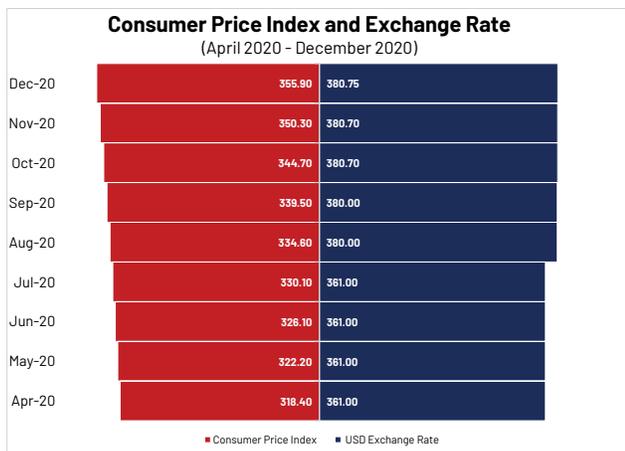


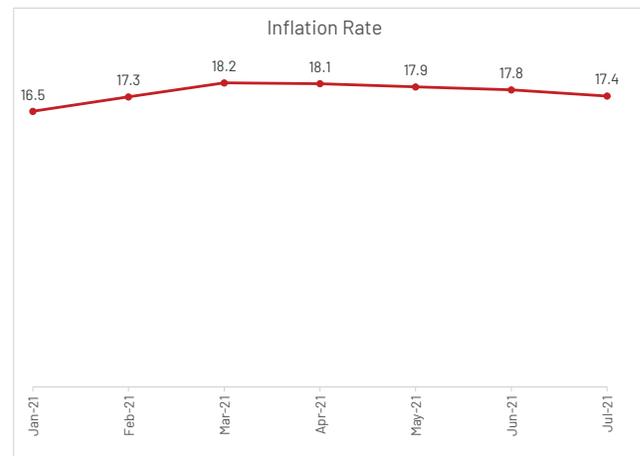
Figure 3, above shows the country has recorded a constant devaluation of Naira in the foreign exchange market, the consumer price index (CPI) increased to 339.5, and 355.9 points at the end of Q3 and Q4 from 318.4 points in April of 2020. This is a 21.1% increase compared to November 2019 ([Statista](#) 07/01/2021, [TradingEconomics](#) 17/01/2021).

## THE INFLATION RATE HIT A PEAK IN MARCH 2021

Nigeria's annual inflation rate continued to maintain an upward position and paused after reaching the peak of 18.17% in March from 16.47% in January of 2021, making it the highest inflation rate since April 2017. Furthermore, the increasing inflation rate has also pushed food inflation to

22.95% at the end of Q1 from 20.57% recorded in January of 2021. Core Consumer Prices (CCP) rose to 323.71 points in March from 316.5 points in January at the end of quarter Q1 2021. ([TradingEconomics](#) 23/04/2021). Amid the plunge, the Naira depreciated against the US dollar by 25 kobo at the Investors and Exporters window (NAFEX) where forex is traded officially and closes at the rate of N410/\$1. On the other hand, the Naira gained at the parallel markets, remains stable as it closes at N485/\$1 at the end of Q1 2021 ([Nairametics](#) 29/03/2021).

**Figure 4.** Inflation rate in Nigeria, Jan 2021 - July 2021



**Figure 5.** CPI and Exchange rates, Jan 2021 - July 2021



At the end of Q1 2021, the consumer price index (CPI) increased to 372.5 points in March from 361.2 points in January 2021 compared to 355.9 points recorded at the end of Q4 2020.

## CENTRAL BANK OF NIGERIA ISSUES POLICIES AND MODALITIES FOR USD REMITTANCES

The increasing inflation rate has been a concern to the Government of Nigeria (GoN), and as a result, the Central Bank of Nigeria (CBN) has made concerted efforts to intervene through the numerous intervention funds made available to sustain the economy, especially during the COVID-19 lockdown that effectively halted global economic activities in 2020. With oil prices down, pressure on Nigeria's exchange rate grew, leading to speculations of a devaluation to reflect the true value of the naira. ([Businessday](#) 25/03/2021).

## THE ANNUAL INFLATION RATE TICKS DOWN FOR MONTHS

Nigeria's annual inflation rate dropped for four consecutive months after reaching a peak of 18.17% in March to 17.38% in July from 17.75% in June 2021, amid a slight slowdown in prices of food & non-alcoholic beverages (21.03% vs 22.72% in April). The annual core inflation rate, which excludes the prices of agricultural produce, hit 13.72% in July from 12.7% in April ([Trading Economics](#) 16/07/2021). Monthly records show the consumer prices inched up to 0.93% in July from 0.97% in April, this is the lowest since March of 2020, decelerating from a 1.06% increase in the previous month. On the other hand, the Consumer price index (CPI) rose to 387.50 points in July from 376.1 points in April 2021 ([Trading Economics](#) 17/08/2021). Similarly, Core Consumer Prices (CCP) increased to 338.91 points in July from 326.91 points in April ([Trading Economics](#) 17/08/2021). Consequently, there is an overall decline in the prices of food, while the urban inflation rate increased by 18.01% (YOY) in July 2021 from 18.51% recorded in May 2021. Further, the rural inflation rate increased by 16.75% in July 2021 from 17.36% in May 2021 ([The Punch](#) 30/06/2021, [Vanguard](#) 18/08/2021). Despite the inflation ease, Nigeria is ranked as one of the top 20 countries with the highest inflation rate worldwide ([Statista](#) 28/04/2021). The exchange rate between the Naira and the US dollar closed at N411.6/\$1 in July 2021 from N409.8/\$1 in March 2021 at the Investors and Exporters window as oil prices gain 0.35% to hit the \$75 per barrel against \$60 per barrel recorded in March 2021. Naira gained against the US dollar representing a 0.02% appreciation on Tuesday 27th July 2021 compared to the 0.24% decline recorded on Wednesday, 24th March 2021. Also, the Naira depreciated by 3.9% at the parallel market on 28th July 2021 to close at N525/\$1 against the N486/\$1 recorded Wednesday, 24th March 2021 ([Nairametrics](#) 24/03/2021, [Nairametrics](#) 28/07/2021).

Figure 6. Inflation trendline from April 2020 - July 2021 (Source: [Trading Economics](#))

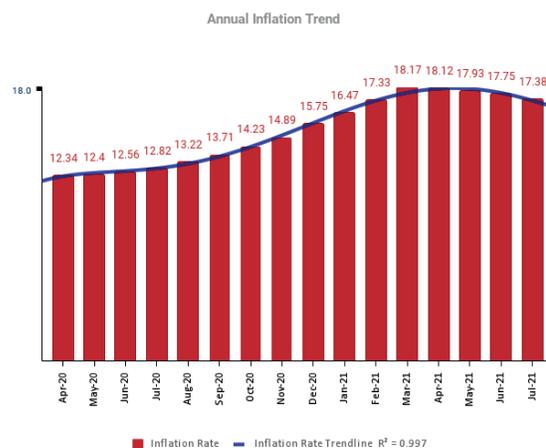
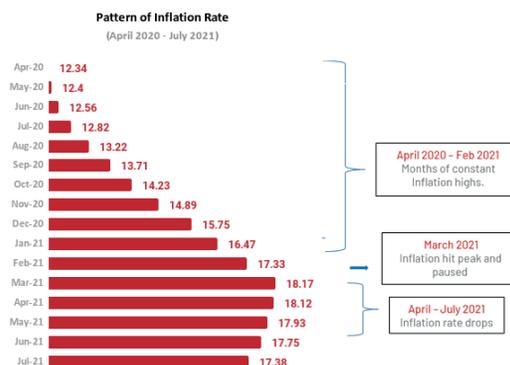


Figure 7. The pattern of inflation rate from April 2020 - July 2021 (Source: [Trading Economics](#))

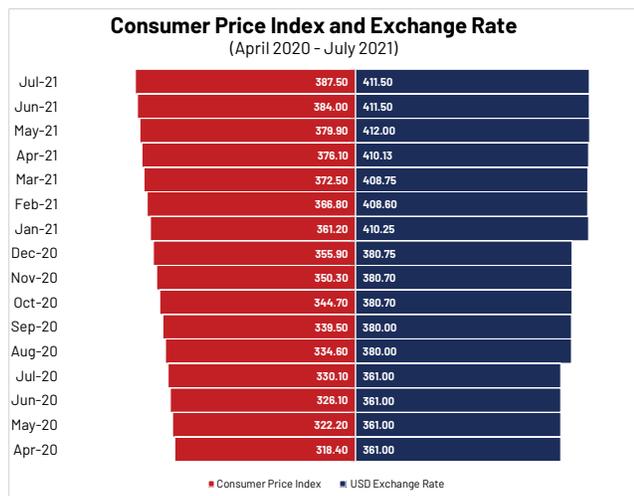


## CENTRAL BANK OF NIGERIA ENDS US DOLLAR SALES TO EXCHANGE BUREAUS

To regulate the inflation and multi-exchange rates operating in the parallel market, the Central Bank of Nigeria is halting the sales of dollars to exchange bureaus, saying they have become conduits for graft and illicit flows of money. The decision by the central bank, which held the benchmark lending rate at 11.5% for the fifth time in succession, follows World Bank pressure on Nigeria to provide a clearer foreign exchange management system - and converge its multiple exchange rates ([Reuters](#) 27/07/2021). Besides, the result of the pronouncement by the central bank of Nigeria, made the dollar jump from

[505 to 528 Naira to a dollar at the parallel market](#). The 100% improvement in dollar supply following the removal of the restriction on domiciliary accounts by the CBN failed to stop the rise in the exchange rate. ([Nairametrics 11/07/2021](#)).

**Figure 8.** CPI against USD exchange rate from April 2020 - July 2021



## ECONOMIC SITUATION IN NORTHEAST NIGERIA

The economy of Northeastern Nigeria predominantly depends on agriculture i.e., 80% of the population engages in farming activities as a means of livelihood. The absence of additional investments from the federal government has depressed growth below the national average for decades; constrained by high poverty levels, underdeveloped and inadequate economic infrastructure. Consequently, a study found approximately 1 in 10 of the households in the BAY states engage in unskilled wage labor, begging, or daily common laborer ([WFP 2020](#)). According to WFP analysis, 57.4% of the surveyed households (host communities 80%, IDPS 15%, and returnees 6%) are financially poor as they had expenditures below the MEB (minimum expenditure basket). This has led to an increase in the number of households resorting to debt, and other precarious means of income, and negative coping strategies. 80% of these households state that accessing food is the primary reason. 56.5% were also multidimensionally deprived (deprivation in food, health, education, shelter, WASH, and safety) indicating non-monetary poverty is as prevalent as monetary poverty ([WFP 2020](#)).

Before the COVID-19 outbreak in the country, the Northeast region is historically the poorest of Nigeria's six geopolitical zones; with Yobe and Adamawa states ranked

the third and seventh poorest Nigerian states respectively out of a total of 36 states according to the 2020 National Living Standards Survey ([NBS 28/04/2021](#)). The federal government has demonstrated a nascent interest in addressing the situation, as reflected by the establishment of the Ministry of Humanitarian Affairs, Disaster Management and Social Development (FMHADMSD) and of the Northeast Development Commission (NEDC) in 2019 and 2017 respectively, that will drive the government's humanitarian and development interventions in the BAY states. Nonetheless, ongoing conflict, insurgency, and insecurity continue to hinder the implementation of development efforts and impact, especially at the Local Government Areas (LGA) and community level, where needs and vulnerabilities are most acute ([HNO 08/03/2021](#)).

## IMPACT OF COVID-19 PANDEMIC ON NORTHEAST ECONOMY

COVID-19 pandemic restrictions in the country and the conflict in the Northeast region continues to disrupt market function and trade activities, despite recording an improvement in the last one year, with increased function in areas around east-central Borno State and areas of Yobe and Adamawa States, the market function is still limited in many areas of the region. Market supply for most goods is still limited. Income-earning opportunities remain constrained to most households in the Northeast areas while relatively normal in other areas of the country. Households in conflict-affected areas continue to engage in petty trading, labor work, firewood sale, and other menial jobs to earn limited incomes. Similarly, community support from host communities to IDPs and remittances are below average as employment remains lower than usual in urban areas. ([FewsNet 28/04/2021](#)). Additionally, the availability of labor is lower due to the conflict and the COVID-19 pandemic, in addition to higher prices and security-based restrictions on transportation of nitrate-based fertilizer, which have reduced agricultural production and increased the prices of food items. The government of Borno State, the epicenter of the conflict, estimates that the insurgency has caused 6 billion USD worth of destruction in the State ([HNO 08/03/2021](#)).

With growing insecurity that is driving farmers out of their traditional routines in most the agrarian states and displaced millions of people rendering farming activities negligible in the regions of Northeast, North-West, and North-Central, regarded as the major food-producing parts of Nigeria, there is a real threat of hunger looming large over the country. According to the Northeast Development Commission, over 2.6 million people are at risk of hunger in Borno State alone, largely due to Boko Haram/ISWAP terrorist attacks. This figure represents nearly half of the

state's population, estimated at 5.86 million (2016). The Food and Agricultural Organisation warned that insurgency has denied 65,800 farmers access to agricultural inputs ([The Punch](#), 27/06/2021).

By and large, the residual impact of the COVID-19 pandemic on the country's economy, and the ongoing border closures, violent attacks, and recent restrictions and policies placed on dollar transactions have been identified as the drivers for the upward pressure on consumer commodities that

## 4. Security Context

Nigeria's security situation remains very volatile given that nearly every part of the country is beset with some type of security challenges. The recent activities of Boko Haram and bandits, intercommunal clashes, the herdsmen-farming community crisis, and militancy, among others, have ravaged (and continue to ravage) the country, leaving thousands dead and millions displaced. The presence of Boko Haram in the Northeast has created a humanitarian catastrophe while banditry more prominent in the north-western region of the country has left many civilians helpless. The activities of organized criminal gangs in south-south and south-eastern regions have destroyed the aspirations of many in the areas with increased kidnapping for ransom and oil bunkering. The herder-farmer conflict that is associated with scarcity of resources in northern regions has forced many herders to move south in search of pastures and water hence resulting in clashes, cattle rustling, killings, rapes, abductions, and many other atrocities meted on indigenous people which have left many dead and properties destroyed.

The Global Terrorism Index while covering security events during 2019/2020 ([Vision of humanity](#)) categorized Nigeria as the third most affected country by terrorism in the world based on the number of deaths from terrorist attacks, making the country gradually becoming one of the most dangerous places to live. During 2020, Nigeria experienced various security challenges including violent extremists' attacks against security forces, kidnappings (for example from July to October 2020 there were about 102 incidents in the Federal Capital Territory alone), and protests which turned into violence and riots in several states ([ECOI](#) 24/06/2020). With increased insecurity incidents in the country this year, the government directed security agencies to shoot anyone seen with an AK-47 as one of the latest efforts to flush out bandits ([Amnesty International](#) 26/03/2021).

According to the Global Risk Index ([INFORM](#) 2021), Nigeria was among the countries with the highest overall projected conflict risk and increased risk of socioeconomic

has caused the hike in prices of staple foods, healthcare, transport, clothing, alcoholic beverages, and furnishings, etc., in the country. Nevertheless, the CBN has forecasted that Nigeria's inflation rate will slow down to 13% by the end of the year and drop to a single digit by 2022, with the full implementation of its recent policies designed to boost different sectors of the economy, if strict COVID-19 pandemic restrictions and lockdowns will not resurface ([Trading Economics](#) 17/08/2021).

vulnerability, inequality, and food insecurity. The recent surge of insecurity in the country is somehow attributed to a staggering poverty level and youth unemployment currently standing at 32.5% compounded by the worst economic downturns in 27 years exacerbated by the outbreak of the COVID-19 pandemic ([BBC](#) 19/07/2021).

### SECURITY INCIDENTS TRENDS SINCE COVID-19 OUTBREAK IN NIGERIA

Nigeria being confronted by multiple security challenges ranging from Boko Haram terrorists, militia herdsmen, bandits, armed robbers, and others almost in every part of the country, SBM intelligence report for 2020 indicates that approximately 7,070 people lost their lives in security-related incidents where civilians accounted for 3,456 (49%) and 678 (10%) were government security personnel. The report further revealed that Kaduna State recorded the highest of deaths in quarter one with 405 deaths while Borno state recorded the highest number of deaths in Q2, Q3, and Q4 with 941, 529, and 476 respectively ([SBM Intel-Q1](#) 04/04/2020; [Q2](#) 20/07/2020; [Q3](#) 26/10/2020; [Q4](#) 18/01/2021).

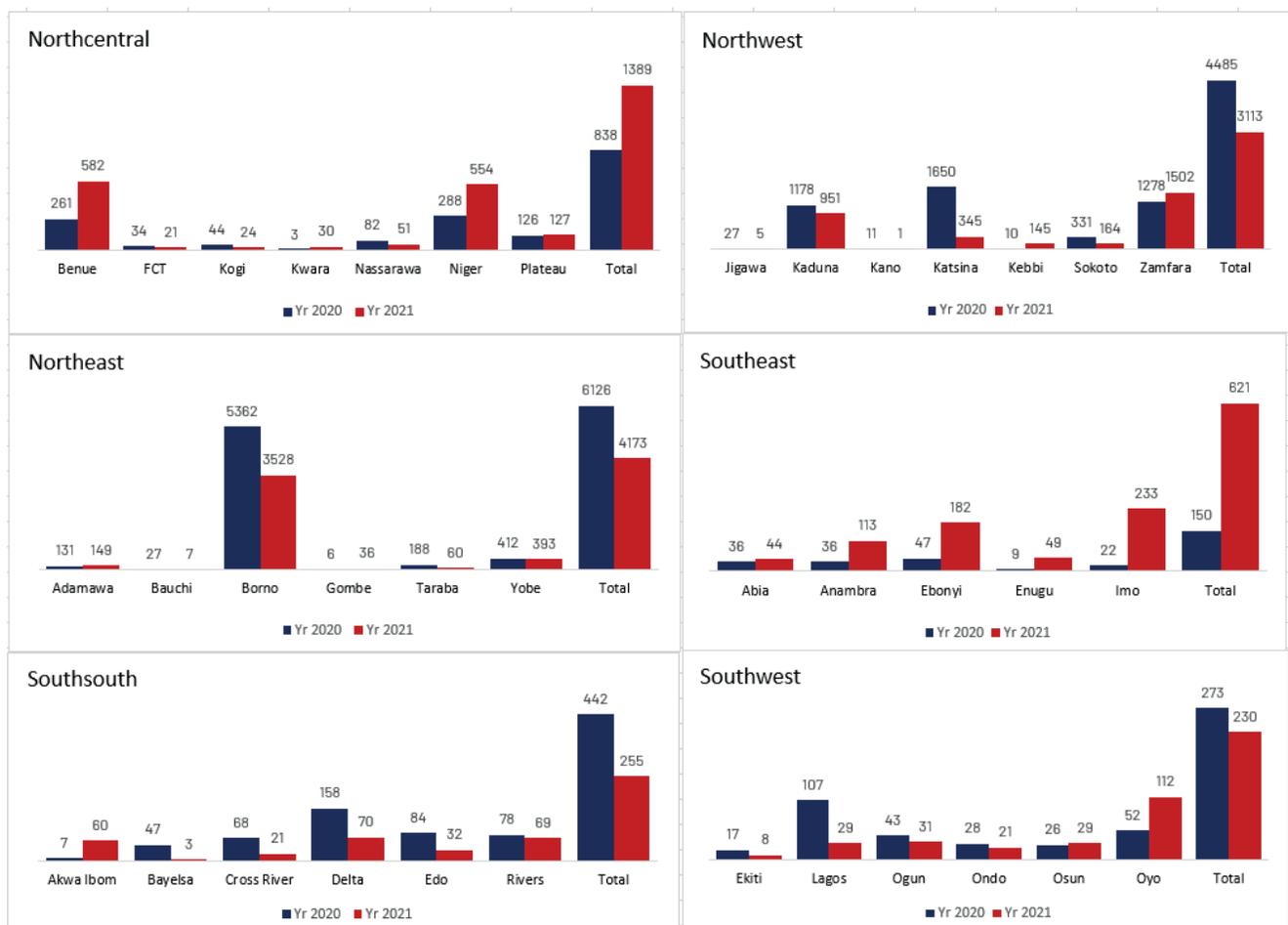
In the first quarter of 2021, SBM Intelligence reported that approximately 2861 Nigerians were killed from January to March 2021 in violent incidents, including attacks by Boko Haram terrorists, militia herdsmen, bandits, armed robbers, and others. The report states that civilians are the highest number to be killed standing at 1,309, followed by Terrorists/Bandits (682) while Boko Haram Terrorists (370) and 305 were security personnel who include Customs, DSS, NSCDC, Police, and the Military. In the same analysis, Borno State reported the most deaths at 767, followed by Kaduna (473) and Zamfara (304). In regional terms, the Northwest reported the highest number of deaths with 957, followed by the Northeast at 936 deaths. The region with the lowest number of reported killings was the Southwest with just 175 deaths. The most worrying trend reported in the media is increased deaths related to cultism with 104 deaths in the same reporting period ([SBM Intel](#) 27/04/2021).

In the second quarter according to SBM Intelligence, at least 3,133 Nigerians were reportedly killed in the quarter covering April to June 2021 in violent incidents, including attacks by Boko Haram terrorists, militia herdsmen, bandits, armed robbers, and others. The report highlights that civilians made up the highest number of killed standing at 1,772, followed by Bandits (416) and Boko Haram Terrorists (334). The report also revealed that of those reported killed, 296 were security personnel including Customs, DSS, NSCDC, Police, and the Military. In further analysis, Benue State reported the most deaths at 473, followed by Zamfara (461) and Borno (444) ([Naira metrics](#) 22/06/2021).

highest number of deaths, 6,126 in 2020 compared to 4,173 deaths registered in 2021 compared to other regions. Northwest came in the second position to register a high number of deaths with 4,485 recorded in 2020 compared to 3,113 deaths recorded so far in 2021. In all states that registered security-related deaths, Borno state recorded the highest number of fatalities for 2020 and 2021 approximately 8,890 deaths followed by Zamfara with a total of 2,780 deaths and Kaduna with 2,129 deaths while Katsina with 1,995 deaths. With all security incidents related deaths recorded in 2020 and 2021, among these, 12,756 were recorded as armed clashes, 510 as explosions/ remote violence, and 4040 as attacks against civilians ([ACLED](#) 30/07/2021).

According to the ACLED dataset inferred in figure 9 every region registered deaths related to security incidents. The graph shows that the Northeast region recorded the

Figure 9. ACLED Events in Nigeria (Feb 2020 - July 2021)



## THE TREND OF BANDITRY AMIDST COVID-19 PANDEMIC

While Nigeria recorded its first COVID-19 case on 28 February 2020 and immediately started implementing policies to contain the pandemic, the activities of the conflict groups continued unabated across the country. Since government-imposed travel restrictions and lockdown intended to curtail the spread of COVID-19 across the country, the pandemic situation hasn't been able to keep insurgent groups away from their targets of local communities and villages. The Bandits have continued to launch attacks in many parts of the country amidst the pandemic because their mode of operation did not seem to be affected in any way by the pandemic, as their activities continue unabated.

While the COVID-19 pandemic did not stop bandits from carrying out their atrocious acts, it did also not offer government security forces any better opportunity to clamp down on bandits. After the COVID-19 case was reported in the country, bandits attacked and killed at least 50 people in the three villages of Kerewa, Zareyawa, and Minda in Kaduna State ([Aljazeera](#) 02/03/2020). A similar attack was carried out on 15th March 2020 where a group of armed bandits attacked and abducted travelers along the Birnin-Gwari Kaduna highway ([Premiumtimes](#) 15/03/2020). In another bandit attack on 31 March 2020 in southern Kaduna left gunmen killed at least 11 people ([Vanguard](#) 01/04/2020), and between 14 and 15 April 2020, the banditry attacks on the Shiroro and Rafi LGAs in Niger State left 6 people dead ([Sun news](#) 16/04/2020). Whereas in Katsina State, the mass murder and robberies caused devastation in three different locations leaving 47 people dead on 18 April 2020 and this threw the entire community into chaos and anxiety while leaving many displaced ([Reuters](#) 19/04/2020). Another daylight operation carried out by suspected bandits on 28 May 2020 in Sabon Birni District of Sokoto State left at least 60 people killed and several others wounded ([Nam News](#) 29/05/2020).

The increased attacks during the pandemic could be attributed to the proximity of bandit groups to victims' communities unlike other insurgent groups such as Boko haram and ISWAP that move from their hideouts. The government forces over the period have registered some successes against banditry in the country for instance since March 2020, the government forces have been able to kill approximately 98 bandits and apprehended a number of them, and rescue 12 abductees and over 130 cows raided ([Vanguard](#) 29/05/2020).

## THE TREND OF HERDSMEN-FARMERS CONFLICT AMIDST COVID-19 PANDEMIC

Although at the beginning of the pandemic, there seemed to have reduced the number of casualties and incidents related to herder-farmer conflict, this could be attributed to the fact that the government's restrictions and lockdown kept most farmers at home since the farming season was not yet fully taken off. However, in recent times, the farmer-herder conflict has escalated in almost every part of the country becoming, by its frequency, a new normal resulting in the displacement of hundreds of thousands and sharpened ethnic, regional, and religious polarization. This new trend of clashes has generalized a feeling of hopelessness with regards to a government's willingness to solve the problem and the capacity and capability to deal with the problem. A 2019 report by Foreign Affairs puts the death toll at 10,000 within the last two years ([Nextier SPD](#) 02/06/2021)

The combination of environmental degradation and violence attributable to climate change has pushed northern herders southward in search of pasture and water, resulting in almost daily clashes with farming communities ([Crisis Group](#) 30/06/2021). The intensity of the violence varies from region to region, but so far, Nigeria's northwest and northcentral zones have been hit the hardest. Violence between the two groups has claimed more lives than the Boko Haram jihadist insurgency in the Northeast in 2018, disrupting rural communities and threatening Nigeria's stability and food security ([The Africa Report](#) 09/06/2021). In addition, the pandemic movement restrictions have forced herders to change their migration patterns. With fewer grazing routes, herders have sometimes encroached on farmland, which has become more valuable considering COVID-19-related food insecurity. The resulting disputes have sparked cycles of violence between farmers and herders, deepening conflicts that have plagued Nigeria for years, particularly in the Middle Belt ([Mercy Corps](#) 27/06/2021).

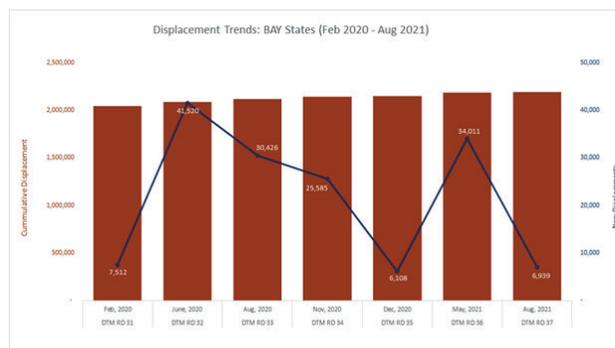
The attacks by herdsmen on local farming communities and villages continue to hurt the locals very hard, even amidst the pandemic. During the attack on the Basa area of Plateau State, the suspected herdsmen killed at least nine people and razed over 200 houses ([Garda](#) 15/04/2020). In another incident, at least 12 Christians were killed and five others, including the groom, were abducted at a wedding ceremony in Tegina Kabata Shiroro Council in Jos, Plateau State ([Christian post](#) 02/05/2020). While in southern Kaduna, herdsmen militia attacked Gonar Rogo community on 11 May 2020, killing 17 people and displacing others ([Vanguard](#) 13/05/2020)

## SECURITY SITUATION IN BAY STATES DURING COVID-19 PANDEMIC

The long-lasting conflict that started in 2009 in the Northeast between non-state armed groups (NSAG) and the military continues up to date to displace more and more people in the Northeast. The conflict has created a complex humanitarian crisis, rendering sections of Borno and Adamawa States as hard to reach (H2R) for humanitarian actors and resulting in severe consequences on the populations. The region has witnessed many increased incidents of attacks in 2020 and 2021 that impacted security, politics, and humanitarian response. The non-state armed groups have continued their terror campaign, launching audacious attacks on military formations, targeting humanitarian infrastructure and personnel, killing civilians, and causing widespread damage to property and critical national infrastructures such as the national power grid and telecom installations which have grave consequences on living conditions of the population in the three states. At the beginning of 2020, 7.9 million people needed urgent assistance in the Northeast region where the crisis ravaged the three states of Borno, Adamawa, and Yobe for over 10 years of insurgency, and with the outbreak of COVID-19 pandemic in the region, the number has risen to 10.6 million (UNOCHA 2020). The conflict in the region has been characterized by waves of displacements caused by insecurity, increased attacks by non-state armed groups (NSAGs) and military operations carried out in response and it has been regarded as a protection crisis, characterized by grave violations of human rights.

As depicted by graph xx below, displacement continued to rise since February 2020 (DTM Round 31) recorded as 2,046,604 or 420,072 households displaced, an increase of 7,512 persons against the last assessment conducted in December 2019 when displaced people were recorded as 2,039,092. The trend of displacements has continued to increase and as of recent, DTM Round, 37 (August 2021) estimates that the number of Internally Displaced Persons (IDPs) in the six conflict-affected Northeastern states to be 2,191,193 (445,852 households) which represents an increase of 144,589 persons (7.1%) since the pandemic started in February 2020. The most affected state in the region is Borno State which continues to host the highest number of IDPs approximately 1,633,829 people.

Figure 10. Displacement Trends in BAY States (Feb 2020 – Aug 2021)



## BOKO HARAM INSURGENCY AMIDST COVID-19 PANDEMIC IN NORTH-EAST

During the COVID-19 pandemic restrictions and lockdown, government forces made some achievements against terrorism although Boko Haram continued to launch series of attacks – targeting security personnel, rather than the civilian population which proved a change of strategy by Boko Haram during the pandemic. At the start of the pandemic in the Northeast, armed assailants killed four police officers and two civilian militiamen in an attack on a military base in the town of Damboa, Borno state (Aljazeera 04/03/2020). In another ambush attack, Boko Haram fighters killed at least 50 Nigerian soldiers in an ambush near Goneri village in northern Yobe state, according to military officials (Premium 24/03/2020).

As the pandemic restrictions and lockdown confined the majority of people to their homes, the government forces used this advantage to launch a series of attacks against Boko Haram and registered significant successes. A case in point is that between 21st and 23rd March 2020, government military forces reported having killed about 200 Boko Haram militants at Alagarno Borno state (Anadolu Agency 25/03/2020). Furthermore, on 20 March 2020, the Nigerian Army neutralized and destroyed several terrorist training camps in the Northeast, also killing many members of the group according to the Defense Ministry spokesman (Anadolu Agency 20/03/2020). In another attack on 20th April 2020, the coordinator for defense media operation reported that 13 Boko Haram/ISWAP terrorists were killed by troops of 159 Battalion in Sector 2 in conjunction with the Air Task Force of Operation Lafiya Dole in a fierce exchange of fire on 20 April at Geidam town (Business day 22/04/2020) and Between 1 and 5 May 2020, the Nigerian Army announced that it had killed 134 members of Boko Haram in a campaign codenamed Operation Kantana Jimlan (Vanguard 04/05/2020) while on 17 May 2020, Operation Lafia Dole killed 20 Boko Haram members in

Baga, Borno State ([Anadolu Agency](#) 18/05/2020).

With successes made by government troops against Boko Haram during the lockdown and curfews, a recorded clip, purported to belong to a factional leader of Boko Haram, Abubakar Shakau, came on social media on 8th May 2020 in which the leader lamented the serious losses Boko Haram has experienced and how it is being hit hard by the operations of the Nigerian Armed Forces during the pandemic ([BBC](#) 12/05/2020). Accordingly, the lockdown, curfew, and several roadblocks nationwide appear to have kept insurgents away from their local civilian targets.

## **COUNTER-OPERATIONS AGAINST BOKO HARAM CHRISTENED “OPERATION LAFIYA DOLE” AND “SUPER CAMPS” CONCEPT IN BAY STATES: JULY 2020- DEC 2020**

Since the launch of the government’s counter-insurgency measures, “Operation Lafiya Dole” (Peace by Force) in 2015, the Nigerian military operations against Boko Haram with concerted and coordinated support from the Multinational Joint Task Force (MNJTF) gradually opened up and eased access to some areas previously taken over by the insurgency group but about 1.2 million people still lived in areas controlled by non-state actor groups, largely inaccessible to humanitarian assistance and the largest population living in inaccessible areas in Borno state are in the northwest of the state, Bama and Gwoza LGAs ([UNOCHA](#) October 2020).

In 2019 with the advent of the “Super Camps” concept (concentration of government fighting forces in strongholds called Super Camps with the capacity to respond swiftly to the adversary), resulted in the military leaving their former small locations/ towns a move that created space for militants to move more freely, deepen their roots in communities and strengthen their supply chains which the action of military eroded the protection of civilians in areas from which troops withdrew. Additionally, the lack of a local military presence enabled the militants to set up illegal vehicular checkpoints on roads, further restricting the population’s access to humanitarian aid. Throughout 2020 attacks continued, including against civilians, military patrols and escorts, the Governor of Borno state, and (although unsuccessful) Gajiram and Bitta ‘super camps’ ([ISS Africa](#) 30/11/2020).

## **COUNTER-OPERATIONS DUBBED: “OPERATION TURA TAKAI BANGO” CONCEPT- JAN 2021- APRIL 2021**

The military offensive called “Operation Tura Takai Bango” launched on 3 January 2021, by Nigerian military forces aimed to wipe out remnants of the Boko Haram and ISWAP terrorists and other criminal groups from their strongholds in the Northeast and also preventing kidnapping on the Maiduguri-Damaturu highway because ISWAP was already threatening to cut Maiduguri off from the rest of Borno through road ambushes which strategically for ISWAP would mean that Borno is essentially cut off from the rest of Nigeria ([Jamestown](#) 09/04/2021).

They launched Operation TURA TAKAIBANGO a subsidiary Operation of Operation LAFIYA DOLE in the Northeast continued to obliterate elements of Boko Haram and ISWAP according to Acting Director Defense Media Operations in which after the launch, on 9th January 2021 at Gujba LGA of Yobe State, there have been some successful counter-insurgency activities conducted by government special forces and in the aftermath, 28 Boko Haram Terrorists were neutralized while few others are believed to have escaped with gunshot wounds ([Independent](#) 10/01/2021). Another encounter was launched on 20 January 2021 at Abbagajiri in Damboa LGA of Borno State where troops identified and encircled some Boko Haram criminals’ enclaves and engaged them with superior firepower resulting in high casualties on the terrorists. In the aftermath of the decisive encounter, 5 Boko Haram Terrorists were neutralized while few others are believed to have escaped with gunshot wounds ([Army](#) 22/01/2021).

In January 2021, Armed Opposition Groups (AOG) attacked the town of Marte and took control of the town until 17 January 2021 before the government forces regained control. This attack led more than 700 civilians forcibly displaced due to the fighting and security continued to deteriorate in the Northeast limiting the capacity of humanitarian organizations to deliver assistance to the 10,6 million people in need, reducing the possibilities for the displaced population to return to their hometowns, and rendering large areas inaccessible for the delivery of humanitarian assistance ([ECHO](#) 19/01/2021).

In February 2021, at least seven Nigerian soldiers were killed, and several others wounded when Non-State Actors launched an ambush attack on the 153rd Task Force battalion in Marte LGA ([Premium times](#) 18/02/2021). Due to persistent attacks, residents of Maiduguri continue to date struggling with a power blackout after militants blew up supply lines, disrupting businesses and daily life. The electricity tower was destroyed on January 26 in the

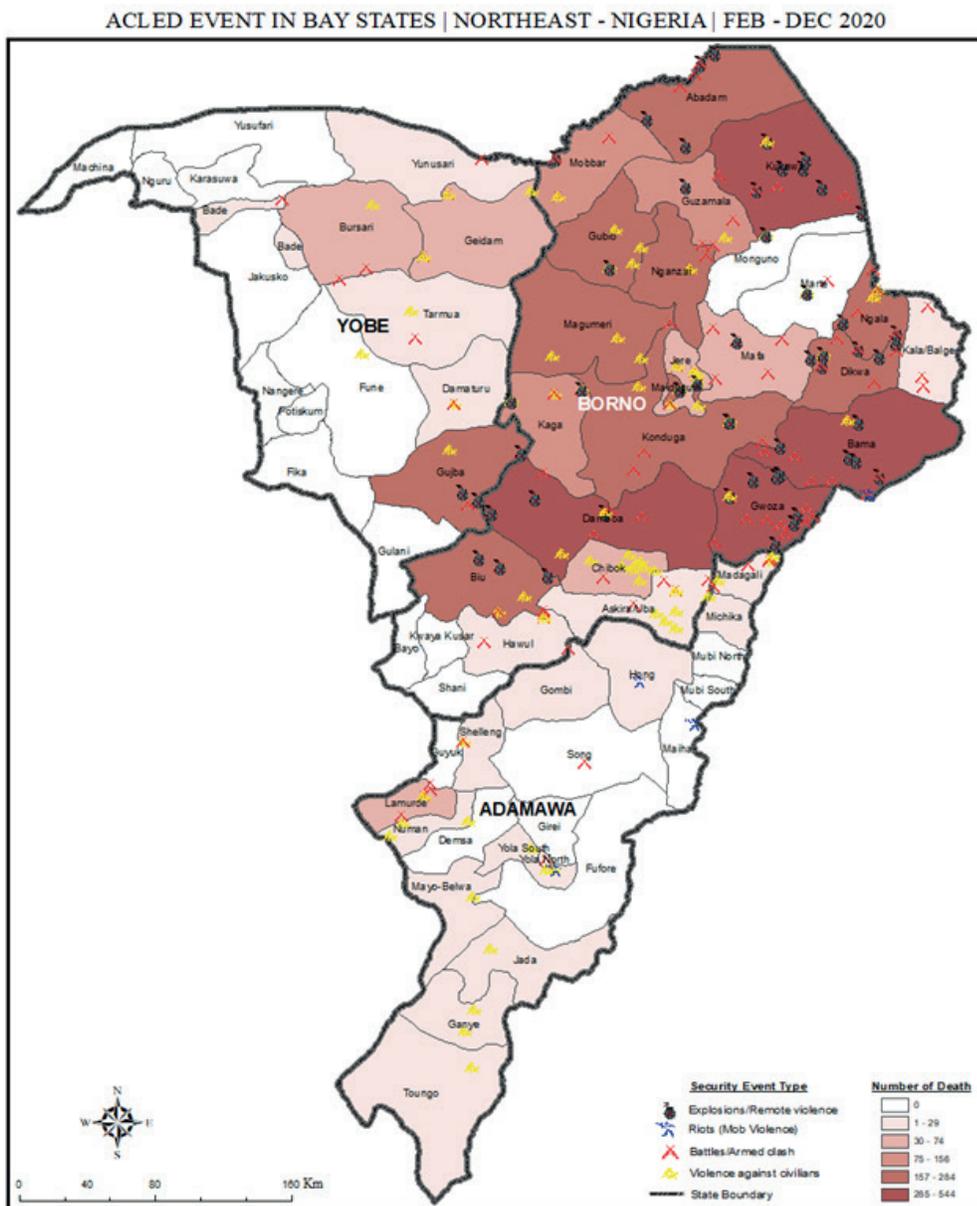
Mainok area along the Maiduguri/Damaturu Road by the insurgents and this attack was the third in a month ([Sahara reporters](#) 09/02/2021).

## THE TREND OF SECURITY INCIDENTS IN BAY STATES DURING 2020 AND 2021

According to the ACLED dataset presented in Map below, the security incidents/events recorded in BAY states for 2020 were 1,062- in which 660 were recorded as battles/

clashes, 270 as explosions/remote violence, and 125 recorded as violence against civilians. These incidents resulted in 5,905 deaths in that very year and most of these deaths were recorded in Borno state-in which recorded 5,362 followed by Yobe state recording 412 deaths and Adamawa with 131 deaths. The Local Government Areas (LGAs) within Borno State that recorded a high number of deaths include Gwoza (544), Bama (539), Damboa (528), Kukawa (460), and Monguno (409) while in Yobe State, Gujba (273), Geidam (43) and Bursari (42) and whereas in Adamawa state, Lumurde (73), Gombi (16) and Madagali (15).

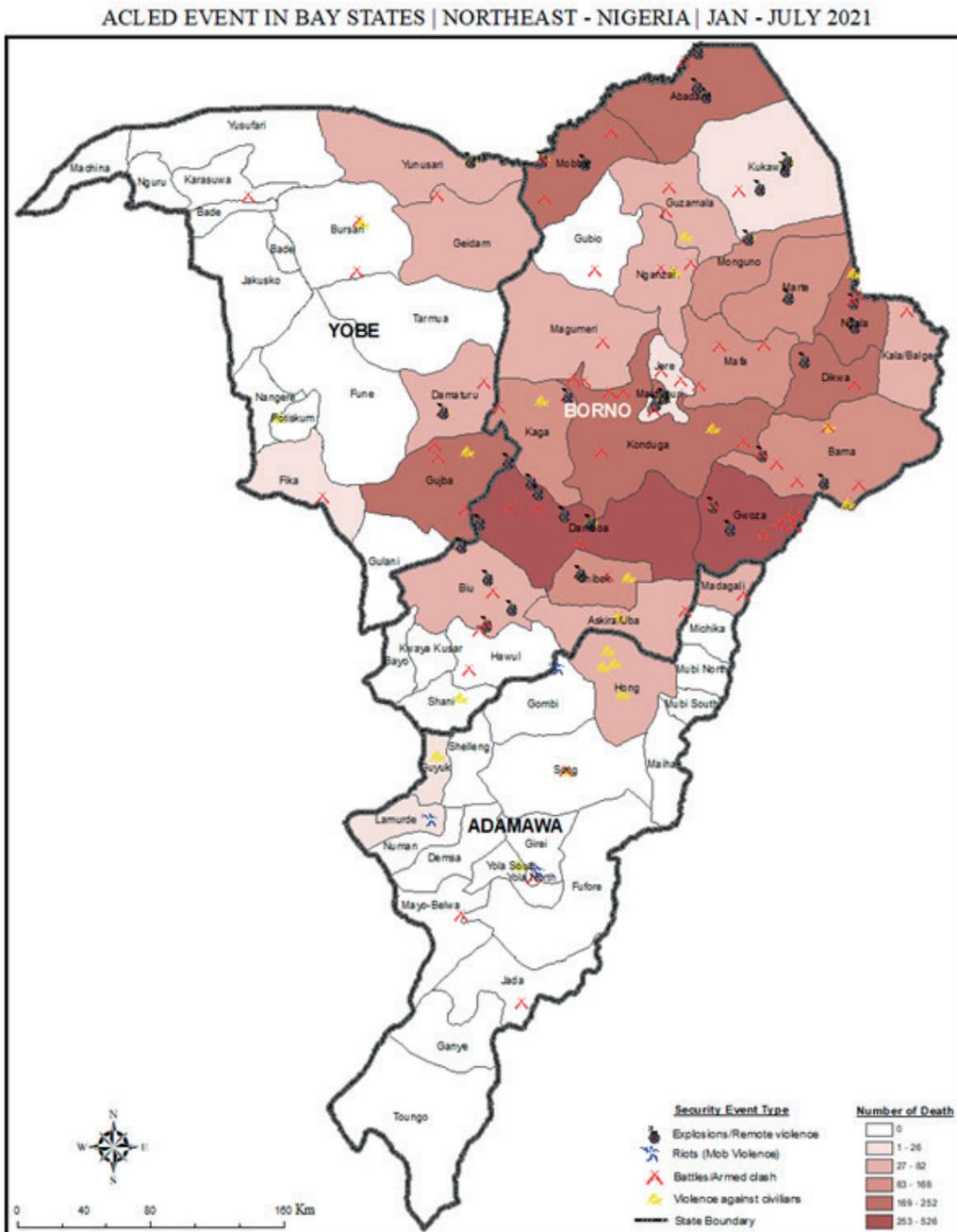
Map 1. ACLED Events in BAY States Feb - Dec 2020



During the first three quarters of 2021, ACLED recorded approximately 599 - in which 406 were recorded as battles/clashes, 151 as explosions/remote violence, 8 recorded as riots, and 34 recorded as violence against civilians. In 2021, the security incidents resulted in 4070 deaths in which Borno state recorded about 3528 followed by Yobe state with 393 deaths and Adamawa with 149 deaths. Within these states, the Local Government Areas (LGAs) that

recorded a high number of deaths in Borno State include Gwoza (526), Damboa (526), Dikwa (252), Konduga (243), Ngala (232), Mobbar (226), while in Yobe State, LGA with the highest death recorded in 2021 includes Gujba (183), Geidam (80), Damaturu (56) and Yunusari (42) whereas, in Adamawa state, LGAs with a high number of recorded deaths include Madagali (60), and Hong (55).

Map 2. ACLED Events in BAY States Jan - July 2021



Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the UN.



## SECURITY VOLATILITY IN BAY STATES CONTINUED TO AFFECT LIVING CONDITIONS DISRUPTING COVID-19 RESPONSE

Attacks by NSAGs on civilian vehicles remains a frequent occurrence to date, especially along key routes in Borno State and particularly the use of illegal vehicle checkpoints to halt traffic and detain travelers—has increased in recent months. This trend is preventing the delivery of humanitarian assistance by road in many areas hence exacerbating more pressure on already overstretched humanitarian response workers. According to OCHA reports, It was estimated that at least 21 NSAG illegal vehicle checkpoint (IVCP) incidents were recorded during September 2020, up from 16 in August ([UNOCHA 26/11/2020](#)). The attacks targeting civilians and humanitarian workers increased in 2020 with multiple terror attacks for instance in Monguno, and Nganzai around June 2020, the attack killed at least 120 people and targeted a UN humanitarian. Around November 2020, Boko Haram killed about 76 farmers in Zambamari, Jere LGA in Borno State, beheading some of them making the incident one of the region's deadliest attacks in years. In December 2020, another attack claimed by Boko Haram engaged security forces in a fierce gun battle, forcing hundreds of students to flee and hide in the surrounding forest where approximately over 300 boys were abducted from all-boys secondary school in Kankara, Katsina State ([Aljazeera 13/12/2020](#)).

December 2020 witnessed several significant security events in the BAY States as was forecasted by security experts. For instance, the village of Pemi in Borno was attacked on 24 Dec by a group of suspected Boko Haram militants killing at least seven people and abducting approximately seven others, including the village pastor. The attackers also set fire to the village church, a dispensary, and several homes ([GardaWorld, 25/12/2020](#)). The attack was predicted, and Nigeria's Department of State Services (DSS) issued a warning on Dec 22nd. Unidentified gunmen (shooters) also attacked the town of Garkida in neighboring Adamawa State on Dec. 24, engaging in acts of looting and arson but there are no reports of casualties in the Garkida attack to date. On 26 Dec. Boko Haram killed at least 10 people, including four security personnel, in raids on three villages in Northeast Nigeria. Fighters in six trucks attacked the villages of Shafa, Azare, and Tashan Alade in Borno State that day and set fire to homes and public buildings while firing sporadically at residents ([Africa News 28/12/2020](#)).

With the rapidly deteriorating security situation in Northeast Nigeria, more families continue to flee their homes to survive, and quite often, they come to camps to seek refuge, but the living conditions in those camps also present their own set of challenges. Overcrowding in camps is increasingly becoming an issue due to large groups of people fleeing areas recently attacked by NSAGs. But more worrying to UNHCR is the lack of space, which prevents physical distancing and increases the risk of the spread of communicable diseases such as COVID-19, measles, and cholera. It also increases the risk of fire hazards in camps due to the limited distance between cooking points ([UNOCHA 18/06/2021](#)).

The continued Non-State Armed Groups (NSAGs) attacks on hospitals and Primary Health Care (PHC) centers through 2020 and 2021 are disrupting COVID-19 response and health services in the affected LGAs (Geidam and Gujba LGAs). In January 2021, Geidam General Hospital was attacked, and some medical supplies and equipment were looted and a PHC facility in Ngurbuwa district of Gujba LGA was also attacked where medical supplies and equipment, including solar panels powering the water and cold-chain facilities, were looted. During the attack in Gujba town on 9 January 2021, the suspects vandalized a section of the PHC Centre, looted drugs and medical commodities, looted sewing machines from a Women Empowerment Centre and 5 solar inverter batteries from the PHC Centre which also houses the health and nutrition Stabilization Centre (SC) supported by a humanitarian organization. Fortunately, however, no health workers were said to have been abducted. In March 2021, a Primary Health Clinic in Katarko, Gujba LGA was equally attacked and vandalized. The attacks have resulted in the suspension of the delivery of health services in some of these health facilities as in the case of Katarko, Ngurbuwa, Gujba, and Gumasa. The PHC in Gujba was temporarily relocated to Damaturu town but has since been returned (Health Sector Bulletin-March 2021)

## THE DEATH OF BOKO HARAM LEADER AND RENEWED ALLEGIANCE TO ISWAP

The Death of Boko Haram's former leader and renewed allegiance to ISWAP changed the dynamic of the conflict and its impact on civilians. Boko Haram confirmed the death of its dreaded leader, Abubakar Shekau, and announced its new leader during the reporting period ([Reuters 19/06/2021](#), [Daily Post 21/06/2021](#)). After the death of Shekau, (who was widely criticized for his indiscriminate use of violence, and targeting civilians and fellow Muslims) reports seeming to indicate that the two factions (Boko Haram and ISWAP) will work together in a jihad on Nigeria after declaring a peace pact ([Daily Post 26/06/2021](#)).

Since then, ISWAP has embarked on a “winning hearts and minds” campaign, cajoling people living in various camps in the northern part of Borno State back to their villages. Their strategy includes assuring the targeted population of safety, security, and economic support once they return to their villages, which they fled at the height of the insurgency. ([Daily Trust](#), 13/06/2021). The

## 5. Humanitarian Access

More than a decade of conflict inflicted on the population, the humanitarian crisis in Northeast Nigeria—Borno, Yobe, and the Adamawa States—is one of the most severe and complex humanitarian crises in the world today. This situation is largely driven by the ongoing conflict between Boko Haram and ISWAP compounded by counterinsurgency operations of Nigerian security forces and has also been exacerbated by the outbreak of the COVID-19 pandemic. The humanitarian operation environment in the Northeast is worsening as the insurgents are now deliberately targeting humanitarian infrastructures and aid workers which OCHA described as a “noticeable shift”. This crisis in the Northeast in recent times has manifested a paradigm shift in the humanitarian operating environment where aid workers and humanitarian infrastructure are directly targeted therefore these challenges continue to disrupt humanitarian operations in locations where access continues to be limited ([UNOCHA](#) 17/05/2021).

From January 2021 to June 2021, the humanitarian partners reported 520 access incidents in BAY State where the first quarter 258 incidents happened and in the second quarter of April- June about 262 access incidents happened that negatively affected humanitarian response. Thirty-three percent of these incidents were restrictions of movements within Local Government Area (LGAs). Military operations and on-going hostilities represented 23 percent of the incidents recorded by partners. Additionally, there were 14 incidents of violence against humanitarian personnel, facilities and their assets. In the final days of the 2nd quarter, the INGO ACTED operations were suspended by the Borno State Government, ACTED covers a wide range of humanitarian activities across the BAY states so its suspension will adversely affect people in need.

The ongoing conflict remains highly volatile and unpredictable, resulting in a reduction in the humanitarian space. This is induced by increased activity of non-state armed groups (NSAGs), attacks on civilians, direct targeting of humanitarian personnel and assets, and is compounded by bureaucratic and administrative impediments that have restricted aid organizations from reaching many vulnerable populations to provide essential support. There are up to one million civilians residing in

group has also gone ahead to announce its governor over some territories in Borno State, an announcement that has been refuted by the State’s government ([Vanguard](#), 13/07/2021). It is important to note that past jihad efforts in the country by Boko Haram and other extremist Islamic groups have been characterized by indiscriminate use of violence against civilians.

unreachable or partially reachable areas in Northeast Nigeria, requiring significant and immediate humanitarian support. Ongoing hostilities and violence have caused significant displacement of civilian populations and are directly preventing the access of humanitarian agencies in the delivery of humanitarian aid. Furthermore, COVID-19 continued to impact humanitarian response.

Non-State Armed Groups (NSAGs) disrupted commercial and humanitarian traffic along key Main Supply Routes (MSRs) and in towns, leading to 52 incidents of violence against humanitarian personnel, facilities and assets being recorded and the loss of life of an aid worker. This highlights the noticeable shift in the humanitarian operating environment where aid workers and humanitarian infrastructure are directly targeted. These access challenges continue to disrupt humanitarian operations in Northeast Nigeria in locations where access continues to be limited. In addition, there is an estimated 1 million people in inaccessible areas where humanitarian actors consistently seek to reach. The Humanitarian Cargo Notification system operated by OCHA Nigeria continues to function well however cargo movements were delayed in January due to increased military operations. The restriction on the quantity of fuel transported per organization continues to adversely impact humanitarian operations. For the MSRs where government clearances are mandated, the state government and Nigerian Armed Forces (NAF) are actively facilitating all levels of this process

### HUMANITARIAN ACCESS IN BAY STATES AT ONSET OF COVID-19 PANDEMIC

At the beginning of 2020, approximately 7.9 million people needed urgent assistance in the Northeast region and with the outbreak of the COVID-19 pandemic, the number has risen to 10.6 million ([UNOCHA](#) 2020). The humanitarian assistance provided by humanitarian actors to these people is largely confined to the garrison towns in the Northeast and throughout 2020, about 1.2 million people across the three States were reported living in inaccessible areas to humanitarian actors hence cut off from much-

needed humanitarian assistance ([HNO2020](#)). However, this number has since decreased to 1 million people according to the UN ([UNOCHA 04/02/2021](#)).

The outbreak of the COVID-19 pandemic in the region presented new access challenges for humanitarian actors following the government's announcement of restrictive measures including stay-at-home, night curfews hours, travel bans, and social distancing which impeded their ability to deliver timely and effective much needed aid to the already affected population. Besides COVID-19 restrictions, the humanitarian agencies in the region were already restricted from operating outside government-controlled areas due to increased security attacks and lengthy processes to obtain compulsory authorization to move personnel, cash, and cargo-carrying relief materials, among other restrictions ([HRW Report 2021](#)).

Before the emergence of COVID-19, the region was already characterized by increased attacks and illegal vehicle checkpoints (IVCPs) mounted by Non-State Armed Groups (NSAGs) against civilians, humanitarian workers, and aid facilities rendering humanitarian access very highly constrained. Still, the Nigerian army has been prohibiting or restricting access in Borno, Adamawa, and Yobe States, depending on how it gauges its ability to ensure security in certain locations and or during military and counterinsurgency operations aimed at isolating areas controlled by armed groups to cut off their access to outside resources - which includes humanitarian aid - without concern that civilians may be present ([UNOCHA 20/10/2020](#)). The situation to date has remained extremely volatile for humanitarian actors to operate amidst these attacks that have led to waves of mass displacements.

## ACCESS CHALLENGES EXACERBATED BY INCREASED REGULATIONS AND REGISTRATION REQUIREMENTS

For years, aid organizations in the Northeast have always been restricted by military authorities from operating outside government-controlled areas based on the Terrorism Prevention Amendment Act, 2013, which criminalizes engagement with groups the government lists as terrorists without exempting humanitarian operations. These acts continue to prevent aid organizations from reaching millions of populations and it has caused safety concerns as other parties to the conflict view aid organizations as taking the government's side. Following these restrictions, military authorities during September 2019 closed three offices of [Action Against Hunger](#) and five Offices of [Mercy Corps](#) in Borno and Yobe States for two months based on this law and this two-month suspension of both organizations left up to 400,000 people without

access to aid even though the suspension was lifted in October 2019. In addition, the Economic and Financial Crimes Commission (EFCC) and military officials require aid organizations to undergo lengthy processes to obtain compulsory authorization for moving personnel and cargo-carrying relief materials including cash transfer relying on the Money Laundering and Terrorism Financing Act. There is no functioning banking system in deep locations, so cash needs to be physically transported, which also prompts military concerns of potential diversion to insurgent groups. Also, the restrictive military measure on the amount of fuel available for each agency to transport to the deep-field have impacted the response, especially in generating the power needed in hospitals and medical centers to preserve essential drugs and vaccines and as a result of this, some agencies reduced and or ceased their activities in particular deep filed locations because of a shortage of fuel to run generators ([HRW 04/02/2020](#)).

Furthermore, during December 2019, Borno State passed a law that increased registration and reporting requirements for development and aid organizations operating in the State. The law also requires prior approval for projects and introduced new controls over the locations and categories of beneficiaries, aid organizations' activities, and the staff they could hire in line with the State's development plan and failure to comply with the new law could result in the cancellation of an organization's registration. This kind of regulation introduced new controls over the locations and categories of beneficiaries, aid group's activities, and the staff they can hire, which appear to run contrary to the [humanitarian principle of independence](#).

## RISING INSECURITY CONTINUED TO AFFECT HUMANITARIAN OPERATIONS IN DEEP FIELDS

The deterioration in the security landscape in the Northeast continued to affect the delivery of humanitarian assistance in deep-field locations especially with the increased attacks on hospitals and PHC centers by the Non-State Armed Groups (NSAGs) which disrupts COVID-19 response and other health services in some LGAs within the States. This escalation of insecurity and military operations continued to limit contact tracing, active case search, and community sensitization in security-compromised LGAs ([UNHCR 19/04/2021](#)). The NSAG operatives in Damasak that destroyed humanitarian facilities and assets, including an UN-Humanitarian Hub, ACTED warehouse, guesthouses of NRC, AAH, GISCOR, INTERSOS, and FHI360, as well as two water tanks at the humanitarian hub and their house-to-house search, reportedly looking for aid workers raises concerns over the safety and security of civilians identified as humanitarians.

As a result of this attack, approximately 29 humanitarian staff from the UN, international and national NGOs have relocated from Damasak to Maiduguri, a move that affected the continuation of provision of life-saving humanitarian services ([UN OCHA](#) 11/04/2021).

Due to increased security concerns, the humanitarian access by road in the BAY State couldn't be accessed easily especially for essential humanitarian routes such as Maiduguri to Damboa, Dikwa to Monguno, Damboa to Gwoza, Damboa to Chibok, Bama to Rann where all roads were blocked to civilian access by the military. Whereas movement from Maiduguri to Damaturu, Maiduguri to Mafa, and Dikwa required military escorts, however, some requests could be declined due to insufficient military personnel and multiple ongoing military campaigns. In some instances, air access to these locations was restricted due to COVID-19, and some humanitarian related activities were now based on program criticality even though the number of helicopters had increased from two to five since June 2020 (Access WG, FSS, and Logistics excerpts, Nov 2020).

There is also a rise in the mounting of illegal vehicular checkpoints (IVCPs) along the Borno State highways, manned by Non-State Actors. In the first week of December 2020 alone, 17 such illegal vehicle checkpoints were mounted in 4 LGAs allowing NSAG actors to rob valuables and vehicles, as well as abductors, injure passengers ([UNHCR](#) 24/02/2021). The risk of Improvised Explosive Devices (IEDs), landmines of improvised nature, and explosive remnants of war remains high in some LGAs across BAY States, affecting civilians' lives, livelihoods, physical and psychosocial well-being ([OCHA](#) 14/10/2020).

The attacks on Dikwa on 1st March 2021 resulted in increased security threats against relief actors operating in the LGA, prompting the temporary withdrawal of aid workers, and reducing organizations' ability to reach vulnerable IDP and host community populations. The attack displaced nearly 28,000 people, many of whom relocated to areas with limited services and no access to humanitarian assistance. During the attack, organized armed groups (OAGs) damaged a hospital and targeted a UN base for humanitarian workers, prompting aid workers to shelter in a bunker ([USAID](#) 12/03/2021). The increased NSAG's ambushes, robberies, and the abduction and execution of humanitarian staff and affiliated persons in the late year of 2020 have gravely heightened the risks of working in deep-field locations. NSAGs made clear that the targeting of humanitarian actors is not incidental ([Humanitarian Response](#) 08/03/2021). In addition, MSF has been forced to close medical activities in Gwoza and Pulka due to security developments in the area and threats to humanitarian workers ([Relief](#) 25/08/2021).

The availability of helicopters to field locations has been currently very restricted due to space limitations, weather conditions, and security concerns, which have impacted humanitarian operations ([ETS](#) 05/05/2021). The humanitarian cargo notification system operated by OCHA Nigeria continued to function well, however cargo movements experienced some delays due to increased military operations and restrictions on the quantity of fuel transported per organization. For the MSRs where government clearances are mandated, the State government and Nigerian Armed Forces (NAF) actively facilitated all levels of this process ([UNOCHA](#) 30/04/2021).

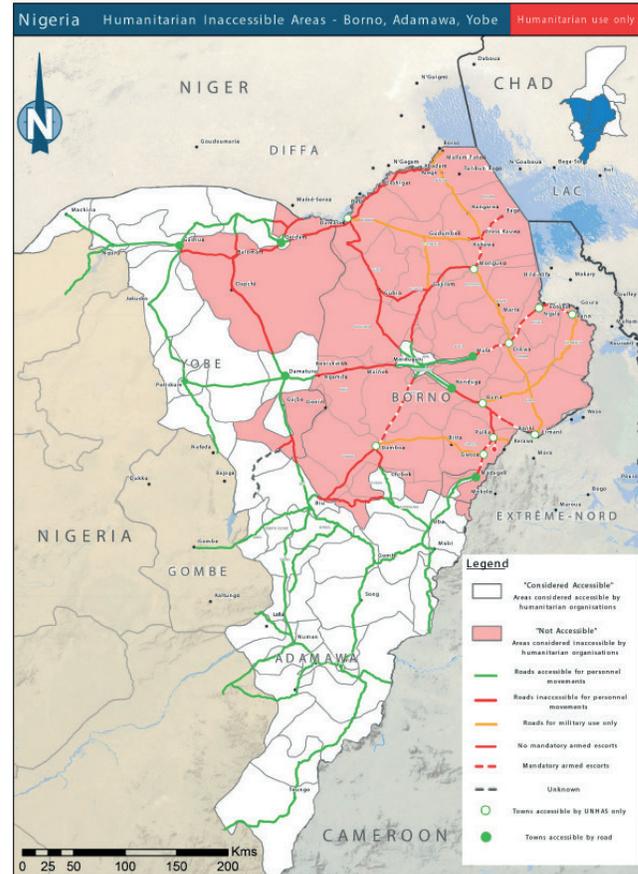
## ACCESS CHALLENGES IN HARD-TO-REACH AREAS

The continuation of conflict in Northeast Nigeria created some parts of LGAs within the BAY States to be inaccessible for humanitarian actors. By the end of 2020, four LGAs (i.e., Abadam, Guzamala, Kukawa, and Marte) remained utterly inaccessible to humanitarian actors, while access to other LGAs was limited to the perimeters of one or two towns reachable by helicopter. According to the assessment conducted by REACH in 2019, 'Residents of hard-to-reach areas had little to no information on the availability of humanitarian aid services in LGA capitals. Focus group discussion (FGD) participants attributed this limited awareness to some OAG restrictions on the cell phone and radio ownership; poor mobile network coverage, in areas where cellphones are not prohibited; and misinformation provided to the public by OAGs, including being told that that security forces will kill anyone arriving from hard-to-reach areas. In turn, restricted access has also meant that humanitarians might be working without adequate situational awareness ([SCORE](#) January 2020).

Since the beginning of 2021, Borno State has initiated returns efforts of IDPs to their indigene LGAs, some of which are considered as inaccessible to Humanitarian workers. In these LGAs where returns have been made, Boko Haram has continuously attacked the returnees and one of the tactics of Boko Haram is to ensure there are no human activities in these areas because they believe that the presence of humanitarians in their areas is a threat to Boko Haram. Borno State identified 19 communities where returnees will be taken and they include; Damasak, Banki, Kaururi, Ajiri, New Marte, Baga, Ngoshe, Kirawa, Kukawa, Marari, and Mallam Fatori on the shores of Lake Chad and Others are Wulgo, Koine, Gajibo, Warabe, Logmani, Sandiya, Daiwa and Malari but due to security threats in some of these areas, access to arable land remain a challenge for returnees.

On 2 June 2021, the Borno State government relocated approximately 500 IDP households from Monguno LGA camps to Marte LGA on the shores of Lake Chad, where attacks by NSAGs and clashes with government forces have escalated since mid-February. Marte LGA has been considered inaccessible to international aid agencies due to heightened insecurity which saw similar relocations of civilians to Marte LGA in December were followed by NSAG attacks and clashes that forced over 3,000 IDP returnees to flee neighboring Dikwa LGA between February and March. Due to increased insecurity, operations in Mobbar (Damasak town) and Dikwa LGAs where relocations have happened, have been limited to critical life-saving response sustained through third parties/community-based actors since mid-April and humanitarian footprints remain low across some locations including Ngala, Monguno, and Damboa LGAs due to heightened risks of violence. This affects the quality of programming, especially timely follow-up, and resolution of emerging issues in the affected areas([UNOCHA 15/06/2021](#)).

**Figure 11.** Humanitarian Access Map in Northeast Nigeria



## 6. COVID-19 Epidemic Overview

### COVID-19 NIGERIA TIMELINE

Feb 2020 - July 2021

- February 28 2020  First case of COVID-19 confirmed in Nigeria
- March 18 2020  Nigerian government bans hotspot countries
- March 19 2020  Nigerian government shuts down schools
- March 31 2020  Adamawa and Yobe states impose lockdown  
Nigerian government imposes lockdown on hotspot states
- April 16 2020  Isolation center opens in Borno state
- April 22 2020  First case in Adamawa state recorded  
First COVID-19 related death reported  
Borno state imposes lockdown
- April 27 2020  Nigerian government imposes nationwide travel ban, curfew and mandatory use of facemasks in public
- June 02 2020  Reopening of worship centers
- July 01 2020  Lifting of nationwide travel ban. Schools resumes for graduating students
- July 08 2020  Resumption of domestic flights
- September 05 2020  School resumption nationwide with COVID-19 guidelines in place  
Resumption of international flights
- December 17 2020  Second wave began with record high 1,145 daily cases
- December 24 2020  New strain of COVID-19 separate from UK and South African variant discovered
- December 28 2021  Nigerian Government introduces new containment measures.
- January 10 2021  100,000 COVID-19 cases milestone
- January 18 2021  School resumption nationwide with COVID-19 guidelines
- January 25 2021  UK Variant discovered in Nigeria
- February 15 2021  150,000 COVID-19 cases milestone
- February 27 2021  One year since first case
- March 02 2021  3.94m doses of AstraZeneca vaccine arrive in Nigeria from the COVAX initiative  
COVID-19 related deaths reached 2000
- March 05 2021  First Vaccine dose administered. Frontline health workers and adults with pre-existing conditions among first target groups.
- March 06 2021  Nigerian president receives first dose of COVID-19 vaccine.

# COVID-19 NIGERIA TIMELINE

Feb 2020 - July 2021

- March **12** 2021  Vaccination rollout began across the country
- March **23** 2021  122,000 vaccines administered
- April **26** 2021  Nigerian government introduces extra measures for passengers arriving from Brazil, India and Turkey.
- April **26** 2021  1.19m vaccines administered nationwide. 65,986 vaccines administered in BAY states
- May **02** 2021  Nigerians ban travelers from India, Brazil and Turkey
- May **03** 2021  Lagos state government brings out more protocols to prevent 3rd wave of COVID-19
- May **03** 2021  Nigerian Government re-imposes curfew and Coronavirus restrictions.
- May **13** 2021  WHO reports Indian variant of COVID-19 in Nigeria and The Nigeria Government moves to begin phase 2 of vaccination.
- May **18** 2021  Nigerian government and partners creates free helpline to support those with COVID-19 mental health struggles.
- May **24** 2021  Nigeria imposes sanctions on 90 travelers who evaded mandatory quarantine and the Presidential Steering Committee (PSC) declared 108 arriving passengers from Brazil, Turkey, UAE and India, Persons Of Interest (POI) for violating COVID-19 quarantine protocol.
- June **02** 2021  President taskforce releases revised quarantine protocol.
- June **15** 2021  National Agency for Food and Drug Administration and Control (NAFDAC) and partners began monitoring the safety of novel ChAdOx1 nCoV-19 Corona Virus Vaccine (Recombinant) Covishield vaccine in Nigeria through enhanced passive AEFI surveillance at vaccination centers around the country.
- June **18** 2021  Nigeria excluded from U.S.' \$91 Million COVID-19 response fund to Africa
- June **25** 2021  Nigerian Government reopens first dose of Covid-19 vaccination
- June **29** 2021  Nigeria on high alert of COVID-19 Delta variant

  -  Travel ban extended to South Africa, Zambia, Rwanda, Namibia and Uganda amidst 3rd wave of infection
- July **9** 2021  UK removes travel warning against Nigeria
- July **11** 2021  358 passengers from red-listed countries-India, South Africa, Brazil and Turkey that are required to observe mandatory isolation on arriving Nigeria have absconded in Lagos. Lagos orders religious, event centres to cut capacity amidst COVID-19 Third wave fears
- July **12** 2021  Nigeria Hit With Third Wave Of Covid-19 As NCDC Records First Delta Variant Case in Oyo state
- July **13** 2021  NPHCDA has vaccinated 3.9 Nigerians

  -  UAE suspends passenger flights from South Africa and Nigeria

- July 14 2021  ■ Osun alerts residents of Delta variant
- July 15 2021  ■ UNILAG Shuts Hostels Over COVID-19 Delta Variant On Campus  
NAFDAC approves Moderna, Sputnik V vaccines for use in Nigeria  
FG earmarks N20bn for COVID-19 vaccine distribution
- July 16 2021  ■ World Bank mobilises \$100bn support fund for Nigeria other members of the International Development Association to quicken their recovery from the COVID-19 pandemic.  
The University of Lagos (UNILAG) has extended the deadline issued to students to vacate halls of residence to prevent COVID-19 spread.
- July 18 2021  ■ Presidential Sterling committee issues red alert over 3rd wave of COVID-19  
Put Lagos, Oyo, Rivers, Kaduna, Kano, Plateau, and the Federal Capital Territory on red alert  
The Jigawa State Government has suspended all Durbar activities for the upcoming Eid-El Kabir celebration across the state as part of preventive measures against the third wave of COVID-19.  
Director-General, Nigerian Institute of Medical Research (NIMR), has said that the recent increase in COVID-19 cases could be a signal of a third wave of the pandemic

The Federal Capital Territory Administration has issued new directives for the Eid-El-Kabir celebrations following the upsurge in coronavirus infections in the country.
- July 19 2021  ■ Testing, Isolation Centres Shut in States Despite Imminent Covid-19 Third Wave  
NAFDAC Warns against Use of Unverified COVID-19 Herbal Medicine
- July 22 2021  ■ COVID-19 third wave: FG shuts down Abuja parks
- July 23 2021  ■ 4,000 children orphaned in Nigeria by COVID-19, highest in West Africa – World Bank  
COVID-19 testing stops in 13 states  
156 cases recorded in Akwa Ibom in 2 weeks
- July 24 2021  ■ China donates 470,000 vaccines to Nigeria
- July 25 2021  ■ Enugu Governor Inaugurates 11-Man Covid 19 Steering Committee  
THIRD WAVE Hotspots: Lagos, Oyo, Rivers, Kaduna, Kano, Abuja residents shun red alert  
The University of Ibadan, in Oyo State has banned all unauthorised visitors and travellers coming to the institution.
- July 26 2021  ■ Nigeria faces deadly COVID-19 Delta wave as infections jump 150%  
FG reads riot act as abscondment of quarantine passengers at points of entry surges
- July 27 2021  ■ Nigeria records 10 cases of Delta variant – NCDC  
FG Orders Activation of COVID-19 Isolation Centres Nationwide
- July 28 2021  ■ Nigeria expects 29 million doses of J&J COVID-19 vaccine in August
- July 29 2021  ■ United States gifts Nigeria 4 million doses of COVID-19 vaccine
- July 30 2021  ■ Nigerian govt advises against mass political assemblies  
Minister of Health unveils plan for COVID-19 vaccine production in Nigeria  
UAE Extends Travel Ban Against Nigeria
- July 31 2021  ■ Nigerian Doctors Begin Nationwide Strike Amid COVID-19 Surge  
UMTH opens upgraded isolation centre

Nigeria Records Highest Daily COVID-19 Cases In Almost Five Months

## COVID-19 EPIDEMIC OUTBREAK IN NIGERIA

The COVID-19 pandemic shocked the world, overwhelming the health systems of many, even high-income countries. Predictably, the situation has elicited social and medical responses from the public and governments globally. Nigeria's Federal Ministry of Health confirmed the index COVID-19 case in Lagos State, Nigeria on the 27th of February 2020, it was the first case to be reported in Nigeria since the beginning of the outbreak in Wuhan, China on December 8, 2019, and declared a Public Health Emergency of International Concern (PHEIC) on January 30, 2020 ([WHO](#), 26/02/2020). The Government of Nigeria, then through the Federal Ministry of Health, began to strengthen measures to ensure that the outbreak in Nigeria was controlled and contained quickly. The multi-sectoral Coronavirus Preparedness Group led by the Nigeria Centre for Disease Control (NCDC) was immediately activated with the National Emergency Operations Centre (EOC) working closely with State Health authorities to respond to it and implement firm control measures ([NCDC](#), 28/02/2020).

A Presidential Task Force (PTF) was inaugurated to manage 10 functional areas for operation on the Nigeria COVID-19 response. These include epidemiology and surveillance, laboratory, infection, case management, prevention and control, risk communication and community engagement, research, security, logistics, and mass care, coordination and resource mobilization, finance monitoring and compliance, and point of entry. Daily meetings were held both at the coordination level and within the functional areas.

More than 12 months after the first case of COVID-19 in Africa was detected, the prevalence and mortality are still relatively low, suggesting that the limited available data might be misleading considering the fragility of the surveillance and health systems in the country and possible weakness in the management of data. Nigeria continued to experience an increase in the number of cases between September and December 2020, which spread across several States. While most of the initial cases were imported, most of the new cases have no travel history or contact with such people. This was highly suggestive of ongoing community transmission.

## COVID-19 OUTBREAK PREPAREDNESS IN NIGERIA

Before the importation of COVID-19 into Nigeria, the government established a "Coronavirus preparedness group" through its nation's leading public health agency, the Nigeria Centre for Disease Control (NCDC), which commenced point of entry screening for travelers. Using the lessons learned from the Ebola Viral Disease Outbreak (EVD) outbreak in 2014, the NCDC strengthened the National Reference Laboratory with diagnostic capacity for epidemic-prone pathogens. Through this process, the NCDC supported 22 of the 32 States to establish EOC and trained rapid response teams in all 36 States. The agency provided relevant public health advice to Nigerians; shared the case-definition and preventive information with networks of national and subnational public health workers; built capacity for contact tracing and case management; and strengthened five laboratories for diagnostic capacities.

## COVID-19 OUTBREAK IN THE NORTHEAST

Though the first confirmed case of COVID-19 in Nigeria was on the 27th of February 2020 in Lagos State, it was not until the 18th of April 2020 that the first cases were confirmed in the Northeast BAY States. With over 7.5 million people in need of humanitarian assistance due to the ongoing humanitarian crisis in the region, the COVID-19 pandemic presented a more difficult challenge to an already complex humanitarian situation ([HealthSectorNigeria](#), 18/07/2020). The COVID-19 pandemic also added some challenges for humanitarian actors in Northeast Nigeria as the ongoing crisis in the region continues to have a profound impact on the population in need of humanitarian assistance. The COVID-19 pandemic has only further compounded the difficult situation for crisis-affected communities. The people displaced in hard-to-reach areas who are already facing severe and extreme humanitarian needs risk became even more vulnerable to the spread of COVID-19, especially given that hard-to-reach areas in the Northeast also have limited to no health care services infrastructure. As of the 28th of June 2020, over 24,000 COVID-19 cases and 558 deaths have been confirmed in Nigeria. BAY States recorded over 600 cases, with almost 80 percent of cases in Borno State. Limited capacity and pace of testing could be resulting in serious underreporting. ([NCDC](#), 28/06/2020). The impact of the humanitarian crisis in the conflict-affected BAY States presents one of the most significant vulnerabilities to the spread in Nigeria. IDPs are at high risk due to the extreme congestion in IDP camps - less than one square meter per person in some locations - which makes it impossible to practice social distancing measures ([UN Briefing Note](#), 03/04/2020).

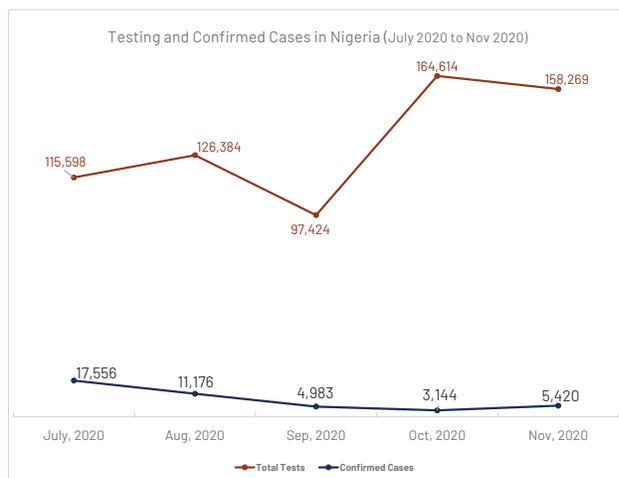
## COVID-19 NEW CASES DROPPED BETWEEN JULY AND NOVEMBER AS TESTING SLOWS

Though there was a decline in the testing rate between June and July 2020, 17,556 cases were reported from a total of 115,598 tests conducted in July, bringing the total number of confirmed cases to 42,689. Also, in August there were 11,176 new cases reported from 126,384 tests conducted, which brought the total number of confirmed cases to 53,865. Similarly, for September 2020, 4,983 positive cases were reported from 97,424 tests done, bringing the total number of confirmed cases to 58,848 ([WHO](#), 01/08/2020, [NCDC](#), 24/10/2020). There were however 50,358 recoveries as of 30 September, leaving 7,378 active cases ([NCDC](#), 01/10/2020).

The significant drop of the cases recorded between September and October 2020 lead to the relaxation of the lockdowns and re-opening of the economy to prevent the second phase of economic meltdown, the isolation centers in most States were partially closed, and the country relaxed the usage of face-masks in public places such as markets, public offices, event centers, restaurants, and bars was however reversed when at the end of November 2020 5,420 new cases were reported out of the 158,269 tests conducted when compared with that of October 2020 when 3,144 new cases were reported out of 164,614 tests done. This however brought the total confirmed cases in November to 67,412 out of the cumulative test of 662,289 ever conducted since the initial reported case in February 2020 ([NCDC](#), 17/12/2020).

Also in the BAY States, there was an increase in the number of tests done as well as that of confirmed positive cases. In July there was about a 90% increase in testing rate to 9,765 from 5,158 reported in June 2020 resulting in 820 cases against 634 confirmed cases in July and June combined. There was also a marginal increase in tests conducted from 13,004 in August to 14,313 and 16,347 in September and October respectively while the confirmed cases also rose to 1,028 and 1069 in August and September respectively. Also, there was an about 7% drop (from 16,347 to 15,106) in testing between October and November while the confirmed cases however increased from 1,084 to 1,106 within the same period ([NCDC](#), 17/12/2020).

Figure 12. Testing and Confirmed Cases in Nigeria (Jul - Nov 2020)

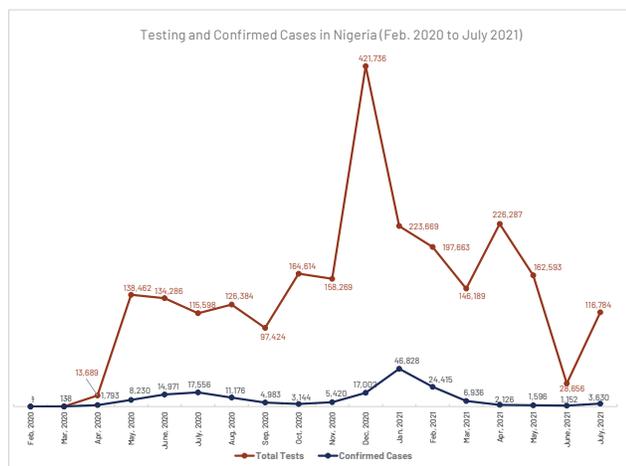


## NIGERIA BEGAN COVID-19 TESTING AT A SLOW PACE, WITH NUMBERS PEAKING IN DECEMBER 2020

Though COVID-19 testing commenced at a very slow and gradual pace, there was a total of 13,689 cumulative at the end of April 2020, of which there were 1,932 confirmed positive cases. This number of cases rose rapidly between May and July 2020, with 40,757 new cases out of the 388,346 tests conducted during the same period. Also, between August and October 2020, there was less than 1% increase in the number of new cases quarter on quarter as the total test conducted stood at 388,422 and a drop in confirmed cases to 19,303 positives and 252 deaths) when compared with the previous quarter. This could be attributed to the total restriction on movements and inter-state travels imposed during the period. Between November 2020 and January 2021, there was a spike as the number of new cases increased rapidly about 3 fold, with 69,250 new cases, an 80% increase in death rate (from 252 to 456), from a total of 803,674 tests conducted during the same period ([NCDC](#), 28/02/2020).

Testing and confirmed cases also dipped by about 29% and 52% respectively (803,674 to 570,139 for testing and 69,250 to 33,477 for confirmed cases) between February and April 2021 when compared with that of the previous three months while the death case slightly increased to 476 from 456 reported for the previous quarter. Also, between May and July 2021, there was a drastic drop in the number of confirmed cases and death rate by about 81% and 85% respectively from 33,477 to 6,378 and from 476 to 70 while the tests conducted during the same period also dropped by about 46% from 570,139 to 308,033 ([NCDC](#), 01/08/2021).

**Figure 13. Testing and confirmed cases in Nigeria**



## COVID POSITIVE CASE ROSE TO 17,000 IN JULY 2020 WITH LIMITED TESTING

With the government imposition of the phase 1 lockdown on the 4th of May 2020, there was a nine-fold increase in testing to 138,462 from the 13,689 tests conducted in April 2020. There was however a drop in testing to 134,286 in June even as the government introduced phase 2 of the lockdown with additional guidelines on the 2nd of June, and a further drop to 115,598 in July 2020. Even with the drop in the testing figures during the period, there was an increase of about 8x in the number of confirmed cases from 1,793 in April to 17,556 at the end of July 2020 ([NCDC, 01/08/2021](#)).

Nigeria’s testing capacity increased from 5 PCR labs before the advent of COVID-19 to 23, including one in Borno. Measures were put in place to ensure that routine health services remain available to all camp and host communities during the period ([UNOCHA, 06/01/2021](#)). In BAY States, the lifting of the inter-state travel ban’s outside of curfew hours, extended working hours, and efforts to resume domestic flights which allowed for the return of people back to the BAY States as well as the relaxation of the ban on religious gatherings contributed to the increase in the numbers.

Though COVID-19 testing commenced at a very slow and gradual pace, of the testing conducted in April, there were 1,932 confirmed positive cases and 58 deaths. This number of cases rose rapidly between May and July 2020, with 40,757 new cases with 820 deaths out of the 388,346 tests conducted during the same period. Also, between August and October 2020, there was less than a 1% increase in the number of new cases quarter

on quarter as the total test conducted stood at 388,422 and a drop in confirmed cases and deaths (19,303 positives and 252 deaths) when compared with the previous quarter. This could be attributed to the total restriction on movements and inter-state travels imposed during the period. Between November 2020 and January 2021, there was a spike as the number of new cases increased rapidly by about 3x, with 69,250 new cases, an 80% increase in death rate (from 252 to 456), from a total of 803,674 tests conducted during the same period ([NCDC, 28/02/2020](#)).

**Figure 14. Contact Tracing in BAY States (April - July 2020)**

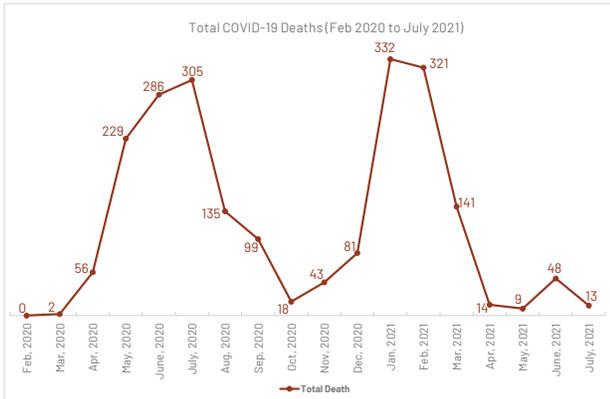


In Borno State, contact tracing spiked in May 2020 to 3,954 from the 406 as recorded in April and then continued to decrease to 235 in June and further to 197 in July 2020. There was also no difference in Adamawa and Yobe States as the figure increased to 253 and 513 respectively in May, 85 in both States in June; and 416 and 79 respectively in July 2020.

## TESTING HESITANCY RECORDED IN STATES ACROSS NIGERIA

Though the government intensified efforts across the States to test more people since the outbreak of COVID-19, some challenges associated with testing for COVID-19 in Nigeria include the availability of public information on where to get tested, the reluctance of the people to get tested, and the proximity to locations of the test. The COVID-19 can be spread by people who do not have or show any symptoms of the virus and do not know that they are infected, contributing to the widespread community transmission of COVID as positive people don’t get tested. Other challenges include the criteria for testing, the number of tests available and used, as well as their accessibility, availability, and awareness of testing for the population in different parts of Nigeria ([NCBI, 22/06/2020](#), [PunchHealthwise, 19/07/2020](#)).

**Figure 15.** Total COVID-19 deaths (Feb 2020 to July 2021)

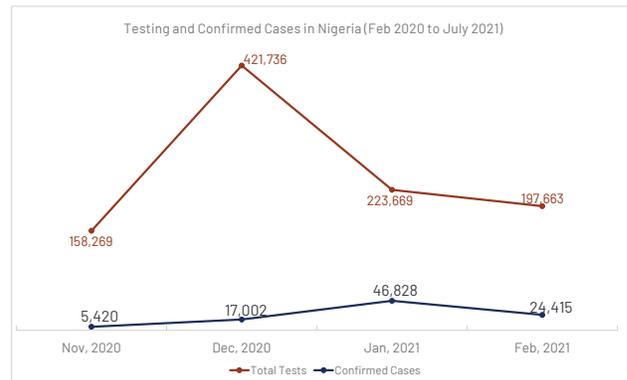


## NIGERIA EXPERIENCED A SECOND WAVE OF COVID-19 IN DECEMBER 2020

As many parts of the world continued to grapple with COVID-19 and the resultant effect on health, economy, livelihood, and others, there was a second wave of the virus. The second wave of COVID-19 cases began with an increase in case numbers from 5,420 in November to 17,002 in December and 46,828 in January 2021. The second wave began to subside as cases dropped to 24,415 in February 2021. The experience of other countries could have provided warning of the potential for a second wave.

Testing increased during this period from 158,269 in November to 421,736 in December 2020. In January, testing numbers dropped to 223,669 and further to 197,663 in February 2021. As expected, the spike in infections also led to fatalities as the death rate resulting from COVID-19 rose from 81 in December 2020 to 332 in January 2021 amongst other reports of complications arising from COVID-19 in Nigeria. Many parts of the world were simultaneously in the grip of a second wave of COVID-19 infections. Africa accounts for about a 30% hike in the number of cases since the outbreak of COVID in early 2020 and continues to be in the throes of poor health infrastructure, and faces a mounting challenge. 2020 was seen as a very difficult year for many economically and the COVID-19 pandemic also exacerbated this by dismantling many of the societal norms and cultural practices that are tied to the identity of Nigerians. Norms such as gathering in celebration and worship; and practices such as congregating closely in friendship and fellowship, were upended. But, tragically, as at the end of 2021, the pandemic had also deprived more than 1,250 Nigerian families of at least one member. ([DownToEarth](#), 01/04/2021; [AnadoluAgency](#), 18/12/2020; [The Guardian](#), 12/01/2021).

**Figure 16.** Testing and Confirmed Cases in Nigeria (Nov 2020 to Feb 2021)



## NIGERIA ANNOUNCES LOCKDOWN OF MAJOR CITIES TO CURB COVID-19 SPREAD

While the first official COVID-19 case in Nigeria was reported and announced by the Health Minister on 27th of February 2020 ([NCDC](#), 28/02/2020), the government did not announce a lockdown in the country until the 30th of March 2020 when it announced a lockdown in Abuja, Lagos, and the Ogun States and included a 24-hour curfew (except for essential service providers). The lockdown in Lagos, Abuja, and Ogun began at 11 pm local time on Monday 30th of March 2020 and was in place for at least two weeks, this was announced by President Muhammadu Buhari on Sunday 29th of March 2020, a little over a month after Nigeria confirmed its first case ([AnadoluAgency](#), 30/03/2020). Nigeria implemented a sweeping quarantine for three major states that are home to almost 30 million people in a bid to slow the spread of the new virus. The announcement by the government triggered panic among many in Lagos, the epicenter of the outbreak. During the lockdown, a ban was placed on inter-state travel and public gatherings with no more than 20 people allowed per gathering. Schools, clubs, worship centers, markets, and other public places were also closed.

## COVID-19 LOCKDOWN IN THE NORTHEAST

COVID-19 prevention-related movement restrictions in the BAY States led to a slower and more limited humanitarian response to IDP needs with supply chain issues hampering the replacement or repair of damaged or destroyed shelters and NFIs. From early May, the government began a phased process of easing the lockdown ([Punch](#), 30/04/2020). State governments including the BAY States were directed to

enforce the use of face masks in public places across the country and were encouraged to collaborate with local government authorities to intensify necessary measures such as contact tracing, grassroots mobilization, and risk communication ([Vanguard](#), 06/08/2020). On 4 May 2020, the Federal Government of Nigeria commenced the gradual easing of the lockdown, using a phased approach ([Government of Nigeria](#), 14/07/2020). Significant autonomy was granted to State governors who were charged with “monitoring the implementation of the reopening at the “state-level” and who would be able to “implement on an LGA by LGA basis within the State at the Governor’s discretion” ([Government of Nigeria](#), 28/04/2020).

## **NIGERIA GOVERNMENT-IMPOSED TWO-WEEK LOCKDOWN WITH GRADUAL EASING**

The first phase of the lockdown was announced by the President on 27 April 2020 with effect from May 4 to 17 spanning two weeks in FCT, Lagos, and Abuja. On the 4th of May 2020, the Federal Government of Nigeria commenced the gradual easing of the lockdown, using a phased approach. Significant autonomy was granted to State governors who were charged with “monitoring the implementation of the reopening at the “state-level” and who would be able to “implement on an LGA by LGA basis within the state at the Governor’s discretion”.

The remaining restrictions include a nationwide curfew between 12 am and 4 am, somewhat limiting people’s movement. Additionally, social distancing and wearing of masks in public places are in place. Similarly, public gatherings are restricted to no more than 50 persons outside the workplace ([FEWSNet](#), 14/11/2020). Amid fears of a possible second wave of COVID-19 in the country, the Presidential Task Force (PTF) on COVID-19 advised Nigerians to suspend their Christmas and New Year travels to limit the risk of contracting the virus ([PremiumTimes](#) 12//11/2020). Currently, some of these measures are still in place (such as the wearing of face masks, physical distancing, and a one-week quarantine period required for international travelers). However, schools were directed to open on the 12th of October, with prevention and mitigation measures needed to ensure student and teacher safety. Compliance is mixed. Self-reporting information from surveys indicates a high level of compliance, but anecdotal reports suggest that mask-wearing and social distancing are not being widely observed .

Phase I which commenced on the 4th of May 2020 saw the reopening of public and private workplaces but with limited working hours. Restrictions also included a continued ban on non-essential interstate travel and the required wearing

of face masks and maintaining social distancing in public places. Schools, sports events, public gatherings, and religious services were still prohibited.

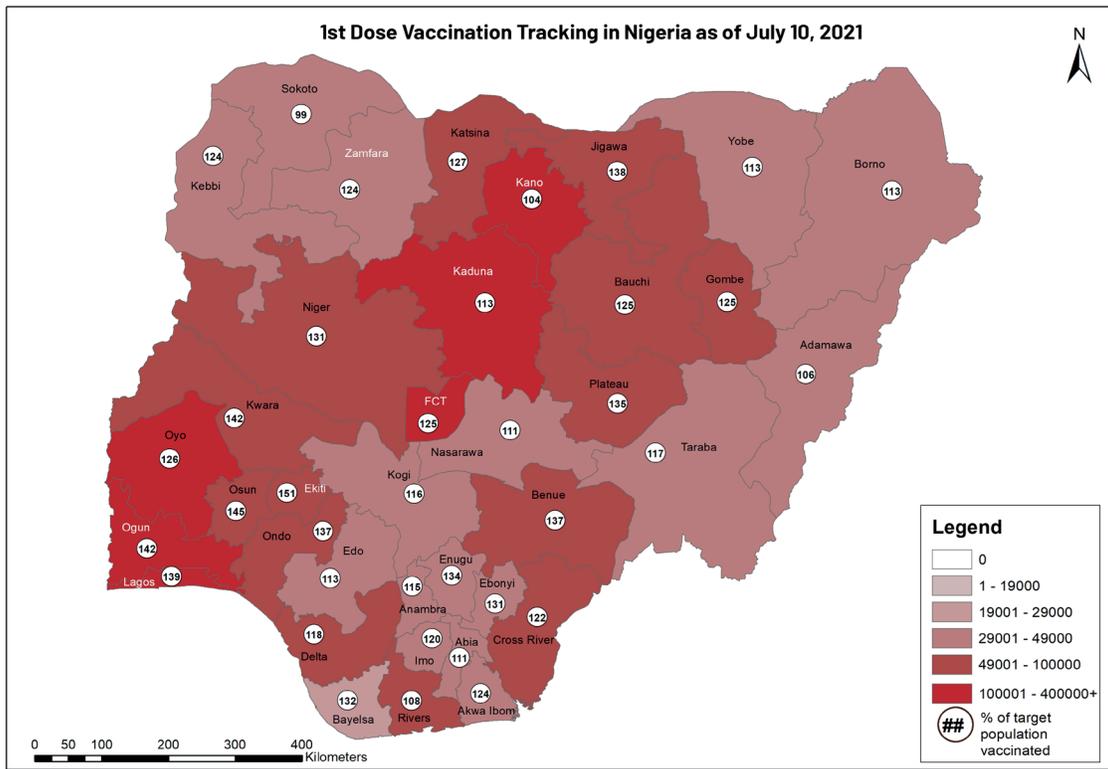
Phase II commenced on 2nd June 2020 and saw the lifting of the inter-state travel ban’s outside of curfew hours, extended working hours, and efforts to resume domestic flights. It also included a relaxation of the ban on religious gatherings. Further easing of restrictions was gradually brought in with schools directed to open from 12 October once precautionary measures had been put in place. Airports were also opened, but international travelers are required to take a COVID-19 test and observe seven days of quarantine upon arrival. ([Government of Nigeria](#) 28/04/2020).

Phase III eased COVID-19 lockdown which commenced on the 4th of September 2020 was extended on 25th January 2021 for one month. Bars, event centers, and other recreational venues were to be closed for the period, while public gatherings were restricted to 50 persons. It will be recalled that phase III began with the resumption of international flight operations though international travelers were required to take a COVID-19 test and observe seven days of quarantine upon arrival, restricted public gatherings, reopening of schools, restaurants, event centers, etc. ([PLAC Legist](#) 28/01/2021).

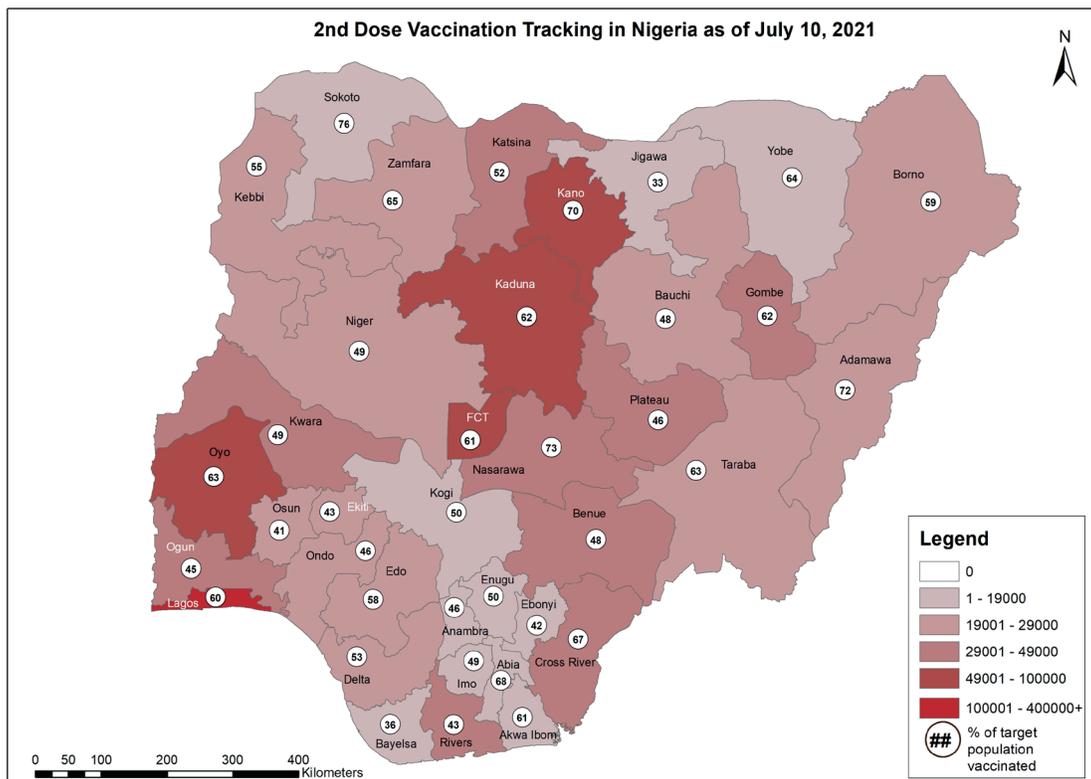
## **NIGERIA COMMENCED VACCINATION CAMPAIGNS**

The Federal Government of Nigeria received its first batch of 3.9 million doses of AstraZeneca’s COVID-19 vaccine from the Serum Institute, India on the 2nd of March 2021. The delivery was part of the COVAX facility arrangement, spearheaded by GAVI and the World Health Organization (WHO), to ensure a fair and equitable distribution to all countries globally as Nigeria expects approximately 84 million doses of COVID-19 vaccines from AstraZeneca and Johnson & Johnson. The government through the National Primary Health Care Development Agency (NPHCDA), had earlier launched the TEACH strategy and the Electronic Management of Immunization Data (EMID) system to facilitate the effective, efficient, and equitable vaccination of all eligible citizens against the dreaded COVID-19 virus across the country ([NPHCDA](#), 07/03/2021, [UN/AfricaRenewal](#), 06/04/2021). Following this delivery of 3.92 million doses of the AstraZeneca vaccine on 2nd March 2021 through the COVAX scheme, statistics indicate that as of 28th June, 3,441,146 doses (88% of the total stock) have so far been used 2,265,805 people have received 1st dose while 1,175,341 have received 2nd respectively ([NPHCDA](#), 28/06/2021).

Map 3. 1st Dose vaccination in Nigeria as of 10th of July, 2021



Map 4. 2nd Dose Vaccination in Nigeria as of 10th of July, 2021



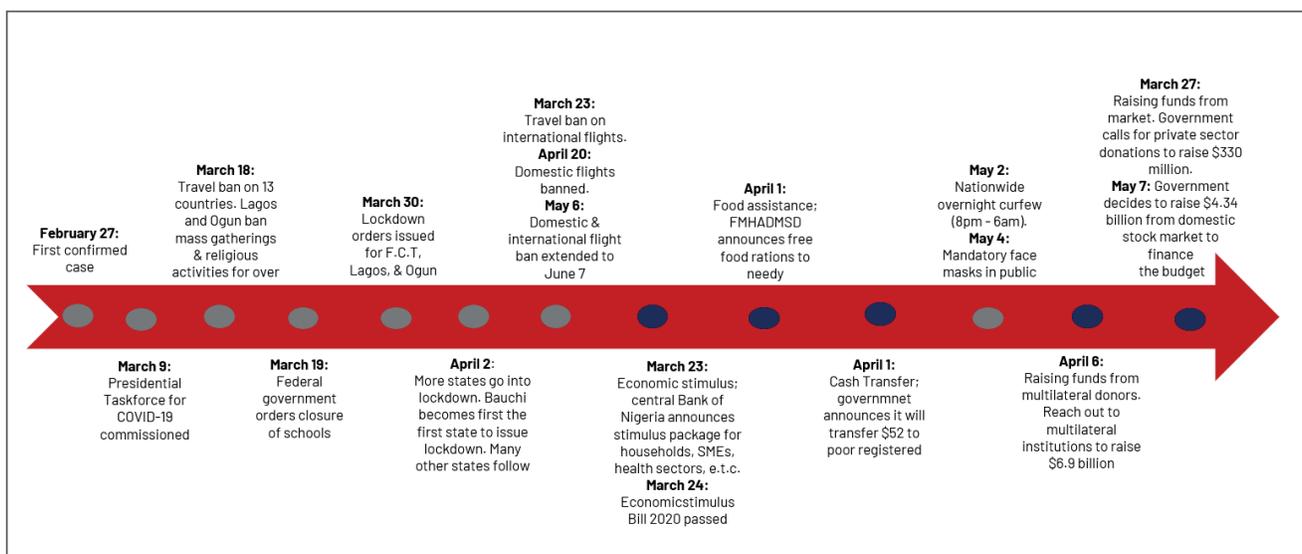
## 7. COVID-19 Containment measures

### MARCH 2020 – OCTOBER 2020: COMMENCEMENT OF PRESIDENTIAL TASK FORCE ON COVID-19 AND INITIAL COVID-19 CONTAINMENT MEASURES

In January 2020, the World Health Organization’s International Health Regulations (IHR) Emergency Committee advised that all countries should be prepared for containment, including active surveillance, early

detection, isolation, and case management, contact tracing, and prevention of the onward spread of COVID-19 infection. The Nigerian government has taken numerous health, social, and economic measures to cushion the impact of COVID-19. However, some policy responses have weaknesses and taken together, are not commensurate with the magnitude of the problem. Figure 17 shows some of the policy steps taken by the government of Nigeria: grey circles indicate public health policies; blue circles indicate social and economic policies.

Figure 17. Timeline of important policy steps taken by the government of Nigeria (source: [Brookings](#) 02/02/2020)



After the first confirmed COVID-19 case, Nigeria’s public health response to the threat of COVID-19 has largely followed the pattern of the spread of the disease across States over time. However, the initial response from both federal and state governments was swift in March and April 2020, of which the federal government and most state governments created inter-agency COVID-19 Task Forces to monitor the situation and implement restrictions. To curtail the spread across the country a Presidential Task Force (PTF) was set up to address the COVID-19 pandemic on the 9th of March 2020, and the government ordered an initial two-week total lockdown of the three states most affected by the COVID-19 (Ogun, Lagos, and Abuja). The lockdown was extended nationwide in April 2020, with governors left to take charge and enforced it at the state level.

While the specific set of restrictions varied from state to state, every state-level response included a mix of lockdowns, curfews, and closures of international and state borders, as well as restrictions on market activity, religious worship, and other large gatherings. It was also characterized by a 24-hour curfew (except for essential service providers), banned on interstate travel, banned on public gatherings with more than 20 people, and the closure of schools (19th March 2020), clubs, airports, along with restrictions on seaports, people to stay at home and other public places. Similar extensions have been granted to other courts in addition to virtual court sittings, correctional institutions were ordered to release inmates to decongest the detention facilities ([UNICEF](#) 10/06/2020).

## COMMENCEMENT OF PHASES TO EASE THE LOCKDOWN IN THE COUNTRY

On the 4th of May 2020, the government began a Phase 1 process of easing the lockdown with some measures still in place (banned on non-essential interstate travel, required wearing of face masks and maintaining social distancing in public places, sports events, public gatherings, and religious services were still prohibited). However, schools were directed to open on the 12th of October 2020, with prevention and mitigation measures needed to ensure student and teacher safety. Education and health partners supported government line ministries in carrying out fumigation of schools, training of health workers, teachers, and school managers. They also prepositioned WASH kits and installed facilities such as handwashing points across schools to support a safe reopening ([Govt Nigeria 28/04/2020](#)).

The Phased 2 of easing the lockdown commenced on 2nd of June 2020 with relaxing the nationwide curfew from 10:00 PM – 4:00 AM daily, lifting of the inter-state travel banned outside of curfew hours, extended working hours, efforts to resume domestic flights, and relaxation of the banned on religious gatherings. Also, the observation of existing precautionary measures continued, which included the wearing of face masks, practicing social distancing, and providing handwashing facilities/sanitizers in all public places, however, healthcare workers and journalists are exempted from this curfew. Banks resumed normal working hours, while government offices were open 9:00 AM – 2:00 PM, Mondays to Fridays. The PTF maintained the closure of all day-care and primary schools until further evaluation, except for pupils sitting for the common entrance into secondary schools. Secondary and tertiary schools also remain closed except for exiting junior secondary three (JS3) and senior secondary school three (SS3) students who were to resume as soon as possible for preparation for exams ([UNHCR 25/05/2020](#), [OCHA 26/11/2020](#), [ReliefWeb 10/07/2020](#)).

On the 3rd of September 2020, the PTF on COVID-19 announced Nigeria's transition into Phase 3 of the ease of restrictions for four weeks effective from the 4th of September 2020. Some of the new changes include modification of curfew from 10:00 PM – 12:00 AM, removal of restrictions on communal commercial spaces, and no limitation on intra- and inter-state travels, resumption of international flights from the 5th of September, 2020 ([UNICEF 08/10/2020](#)).

## NOVEMBER 2020 – JANUARY 2021: NEW CONTAINMENT MEASURES INTRODUCED AMID FEARS OF THE SECOND WAVE AND MOVEMENT RESTRICTIONS

Community transmission of COVID-19 cases recorded nationwide has led to the continuation of nationwide preventive measures in November 2020, including a nationwide curfew between 12:00 AM and 4:00 AM, public gatherings were restricted to no more than 50 persons outside the workplace. The PTF on COVID-19 mentioned that some in-bound travelers presented fake documents and some that have paid for post-arrival testing had failed to show up for the test and refused to take the mandatory post-seven days Coronavirus (COVID-19) tests after arriving in the country.

## EXTENSION OF PRESIDENTIAL TASK FORCE MANDATE ON COVID-19 AND MORE CONTAINMENT MEASURES ON TRAVELERS

Due to concerns over a second wave resulting from reduced compliance with containment measures and increases in travel and gatherings during the festive period, in December 2020, the Federal Government extended the Presidential Task Force (PTF) mandate on COVID-19 until March 2021, and it advised states to close all bars, nightclubs, and restaurants across the country for five weeks amidst other measures. It also cited punitive measures for travelers ignoring quarantine and testing rules. It stated that it would publish the passports of the first 100 passengers who failed to undergo the compulsory COVID-19 test after returning to the country and their passports will also be suspended until June 2021, additionally, passengers arriving from the UK and South Africa were processed separately and subjected to at least 7 days quarantine even with a negative COVID-19 test result. Isolation and treatment centers were reopening which were previously closed due to reduced patient load ([Federal Ministry of Health 10/12/2020](#)).

## NIGERIA GOVERNMENT EXTEND RESTRICTIONS FROM PHASE 3 TO EASE LOCKDOWN GUIDELINES

In early January 2021, there was an increasing number of new COVID-19 cases in the country, which resulted in the federal government extending restriction from the Phase 3 eased lockdown guidelines by one month

on 26th January 2021 and reinstated some measures for operations of public places; No person was allowed within the premises of a market, mall, supermarket, shop, restaurants, hotels, event centers, gardens, leisure parks, recreation centers, motor parks, fitness center or any other similar establishment except wearing a facemask, washes hands or cleaned the hands using hand sanitizers and the temperature has been checked ([Vanguard News 27/01/2021](#)). After over a year of closure, government-owned universities were opened in January 2021, with direction to comply with COVID-19 protocols ([BBC 14/01/2021](#)). Guidelines were established by the state Ministries of Health and Education ahead of schools' resumption in January 2021, in addition to social distancing and proper wearing of face masks, the Ministries banned morning gatherings and visiting days. Time in school was cut to four hours a day without extracurricular activity, limiting class sizes, hostel occupancy, and before schools get certified for reopening, they are required to have holding areas for sick pupils, temperature checks at all strategic locations, install multiple handwashing facilities with soap and water, and have their teacher take an online course on government protocols and guidelines ([UNICEF 22/12/2020](#)).

## **FEBRUARY 2021 – APRIL 2021: INCREASE IN NUMBER OF TESTING LABORATORIES ACROSS STATES AND PHASE 4 COVID-19 GUIDELINES**

However, in February 2021, Nigerians were not abiding by the guidelines for the containment measures which led the officials to warn the violators. During this period, NCDC increased the number of testing laboratories across several states, it urged state governments to become more proactive in response to the pandemic and maintain COVID-19 facilities. It also stressed the need for active testing which is an important means of measuring the severity of impact and vulnerability ([BBC 4/01/2021](#)). In March 2021 public sector workers below grade 12, and private-sector workers were encouraged to work from home amidst other measures in place and COVID-19 vaccination started. Whereas a new guideline required all arriving travelers to register online at the Nigeria International Travel Portal and submit a negative COVID-19 Polymerase Chain Reaction (PCR) result taken not more than 96 hours from the date of departure. Also, arriving passengers with temperatures higher than 38 degrees Celsius were not allowed in the country and those with lower temperatures were expected to self-isolate for a minimum of seven days after which they were to conduct another COVID-19 PCR.

In April 2021, the NCDC also began working with states and tertiary hospitals to map out and establish isolation and treatment centers for managing COVID-19 cases. It simultaneously started training health workers across states, among other things. The government announced Phase 4 measures to curtail the spread of variant COVID-19, the measures came with the re-introduction of some of the previous measures that were in place; restricting travel from Brazil, India, and Turkey which has a high incidence of cases, high fatality rate and widespread prevalence of the variants, public transport systems were required to limit their capacity to 50 percent, and recreation venues were to remain closed with a nationwide 12:00 AM – 4:00 AM curfew in place. Restrictions remained on gatherings, and government messaging continued to urge the public to follow guidelines ([NCDC 26/04/2021](#), [Down To Earth 02/04/2021](#)).

## **MAY 2021 – JULY 2021: MOVEMENT RESTRICTIONS AND PHASE 4 COVID-19 GUIDELINES STILL IN EFFECT**

The Phase 4 guidelines for COVID-19 were effective from 11th of May 2021 with the reintroduction of curfew 12:00 AM – 4:00 AM, those aged 60 and above or with co-morbidities (e. g. diabetes, cardiovascular disease) were strongly urged to stay home, events including religious services, are now broadcasting online using Zoom and YouTube Live, civil servants on Grade level 12 and below continued to stay at home until 11th of June 2021, while the country rolled out a nationwide vaccination campaign ([NCDC 10/05/2021](#)). Furthermore, the Nigerian government-sanctioned 90 travelers arriving in Nigeria from Brazil, India, and Turkey for evading the mandatory 7-day quarantine and declared 108 arriving passengers from Brazil, Turkey, UAE, and India, Persons of Interest (POI) for violating COVID-19 quarantine protocol. Also, congregational prayers were banned at the National Eid ground in Abuja, restricting all Eid-el-Fitr prayers to neighborhood Juma'at mosques ([Today Online 11/05/2021](#)).

## **THE POPULATION BECAME MORE RELAXED ABOUT THE CONTAINMENT MEASURES AND MORE TRAVELERS FROM SOME COUNTRIES WERE BANNED**

In June 2021, many of the internal containment measures were relaxed. As cases of the new, slightly altered version of the Delta COVID-19 variant known as Delta Plus spreads rapidly across the globe, the WHO urged fully vaccinated people to continue to practice COVID-19 pandemic safety measures. The Nigerian government banned travelers

coming from some African countries (South Africa, Zambia, Rwanda, Namibia, and Uganda) due to concerns about a fast-surging third wave of COVID-19. The travel ban for Turkey, Brazil, and India was extended for four weeks. The PSC task force on COVID-19 restricted the host of the African Athletics Championships due to a surge of COVID-19 cases in certain countries coupled with the widespread prevalence of mutant strains of the virus outside Nigeria. The Nigerian government also placed a ban on United Arab Emirates flights to Nigeria over COVID-19 testing procedures ([CGTN](#) 29/06/2021, [Vanguard](#) 28/06/2021, [NPHCDA](#) 24/06/2021, [Guardian](#) 12/06/2021).

## **BAY STATES CONTAINMENT MEASURE OVERVIEW DURING THE REPORTING PERIOD**

In the BAY states, measures were taken to ensure that camp communities remained protected, and that infection did not enter the camps. These included the dissemination of IEC materials on protective measures to avoid infection, the setting up of isolation centers for new arrivals, handwashing stations, and a ban on visitors to camps. However, social distancing in already over-congested camps presented the biggest challenge to the humanitarian community. The governments imposed a three-week lockdown from mid-April 2020 to slow the spread of COVID-19 and children have adopted negative coping behaviors such as idly roaming about in the camps, engaging in rough plays, and being engaged in child labor and hawking as schools remained closed ([Government of Nigeria](#) 04/05/2021)

## **THE POPULATION BECAME RELUCTANT TO SEEK MEDICAL ASSISTANCE IN FEAR OF BEING QUARANTINED AND DISCRIMINATED**

Isolation and quarantine facilities were set up, however, there was reluctance to observe isolation and quarantine protocols. A KI-based survey in Borno state found that in all assessed LGAs (13), less than 45% of the assessed settlements reported sick community members were isolated from others (overall 28%). Isolation practices seemed to be least common in some of the eastern Borno LGAs, as isolation was reportedly practiced in 7% of assessed settlements in Gwoza, 3% in Ngala, and 0% in Kala/Balge ([REACH](#) 08/09/2020). This may have been caused by a lack of information, mistrust of authorities, and worries about separation consequences. People were reluctant to seek medical assistance in fear of being quarantined and discriminated against should they have

contracted COVID-19 ([OCHA](#) 08/08/2020). The stigma associated with COVID-19 infections was complicating the provision of alternative care for children whose parents have tested positive for COVID-19 (and have been moved into isolation) ([OCHA](#) 09/07/2020). Also, screening at points of entry was scaled up throughout April 2020 and May 2020. By September 2020, significant screening capacity was in place as outlined in the regular WHO sitreps. In Borno, Adamawa, and Yobe States, individuals were screened at Points of Entries (PoEs) locations, surveillance cards were distributed at PoEs and Car parks. Despite restrictions, cross-border movements have nevertheless been observed, through unofficial border entry points, or allowed by the authorities based on protection needs, such as the arrival of asylum seekers from neighboring countries to Nigeria ([WHO](#) 09/09/2020, [UNHCR](#) 07/08/2020).

## **ENFORCEMENT AND COMPLIANCE WITH COVID-19 MEASURES IN NIGERIA DURING THE REPORTING PERIOD**

At the initial period of the containment measures, there were issues with both enforcement and compliance in the BAY states and other parts of the country, these include:

- Media and protection monitoring reports of misconduct suggested that there was the use of violence and harassment by security forces while enforcing movement restrictions in the BAY States and other parts of the country, including the use of firearms, beatings, arrests, and Harassment and ill-treatment ([UNHCR](#) 25/05/2020). Although inter-state travel bans to curb the spread of COVID-19 were lifted 29th of June 2020 and communities reported that the movement restrictions resulted in a surge in military profiteering, including extortion of commercial traders permitted to continue supplying essential goods across state lines, as well as residents seeking to evade official lockdown measures ([Mercy Corps](#) 10/09/2020)
- Lack of compliance was consistently noted in the WHO sitreps. "Poor compliance in the use of face masks, social distancing, and good hygiene practices by the general public" was pointed out as the first challenge in the eleven COVID-19 sitreps published between ([WHO](#) 13/10/2020) and ([WHO](#) 07/06/2020). The lack of belief in the existence of COVID-19 has also proven to be a challenge for providing prioritized child protection services activities while adhering to physical distancing and other control measures ([OCHA](#) 09/07/2020)

- Physical distancing was especially problematic in many camps due to overcrowding. Four out of five people in camps live in overcrowded conditions, with makeshift and temporary shelters built close to each other, making physical distancing impossible ([OCHA 13/08/2020](#))
- Ahead of school resumption in early October 2020, education and health partners supported government line ministries in carrying out fumigation of schools, training of health workers, teachers, and school managers. They also prepositioned WASH kits and installed facilities such as handwashing points across schools to support a safe reopening ([OCHA 26/11/2020](#)).
- The Federal Government lamented the lack of compliance with the PCR test protocol by about 65% of Nigerians returning to the country, it took steps to seize the international passports of erring returnees and, the PTF on COVID-19 accused some inbound travelers of refusing to take the COVID-19 tests within seven days of arriving in the country ([Vanguard Media 03/11/2020](#))
- Almost a year after the first case of COVID-19 in Nigeria, people have stopped complying with the mitigation measures such as wearing masks in public, limiting large social gatherings, and following good hygiene practices, this was noticeable in February 2021 and April 2021, compliance with COVID-19 precautions was low increasing the risk of the various spreading in Nigeria ([Punch 27/04/2021](#))
- All businesses developed an infectious disease preparedness action plan to reduce the risk of exposure for the workplace and inform staff members
- Trained staff members to spot the symptoms of coronavirus and have a clear understanding of what to do if they are sick
- Displayed signs for offices or business premises to remind staff and visitors to maintain good and respiratory hygiene
- Discouraged the sharing of work equipment and tools like computers, phones, and desks among staff
- Offices and businesses limited the number of visitors to their office
- Delivery companies were used to limit staff movement outside the office ([BBC 4/01/2021](#))

## SOME SURVEYS ON ENFORCEMENT AND COMPLIANCE WITH COVID-19 MEASURES DURING THE PERIOD OF REPORTING

During the reporting period, various surveys were conducted in Northeast Nigeria particularly the BAY states. A survey was conducted which revealed poor compliance with COVID-19 preventive measures amongst Nigerians. The findings indicated that most people have abandoned the use of facemasks, hand sanitizers, physical and social distancing as they go about their daily activities. According to the report, most craftsmen, artisans, and traders believed the virus no longer posed a threat due to the reduction in the number of confirmed cases, while some believed that the virus only affects the elites and the affluent in the society. Other perceptions are fueled by the assumptions that COVID-19 does not exist in the country ([WHO 16/04/2021](#)).

In Borno State, partners intensified advocacy with authorities and communities to provide additional lands to decongest overcrowded camps and enable implementation of risk mitigation measures including social distancing. Also, surveillance and screening continue at the country's borders and points of entry (PoE) to IDP camps. Travelers were counseled on COVID-19 risks, symptoms, prevention/mitigation measures, and steps to take in the event of suspected cases ([OCHA 04/01/2021](#), [WHO 14/12/2020](#)).

Enumerators stationed at Points of Entry conducted interviews with travelers and collected information about travelers' points of departure, intended destination,

## SOME OF THE GUIDELINES OBSERVED DURING THE REPORTING PERIOD

- Public servants below grade level 12 stayed home unless the essential workers
- Offices encouraged staff to work from home
- Businesses and offices ensured the availability of handwashing facilities with soap and running water and/or sanitizers
- Mandatory use of face mask/ covering for all staff at all times
- Implementation of physical distancing measures including seating arrangements for staff and visitors
- Ensured temperature checks at the offices on arrival

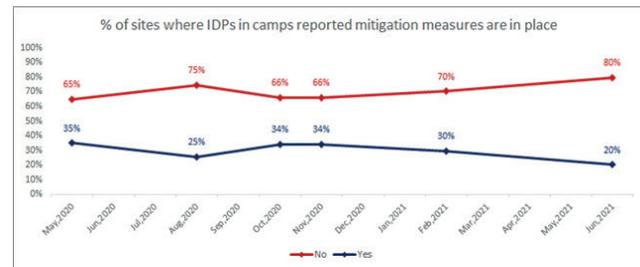
vulnerabilities, temperatures, reasons for moving, and mode of transport. Additional questions concerning the COVID-19 pandemic were asked to determine if travelers exhibited any symptoms of COVID-19; if they were recently in contact with individuals exhibiting symptoms of COVID-19 or might have died from it. Furthermore, measures were still taken to ensure that camp communities remain protected. These measures include the dissemination of IEC materials on protective measures to avoid infection, isolation centers for new arrivals, and handwashing stations. However, the challenge of social distancing in over-congested camps remains ([Protection Sector Report](#) 04/05/2021).

## ASSESSMENT IN NORTHEAST NIGERIA FOR MITIGATION MEASURES TO PREVENT THE SPREAD OF COVID-19 DURING THE REPORTING PERIOD

A COVID-19 situation analysis from Round 1 (May 2020) to Round 6 (June 2021) for Northeast Nigeria was conducted by the Displacement Tracking Matrix (DTM) unit of the International Organization for Migration (IOM), based on the assessment of the knowledge, practice, and impact of the pandemic on IDPs in conflict-affected communities.

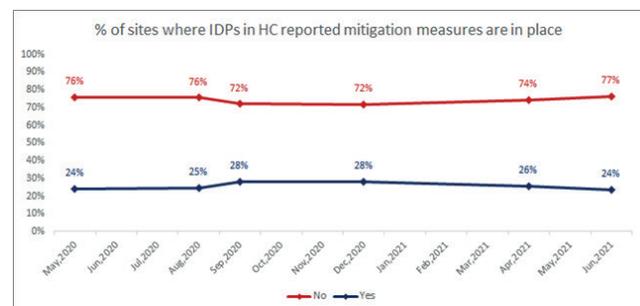
As living conditions in locations of displacement are often cramped, mitigation measures to prevent the spread of COVID-19 are highly necessary. In all the six Rounds of the assessment from figure 18, the establishment of mitigation measures was high (35%) at the start of the pandemic (May 2020) but with a steady decline during the reporting months and was now at 20% (June 2021). Whereas, in the states with no establishment of mitigation measures, at the beginning of the pandemic, it was low (65%) in May 2020 compared to now which is high (80%) in June 2021. This could be because people don't longer take containment measures serious based on the various assessments conducted in Nigeria, that is people don't longer use face masks, observed social distancing, washes hands with soap and water, or apply sanitizers as it should be, especially in the year 2021 ([Punch](#) 27/04/2021). Overall, these assessments show that the establishment of mitigation measures decreases for IDPs in camps with time.

**Figure 18.** % of sites where IDPs in camps reported mitigation measures are in place (source: [IOM](#) 25/05/2020 – 01/06/2021)



For the IDPs in host communities in figure 19, the establishment of mitigation measures at the beginning of the pandemic was 24% (May 2020) which is still the same now 24% (June 2021), but there was a steady increase across the reporting months. Also, no establishment of mitigation measures in 76% of the sites assessed at the beginning of the pandemic (May 2020) which is low compared to 77% in (June 2021), with a steady decrease across the reporting period. The assessment for the establishment of mitigation measures for the IDPs in the host communities is low which could be as a result of the population not adhering to the containment measures as they ought to in the host communities and the false rumors they received either from family members or friends ([IOM](#) 25/05/2020 – 01/06/2021).

**Figure 19.** % of sites where IDPs in HC reported mitigation measures are in place (source: [IOM](#) 25/05/2020 – 01/06/2021)



## 8. Information and communication for COVID-19

### MARCH 2020 – OCTOBER 2020: INFORMATION CAMPAIGNS ARE USING MULTIPLE INFORMATION CHANNELS TO PROMOTE COVID-19 AWARENESS

On the 22nd of January 2020, the first public health advisory was published and widely disseminated using traditional and social media. Subsequently, on the 26th of January 2020, NCDC established a multisectoral National Coronavirus Preparedness Group (NCPG) to ensure cohesive and effective coordination of the country's preparedness efforts. The NCPG met daily to review global COVID-19 epidemiology, assess the risk of spread, and initiate measures to strengthen the country's preparedness for early detection and timely response in the event of a COVID-19 outbreak in Nigeria ([NCDC](#) 01/03/2020).

Since the case of COVID-19 was found in Nigeria on the 28th of February 2020, efforts were in place to continually sensitize the population about COVID-19 risks and mitigation measures through various channels. At the national level, COVID-19 information was provided through radio, television, leaflets, posters, flyers, social media, and public information vans broadcasting COVID-19 information in the four major languages spoken in the country (English, Igbo, Hausa, and Yoruba). State governments and other humanitarian agencies were primarily responsible for disseminating COVID-19 sensitization messaging at local levels, but the information was met with varying trust levels by local communities. A Protection/GBV free toll hotline was the main communication tool linking the community focal points with the social workers, to ensure safe disclosure and referral of survivors. The line was also used to provide information on COVID-19. Other information channels were also the use of targeted campaigns on Instagram, Facebook, and rural radios in Nigeria, Niger, Burkina Faso, Senegal, and Ivory Coast ([UNICEF](#) 15/12/2020, [UN OCHA](#) 26/11/2020, [UNHCR](#) 17/09/2020).

### AN ALTERNATIVE MEANS OF EDUCATION FOR CHILDREN AND MORE SUPPORT FROM PARTNERS

The ICRC supported the Nigerian Army, Police, and Nigerian Correctional Service by providing general guidelines on preparedness to prevent and respond to COVID-19 in places of detention. 3,000 posters containing sensitizing information on COVID-19 in English, Hausa, and Kanuri were distributed to places of detention across Nigeria

([ICRC](#) 17/08/2020). With continued technical assistance from UNICEF, the Federal Ministry of Education, and State Governments of Education, children were engaged with learning through alternate home-based platforms such as radio, television, online/internet-based, and take-home learning resources. Thus far, it is estimated that over 20 million children have accessed learning and other academic opportunities through these alternate home-based modalities across 36 states and the Federal Capital Territory. Continuous support is also provided in mapping, contextualizing, and developing scripts for radio and TV programs ([UNICEF](#) 10/06/2020).

A meeting on digital solutions with countries like Cote d'Ivoire, Senegal, DRC, and Nigeria was held for information shearing on how each country adopted existing and new digital solutions (like UReport, WhatsApp, and ODK) to conduct assessments and inform the allocation of WASH facilities at health centers, notify and track COVID-19 cases and contacts, communicate COVID-19 information and counter myths, and conduct virtual COVID-19 training for health workers ([UNICEF](#) 14/09/2020).

### NOVEMBER 2020 – JANUARY 2021: ON-GOING INFORMATION CAMPAIGNS AND SOME GROUPS ARE FACING DIFFI- CULTIES ACCESSING THE INFORMA- TION ON COVID-19 AWARENESS

As of November 2020, information campaigns are still using multiple information channels to promote COVID-19 awareness, but some groups are still facing difficulty in accessing information. Language, literacy levels, and gender can be a barrier to accessing information. A lack of outreach and translation into Indigenous languages as well as lower levels of internet and information and communication technology (ICT) access for certain households/populations impacts people accessing COVID-19 related information through phones or radio. However, women reported accessing information through their husbands' phones, which indicates a reliance on the availability of their husbands' resources and permission to access the information. The CPPLI conducted sensitization/awareness sessions in some project locations with strict adherence to COVID-19 preventive measures ([UN OCHA](#) 26/11/2020, [WHO](#) 14/11/2020).

## THE NGOS AND UN AGENCIES ALSO PROVIDED SUPPORT FOR INFORMATION SHARING ACROSS THE COUNTRY

At the Federal level in December 2020, UNICEF, other UN agencies (WHO, UNFPA, UNAIDS, and UNWomen), NGOs, and government staff under the auspices of the Basket Fund continue to support the PTF on COVID-19 awareness campaigns. UNICEF Nigeria continues to disseminate information through press releases, human interest stories, graphics, videos, and photos through its website and social media platforms (UNICEF Nigeria, Twitter, Facebook, Instagram, YouTube). The Risk Communication and Community Engagement (RCCE) teams were engaged in sensitization activities to reduce the transmission of COVID-19. Activities included media engagements using radio and TV jingles, interactive discussions on radio and TV, radio dramas, children, and adolescents' specific jingles, etc. Furthermore, Jingles, phone-in programs, and voice-over messages by religious leaders and local influencers on COVID-19 awareness and prevention developed in collaboration with C4D were aired daily in English, Pidgin, Hausa, Igbo, Kanuri, and Yoruba languages by various radio stations across 25 states continuously, reaching an estimated number of 12.5 M people. Banners and billboards continued to be displayed in strategic locations and school visits were conducted in hotspot states to sensitize pupils on the need to observe social distancing, use of facemasks as well as general hygiene practices, and adoption of healthy habits. Prominent religious leaders continued to share key messages at mosques and churches, house to house visits targeted the most at-risk communities and town announcers continued to provide key messages to rural communities ([UN OCHA](#) 26/11/2020, [UNICEF](#) 15/12/2020).

## MORE AWARENESS CAMPAIGNS ON COVID-19 TO EDUCATION AND OTHER ENTITIES

The C4D team engaged with various education entities including State Universal Basic Education Boards, Quranic and Islamiyah Schools Management Board, and other key stakeholder bodies/organizations to sustain public education on COVID-19. Coordination and Technical Support to support the government on weekly review and planning meetings was provided to State Rural Water Supply and Sanitation Agencies (RUWASSAs) and COVID-19 Action Committees in eight states on the procurement process for WASH facilities construction and on awareness creation on preventive measures against COVID-19 and effective handwashing ([UNICEF](#) 16/12/2020).

## THE NCDC ENCOURAGED NIGERIANS TO OBSERVE ALL PRECAUTIONS ON COVID-19

The NCDC and partners in January 2021, sustained an ongoing communications campaign, with the theme #TakeResponsibility. The aim is to encourage Nigerians to take individual and collective responsibility for their actions, taking the necessary precautions to protect themselves, their loved ones, and all those they come in contact with. It also sensitized and created awareness on active sentinel sites, with State Ministries of Health to combine influenza and COVID-19 screening/ diagnostic services for all suspected cases using multiplex kits. It launched a "Celebrate Responsibly Campaign" to raise awareness on measures to take, in reducing the risk of COVID-19 spread among Nigerians. This was done in collaboration with the PTF COVID-19, State Departments of Public Health, Nigeria Governors' Forum, Association of Local Governments of Nigeria, Nigeria Health Watch, media houses, etc. Also, the Nigerian government urged Nigerians to ignore baseless conspiracy theories that seek to deny the reality of the pandemic by complying with the order to wear masks ([Government of Nigeria](#) 08/01/2021, [NCDC](#) 11/01/2021, [All Africa](#) 01/02/2021).

## FEBRUARY 2021 – APRIL 2021: NIGERIAN GOVERNMENT PREPARES FOR COVID-19 VACCINATION AND REITERATES THE NEED TO FOLLOW PREVENTION MEASURES, AWARENESS, AND SENSITIZATION

As a result of increasing demand in February 2021 on COVID-19 awareness, the NCDC introduced a toll-free number '6232' for public inquiries through its 24-7 connect center. The "campaign 6232", an innovation implemented with support from the National Communication Commission (NCC), aims to use different means of communication to raise awareness among the population on how to reach NCDC, with questions relating to all infectious disease prevention, detection, and control ([NCDC](#) 15/02/2021). Although Nigeria is expecting the arrival of 3.92 million doses of COVID-19 vaccines, the NCDC director has emphasized the need for continued adherence and support to public health and social measures in the country as even with the best of government efforts and preparedness, it will take time to vaccinate everyone against COVID-19 ([NCDC](#) 27/02/2021).

## STRENGTHENING COMMUNITY-BASED SURVEILLANCE AND REPORTING OF COVID-19

WHO supported the government to leverage on the existing Auto-Visual Acute Flaccid Paralysis Detection and Reporting (AVADAR) system to strengthen community-based surveillance and reporting of suspected COVID-19 cases, and to sensitize and support contact tracing in the communities. AVADAR informants are trained on the use of mobile-based data collection to ensure real-time reporting of suspected cases. They are also able to use local languages and follow appropriate cultural norms enabling them to play a key role in increasing the sensitivity of surveillance, tracing of contacts, and reporting at the community levels ([WHO](#) 25/02/2021).

## ADAPTIVE PROTECTIVE MEASURES WERE PUT IN PLACE WITH THE EMPHASIS ON SENSITIZING THE AFFECTED POPULATIONS

While the COVID-19 pandemic affected the pace of interventions from the beginning of the year, adaptive protective measures were subsequently integrated into operational responses allowing for timely and impactful interventions. With increasing infection rates, emphasis was placed on sensitizing affected populations on how to protect themselves and decrease the risk of infection as well as ensuring that livelihoods were improved and sustained to mitigate the economic challenges posed by COVID-19 ([ICRC](#) 12/02/2021). Other notable vulnerabilities in rural areas relate to widespread cultural and religious beliefs and informal (i.e., word-of-mouth) communication channels tune out vital information about the pandemic situation and prevention measures. To mitigate the transmission risk in rural communities, socially distanced farming activities were encouraged to be practiced. Interventions used in other countries include collecting harvested grain at the farm gate to minimize farmers' travel to markets and the use of informal social networks to coordinate fieldwork on rotating days ([IFPRI](#) 20/02/2021).

A Nextier SPD study which was conducted showed an important channel that has helped communities build resilience against insurgency, which were the use of technological gadgets and social media in mobilizing people, gathering and disseminating information among groups and communities. This method reduces the need for physical meetings and interactions. In the period where social distancing and sit-at-home was strongly advised, such virtual platforms ought to be encouraged and

strengthened by the government, media organizations, and relevant partners since technology bridges communication gaps and improves human interactions ([Nextier SPD](#) 16/02/2021).

## FRONTLINE HEALTH WORKERS AND ELDERLY PEOPLE ARE THE FIRST TARGET GROUPS TO RECEIVE THE VACCINE

There were government information campaigns in March 2021 which focused on informing people on how to register for vaccination. On the 7th of March 2021, the National Primary Health Care Development Agency (NPHCDA) and the Federal Ministry of health flagged off the COVID-19 vaccination campaign with the Oxford/AstraZeneca Vaccine at the national hospital in Abuja. About 65 vaccination points have been designated in the FCT (Abuja) which is the second most affected area in Nigeria by the pandemic. Frontline health workers were the priority group for receiving the vaccine due to their higher risk of exposure to infection. The next target group was elderly people with increased vulnerabilities defined by pre-existing medical conditions. The target was that Nigeria hopes to have vaccinated 70% of its population by 2022. However, people under the age of 18 years and pregnant women are exempt from receiving the vaccination due to a lack of data on the safety of the vaccine for these groups of people. The NPHCDA launched the #YesTOCOVID19Vaccine to encourage members of the public to receive the vaccines. It also created emergency toll-free numbers to address questions, concerns, and rumors that Nigerian citizens may have about the vaccines. The agency also releases frequent updates about the vaccination campaigns across all states of the federation on its Twitter handle ([NPHCDA](#) 07/03/2021).

The Giwa community leader in Abuja with WHO's support engaged 7,350 traditional and religious leaders across 11 priority states to execute community-based interventions including sensitization for voluntary testing, survivors' declaration of status during heroes' campaign, a voluntary declaration of contacts by confirmed cases, and adherence to preventive measures ([WHO](#) 12/03/2021).

## ONE-YEAR REVIEWS OF COVID-19 RESPONSE

In the report published in March 2021, the NCDC highlighted the major accomplishment of the agency since the pandemic began. The highlights are summarized below:

- More than 52 Rapid response teams from NCDC were sent to support the state government effort in the response. The teams contained up to 352 trained personnel
- Scale-up of the use of Surveillance Outbreak Response Management and Analysis System tool to report, collate and analyze data from 17 states (not all Local Government Areas [LGAs]) in January 2020 to cover all states and LGAs by the end of November 2020
- Establishment 70+ public health laboratories and supported activation of 36 private laboratories with at least one public health laboratory for COVID-19 diagnosis in each state from just 4 laboratories in February 2020
- NCDC developed and executed the “Take Responsibility” communication strategy, disseminating key messages on social media, traditional media, creation, and distribution of IEC materials, rumor management, as well as risk communication through community engagement. More than 575 media appearances have been made by NCDC staff for this purpose
- Weekly SMS messages and daily publication updates on social media
- Delivery of over 3million PPEs, 1 million reagents, and sample collection materials across the 36 states and FCT
- Over 259,586 travelers have been screened through the Nigeria International Travel Portal at PoEs. Among those who have used the platform, 6,326 (2.44%) cases have been detected on entry ([NCDC 01/03/2021](#))

## ADVOCACY CAMPAIGN ON THE SAFETY AND BENEFIT OF COVID-19 VACCINE

The PSC on COVID-19 in collaboration with the NPHCDA in April 2021 commenced a nationwide advocacy campaign on the safety and benefits of the COVID-19 vaccines in the six geopolitical zones of the country with the inaugural edition held in Lafia for the North-Central zone. The PSC urged all stakeholders to educate, sensitize and mobilize people to take responsibility for their loved ones by taking the vaccine against the virus to stop the transmission. In addition, the Minister of Health noted that since the outbreak of the virus, COVID-19 had claimed the lives of millions across the globe, battered economies including Nigeria resulting in the fall of the country’s GDP by 23%,

hence the need for people to take the vaccine for the country to achieve herd immunity necessary for socio-economic growth and development. The minister urged stakeholders to take it as their civic responsibility to sensitize the general public on the safety and benefits of the AstraZeneca vaccine and to respect and observe COVID-19 protocols by wearing face masks, engaging in regular hand washing, and maintaining physical distancing ([Punch 27/04/2021](#)).

## NEW GUIDELINES FOR PASSENGERS ARRIVING IN NIGERIA FROM BRAZIL, INDIA, TURKEY, AND OTHER PARTS OF THE WORLD

In the week of 26th April 2021, the Presidential Steering Committee on COVID-19 took a precautionary step by restricting travel from three countries - Brazil, India, and Turkey - where there was a high incidence of cases, high fatality rate, and widespread prevalence of variants of concern.

A. Reduction of the validity period of pre-boarding COVID-19 PCR test for all Nigeria-bound passengers from 96hrs to 72 hours. Henceforth PCR test results older than 72hours before departure was not accepted

B. Guidelines Specific to Brazil, India, and Turkey:

- Any person who has visited Brazil, India, or Turkey within fourteen days preceding travel to Nigeria, was denied entry into Nigeria. This regulation, however, does not apply to passengers who transited through these countries
- The following measures were applied to airlines and passengers who fail to comply with (A and B) above:
  - Airlines were mandatorily paying a penalty of \$3,500 for each defaulting passenger
  - Non-Nigerians were denied entry and returned to the country of embarkation at a cost to the Airline
  - Nigerians and those with permanent resident permits were to undergo seven days of mandatory quarantine in a government-approved facility at the point-of-entry city and a cost to the passenger. The following condition was applied to such passengers:
    - The passengers were to take a COVID-19 PCR test within 24 hours of arrival. If positive, the passengers were to be admitted within a government-approved

treatment center, in line with national treatment protocols

- If negative, the passengers were to remain in quarantine and undergo another PCR test on day 7 of their quarantine
- Passenger(s) arriving in Nigeria from other destinations
- Must observe a 7-day self-isolation at their destination
- Carry out a COVID-19 PCR test on day 7 at a selected laboratory
- Were to be monitored for compliance to isolation protocol by appropriate authorities
- False declaration
- Passenger(s) who provided false or misleading contact information were liable to prosecution
- Person(s) who willfully disregard or refuse to comply with directions of Port-Health staff, security agencies, or evade quarantine was to be prosecuted by the law
- State Governments were required to ensure that all returning travelers from ALL countries are monitored to ensure adherence to the mandatory seven-day self-isolation period and repeat the COVID-19 PCR test on the seventh day after arrival
- Members of the public were urged to adhere to all COVID-19 preventive measures in place including adherence to the national travel protocol, proper use of face masks, regular handwashing, and physical distancing (Punch 27/04/2021)

## MAY 2021 – JULY 2021: CAMPAIGN TO CURTAILING THE SPREAD OF COVID-19 AND FREE COVID-19 MENTAL HEALTH HELPLINE LAUNCHED

The Nigeria government in May 2021 launched a sensitization campaign dubbed “Powerful H.A.N.D.S” translated as “H – Have your hands washed or sanitized frequently; A – Always cough or sneeze into your elbow; N – No going out without face mask; D – Distance of at least two arm’s lengths should be maintained; S – Stay indoors and self-isolate if you feel sick”. The campaign was targeted for select states (Oyo, Kano, Kaduna, Plateau, Rivers, and the Federal Capital Territory) with high COVID-19 cases in

the country. It lasted for an initial period of four months while communicating the main message that “THE POWER TO STOP COVID-19 IS IN NIGERIANS’ H.A.N.D.S” and the initiative, is a national social and behavior change campaign, which is simpler to curb the spread of the virus. It was also observed in May 2021 that Nigeria has continued to record low cases for almost three months, even as the cases in Nigeria were reducing, the risk of transmission persists along with the emerging COVID-19 variants from countries such as India and South Africa ([The Premium Times](#) 20/05/2021).

Nigeria launched a toll-free 24-hour helpline staffed with trained psychologists and counselors to focus on mental health issues as part of a joint effort between the government and a group of private counselors to address increasing mental health cases in the country. Nigeria’s Minister of Special Duties stated that the virus has done a lot of damage to societies across the world economically, socially, politically, and health-wise, and that is why counseling has become an important tool in helping people cope with the pandemic ([Voice of America](#) 18/05/2021).

## A COORDINATED EFFORT TO STRENGTHENING DATA USE IN RESPONSE TO COVID-19

In June 2021, there were coordinated efforts with partner organizations to reduce the spread of COVID-19 in the country of which the NCDC in collaboration with the College of Medicine, University of Lagos (CMUL), and other partners launched the Data4COVID-19 Challenge in Nigeria as part of efforts to better understand and respond to the vast range of issues resulting from the COVID-19 pandemic and its consequences across Africa through innovative use of data. The initiative was aimed at analyzing existing data on COVID-19 to understand the social, economic, and political factors that influence knowledge and perception of COVID-19 among Nigerians. This has been evident in Nigeria’s response to the COVID-19 pandemic, where data was used to understand transmission patterns of the virus, anticipate demand on health services, manage national supply chains as well as inform risk communication strategies. Furthermore, the National Primary Health Care Development Agency (NPHCDA) worked closely with the National Agency for Food and Drug Administration and Control (NAFDAC), to launch an App named “MED-SAFETY” to help Nigerians report any vaccine side effects they, or another person, encountered, and they will receive timely responses from healthcare professionals ([NPHCDA](#) 24/06/2021).

The PSC task force on COVID-19 restricted the host of the African Athletics Championships in June 2021, due to a surge of COVID-19 cases in certain countries coupled with the widespread prevalence of mutant strains of the virus outside Nigeria, which may pose the risk of importing these variants in the country. The Nigerian government placed a ban on United Arabs Emirates flights to Nigeria over COVID-19 testing procedures ([Punch](#), 01/06/2021, [Guardian](#) 12/06/2021).

## **BAY STATES INFORMATION CHANNELS TO PROMOTE COVID-19 AWARENESS DURING THE REPORTING PERIOD**

In the BAY states, partners have been intensifying response activities including risk awareness and mitigation messaging in local languages and via media, active case search and community mobilization, and support to isolation facilities across BAY states. Information provided through posters, jingles, and handbooks, were available in different languages like English, Hausa, and Kanuri. This played a vital role in promoting COVID-19 awareness and prevention. Beneficiaries were sensitized to COVID-19 risks and mitigation measures, and they received face masks, which were worn during distributions at the LGAs. Also, interventions have been put in place by various NGOs and UN agencies; the daily radio and TV broadcast of jingles on the benefit of facemask, handwashing, social distance, de-stigmatization in Kanuri, Hausa, Fulfulde, Shuwa Arab, and Baburbura languages ([UNICEF](#) 15/12/2020, [UNICEF](#) 31/07/2020, [UN OCHA](#) 21/01/2021).

## **TRAINING OF HEALTH WORKERS AT THE COMMUNITY LEVEL TO CREATE MORE AWARENESS OF COVID-19**

UNICEF also worked with the Borno State Primary Health Care Development Agency to conduct a Training of trainers (TOT) for 48 Disease Surveillance and Notification Officers on contact tracing, who in turn conducted step down training for 606 community resource persons on community contact tracing of COVID-19 and other infectious diseases ([UNICEF](#) 08/10/2020). Sensitization training for community leaders and influential people on COVID-19, decontamination, and disinfection of isolation centers were carried out. Also, hygiene Promotion and Distribution of IEC materials awareness messages on COVID-19 was carried out through a door to door visits and hygiene sessions ([Humanitarian Response](#) 06/12/2020).

Ahead of school resumption, education and health partners intensified risk mitigation and awareness-raising

messages, including through community mobilizers, radio, and TV announcements, posters, and focus group discussions across communities in the BAY states ([UNICEF](#) 31/07/2020).

In the year 2021, the BAY states witness an upsurge in COVID-19 infections, partners have been intensifying response activities including risk awareness and mitigation messaging in local languages and via media, active case search, and community mobilization, and support to isolation facilities across BAY states ([OCHA](#) 21/01/2021).

## **INFORMATION AND AWARENESS CAMPAIGN AT CAMPS TO ALL AGE GROUPS**

Camp Coordination and Camp Management (CCCM) partners supported the establishment of information centers in both camps and host communities to raise awareness and sensitization among the IDP populations, ensured through sensitization on COVID-19 related risks and prevention measures in camps and camp-like settings. Efforts were made to ensure materials reached all age groups of which the Child Protection Sub-Sector disseminated a COVID-19 Handbook for Children developed by the Federal Ministry of Health and UNICEF Nigeria. The Handbook explains what COVID-19 is, how it is spread, and related prevention measures in a child-friendly manner, and was made available in English and Hausa ([UN OCHA](#) 26/11/2020, [CCCM](#) 14/01/2021).

As steps to improve the delivery of CCCM activities, Sector partners ensured through sensitization on COVID-19 related risks and prevention measures in camps and camp-like settings. The campaign focused on personal and environmental hygiene, and general sanitation on site. It also included the creation of water pathways as well as weekly routine infrastructural assessment of site facilities to identify gaps and basic needs ([UN OCHA](#) 21/01/2021).

## **MAINSTREAMING OF COVID-19 AWARENESS INTO REGULAR HEALTH PROGRAMS BY NGOS AND UN AGENCIES IN THE BAY STATES**

NGOs and UN Agencies continued mainstreaming COVID-19 awareness and sensitization messaging into regular health programs throughout the BAY states ([WHO](#) 11/02/2021). Some 60 Youths were trained on the overview of adolescent sexual reproductive health services (ASRH)/ Gender-based Violence Response and COVID-19 Infection Prevention and Control. The youths have been engaged

to create awareness and sensitization for prevention and response to COVID-19, Adolescent sexual reproductive health, gender-based violence, and harmful traditional practices across IDP and Host communities of Borno State. In Adamawa State, the TFT developed and designed a 6-month project with the women and girls in the Angwan Kara IDP camp Damere in Girei LGA where monthly awareness on menstruation management, hygiene, and distribution of sanitary pads was conducted in addition to raising awareness on COVID-19 and its safety measures for five (5) months ([WHO](#) 14/12/2020).

UNFPA in collaboration with the Borno State Ministry of Health continue to strengthen preparedness, prevention, and response to COVID-19 pandemic, and also continued to strengthen SRH partners' coordination and technical support intermittently through a virtual means to ensure partners continue to deliver qualitative and timely service in compliance with WHO and NCDC COVID-19 guidelines ([WHO](#) 19/01/2021).

The RCCE conducted focused group community engagement and sensitization activities in Geidam, Biu, Megumeri, and Fune Local Government Areas (LGA) in Borno and Yobe States. Also, the Volunteer Community Mobilizer (VCM) network continues to engage through house-to-house (H2H) mobilization and sensitization. VCMs demonstrated handwashing with soap under running water, awareness of COVID-19 symptoms, and preventive measures. WHO's Hard to Reach Teams, in collaboration with other partners, are continuing with community sensitization on COVID-19 in remote and security compromised areas ([UNICEF](#) 15/12/2020, [WHO](#) 14/12/2020).

## MISTRUST AND POLITICAL OPPORTUNISM FUELING RUMORS AND MISINFORMATION ON COVID-19

Accurate information is often mixed with rumors. Although there was widespread belief in COVID-19 rumors and conspiracy theories which filled the void created by mistrust in government and international actors and the limited role that credible actors have played in information campaigns to date. Communities are especially susceptible to misinformation because 64% of Nigerians trust social media, with a particular reliance on WhatsApp, where audio messages can overcome barriers of illiteracy ([Mercy Corps](#) 10/09/2020).

As the COVID-19 pandemic has spread, various reports have shown that state government and other humanitarian agencies are primarily responsible for disseminating COVID-19 sensitization messaging, but this information

is met with varying degrees of trust by local communities. A commonly reported reason for not trusting COVID-19 information was a lack of visual confirmation of the disease. Among the reasons given for trusting the information provided was that the information was repeated several times and that information from the radio was commonly perceived as trustworthy. Therefore, this lack of trust compromises the efficacy of risk communication, health promotion, and public health messaging campaigns, which seek to exchange information that can enable communities to make informed decisions about their wellbeing related to COVID-19 ([Mercy Corps](#) 09/2020, [REACH Initiative](#) 02/11/2020).

## SOME RUMORS AND MISINFORMATION IN THE BAY STATES ON COVID-19

High-risk rumors need to be addressed quickly and are contextual. Many people did not agree that the issue of COVID-19 is real. They believe that it doesn't exist in the BAY states or Nigeria as a whole. It is meant to stop people from worshipping God, that is why they were allowed to go to the market but not allowed to go to mosques and churches." Rumors must be analyzed based on the context, and in this case, religious divisions are often aligned with underlying conflict tensions, so the rumor posed a greater risk than others ([Mercy Corps](#) 14/05/2021).

The BAY states communities cited myths including that 5G networks can cause COVID-19; that the government was dropping chemicals from a jet to spread the virus; the virus can be cured by lemon, ginger, or garlic; and the Nigerian immune system is too strong to succumb to the virus, among many others ([UNICEF](#) 08/10/2020, [Mercy Corps](#) 10/09/2020). These rumors continue to provoke suspicion of the government, incite intercommunal conflict and stigmatization, and undermine vital attempts to protect vulnerable communities from COVID-19. To track these myths and redesign effective communication strategies, GASKIYA (Hausa for 'Truth') was conceived as an initiative to address COVID-19 myths through technology, to improve community-level behavioral change related to COVID-19 prevention measures through strategic risk communications in Borno State. The Gaskiya initiative incorporates push SMS and IVR messages to intake rumor submissions from truth champions (village volunteers), translate and transcribe the rumors, tag and categorize them, and send feedback to the community in partnership with Translators without Borders and Viamo ([Mercy Corps](#) 14/05/2021).

With widespread belief in COVID-19 rumors and conspiracy theories coupled with mistrust, Terrorist groups across the world have been exploiting the COVID-19 scenario

by spreading misinformation and have not spared the population in such a grave scenario. The Non-State Armed Groups (NSAGs) adjusted their communication strategy. JAS released an hour-long audio message detailing its position on COVID-19. Shekau framed the virus as a divine punishment from Allah for indulging in sodomy and non-payment of Zakat. This aligns with Boko Haram's motive of being against western education. He has further claimed that the non-Muslims and hypocrites were using the outbreak as a pretense to stop Muslims from practicing their faith, stopping pilgrimage to Mecca, and congregational prayers ([Modern Diplomacy](#) 09/08/2020).

## **WORRIES ON COVID-19 VACCINES WHICH COULD AFFECT THE VACCINATION CAMPAIGN**

Since the start of the pandemic in Nigeria in the year 2020, unfounded theories about the origin of COVID-19 as well as rumors about the vaccine's safety have spread widely across the internet and social media space in Nigeria. Some of them spread claims of vaccines causing infertility in women while others have claimed that vaccines will be administered to the country's political elite only ([WHO](#) 31/03/2021).

The controversy around the COVID-19 vaccine has been prevalent since its emergence. Several arguments around its efficacy, effectiveness, affordability, regardless of its have led to the proposition of multiple theories regarding the Vaccine. Recently, a piece of viral information making rounds on WhatsApp claims that taking pain killers like Diclofenac and others after receiving the COVID-19 vaccine can be hazardous and may even lead to death ([The Premium Times](#) 18/04/2021).

With the mistrust and misinformation in the country, some Governors were proactive with a proper agenda while some showed minimal concern. However, the Presidential Task Force on COVID-19 has done well in sending messages, conducting interviews, and positioning billboards across the country encouraging people to accept the vaccine and observe other preventive and control measures ([WHO](#) 03/06/2021).

## **SOME SURVEY ON INFORMATION AND COMMUNICATION FOR COVID-19 DURING THE PERIOD OF REPORTING**

Despite the efforts put in place, there were widespread rumors and misinformation, which is not atypical for Northern Nigeria. Phone surveys conducted during the

first half of July 2020 in Maiduguri LGA found that 12 out of the 15 assessed settlements had at least one prevalent misinformation on COVID-19 amongst residents. According to the KI's, "COVID-19 cannot infect Africans", "COVID-19 cannot survive in the heat", and "COVID-19 is not real" are the most common rumors. In another rapid assessment by Media Insight, community members reported that they have 'no proof' of COVID-19, especially while violence perpetrated by AOGs is still a daily and verifiable reality. Without tangible evidence of the virus, communities fell back on assumptions that the entire crisis has been manufactured by the government to enrich themselves at the expense of local communities ([REACH](#) 08/10/2020, [Mercy Corps](#) 10/09/2020).

## **INFORMATION ON COVID-19 MAY NOT BE GETTING TO H2R AREAS**

Radio was a commonly reported source of information that also seemed to be generally trusted by people in H2R settlements. However, several KIs reported that radios were prohibited in their settlements, raising concerns about adequate access to information for people in those settlements. Although radios were reported to be generally trusted, a considerable number of KIs reported that people did not trust COVID-19 specific information they received, regardless of whether the information was received via the radio or through other sources of information. A KI was conducted by REACH Initiatives which shows various barriers to access to information. Primarily reported by KIs from Bama and Gwoza LGA of Borno state, included lack of access to radios or batteries. In settlements where there was access to radios, it would often only be a few individuals owning a radio. As also illustrated in previous REACH findings, around half of the KIs mentioned limited cellphone networks and access to cellphones as a barrier to access information. The barriers described to accessing information could suggest an information gap as people might not be able to access the information they need. A commonly reported reason for not trusting COVID-19 information was a lack of visual confirmation of the disease ([REACH Initiative](#) 02/11/2020).

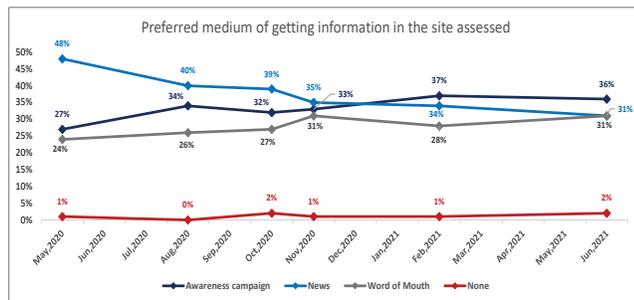
## **ASSESSMENTS ON INFORMATION AND COMMUNICATION OF COVID-19 IN NORTHEAST NIGERIA DURING THE REPORTING PERIOD**

An assessment was conducted by the Displacement Tracking Matrix (DTM) unit of the IOM for Northeast Nigeria based on the assessment of knowledge, practice, and impact of the pandemic on internally displaced persons

(IDPs) in conflict-affected communities, for the period of May 2020 to June 2021.

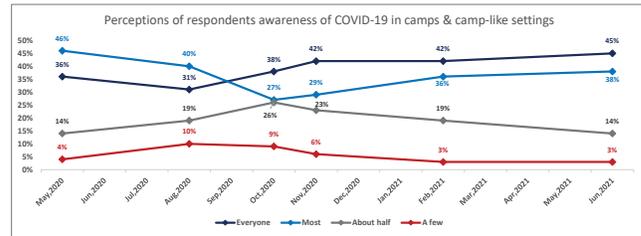
The IDPs at the assessment sites were assessed on the preferred medium of getting information on the COVID-19 during the reporting period (May 2020 to June 2021). At the start of the pandemic (May 2020) "News" was the highest (48%) which decreased steadily during the reporting period and now at 31% in June 2021. This could be attributed to the fact that as people become more aware of the pandemic, they get information from other sources. However, "Awareness campaign" at the start of the pandemic was low (27%), it increased steadily and now at 36% which is the highest. This could be attributed to the fact that a lot of organizations are using various mediums to create awareness on the pandemic. The population also gets information from word of mouth which was 24% at the start of the pandemic, it increases steadily and now at 31% (see figure 20).

**Figure 20.** Preferred medium of getting information in the site assessed (source: [IOM 25/05/2020 – 01/06/2021](#))



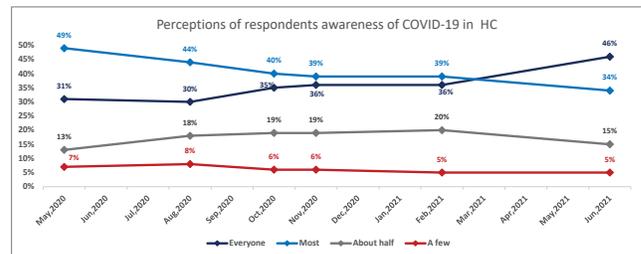
When considering the levels of COVID-19 awareness in the camps and camp-like setting during the reporting period in figure 21, "Most" has the highest 46% at the start of the pandemic (May 2020) but this decreases across the reporting period and now at 38%. Which could be that people don't longer care about the pandemic as they go about their daily activities. On the other hand, "Everyone" was 36% at the start of the pandemic but now at 45% which is the highest. This could be because the effect of the pandemic has been felt in all spheres of the population's daily lives, which is also good that the population are aware of the pandemic. It is positive to see that "A few" of the population at the start of the pandemic is the least (4%) which now decreases to 3%. Which is good because the more people are aware of the pandemic the more they ought to adhere to it.

**Figure 21.** Perceptions of respondents awareness of COVID-19 in camps & camp-like settings (source: [IOM 25/05/2020 – 01/06/2021](#))



For the locations where IDPs were living among host communities, when considering the levels of COVID-19 awareness "Most" is the highest (49%) at the start of the pandemic (May 2020) but decreases across the reporting period and now at 34%. Which could be that now the population don't longer cares about the pandemic measures. "Everyone" was 31% at the start of the pandemic but now the highest (46%) which is positive, because the more the population are aware of the pandemic the more they ought to adhere to the measures. It is also positive to know that "A few" is the list (7%) at the start of the pandemic and it decreases now (5%). The effort put in place by the government and various organizations has greatly improved the population's awareness on the pandemic (see figure 22 below).

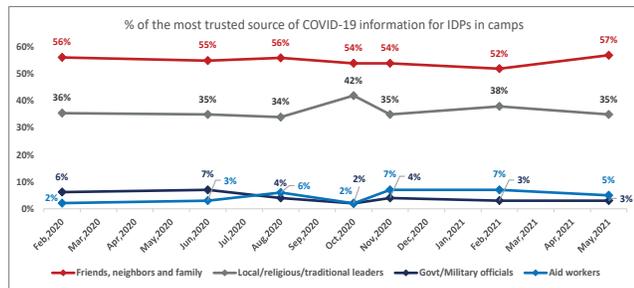
**Figure 22.** Perceptions of respondents awareness of COVID-19 in HC (source: [IOM 25/05/2020 – 01/06/2021](#))



When it comes to the most trusted source of information for the IDPs in the camps/camp-like settings, "Friends, neighbors and family" has the highest (56%) at the start of the pandemic (Feb 2020), it decrease across the months and now the highest still 57% in May 2021. This could affect the populations either positively or negatively because whatever information they get from their Friend or family that is what they will use for the pandemic. The "Local/religious/tradition leaders" had 36% at the start of the pandemic with an increase (42%) in October 2020 but now decreases to 35%. This could be that there is less trust on the information from the local leaders. The government/

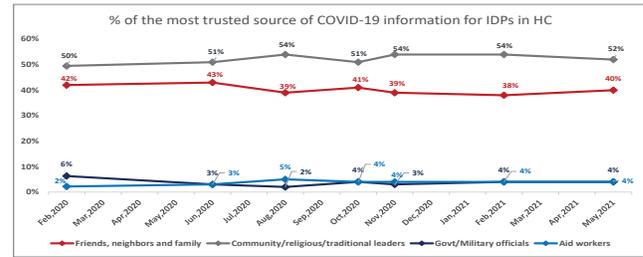
Military and Aid workers at the least. This could be the lack of trust the population has on them because of the belief of the population that they are using the pandemic to enrich themselves rather than helping the population (see figure 23 below).

**Figure 23.** % of the most trusted source of COVID-19 information for IDPs in camps (source: [IOM 25/05/2020 - 01/06/2021](#))



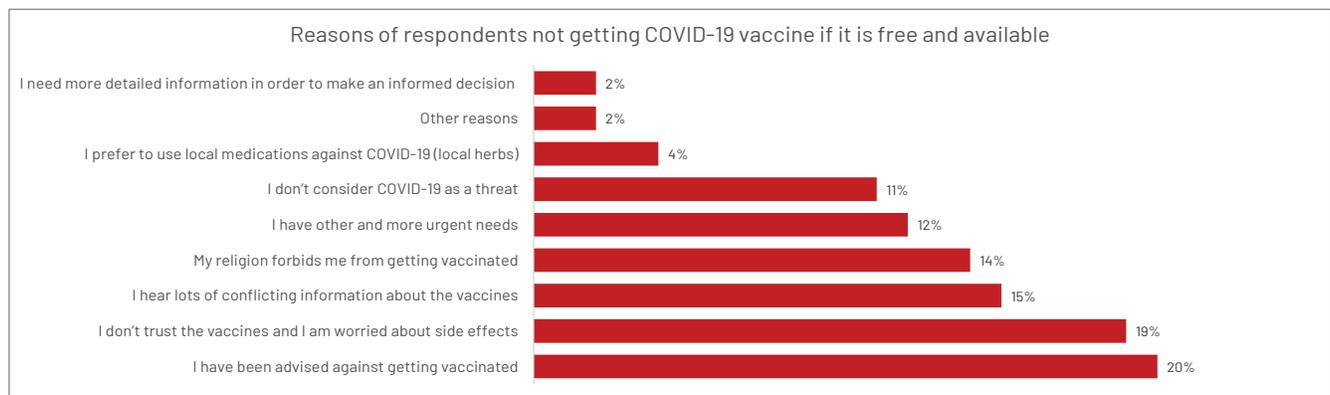
However, in sites where IDPs were residing with host communities, "Community/religious/traditional leaders" is the highest (50%) at the start of the pandemic and now at 53% which is still the highest. This shows that in the HC the population trusts whatever the "Community/religious/traditional leaders" inform them. "Friends, neighbors and family" had 42% at the start of the pandemic and now it has decreased to 40%. This shows that in the HC some populations still trust their family or friends with information on the pandemic which could have either negative or positive impact on them. There is still less trust for information from government/military and Aid workers (see figure 24 below).

**Figure 24.** % of the most trusted source of COVID-19 information for IDPs in HC (source: [IOM 25/02/2020 - 01/06/2021](#))



When assessed the reason for not getting vaccinated from figure 25, approximately 20% of the respondents that indicated that they would not get vaccinated were advised against vaccines and 19% mentioned that they did not trust the vaccines and were worried about the side effects while 15% were confused by the conflicting information on vaccines and 14% stated that vaccines are forbidden by their religion but 12% stated to have other urgent needs compared to 11% who did not consider COVID-19 as a threat and 4% prefer to use local medications against COVID-19.

**Figure 25.** Reasons of respondents not getting COVID-19 vaccine if it is free and available (source: [IOM 01/07/2021](#))



## 9. Overview of impact and humanitarian conditions

The COVID-19 pandemic both deepened and complicated the Humanitarian situation in Northeast Nigeria. As well as the immediate effect of COVID-19 movement restrictions in the BAY states, which brought about widespread loss of income and contributed to supply chain issues and rising prices, the longer-term impact on the economy, exacerbated by macroeconomic factors such as a slump in oil prices has left many households further improvised and reliant on humanitarian assistance and/or negative coping mechanisms to meet their basic needs. Conflict and insecurity have also increased during the last year, cutting people off from traditional livelihoods such as farming and fishing. These factors have combined to push a rise in food insecurity and malnutrition, especially in Hard-to-Reach areas of the region, and there has been a small but steady increase in the numbers of displaced.

Many households lost access to work and income generation activities due to movement restrictions imposed as part of the COVID-19 presentation measures. The economic impact lasted into 2021 and was characterized by high unemployment, inflation and increased food prices, lower wages and an overall reduction in household purchasing power. This resulted in more households having to rely on crisis and emergency coping mechanisms to meet basic needs.

COVID-19 movement restrictions reduced access to farms and drove up the prices of agricultural inputs. This added to the economic impact of COVID-19 containment measures all negatively impacted food security, with the number of people food insecure rising close to record numbers similar to levels last seen during 2017.

COVID-19 also hampered the provision of nutrition programs with modalities adjusted to take into account measures to prevent the spread of COVID-19. With increasing numbers of households' food insecure this also had a knock-on effect on malnutrition rates. Across the BAY states, global acute malnutrition (GAM) in children aged 6-59 months remained highly concerning. GAM rates increased from 6.7% per cent in 2017 to 11% in 2019, exceeding the WHO threshold of 10%. Additional factors driving higher malnutrition rates included weak health infrastructure, poor infant and young child feeding

practices, limited access to safe water and sanitation services and poor hygiene conditions.

COVID-19 added an additional burden to an already overstretched and under-resourced health sector. As vital resources were retargeted to COVID-19 prevention and response, COVID-19 prevention measures negatively impacted health programs such as vaccination campaigns.

The WASH sector was hit by both constraints on programs and the supply chain caused by COVID-19 containment measures and by an increased demand for water and for hygiene products. WASH infrastructure was already under pressure, especially in overcrowded camps and was further impacted by losses to fires in the hot season and flooding during the rainy season.

The shelter sector was already under pressure due to overcrowded camps, continued displacements and the continued damage and destruction of shelters due to seasonal factors including flooding and fires. COVID-19 containment measures limited partners' ability to program as well as driving up the prices of resources and complicating supply and distribution of materials. In addition, the economic impact of the pandemic meant that many of those renting properties faced a struggle to make rent payments due to loss of income.

Schools were closed in the BAY states for over six months as part of the COVID-19 containment measures, and although partners support the government in the provision of alternative learning opportunities many of the poorest children or those in more remote locations were unable to continue their education.

COVID-19 containment measures reduced the ability of Protection actors to access communities and properly monitor protection issues. The sector had to rely more on community-based services, with many protection incidents being unreported. Lockdown also acted as a driver for domestic violence, resulting in an increase in GBV incidents.

## 10. More about this report

The OFDA COVID-19 support project is currently implemented by IMMAP and DFS (Data Friendly Space) in six countries: DRC, Burkina Faso, Nigeria, Bangladesh, Syria, and Colombia. The project duration is twelve months and aims at strengthening assessment and analysis capacities in countries affected by humanitarian crises and the COVID-19 pandemic. The project's main deliverables are a monthly crisis-level situation analysis, including an analysis of main concerns, unmet needs, and information gaps within and across humanitarian sectors.

The first phase of the project (August-November 2020) is focused on building a comprehensive repository of available secondary data in the DEEP platform, building country networks, and providing a regular analysis of unmet needs and the operational environment within which humanitarian actors operate. As the repository builds up, the analysis provided each month will become more complete and more robust.

**Methodology.** To guide data collation and analysis, IMMAP and DFS designed a comprehensive Analytical Framework to address specific strategic information needs of UN agencies, INGOs, LNGOs, clusters, and HCTs at the country level. The analytical Framework is essentially a methodological toolbox used by IMMAP/DFS Analysts and Information Management Officers to guide data

collation and analysis during the monthly analysis cycle. The Analytical Framework:

Provides with the entire suite of tools required to develop and derive quality and credible situation analysis;

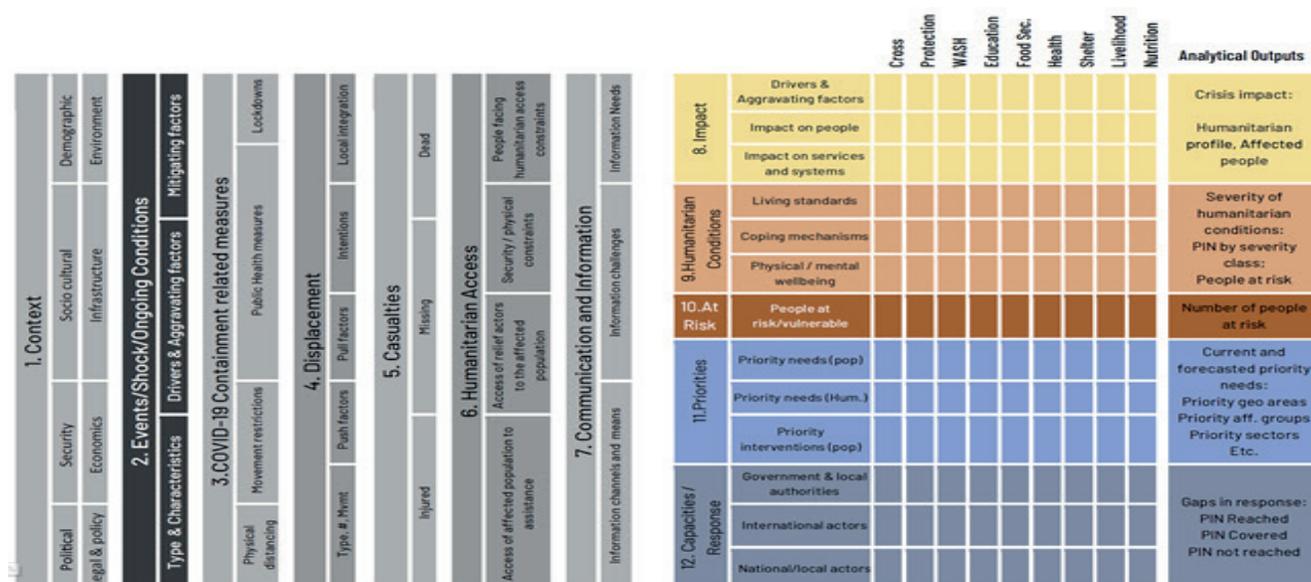
Integrates the best practices and analytical standards developed in recent years for humanitarian analysis;

Offers end-users with an audit trail on the amount of evidence available, how data was processed, and conclusions reached;

The two most important tools used throughout the process are the Secondary Data Analysis Framework (SDAF) and the Analysis Workflow.

**The Secondary Data Analysis Framework** was designed to be compatible with other needs assessment frameworks currently in use in humanitarian crises (Colombia, Nigeria, Bangladesh, etc.) or developed at the global level (JIAF, GIMAC, MIRA). It focuses on assessing critical dimensions of a humanitarian crisis and facilitates an understanding of both unmet needs, their consequences, and the overall context within which humanitarian needs have developed, and humanitarian actors are intervening. A graphic representation of the SDAF is available in figure 26.

Figure 26. IMMAP/DFS Secondary Data Analysis Framework



On a daily basis, IMMAP/DFS Analysts and Information Management Officers collate and structure available information in the DEEP Platform. Each piece of information is tagged based on the pillars and sub-pillars of the SDAF. In addition, all the captured information receives additional tags, allowing to break down further results based on different categories of interest, as follows:

- Source publisher and author(s) of the information;
- Date of publication/data collection of the information and URL (if available);
- Pillar/sub-pillar of the analysis framework the information belongs to;
- Sector/sub-sectors the information relates to;
- Exact location or geographical area the information refers to;
- Affected group the information relates to (based on

the country humanitarian profile, e.g. IDPs, returnees, migrants, etc.);

Demographic group the information relates to;

The group with specific needs the information relates to, e.g. female-headed household, people with disabilities, people with chronic diseases, LGBTI, etc;

Reliability rating of the source of information;

Severity rating of humanitarian conditions reported;

Confidentiality level (protected/unprotected)

The DEEP structured and searchable information repository forms the basis of the monthly analysis. Details of the information captured for the report are available below (publicly available documents from the 01 March to the 31 March were used).

Figure 27. Documents by Location, Timeline and Primary Categories (Analytical Framework)

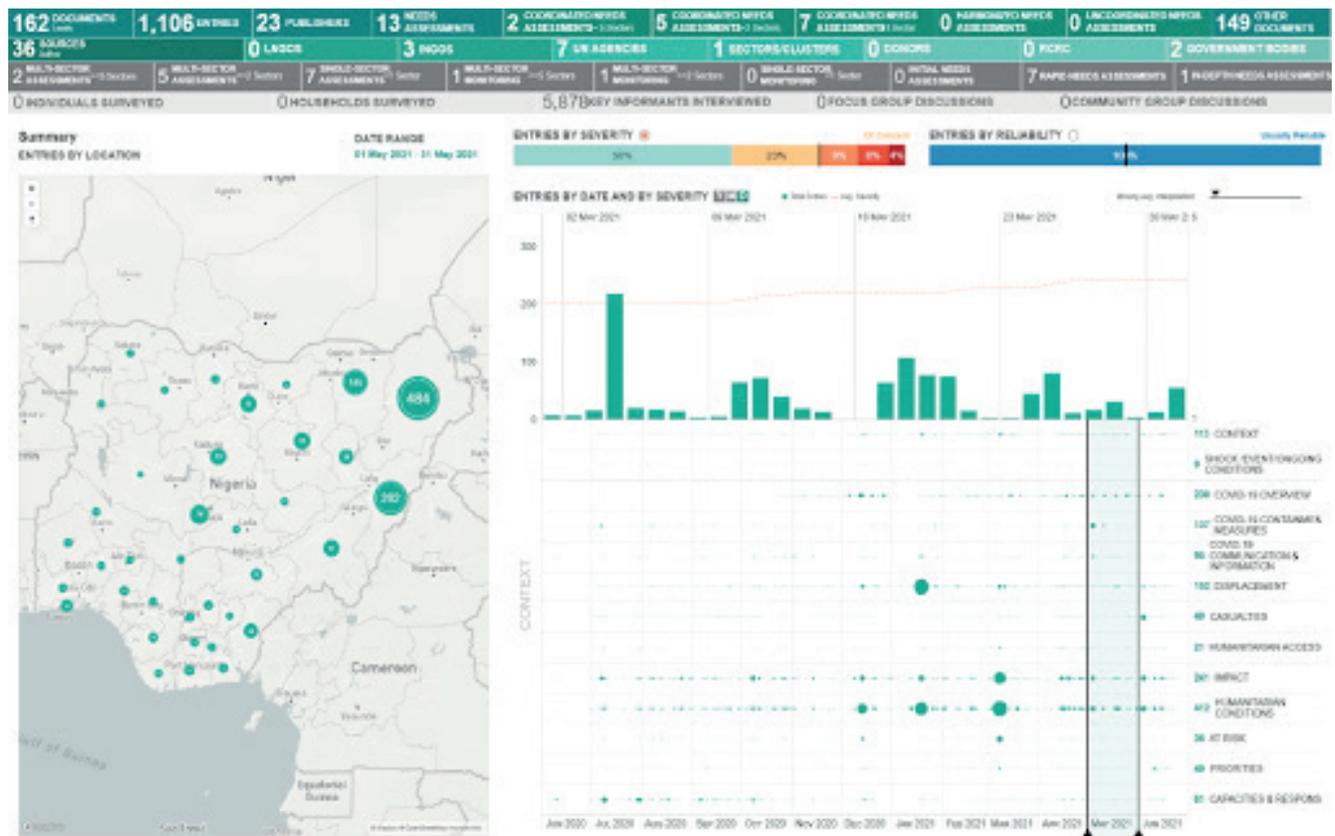


Figure 28. Documents and Entries by Sector and Affected Group

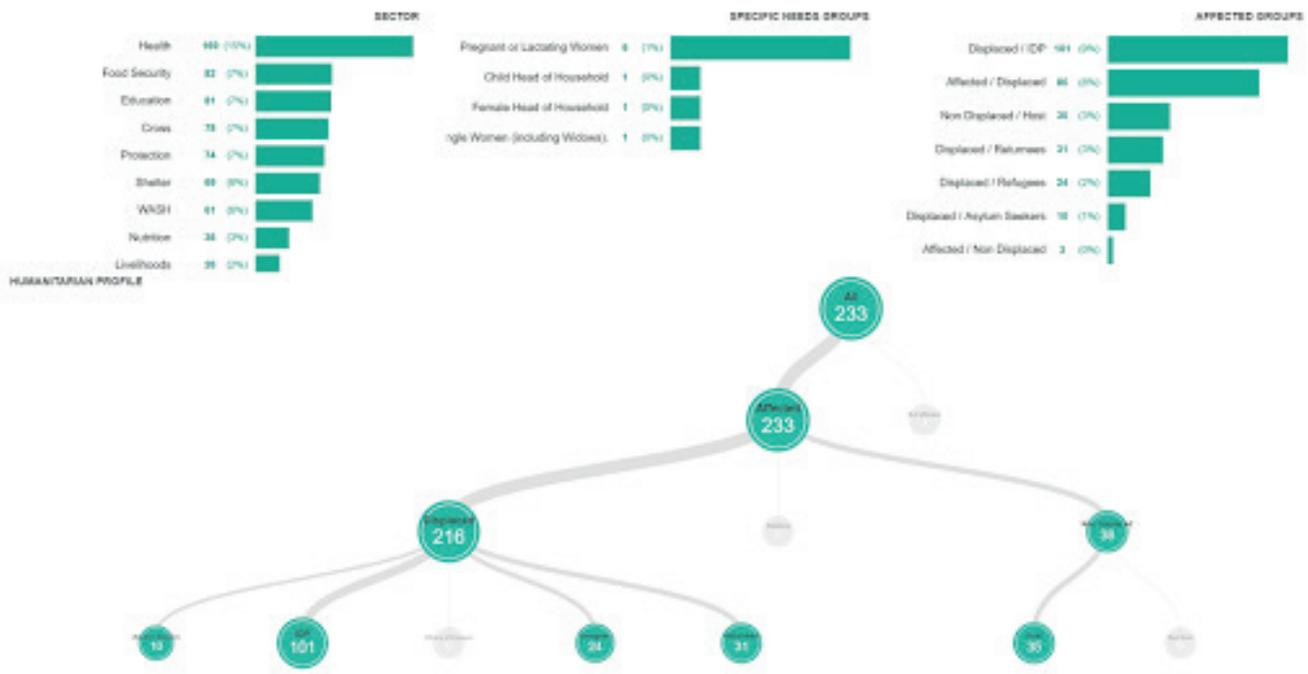


Figure 29. Entries by Sector and sub-Categories of the Analysis Framework

SECTORAL FRAMEWORK	# of Entries	median severity	CROSS	FOOD SECURITY	LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS
<b>TOTAL</b>	<b>546</b>		<b>78</b>	<b>82</b>	<b>26</b>	<b>169</b>	<b>36</b>	<b>61</b>	<b>69</b>	<b>61</b>	<b>74</b>	<b>18</b>	<b>19</b>
<b>IMPACT189</b>													
Drivers/Aggravating Factors	98												
Impact on People	65												
Impact on System & Services	87												
Number of People Affected	12												
<b>HUMANITARIAN CONDITIONS7</b>													
Living Standards	202												
Coping Mechanisms	31												
Physical & mental wellbeing	153												
Number of People in Need	14												
<b>AT RISK22</b>													
People at risk / Vulnerable	22												
<b>PRIORITIES38</b>													
Priority Needs (Pop)	24												
Priority Needs (Staff)	10												
Priority Interventions (Pop)	2												
Priority Interventions (Staff)	3												
<b>CAPACITIES &amp; RESPONSE</b>													
Government & Local Authorities	5												
National & Local Actors	8												
International	27												
Number of People Reached	27												

Analysis Workflow. IMMAP/DFS analysis workflow builds on a series of activities and analytical questions specifically tailored to mitigate the impact and influence of cognitive biases on the quality of the conclusions. The IMMAP/DFS workflow includes 50 steps. As the project is kicking off, it is acknowledged that the implementation of all the steps will be progressive. For this round of analysis, several structured analytical techniques were implemented throughout the process to ensure quality results.

The ACAPS Analysis Canvas was used to design and plan for the September product. The Canvas support Analysts and Information Management Officers in tailoring their analytical approach and products to specific information needs, research questions or information needs.

The Analysis Framework was piloted and definitions and instructions were developed and refined to guide the selection

of relevant information as well as the accuracy of the tagging.

An adapted interpretation sheet was designed to process the available information for each SDAF’s pillar and sub-pillar in a systematic and transparent way. The Interpretation sheet is a tool designed so IMMAP/DFS analysts can bring all the available evidence on a particular topic together, judge the amount and quality of data available and derive analytical judgments and main findings in a transparent and auditable way.

Information gaps and limitations (either in the data or the analysis) are identified in the process. Strategies are discussed to address those gaps in the next round of analysis.

The analysis workflow is provided overleaf (Table 9).

**Table 9: IMMAP/DFS Analysis Workflow**

	1. Design & Planning	2. Data collation & collection	3. Exploration & Preparation of Data	4. Analysis & Sense Making	Sharing & Learning
Main activities	Definitions of audience, objectives and scope of the analysis	Identification of 116 relevant documents (articles, reports) from 37 sources	Categorization of the available secondary data (1,094 excerpts)	Description (summary of evidence by pillar / sub pillar of the Framework)	Report drafting, charting and mapping
	Key questions to be answered, analysis context, Analysis Framework	Identification of relevant needs assessments	Assessment registry 5 Needs assessment reports)	Explanations (Identification of contributing factors)	Review, editing and graphic design
	Definition of collaboration needs, confidentiality and sharing agreements	Data protection & safety measures, storage	Additional tags	Interpretation (priority setting, uncertainty, analytical writing)	Dissemination and sharing
	Agreement on end product(s), mock up and templates, dissemination of products	Interviews with key stakeholders	Information gaps identification	Information gaps & limitations	Lessons learnt workshop,
Tools	Analysis Framework <a href="#">Analysis Canvas</a> Data sharing agreements Report template	SDR folder Naming convention	DEEP (SDAF) DEEP (Assessment registry) Coding scheme	Interpretation sheet Black hat	Revised report template Analytical writing guidance Lessons learnt template



# THANK YOU.



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