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iMAP/DFS COVID-19

Situation Analysis

Crisis type: Epidemic

Period: the 21st of October - the 30th of November



Nigeria

Better **Data**, Better **Decisions**, Better **Outcomes**

Executive Summary / Highlights

Figure 1. COVID-19 BAY States¹



COVID-19 Epidemic Overview

The current COVID-19 infection level in Nigeria has increased slightly over the last month, and with the holiday season approaching, there are fears of an impending second wave. In November, 4,891 new cases were recorded, up from 3,673 in the previous month. To this effect, the Presidential Task Force (PTF) for COVID-19 has advised against travel over the holiday period. In the BAY states, the new cases numbered 22, which is only a small increase up from 17 in October. The main fear in the northeast continues to be a rapid spread in crowded IDP camps.

COVID-19 Containment Measures

A nationwide lockdown was introduced in April and included a 24-hour curfew (except for essential service providers). During the lockdown, a ban was placed on interstate 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 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 ([VoA](#), 07/05/2020; [Punch](#), 30/04/2020). State governments 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). Currently, some of these measures are still in place (such as the wearing of face coverings, 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 observed widely.

¹ [NCDC](#). sitrep 29/11/2020

Information and Communication

At the national level, COVID-19 information is being provided through various channels, including radio, television, and social media, in the four major languages spoken in the country (English, Igbo, Hausa, and Yoruba). Governments at the state level supplement this with community outreach and distributions of leaflets, posters, and flyers, also in all four major languages.

In the northeast, various surveys indicate that COVID-19 information has reached most of the population, with humanitarian actors supporting information dissemination through multiple channels. However, there are still issues in getting information to hard-to-reach areas. Contacts such as friends, neighbors, and community leaders are seen as the most trusted sources of relevant information. However, there are still issues of rumors and misinformation being spread virally through social media. Non-State Armed Groups (NSAGs) are reportedly using the pandemic to push anti-western narratives.

Humanitarian Needs

There has been a welcome drop in the number of food-insecure people in the northeast; a total of 3.4 million people are in the critical phases (phase 3-5) of food and nutrition insecurity, down from 4.3 million at the start of the harvest season. However, projections for the 2021 lean season indicate that 5.1 million people could be pushed into crisis-level food insecurity or worse. The latent impact of COVID-19 containment measures and macroeconomic factors continues to affect livelihoods; reducing the purchasing power of already impoverished Host Communities and IDP families.

Displacement due to insecurity and flooding has contributed to increased overcrowding in some camps and higher demand for WASH facilities and health services. Additionally, the protection environment is still one of increased vulnerability, especially for women and girls. Finally, efforts have been made to safely open schools and temporary learning spaces, but it is unclear how many have managed to do so and what proportion of the school-age population has been able to return to classroom education.

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Context - Economic

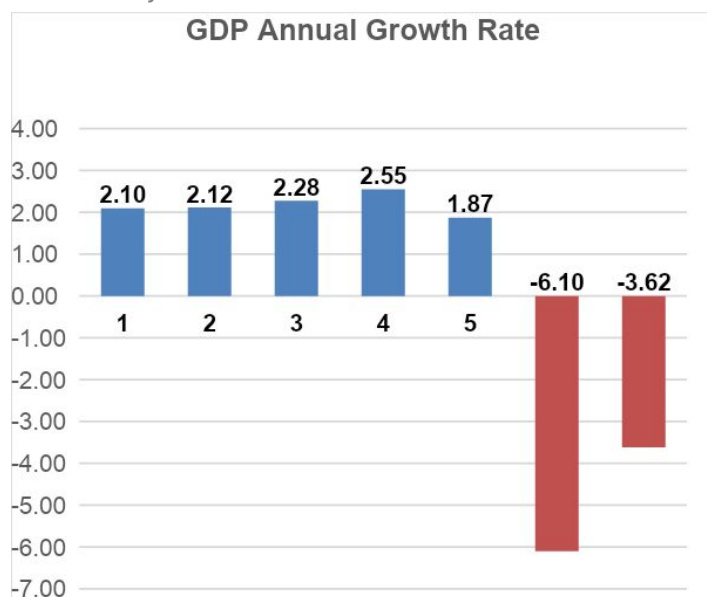
Nigeria economy dives into recession, a second negative GDP growth recorded in the year

In the latest World Bank analysis for Nigeria, the macroeconomic impact of the collapse in international oil prices, coupled with the COVID-19 pandemic is expected to be significant even if the pandemic is contained in the third quarter. The Bank forewarns a plunge into a severe economic recession, the worst since 1980 ([World Bank Nigeria Development](#) 25/06/2020).

Despite the receding number of confirmed cases and the lifting of COVID 19 restrictions, the gross domestic product (GDP) shows a decline of -3.62% year-on-year in the third quarter (Q3 2020) as reported by the National Bureau of Statistics. While a noticeable improvement of 2.48% was recorded over the -6.10% in the preceding quarter (Q2 2020), two consecutive quarters of negative growth in the year with a cumulative contraction of - 2.48% indicate a strained economy ([National Bureau of Statistics](#) 30/11/2020).

The slow and steep growth in Q3 is primarily due to subdued oil prices exacerbated by the lingering effects of COVID restrictions. According to reports, the oil sector declined 13.9%, following a 6.6% slump in the second quarter, amid lower crude oil production of 1.67 million barrels per day (Mbps), down from 1.81 Mbps in Q2 and 2.04 Mbps a year ago ([Trading Economics](#) 30/11/2020);

As expected, the slight improvement in performance in Q3 has been attributed to the reopening of businesses and trading activities as the non-oil sector shrank by 2.5%; which was less than 6.1% shrinkage in Q2. The non-oil sector improvement was majorly driven by ICT (telecommunications), with other drivers being agriculture (crop

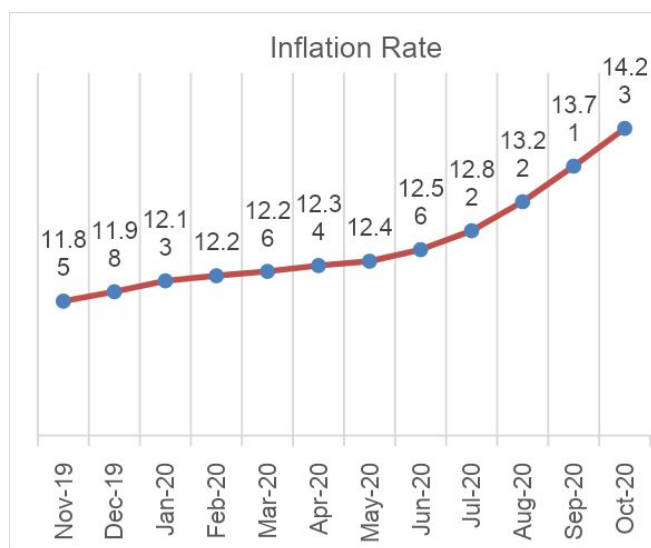


production), construction, financial institutions (finance and insurance), and public administration. In real terms, the non-oil sector contributed 91.27% to the nation's GDP in the third quarter of 2020, higher the second quarter of 2020 (91.07%) ([National Bureau of Statistics](#) 30/11/2020).

Figure 1. GDP growth rate over the past years ([National Bureau of Statistics](#) 30/11/2020)

Inflations rates continue to soar

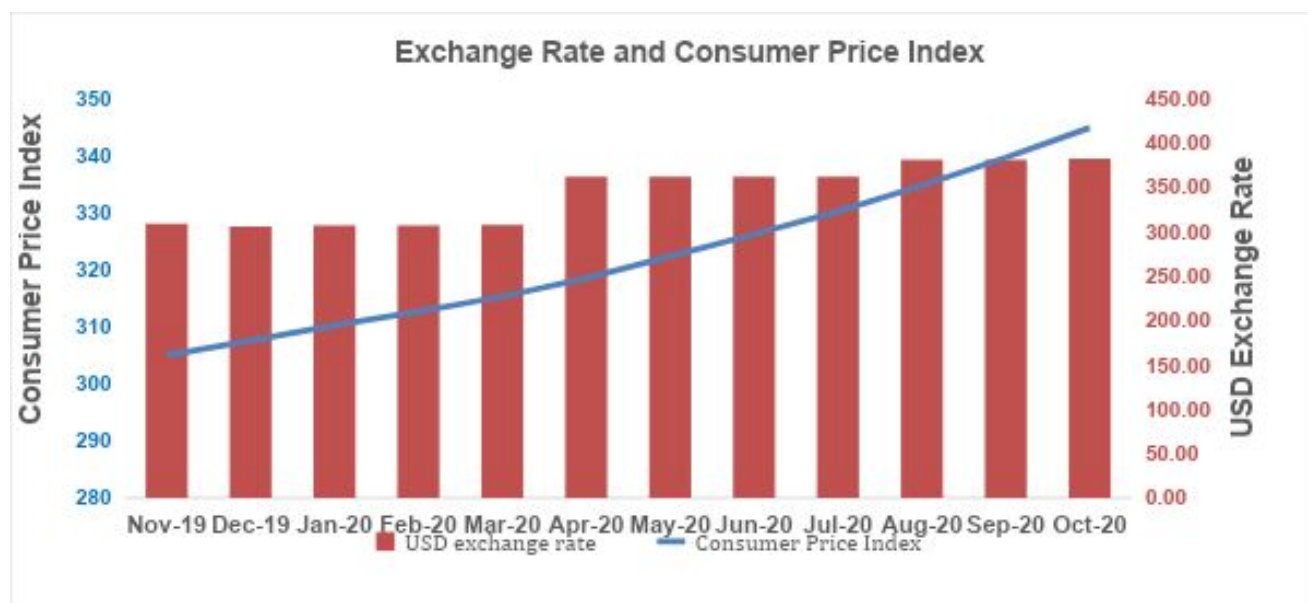
Between September and October 2020, the annual inflation rate hit its highest rate (13.71-14.23%) since February 2018. In addition to the residual impact of COVID-19



restrictions, the ongoing border closures, violent attacks and recent restrictions placed on dollar transactions have been identified as the drivers for the upward pressure on consumer commodities which has resulted in a hike in prices of staple foods, healthcare, transport, clothing, alcoholic beverages, and furnishings.

Figure 2. Inflation rate in Nigeria within 12 months, starting in November 2019 (Trading Economics, 11/2020)

Figure 3. Consumer Price Index rises as Naira exchange rate weakens (Central Bank of Nigeria, 11/2020)



Economic Situation in northeast Nigeria

With an economy dependent on agriculture (80% of the population works in farming), and the absence of additional investments from the federal government, growth has been below the national average for decades; constrained by high poverty levels, underdeveloped and inadequate economic infrastructure, social services, and the weak presence of state institutions and governance. This structural fragility severely circumscribed the resilience of both economic systems (UNDP, 2017).

Context - Security

The security situation in Nigeria, particularly in the northeast region, continues to be volatile and highly unpredictable. The increased level of criminality in the area over the past few years has created untold hardship on the civilian population, exacerbated the food crisis, increased incidents of sexual abuse, and led to increasing waves of Internally Displaced Persons (IDPs).

The recent massacres of farmers in northeastern Nigeria that killed tens of people have made agricultural workers feel unsafe which may, in turn, increase the threat to Nigeria's food security. This is particularly true of the largely agrarian communities in the northeast faced with the insurgency that does not have access to sufficient humanitarian aid. The COVID-19 pandemic and the recession are already worsening living conditions in Nigeria. Adding food insecurity to the list of challenges will not only affect vulnerable populations, but it will also create more vulnerabilities for government and society.

The conflict-affected BAY region is ravaged by waves of displacements caused by insecurity, increased attacks by non-state armed groups (NSAGs) and military operations carried out in response turned the crisis into a protection crisis, characterized by grave violations of human rights. According to [DTM Round 33](#), displacement continues to rise with the number of IDPs in the six conflict-affected northeastern states estimated to be 2,118,550 (436,058 households). This represents an increase of 30,426 persons (2%) against the last assessment conducted in June 2020. Borno, the most adversely affected state, continues to host the highest number of IDPs at 1,566,011, an increase of 18,998 (1%) from the previous round of assessments.

In recent months, banditry, kidnapping, and communal conflict have persisted to a higher-level with most communities being affected, leading to increased displacement in November. This, coupled with flooding is driving a below-average harvest, and given that many displaced and conflict-affected households are dependent on markets for food, the damage to farmlands and infrastructure exacerbates the food crisis for the substantial populations already living in IPC phases 2 and 3. ([FEWS, Nov 2020](#)).

There is also a rise in the mounting of illegal vehicular checkpoints (IVCPs) along the Borno State highways, manned by Boko Haram and Islamic State in West Africa Province (ISWAP) insurgents. Civilians and aid workers continue to face significant safety risks, especially along key supply routes in Borno State where at least 21 NSAG illegal vehicle checkpoint (IVCP) incidents were recorded during September, up from 16 in August ([UN OCHA 26/11/2020](#)).

Despite escalating insecurity in the region, a high-level UN delegation including the Humanitarian Coordinator visited the BAY states, engaging with affected populations, community leaders, local government, and partners to discuss urgent issues. Topics

Situation Analysis **Country:** Nigeria **Period:** 10/20 to 11/20 **# Update:** 02 **Report Status:** Public

included protection of civilians, quality of the humanitarian response, relocations and returns, the need for greater synergy among all actors and stakeholders working to prevent the spread of COVID-19 across most fragile communities, and the need to ensure greater protection for aid workers in light of increasing insecurity ([UN OCHA 26/11/2020](#)).

Humanitarian Access

Humanitarian access in the BAY states continues to be highly constrained by restrictions of movement of personnel imposed by military or civilian authorities and threats of attacks by the armed groups in the region. The Nigerian army prohibits or restricts access in the BAY, depending on how it gauges its ability to ensure security. Similar restrictions are imposed during military and counterinsurgency operations aimed at isolating areas controlled by the armed groups to cut off their access to external resources - which includes humanitarian aid - without concern that civilians might be present. It is estimated that 1.2 million people in the BAY states are still living in areas considered inaccessible outside the government-controlled areas ([OCHA October 2020](#)). It is reported that the largest population living in inaccessible areas in Borno state are in the northwest of the state, in Bama and Gwoza LGAs.

Humanitarian access by road in the BAY states continues to deteriorate especially for essential humanitarian routes such as Maiduguri to Damboa, Dikwa to Monguno, Damboa to Gwoza, Damboa to Chibok and Bama to Rann which have all had civilian access blocked to by the military. Movement from Maiduguri to Damaturu, Maiduguri to Mafa, and Dikwa required military escorts. However, some requests have been declined due to insufficient military personnel and multiple ongoing military campaigns. Furthermore, air access to these locations has been restricted due to COVID-19 and is now based on program criticality even though the number of helicopters has increased from two to five since June 2020. The military restrictions on the movement of essential cargoes in the previous year (2019) have been somewhat relaxed, however more stringent approval protocols have been introduced. For example, the movement of fuel over 1000 liters/week/location will require military approval, as well as for some commodity cargoes such as foodstuff, spare parts, etc. There is still an active ban on dry and wet fertilizer movements, which requires approval (Access WG, FSS, and Logistics excerpts, Nov 2020).

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), has resulted in the military leaving their former small locations/ towns. This has left an immediate vacuum, with thousands of civilians fleeing after a string of insurgent raids on newly unprotected towns (Gubio and Magumeri). In addition, the lack

of a local military presence has enabled the militants to set up illegal vehicular checkpoints on roads, restricting further the population's access to humanitarian aid.

Four LGAs (i.e., Abadam, Guzamala, Kukawa, and Marte) have remained inaccessible to humanitarian actors, while access to a number of other LGAs is limited to the perimeters of one or two towns, often only reachable by helicopter. It is also noted that access to rural populations in Borno is limited to a few areas around Maiduguri, along some main roads, and LGAs to the south of the state. An upsurge of NSAG activities has had significant impacts on humanitarian access as most INGOs and other key stakeholders reduced their physical presence in Dapchi and Babangida areas due to multiple sporadic attacks. By the end of 2019, most agencies had suspended staff movements along the main roads between Maiduguri and Damaturu, Damasak and Monguno due to security-related incidents.

The rainy season remains a driving factor in constraining the transport of relief items, as heavy rains and subsequent flooding across Borno, Adamawa, and Yobe (BAY) states are exacerbating road conditions and critical supply routes are nearly impassable. Also, the risk of Improvised Explosive Devices (IEDs), landmines of improvised nature, and explosive remnants of war remains high in some LGAs across Borno, Adamawa, and Yobe (BAY) states, affecting civilians' lives, livelihoods, physical and psychosocial well-being ([OCHA](#) 14/10/2020).

Human Rights Watch reported that aid agencies cannot respond effectively to the crisis in northeastern Nigeria due to worsening insecurity. Government and military officials require aid organizations to undergo lengthy processes to obtain compulsory authorization for moving personnel and cargo-carrying relief materials. Relying on the Money Laundering and Terrorism Financing ACTs, the government imposed additional measures for cash transfer programs. The restrictive military measure on the amount of fuel available for each agency has impacted the response, especially in generating the power needed in hospitals and medical centers to preserve essential drugs and vaccines. Subsequently, some agencies have reduced and or ceased their activities in certain locations, because of a shortage of fuel to run generators. One of the possible negative side effects is that such restrictions might give the impression that the organizations are not independent, making them vulnerable to Boko Haram attacks. The report further explains that a law passed by Borno state requiring aid organizations to register for approval of projects before operations limits access for the humanitarian organizations. The 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 ([HRW](#) 04/03/2020).

COVID-19 Epidemic Overview

The COVID-19 situation in Nigeria appears to be worsening at the end of November. Nigeria has seen an increase of 4,891 cases in November compared to 3,673 in October, the first monthly increase since July. An increment was also reported in other statistics including a 2.3% increase in deaths ([NCDC 29/11/2020](#)).

Nigeria Overview

Figure 4. COVID-19 Nigeria²

	Total Samples tested	Total Confirmed cases	Total Active cases	Total Discharged cases	Total Deaths
Nigeria	776,768	67,412	3,184	63,055	1,173

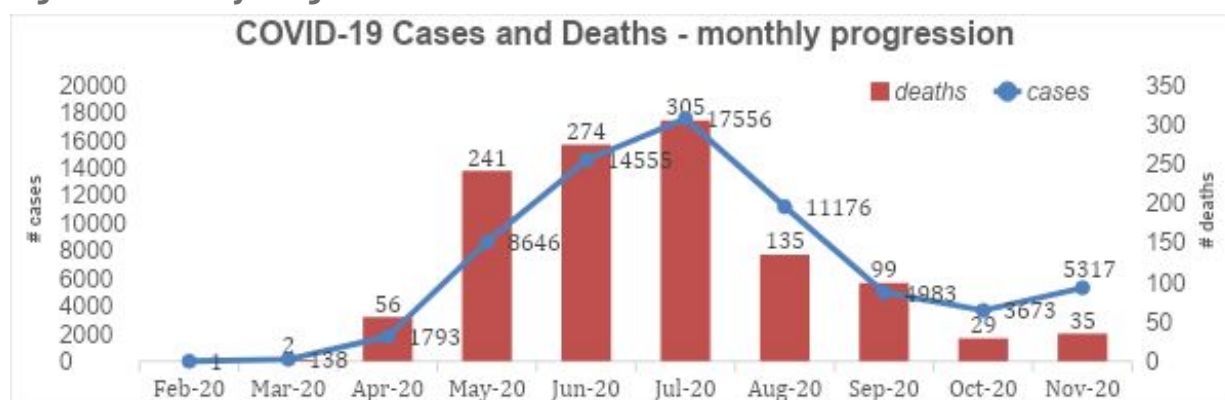
The first confirmed case of COVID-19 in Nigeria was detected on the 27th of February 2020 in Lagos state ([NCDC 28/02/2020](#)). It was not until the 18th of April that the first case was confirmed in Borno State ([WHO 09/09/2020](#)). The total number of cases rose rapidly in May and peaked in July, with approximately 17,500 new confirmed cases in the month. Since July, the number of new cases identified has dropped back to around 3,600 new cases in October. Nigeria faced significant challenges with acquiring adequate testing capacity. By the 10 April, seven weeks after the first positive case had been identified, only approximately 5,000 samples had been tested for COVID-19 ([UNICEF 16/04/2020](#)).

Figure 5. Monthly Progression of COVID-19 Outbreak in Nigeria

	27/2	31/3	30/4	31/5	30/6	31/7	31/8	30/9	30/10	29/11
# Total confirmed cases	1	139	1,932	10,578	25,133	42,689	53,865	58,848	62,521	67,412
Increase		138	1,793	8,646	14,555	17,556	11,176	4,983	3,673	4,891
# Total cases discharged	0	9	319	3,122	9,402	19,270	41,513	50,358	58,249	63,055
# Total deaths (COVID-19)	0	2	58	299	573	878	1,013	1,112	1,146	1,173

² [NCDC](#), accessed 02/11/2020

Figure 6. Monthly Progression of COVID-19 Cases vs Deaths



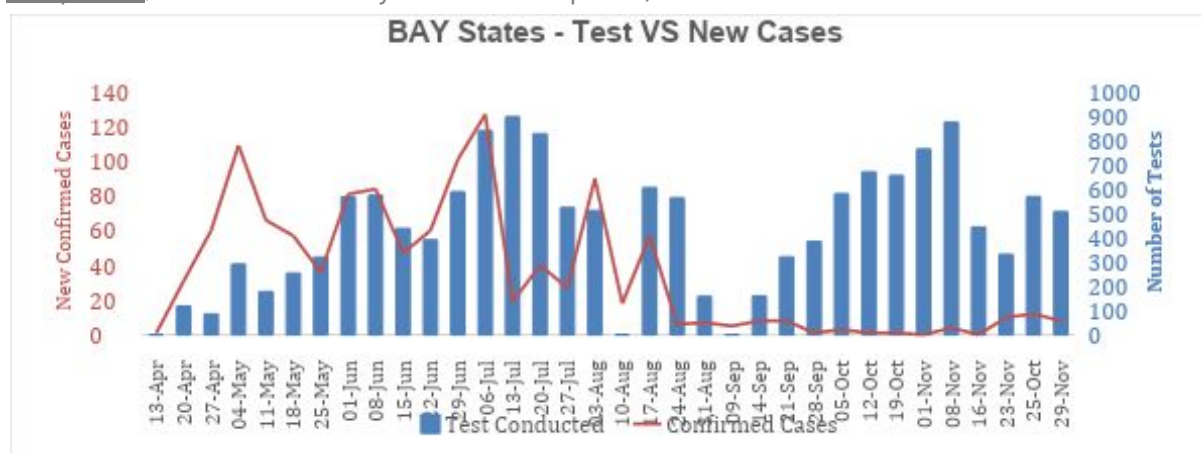
BAY States Overview

The national increase in cases has not been reflected in the overall statistics from the BAY states. It should be noted that a lack of testing (both in capacity and due to a reluctance by the population to get tested) has almost certainly resulted in underreporting of COVID-19 cases. However, Yobe state showed a jump of 18 cases which equates to a 22% increase in just one month.

Figure 7. COVID-19 Total caseload BAY States³

	Confirmed cases	Case increase from the previous month	Discharged cases	Deaths
Adamawa	261	4	238	19
Borno	745	0	705	36
Yobe	100	18	84	8
Total	1106	22	1027	63

Figure 8. Weekly testing and caseload data for the BAY states (Humanitarian Response, COVID 19 Weekly Situation Reports)



³ [NCDC](#) sitreps
Situation Analysis
Public

Testing & Contact Tracing

Yobe has been consistent in contact tracing of suspected cases as indicated in the previous and current reporting (fig.9). This is mainly due to the upsurge in positive cases in Yobe (18 new cases) whereas Adamawa and Borno have seen four and zero new cases respectively.

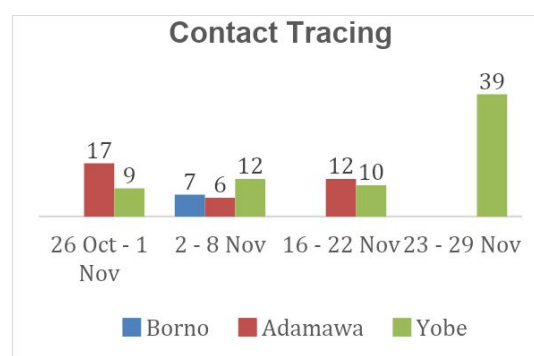


Figure 9. Contact Tracing for BAY states in November, 2020 (Cumulative figures for the number of people targeted for contact tracing by state: Borno 5,053, Adamawa 1,347 and Yobe 1008).

Source: COVID-19 Weekly Situation Report Week 48 [Borno, Adamawa & Yobe]

COVID-19 Containment measures

Initial COVID-19 Containment Measures introduced in April

A presidential task force was set up to address the COVID-19 pandemic on the 9 March ([Brookings](#) 02/02/2020). Various measures were introduced, including the closure of all schools (19 March), religious centers, and airports, along with restrictions on seaports ([FEWS NET](#) 07/07/2020). A lockdown was initially introduced in the three most affected states (FCT, Lagos, and Ogun State) before other states soon followed, and the lockdown was extended nationwide. Nigeria's Federal and State authorities imposed restrictions, including a ban on social gathering and inter-state travel, night curfews, mandatory use of masks in public, and a complete lockdown, instructing businesses to close and people to stay at home ([UNHCR](#) 25/05/2020).

Easing of COVID-19 Containment Measures

On 4 May 2020, the Federal Government of Nigeria commenced gradual easing of the lockdown, using a phased approach ([Govt 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" ([Govt Nigeria](#) 28/04/2020).

Phase I commenced on 04/05/2020 and 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 ([Govt Nigeria](#) 28/04/2020).

Phase II commenced on 02/06/2020 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.

The remaining restrictions include a nationwide curfew between 12 and 4 am, somewhat limiting people 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 ([FEWS Net](#) 14/11/2020). Amid fears of a possible second wave of COVID-19 in the country, the Presidential Task Force (PTF) on COVID-19 has advised Nigerians to suspend their Christmas and New Year travels to limit the risk of contracting the virus ([Premium Times](#) 12/11/2020).

Enforcement of and Compliance with COVID-19 Measures

Information on enforcement and compliance is incomplete, however, it is clear that there were issues with both. More recently as restrictions are eased, increased efforts towards public health measures (such as those supporting the reopening of schools) are being made.

- Ahead of school resumption in early October, 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).
- 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 by the health sector between [07/06/2020](#) and [13/10/2020](#). 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).
- Lack of compliance by those returning to the country or international travelers has been reported in local media. The Federal Government has lamented the lack of compliance with the PCR test protocol by about 65% of Nigerians returning to the country, saying it has taken steps to seize the international passports of erring returnees. The PTF on COVID-19 has accused some in-bound travelers of refusing to take the COVID-19 tests within seven days of arriving in the country ([Vanguard Media](#) 03/11/2020, [Today Online](#) 23/11/2020).
- Physical distancing was especially problematic in many camps due to overcrowding. Four out of five people in these camps live in overcrowded conditions, with makeshift and temporary shelters built close to each other, making physical distancing impossible ([OCHA](#) 13/08/2020).
- Media and protection monitoring reports of misconduct suggests the use of violence and harassment by security forces while enforcing movement restrictions in the BAY States ([Protection Sector](#), 25/05/2020). A more extensive

assessment is provided by a detailed Mercy Corps case study. Although inter-state travel bans to curb the spread of COVID-19 were lifted on 29 June, 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).

Isolation and Quarantine

Isolation and quarantine facilities were set up in BAY states, however, there was a reluctance to observe isolation and quarantine protocols. A key informant (KI)-based survey in Borno state found that in all assessed LGAs (13), less than 45% of the assessed settlements reported that 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 for fear of being quarantined and discriminated against should they have contracted COVID-19 ([OCHA](#) 08/08/2020). The stigma associated with COVID-19 infections is 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)).

Screening

Screening at points of entry was scaled up throughout April and May and by September, significant screening capacity was in place as outlined in the regular WHO sitreps. More than 14,600 screenings were conducted during September across 23 points of entry, including motor parks across the BAY states ([OCHA](#) 26/11/2020). Screenings also took place at border points and Yola international airport ([WHO](#) 08/11/2020).

Negative impacts of containment measures on humanitarian activities

COVID-19 containment measures constrained humanitarian activities. Movement restrictions in the BAY states have led to slow or limited humanitarian response to IDP needs, especially items needed to replace damaged or destroyed shelters and NFIs due to lack of availability, increased market prices and procurement logistics constraints ([IFRC](#) 08/07/2020).

Information and communication for COVID-19

Efforts have been continuing to sensitize the population about COVID-19 risks and mitigation measures through various channels. A [DTM survey](#) in September showed

that 94% of respondents estimated that 50% or more of the people or more in their community were aware of COVID-19 (see below for details). Some groups such as those with limited access to the internet or radio, those in Hard to Reach (H2R) areas may still face barriers to receiving COVID-19 information.

Surveys indicate that friends, neighbors, and local community leaders are still regarded as the most trusted sources of information. This was true for both host communities and IDPs in camp settings. Of concern is the spreading of rumors and misinformation. In particular, Non-State Armed Groups (NSGAs) are trying to use the COVID-19 situation to their advantage by linking the virus to western values or as a deliberate campaign by non-Muslims to prevent Muslims from practicing their faith.

Information campaigns are using multiple information channels to promote COVID-19 awareness, but some groups still face difficulties accessing information

Ahead of school resumption in early October, 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. Camp Coordination and Camp Management (CCCM) sector partners ensured thorough sensitization on COVID-19 related risks and prevention measures in camps and camp-like settings throughout September ([UN OCHA](#) 26/11/2020). UNICEF/WHO sensitization campaigns used messages focused on voluntary sample testing, timely reporting of cases, de-stigmatization, hand washing, and the use of face masks ([WHO](#) 01/11/2020).

Based on data collected in September, awareness of COVID-19 is now widespread with 99% of respondents stating they were aware of the pandemic. Of this group 36% felt that everyone in their community was aware of the pandemic, 41% stated that most people were aware and 17% put the figure at about half of the community. Therefore, in only 6% of communities was awareness estimated to be only "a few" of the people. The same survey found that "news" was the source of getting information for 38% of respondents, "awareness campaigns" was the source for 35% of respondents and "word of mouth" was the source for 25% of respondents ([IOM](#) 14/11/2020).

88 per cent of displaced populations received information on how to protect themselves from COVID-19 infection, mainly from government officials, friends & family, and community leaders. 12% stated they had not received such information ([IOM](#) 14/11/2020).

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 ([CARE](#) 27/10/2020).

Friends and neighbors are the most trusted sources of information, with official sources of information limited in some areas

Based on approximately 85,000 interviews as part of the DTM round conducted in July and early August, respondents in camps and camp-like settings indicated that friends and neighbors were the most-trusted sources of information (55% of sites). Local and community leaders were cited as the second most trusted source of information (27% of sites). For IDPs residing in host communities, friends, neighbors, and family were also the most trusted source of information (43% of locations), followed by local/community leaders (35% of sites) ([IQM](#) 24/09/2020).

There are widespread rumors and misinformation, which is not atypical for northern Nigeria⁴. Phone surveys conducted during the first half of July 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. Similar results were found in Gwoza LGA (all seven of the seven assessed settlements reported rumors). Still, misinformation was less prevalent in Damboa LGA (6 out of 17 assessed settlements had KIs reporting rumors) ([REACH](#) 08/10/2020).

The same survey reported that no COVID-19 information centers were present in the 15 assessed settlements in Maiduguri, and only 2 of 17 settlements in Damboa had COVID-19 information centers. However despite misinformation and lack of information centers, in all 196 profiled settlements across all LGAs, 99.9% of key informants were familiar with COVID-19, and 94.7% believed that measures needed to be taken to protect their community from the virus ([REACH](#) 08/10/2020).

Information on COVID-19 may not be getting too H2R areas⁵

An assessment based on 30 key informant interviews (KIIs) with respondents who had recently left H2R areas indicated that there might be gaps in knowledge around COVID-19. The assessment covered Adabam, Bama, Damboa, and Gwoza LGAs and the majority of KIs mentioned people in the settlements knew about the consequences of the virus (primarily death), but reported need for information about prevention and treatment. 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,

⁴ In 2003 a polio eradication campaign was hampered by rumors of the vaccine causing infertility. Rumors continued to be an issue including after an outbreak of Monkeypox in 2017.

⁵ Note this section is based on one assessment and therefore requires corroboration

regardless of whether the information was received via the radio or through other sources of information. Finally, people from H2R settlements in Bama seemed to have received less information (general information and COVID-19 specific information) compared to other assessed LGAs. Also, across assessed LGAs, women had less access to information than men ([REACH 02/11/2020](#)).

Mistrust and political opportunism fueling rumors and misinformation

State government and other humanitarian agencies are primarily responsible for disseminating COVID-19 sensitization messaging, but this information is met with varying trust levels by local communities. 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 well-being related to COVID-19. It further states that the mistrust in official news sources was underlined by a May 2020 listener assessment conducted by Radio Ndarason (a local radio station in Borno State), where 96% of its listeners had heard COVID-19 messaging on its station but still, only 45% believed that the virus was "real and can cause death." ([Mercy Corps 09/2020](#)).

With a widespread belief in COVID-19 rumors and conspiracy theories coupled with mistrust, NSAGs' are adjusting their communication strategy. JAS⁶ released an hour-long audio message detailing its position on Covid-19. Shekau⁷ framed the virus as a divine punishment from Allah for indulging in sodomy and non-payment of Zakat ([Modern Diplomacy 09/08/2020](#)).

Overview of impact and humanitarian conditions

The humanitarian crisis in the BAY states remains one of the most severe in the world today. The protracted conflict in northeastern Nigeria is now over ten years old. Millions remain displaced, with many in crowded camp conditions. A total of 7.9 million people – more than one in two people in the three crisis-affected states require humanitarian assistance in 2020 ([OCHA 01/04/2020](#)).

Protection issues are central to the crisis, with concerns including killings and maiming, sexual violence and abuse, arbitrary arrests and detention without access to justice and legal services, physical safety and security, forced recruitment, abductions, forced marriages, and forced displacement. The latest Cadre Harmonize figures indicate that 3.4 million people are in the critical phases (phase 3-5) of food and nutrition insecurity.

⁶ Jama'atu Ahlis Sunna Lidda'awati wal-Jihad (People Committed to the Propagation of the Prophet's Teachings and Jihad, abbreviated as JAS)

⁷ Abubakar Shekau, factional leader of Boko Haram

In addition to the conflict, the region's crises have been further exacerbated by climate-related issues, including flooding and windstorms. Although the rainy season has finished, as the harmattan season is now arriving.

COVID-19 containment measures, including curfew and movement restrictions, contributed to a worsening of humanitarian conditions in the northeast of Nigeria.

- **A loss of livelihoods** and a curtailment of income-generating activities reduced the purchasing power of already impoverished Host Community and IDP families, unemployment rates have increased.
- A total of **3.4 million people** are in the **critical phases (IPC 3-5) of food and nutrition insecurity**, dropping since the start of the harvest season. However, projections for the 2021 lean season indicate that 5.1 million people could be pushed into crisis-level food insecurity or worse.
- Conditions in camps, already stressed due to overcrowding, were further impacted by **reduced access to goods** and reduced **humanitarian service delivery**. Insecurity continues to hamper
- **Schools were closed⁸** for seven months, and many children struggled to access alternative education provision, particularly in areas where there is no radio/tv or internet coverage. Schools are reopening, but the long-term impact of the crisis on children's learning and well-being is unknown.
- **Stretched and under pressure, health services** continue to be impacted by the added burden of dealing with COVID-19.
- The **increased demand for WASH provision** to support hygiene COVID-19 prevention measures pushed up the prices of commodities, COVID-19 movement restrictions, and insecurity disrupted efforts to repair and maintain WASH infrastructure damaged by flooding.
- **Movement restrictions** and their impact created an environment of increased vulnerability, especially for women and girls, and saw a **rise in protection issues**.
- **Fear and the stigma** associated with COVID-19 probably led to a lot fewer cases of COVID-19 being detected; however, the fear that a massive outbreak could affect crowded IDP camps has not yet been materialized.

Information Challenges and Gaps

There is a lack of data on the current situation for some sectors as much of what is available was collected during July and August. There was some interesting and detailed analysis on WASH and livelihoods provided by a number of REACH assessments in Maiduguri, Jere, Monguno; however, the data collection was in early July. The latest [Displacement Report \(DTM\)](#) available is only for August. Similarly, for Protection, the latest [Protection Monitoring Report](#) only covers July – August. Schools

⁸ Schools were directed to reopen on October 12th but only after specific COVID mitigation measures had taken place.

were expected to open from the 12 October, but there is little data on the proportion of schools opening or the numbers of children that have been able to return.

On the positive side, a WASH assessment for H2R areas was conducted by REACH in September. The latest Cadre Harmonise was released in mid-November, providing some detailed analysis on the food security situation. Data is also drawn from OCHA sitreps and other Sector and INGO publications plus local and international media.

Finally, it should be noted the majority of data collection was conducted via telephone interview, which makes verification more difficult (assessors cannot undertake visual checks, for example).

Livelihoods

The pandemic is a particular threat for the BAY states' 1.8 million IDPs, over 400,000 of whom live in highly congested camps with limited access to WASH (water, sanitation, and hygiene) facilities. Aside from the health impacts, Covid-19 has meant limited access to land and markets, driving up the number of people estimated to be food insecure from 2.7 million in 2019 to 3.8 million in 2020. Agricultural production has also been negatively impacted this year by flash floods and extreme drought, further increasing food insecurity. An assessment analyzing the effectiveness and utility of cash and voucher assistance done in BAY state, the majority of respondents in Yobe (59%) report that aid covers their basic needs, whereas less than half report so in Adamawa (46%) and Borno (39%). Food (78%) and access to livelihoods (52%) remain the largest unmet needs. Results have improved slightly since the last round (GTS 27/11/2020).

Pre-existing economic factors, exacerbated by COVID-19 containment measures, have contributed to a rise in the national unemployment rate, resulting in a negative downturn for many business activities affecting communities and local economies in Borno, Adamawa, and Yobe states. State income has fallen due to a drop in demand for crude oil, simultaneously as the northeast sees increasing prices of commodities, coupled with supply chain issues driving up inflation. The net decrease in purchasing power has seen many households facing difficulty in purchasing essential goods. The unemployment rates in the northeast are worst in Adamawa at 29.3%, followed by Yobe with 26.8%, while in Borno state, the rate is below the national average at 19.9% (Nigerianstat Q2 2020).

The knock-on effect of COVID-19 containment measures continues to impact livelihoods increasing tensions negatively

COVID-19 containment measures exacerbated by pre-existing economic factors have resulted in rising unemployment and a negative downturn for many business activities. The economic crisis resulting from the COVID-19 pandemic is affecting communities and local economies in Borno, Adamawa, and Yobe states (OCHA 12/10/2020). Other

factors, including the depreciation of the national currency (NGN) and land border closure, further constrain poor households' purchasing power. Households affected by conflict, flooding, and other hazards are among the worst affected. They are earning substantially below-average income, as many of these households are displaced and have difficulty finding income-earning opportunities where they are displaced ([FEWS NET](#) 14/11/2020).

Pre-COVID-19, both men and women had begun earning income to supplement the humanitarian assistance they were receiving to meet their needs. Many men had small businesses such as small retailers or manual laborers, while women had begun small-scale trading such as knitting caps, tailoring, making mats, etc. However, with COVID-19, this earning potential has been greatly reduced because of the lockdowns and curfews that led to a subsequent downturn in the economy and the closing down of businesses ([CARE](#) 27/10/2020).

Loss of livelihoods and decreased purchasing power continues to drive the adoption of harmful negative coping mechanisms

Critical challenges for affected people including lack of livelihood opportunities, food insecurity, and inflated prices that have increased tension across IDP camps and host communities, forcing affected and vulnerable populations to adopt negative coping mechanisms, including transactional sex and street begging. ([UN OCHA](#) 26/11/2020).

The loss of livelihoods combined with COVID-19 movement restrictions and camp overcrowding has resulted in rising protection risks for women and female adolescents (especially those from the most vulnerable households) ([UNHCR](#) 07/08/2020, [UN OCHA](#) 13/08/2020). There have also been a rising number of SGBV⁹ incidents and intimate partner violence ([UNHCR](#) 07/08/2020).

Where was the impact of COVID-19 greatest?

Recent data from REACH collected in July examines the proportion of residents that had to stop working due to the COVID-19 situation in the 90 days before data collection. A total of 60 settlements were assessed in Jere LGA, and KIs reported that in 9 (23%) of those settlements, more than 4 in 5 residents had to stop work. The indicative findings suggest the situation was similar in Maiduguri (9 out of 40 settlements met the same threshold, 23%). However, the proportion of settlements where **less than half** the residents had to stop work (i.e., the impact of COVID-19 was smaller) was much higher in Maiduguri (48%) than in Jere (23%), suggesting that COVID-19 restrictions did not as heavily impact livelihoods in Maiduguri. For Monguno in the far north of the state, only 7 settlements were assessed, and most (6) reported between 20 – 59% of residents

⁹ See Protection section

having to stop work. This would appear to show livelihoods were affected much less than in Monguno than in Jere/Maiduguri. However, it is worth noting that there is no baseline for employment figures from before COVID-19, so many residents may not have had work, or it may be that in some LGAs, compliance with COVID-19 was lower/enforced less. (REACH [02/11/2020](#), [20/10/2020](#), [22/10/2020](#), [20/10/2020](#), [21/10/2020](#), [21/10/2020](#), [28/10/2020](#)).

The poorest continue to struggle with IDPs, and returnees typically the most vulnerable

Borno continues to house the highest number of IDPs (1,566,011) according to DTM Round 33 and is one of the poorest states in Nigeria, with a poverty rate of 70.1%. The humanitarian situation in Borno State is characterized by pockets of severe and extreme poverty levels in the return areas and within some urban communities hosting IDPs. Food security and livelihoods are particularly precarious due to semi-subsistence lifestyles and heavy dependence on the informal sector for income (CARE [27/10/2020](#)). People in rural areas are farmers, while widespread illiteracy, unemployment, and limited infrastructure contribute to low human capital development. Extreme poverty levels among families continue to have significant impacts on children's well-being and development (CARE [27/10/2020](#)).

The impact of COVID-19 containment measures hit daily laborers, those engaged in cash-for-work activities, and small business owners the hardest. Income-earning activities were constrained, particularly among urban households dependent on informal and daily labor work, which remains restricted (FEWS Net [31/08/2020](#)). The majority of IDPs in the informal economy whose livelihood depends on daily earnings and who were already facing food insecurity have been particularly affected (OCHA [08/08/2020](#)). Youth and women in the informal sector are also hard hit (OCHA [12/10/2020](#)).

Households with more dependents are more economically vulnerable and thus more likely to be negatively impacted by income reductions. Findings from a survey in 6 LGAs with the highest numbers of people in need¹⁰ suggest that smaller households are likely to have higher per capita expenditure than larger families. Half (52%) of households with less than four members have a low economic vulnerability (and are thus more able to deal with shocks). The equivalent figure for families with four or more members drops to 27% (REACH [31/07/2020](#)).

¹⁰ The survey was conducted in the 6 LGAs identified as having the most people in need in the 2019 HNO (Askira/Uba, Gujba, Hawul, Jere, Maiduguri and Michika) and was conducted between 16 March and 1 April 2020

Food Security

The COVID-19 pandemic and associated containment measures continue to negatively affect most households across the states due to disrupted and sub-optimal livelihood functionality. Sporadic attacks by non-state armed groups (NSAG) in the BAY have harmed livelihoods and, consequently, food and nutrition security.

In light of a recent food security analysis, the number of people at risk of food insecurity in northeastern Nigeria has decreased from a peak of around 4.3 million during the lean season. The main factors include the north of the country moving out of lean season as the harvest is gathered. In addition, the easing of COVID-19 containment measures has allowed a resumption of farming activities and commerce. The latest **Cadre Harmonisé analysis** puts the number of people in the BAY states facing critical food insecurity (IPC level 3 (crisis) or above) at just over 3.4 million. This figure includes approximately 560,000 people facing emergency levels of food insecurity (IPC Level 4). Without sustained humanitarian support, this figure is projected to rise to over 5.1 million by the onset of the next lean season (August 2021). Escalating violence continues to disrupt millions of people's lives and livelihoods in northeastern Nigeria and increases the magnitude of humanitarian needs. Ongoing violence and insecurity disrupt market functioning and reduce agricultural production. Economic recession, high inflation rate, above-average staple foods prices in the northeast coupled with the persistent depreciation in the value of the NGN have constrained the purchasing power of most vulnerable populations (([Food Security Sector 16/11/2020](#)))

Food insecurity remains high in northeast Nigeria

3.4 million people were food insecure in the BAY States, an approximately 21% decrease from the figure reported in June 2020. ([Food Security Sector, 05/11/2020](#)). This is a direct consequence of increased humanitarian food assistance and the crop harvest ([UN OCHA 26/11/2020](#)).

Figure 11. IPC figures for the BAY states October - December 2020

State	Total pop	Total pop in Phase 3	Total pop in Phase 4	Total pop in Phase 5	Total pop in Phase 3 to 5	% population food insecure
Borno	6, 788,700	1, 380,921	433,331	-	1, 814,253	27%
Yobe	4, 458,173	827,539	119,090	-	946,629	21%
Adamawa	4, 980,623	650,802	6,826	-	657,628	13%
Total	16,227,496	2,859,262	559,247	-	3,418,510	21%

Aid actors have raised concerns over rising food insecurity, malnutrition, and Protection risks, as evident in the projected figure for August 2021 ([OCHA 20/10/2020](#)). The increase in displacement due to the recent attacks by the NSAG and the spread of the COVID-19 pandemic in Borno continues to impact livelihoods negatively, and consequently food and nutrition security. As a result of COVID-19, Borno has experienced an increase in the projected numbers of food-insecure people compared to the previous months ([CARE 27/10/2020](#)). In particular and despite the easing of lockdown, very poor households with below-average purchasing power (due to continued low income and high food prices) are expected to face Crisis (IPC Phase 3); IDPs in camps who are receiving food assistance are in Stressed (IPC Phase 2) outcomes ([FEWS Net 14/11/2020](#)).

Food insecurity is still prevalent in many areas, driving the adoption of negative coping mechanisms

Food insecurity is still affecting many households in northeast Nigeria despite the onset of the harvest and the lifting of many COVID-19 related restrictions. Limited access to food has been further exacerbated by insecurity; farmers have been forced to abandon their activities, resulting in the high cost of food items. Persons of Concern (PoCs) in MMC that benefitted from Cash-Based Interventions for food have reported that due to increasing food prices resulting from COVID-19, they could not feed their families using the current food basket ([UNHCR 12/10/2020](#)). Some areas experienced weeks of food shortages, particularly in Bama, Ngala, Damboa, Banki, and Dikwa LGAs of Borno State ([UN OCHA 26/11/2020](#)).

With increasing food insecurity, IDPs are relying on harmful coping mechanisms to cope with insufficient access to food. These negative coping strategies include adults not eating food so that the children can have something to eat and the selling of assets to afford food for the home. In Bama, for example, IDPs sold part of their food rations to meet other expenses ([UNHCR 07/08/2020](#)). Men and women are having to find ways to keep their families fed and alive to survive the pandemic ([CARE 27/10/2020](#)). In a recent assessment of 11 LGAs [23 were assessed, 11 had sufficient coverage] in Borno and Adamawa states, in all but one, the majority of assessed settlements reported that people eat wild food that was not part of their regular diet ([REACH 30/10/2020](#)).

The COVID-19 hunger crisis puts women at greater risk of sexual exploitation, as they are more likely to exchange sex for food. Families are more likely to marry their child daughters in exchange for dowries they can use to feed themselves ([Food Tank 06/10/2020](#)).

Food insecurity is set to rise into 2021

Food insecurity is set to rise, based on the latest figures from the Cadre Harmonisé. A host community assessment conducted in Jere, Maiduguri, and Monguno LGAs (Borno

state) in July 2020 indicated that for the majority of assessed settlements, half or more residents did not have enough food to meet the needs of their households (REACH 02/11/2020, 20/10/2020, 22/10/2020, 20/10/2020, 21/10/2020, 21/10/2020, 28/10/2020). The Cadre Harmonise forecasts the situation will be worse in 2021 with warnings that up to 5.1 million people risk being critically food insecure during the next lean season (June – August 2021), a level similar to 2016–2017 when famine was looming in Borno State ([OCHA](#) 26/11/2020).

Households most affected by the conflict in Bama and Gwoza LGAs, those who remain within the garrison towns and those within displacement camps who cannot engage in their typical livelihood activities are amongst the most vulnerable. Some of the vulnerable households residing out of the camps will find that their income and food sources will not meet up their needs, and they will continue to face food consumption gaps when staple food prices are increasing. Both groups are projected to be facing Crisis (IPC Phase 3) from February to May 2021. Worst-case outcomes in which increased conflict significantly restrict humanitarian access and household movement could lead to extreme levels of acute food insecurity, including Famine (IPC Phase 5) ([FEWS NET](#) 14/11/2020).

Protection

Northeast Nigeria continues to face frequent attacks leading to widespread displacements, often to already overcrowded and underserved IDP camps. Vulnerable people resort to negative coping mechanisms to make ends meet, further exposing them to risks and other protection concerns.

Nigerians in BAY states continue to face frequent attacks including property destruction, abduction, hostage-taking, robbery, and direct violence by non-state armed groups.

The recurrent violence of NSAGs leads to widespread displacements, further exacerbating protection risks and concerns. In Yobe State, the NSAGs continue to attack villages in Gujba and Bursari LGAs, committing theft, murdering of civilians, property destruction, sexual assault, and kidnapping for ransom ([UNHCR](#), 12/10/2020). The NSAG also continues to plant IEDs, mount ambushes and set up illegal checkpoints on main supply routes in Yobe. Attacks on civilian and military targets were also reported in the northern and southern part of the state ([UNHCR](#), 07/08/2020).

The persistent attacks by non-state armed groups create insecurity and fear among civilian populations in host communities and IDP camps and trigger population movements and influxes of new arrivals in already overcrowded IDP camps, thereby heightening protection risks and concerns. The affected populations' dire

socio-economic conditions require an enhanced and coordinated response ([UN OCHA 09/07/2020](#)).

The socio-economic impact caused by COVID -19 is also contributing to an increase in the number of SGBV cases.

Sexual and Gender-Based Violence (SGBV) has continued to be the most serious protection concern in Borno, Adamawa and Yobe states. The highest number of incidents have been reported in Bama, MMC, and Pulka LGAs of Borno State.

A total of 614 SGBV incidents were identified and reported in July and August 2020, an increase in reported cases from 547 in May and June. Many assessments attribute this to the combined effects of the negative socio-economic impact of COVID-19 and the persistent insecurity hindering access to livelihood opportunities, putting women and girls at risk ([UNHCR 12/10/2020](#)).

The security situation and the hardship brought by the COVID-19 means many vulnerable people have been displaced multiple times and must deal with the additional pressure on the existing limited access to humanitarian aid. Persons of Concern (PoCs) are also exposed to heightened protection risks such as Sexual Exploitation and Abuse (SEA), discrimination, and increased vulnerabilities as a result of insufficient empowerment options. Children and persons with specific needs (PSN) comprising persons living with disabilities, the elderly, Female-Headed Household (FHH), and pregnant women remain highly vulnerable ([UNHCR 12/10/2020](#)).

Additionally, the situation has increased the risk of teenage pregnancy, with girls out of school and with lower access to health services. Child marriage and abuse are also on the increase as families look to reduce their burden ([ReliefWeb 01/08/2020](#)).

Education

Education in northeast Nigeria continues to be affected both by conflict and by the COVID-19 pandemic. Enrolment rates have remained low due to poverty, cultural attitudes, and dissatisfaction with the quality of education provision. All children in the area were affected by school closures and education sector partners have been working with education authorities to provide alternative education programs across the BAY states.

While the government directed all schools to open on the 12 October, schools in the northeast faced challenges implementing the necessary precaution measures to ensure they can do so safely and without exposing pupils and their teachers to further risks.

The lack of access to the internet, television and a shortage of learning materials means that many poor and displaced children have been excluded from alternative distance education.

Many camps and camp-like settings do not have schools. Where available, such schools are ill-equipped and do not provide for alternative basic or secondary education.

Across the BAY states, many camps and settlements do not have schools or temporary learning spaces (TLS) nearby. Assessments indicate that schools around 29 settlements in Jere LGA of Borno State have remained closed due to COVID-19 and thus inaccessible to humanitarian organizations seeking to conduct assessments and other interventions ([REACH](#) 20/10/2020).

In the Maiduguri Metropolitan Council, schools around 31 settlements were closed while in Monguno, schools in seven settlements have remained closed ([UNHCR](#) 22/10/2020, [REACH](#) 21/10/2020).

IDPs are worse hit by increased hardships brought by COVID-19 as they generally have fewer resources at their disposal than their host community counterparts. This affects their ability to send their children, especially the girls, to school.

The [Vulnerability and Essential Needs Assessment \(VENA\)](#) conducted by REACH revealed that on average, host community households reported considerably higher monthly per capita education expenditure than IDP households. The average monthly per capita education expenditure reported by host community households was 831 NGN as compared to 230 NGN for IDP households. This is an indicator of the ability of parents to send their children to school ([REACH](#) 31/07/2020). Findings from the study suggest that education vulnerability is gendered. Of all the households with school-going children, households with at least one girl among their school-going children were more likely to have a higher education vulnerability (30%) than households who reportedly only had boys attending school (7%) ([REACH](#), 31/07/2020).

With the pandemic, more children have now been pushed out of school due to closures, interrupting children's education and leaving many students unable to prepare for their final exams. ([Global Citizen](#) 01/10/2020).

School closure as a result of COVID-19 is putting children (especially girls) at increased risk of abuse and neglect.

Many children have adopted negative coping strategies such as hawking, begging, and child labor for survival. This further exposes them to the risk of SGBV, abuse and abduction. The risk of exploitation is significantly higher for girls from lower-income families as their families try to reduce the number of mouths to feed in their homes. Girls face additional protection issues, including being forced into exploitative sexual

relationships that could lead to teenage pregnancies and child marriage. These will likely prevent many girls from returning to school when reopened (OCHA, 13/08/2020).

Many children who have already been made vulnerable from losing their parents/caregivers to the conflict have been forced to become household heads.

Further, the COVID-19 prevention measures such as the lockdown and physical distancing are impeding their education, destabilizing their mental health, and jeopardizing their future (OCHA 02/07/2020).

Children with disabilities and those from low-income households face barriers in accessing alternative modes of education.

When schools closed due to the lockdown, the school management adopted alternative learning modes in online learning, home tutoring, radio, and TV programs. (Premium Times, 10/09/2020). Many already, poor parents lost their livelihoods and could not prioritize purchasing computers and internet services over food (Global Citizen 11/06/2020). In addition to the barriers listed, domestic chores, especially for girls, and the work required to run households or farms, can also prevent children from getting sufficient learning time (UN 09/2020).

Radio and TV programs that provide cheaper alternatives are still out of reach for many as broadcast coverage is weak or non-existent in some cases, and access to electricity is also limited. Lack of funding is preventing sector partners from covering all targeted LGAs with radio education programs and from adapting programming to include children with disabilities (OCHA 12/10/2020, Education Sector interview 16/12/2020).

Underfunding of partners working in Education and Education in Emergencies makes it difficult for them to support alternative programs and strategies, particularly for H2R areas and IDP camps in the BAY states where more than 4 million children have been unable to access education since April (OCHA 12/10/2020).

For those that do return to school, the negative impact of school closure will be highest on the most vulnerable pupils

In the most fragile education systems, the interruption of this school year will have a disproportionately negative impact on the most vulnerable pupils, those for whom the conditions for ensuring continuity of learning at home are limited (as outlined above). Therefore many of the poorest and most vulnerable children who will be able to return to school will find that they have slipped behind or even regressed in their learning as the learning loss, in the short and long term, is expected to be great (UN 09/2020).

Education authorities and partners are also working to implement federal government guidelines for schools and learning facilities reopening after COVID-19. Many schools

have been used for other purposes and require cleaning and disinfecting before they can reopen, which is also being hampered by lack of funding.

COVID-19 containment measures have further impoverished families, making them unable to send their children to school

Education access and learning outcomes were already poor in northeast Nigeria due to economic barriers, socio-cultural norms, and practices that discourage formal education ([UNICEF](#) accessed 16/12/2020).

The country's poverty rates were already very high before the COVID-19, with 70% of the population living below international poverty lines. It is significantly worse in the northeast, where 75% of the people in Adamawa and 72% in Yobe are living below the poverty line ([Statista](#) 01/05/2020).

COVID-19 has impacted livelihoods and increased reliance on humanitarian assistance, thus worsening education access and learning outcomes. This is especially so for IDPs and female-headed households as they are now less likely to be able to shoulder the cost of sending themselves or their wards to school.

Although education is officially free and compulsory at the primary level, many schools refuse to enroll children who cannot buy their uniforms and pay for the other levies ([JENA](#) 06/12/2019).

WASH

UNICEF reports that Nigeria is among the three countries in the world with the highest number of people without access to safe water and sanitation and that it ranks second for the number of people practicing open defecation ([UNICEF](#) 19/05/2020).

Access to water continues to be a major challenge for all affected groups in northeast Nigeria. Issues related to the water table, insecurity, and infrastructure damage during the rainy season are all factors driving up WASH needs and making northeast Nigeria a very challenging environment in which to maintain WASH infrastructure.

Flooding has also impacted sanitation, with large numbers of latrines in need of repair and some sites having no latrines at all. Compliance with public health advice on handwashing is also being made more difficult as a quarter of [assessed] informal sites have little or no access to adequate soap, especially in the hard to reach areas; also, public handwashing stations are the exception rather than the norm ([IOM](#) 31/08/2020).

Finally, overcrowding and the lack of nearby gender-disaggregated WASH facilities increase the protection risks for women and girls.

Lack of water for IDPs, Host Communities, and Hard to Reach areas is a widespread issue

The July 2020 assessments conducted by REACH for Maiduguri, Jere, and Monguno LGAs indicated that in close to half of the settlements assessed, the majority of residents do not have enough water to meet their daily drinking, cooking, and cleaning needs.

Lack of water for drinking, cooking, and cleaning

- Bolori 1 and Bolori 2 wards of Maiduguri LGA: KIs from 12 of the 23 assessed settlements reported that most residents lacked enough water. ([REACH 22/10/2020](#)).
- Gongulong, Ngudda/Addamari, and Old Maiduguri wards of Jere LGA: KIs from 6 of 18 reported that most residents lacked enough water. ([REACH 02/11/2020](#)).
- Monguno LGA: KIs from 4 of the 7 assessed settlements reported that most residents lacked enough water. ([REACH 21/10/2020](#)). [note that 4 other similar assessments are available for analysis]

In terms of the barriers to water access, data shows long queues, low water point capacity, and high-water cost as the main issues.

- Water points have a low capacity/runs out of water often was identified at 16 of the 48 settlements
- Long queues to access water points were identified at 15 of the 48 settlements
- Water is too expensive was identified at 8 of the 48 settlements

An assessment of hard-to-reach areas (data collection in September) showed a worrying level of settlements relying on unprotected water sources. Of the 11 LGAs covered, 5 reported that the main water source for 81 – 100% of settlements was an unprotected water source, for 5 other LGAs this percentage was 61 – 80% settlements, and the final LGA reported 41 – 60% of settlements had a main water source that was unprotected. ([REACH 30/10/2020](#)).

One factor affecting water availability is the low water table. In some areas in the BAY states, the water table has low or non-existent groundwater, forcing partners to rely solely on water trucking. The WASH sector reports that further groundwater monitoring, geological and hydrogeological surveys have been planned for the coming months to generate additional and more sustainable water sources ([UN OCHA 26/11/2020](#)).

Insecurity is also an issue for hard-to-reach areas. In 6 out of 11 LGAs (Askira/Uba, Gwoza, Madagali, Marte, Michika, and Ngala) reported that 61 – 100% of the settlements assessed cited that safety concerns prevented at least some of the population from accessing the preferred water source ([REACH 30/10/2020](#)).

Many camps and camp-like settings have damaged sanitation facilities or have no sanitation facilities at all

Sanitation and waste management needs to remain critical ([UN OCHA](#) 26/11/2020). There is still a lack of adequate WASH facilities to meet IDPs' needs in camp situations with many of the worst conditions in Borno. In camps, there is, on average, only one latrine for over 50 people, and in some camps, even only one latrine per 100 IDPs, particularly in Jere, Monguno, and Konduga LGAs of Borno State ([UN OCHA](#) 26/11/2020). 14% of latrines in Borno state are damaged, as are 24% of those in Adamawa. In 5 sites (across 4 LGAs: Girei in Adamawa state, Jere, Konduga, and MMC in Borno state), there are no latrines on site. 24% latrines need dislodgement across 78 sites in 16 LGAs ([CCCM](#) 24/11/2020).

In terms of showers, 18% across sites in Adamawa and Borno need to be repaired. 16 sites in 5 LGAs (Girei in Adamawa state, Konduga, Jere, Maiduguri, and Dikwa in Borno state) do not have showers on site ([CCCM](#) 24/11/2020).

One additional factor for the increase in WASH needs across the BAY states was the number of flooding incidents in camps and host communities during the peak of the rainy season ([UN OCHA](#) 26/11/2020).

Hygiene facilities and access to soap and water are compromising efforts to follow public health advice on handwashing

DTM Round 3 - Situation Analysis shows a continued lack of soap and water at many sites. 27% of assessed sites in Borno, 21% in Yobe, and 10% in Adamawa reported that soap and water were available to only a few or no residents. The figure was significantly worse in only camps and camp-like settings in Yobe (29%) and Adamawa (31%) Borno (29%). If this figure is representative across the throughout the northeast, then over a quarter of IDPs in camps have little or no access to soap ([IOM](#) 31/08/2020). In a survey of H2R areas, only 12% of assessed settlements cited soap with water as the main handwashing materials used (only water was cited in 64% of the assessed settlements) ([REACH](#) 30/10/2020).

Data also shows limited coverage in terms of public handwashing stations. 72% of sites in Borno reported no handwashing sites with soap and water available. The figure for Yobe was 78%, and in Adamawa, 69% ([IOM](#) 31/08/2020). Lack of public handwashing sites compromises the ability of populations to follow COVID-19 public health guidance.

Lack of adequate WASH facilities and hygiene supplies is raising protection concerns among displaced people

The unavailability of land to construct enough gender-segregated sanitation facilities (especially latrines) remains a significant challenge to improving sanitation and hygiene services in camps and camp-like settings ([OCHA](#) 09/07/2020). 44% of latrines across 115 sites in 17 LGAs need gender marking ([CCCM/Shelter](#) 24/11/2020). This poses serious

protection risks for displaced people, especially in camps, as they must wait long in queues to access toilets and latrines. The type of issues faced in overcrowded camps is illustrated in a rapid protection assessment carried out in Jere where long queues coupled with overcrowded shelter (18 persons/shelter) due to the newly arrived displaced people is putting this camp population at even more risk in the context of the COVID-19 Pandemic ([UNHCR 16/09/2020](#)).

Women and girls face an increased risk of SGBV associated with a lack of hygiene and sanitary materials. This calls for the need to distribute dignity kits to vulnerable women and girls ([UNHCR 17/09/2020](#)).

Health

The current COVID-19 pandemic has claimed the lives of over 1.5 million individuals worldwide but has affected countries differently. Different countries have taken different policy decisions based on their specific capabilities and needs in responding to the pandemic. These actions, as well as the as-of-yet unexplained variation, many countries have experienced vastly different rates of infection and death associated with COVID-19. In a study conducted from all 6 geopolitical zones and 37 States of Nigeria, (including the federal capital territory (FCT)) (**Annex 1**), the total number of laboratory-confirmed cases increased rapidly from 139 persons in March 2020 to 1,932 in April, escalating to 10,162 cases by May 2020 and 25,694 by the end of June. The true burden of the disease is hard to quantify owing to variation and limitations in a testing capacity. COVID-19 mortality rates rose from a national average of 0.05 deaths per State in March 2020 to 1.56 deaths in April, going up to 7.76 deaths in May 2020 and 16.0 in June. Case fatality rates per 100 confirmed cases (by the 30th of June 2020) ranged from less than one to of 13.6 in Yobe State. This study found that low BCG vaccine coverage correlated with higher COVID-19 mortality, and this was further supported by the observation that high TB prevalence correlated with higher COVID-19 mortality. However, these associations were weak ([Panafrican Medical Journal, 04/08/2020](#)).

Health services in northeast Nigeria remain under severe pressure. Long-standing issues, including the destruction of health facilities during the conflict, have left the sector in a fragile state, as evidenced by the recent extension of the health emergencies grade 3 rating by WHO. A lack of health services in areas of return is a significant gap.

COVID-19 has put further strain on the health system. Although health facilities were not closed during lockdowns, barriers such as fear of contracting COVID-19, lack of medicine because supply chains were affected, and increased transport costs due to movement restrictions all reduced access to health services.

The health situation in northeast Nigeria was already critical before the COVID-19 pandemic

Situation Analysis
Public

Country: Nigeria Period: 10/20 to 11/20 # Update: 02 Report Status:

WHO confirmed that the humanitarian health emergency in northeast Nigeria will remain at grade 3 (the highest level). This indicates that WHO believes that the severity and impact of the emergency on public health significantly reduces access to basic health services and renders the population vulnerable to disease outbreaks, malnutrition, injuries, and mental health ([WHO](#) 30/10/2020). The ongoing insurgency has taken a severe toll on the health sector, with more than 40% of health facilities in the affected states of Borno, Adamawa, and Yobe damaged or destroyed as a result of the protracted conflict. The health system's capacity to address the pandemic remains limited ([UN OCHA](#) 13/08/2020).

COVID-19 pandemic has placed an additional strain on already overstretched healthcare facilities

In the northeast, the risks for negative impacts on health remain very high and have been further compounded by the country-wide ongoing COVID-19 outbreak ([WHO](#) 30/10/2020).

COVID-19 related challenges include an inadequate supply of personal protective equipment (PPE) and disinfectant supplies and a reduced number of health workers at health facilities ([UN OCHA](#) 09/07/2020).

In Nigeria, numbers show that immunizations under the Extended Program for Immunization (EPI) have dropped in the first 6 months of 2020 compared to the same period in 2019 - indicating a deterioration in routine vaccination coverage due to COVID-19 ([UNICEF](#) 15/07/2020). Anecdotal evidence indicates fears that other diseases (such as tuberculosis) will spread more readily due to the COVID-19 pandemic factors. It has been noted that with the impact of COVID-19 on health services, over 6.5 million TB cases could be recorded in the near future. ([Premium Times](#), 26/08/2020).

There is mixed evidence on the availability of healthcare during COVID-19 containment measures, but other factors increased barriers to health services

A study conducted by UNHCR, with approximately 50% of the total respondents (2755) in the BAY states, indicated that only 82% of respondents had access to health care before the pandemic. Of those respondents that had access, 73% stated they continued to have access during the pandemic (health services were exempt from lockdown rules). However, many respondents cited barriers to accessing quality healthcare; these included:

- fear of contracting COVID-19 (46%)
- lack of medicines (35%),
- higher medical bills (27%),
- increased transport costs (25%)
- poorer services (23%)
- the distance of healthcare facilities (19%)
- lack of competent medical personnel (17%) ([UNHCR](#) 25/08/2020).

As part of a rapid gender analysis conducted in August, respondents (87 women and 55 men) reported that their overall access to health services had declined due to the pandemic. They stated reasons such as having longer wait times or sometimes not getting services on the same day. Before the pandemic, access to health services was consistent in that they could expect to get same-day services and admission if need be. ([CARE](#), 27/10/2020). Also reported (by both men and women) was that accessing health services at the clinic is difficult because health workers are afraid the IDP population may infect them with the virus ([CARE](#) 01/08/2020).

Finally, of particular concern is the access to health services in the return areas. In the BAY states, 65% of the areas assessed do not have access to health services. This lack of access to medical services is most prominent in Yobe as 70% of areas assessed are without health facilities, followed by Adamawa at 67% and Borno at 60% ([IOM](#) 24/09/2020).

Nutrition

COVID-19 movement restrictions have impacted livelihoods and agricultural activities, having a detrimental effect on access to food, and subsequently, nutrition. Additional factors, including insecurity (which is disrupting the provision of nutrition services), flooding, and the impact of the lean season, have all contributed to rising rates of Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) in many of the LGAs in Borno state. "Up to 5.1 million people risk being critically food insecure during the next lean season (June - August 2021), a level similar to 2016-2017 when famine was looming over Borno State" ([UN OCHA](#) 26/11/2020)

The COVID-19 pandemic is contributing to an increase in malnutrition rates where levels of malnutrition are already high

The nutrition situation across the BAY states remain of great concern with increased rates of acute malnutrition attributed to the effects of the COVID-19 pandemic, poor sanitation conditions during the ongoing rainy season, and reduced access to adequate food during the lean season ([UN OCHA](#) 26/11/2020). OCHA reports that in the BAY states, four children lose their lives every day due to malnutrition. Particularly worrying is the rising mortality rate in June and July, which increased by 50% compared to the previous months. This is mostly due to the late reporting of medical complications by caregivers and is attributed to the initial COVID-19 movement restrictions and caregivers' fear of contracting COVID-19 if they go to health facilities ([UN OCHA](#) 26/11/2020).

The International Committee of the Red Cross (ICRC) has seen an increase in malnutrition rates among children in nutrition centers it supports in Nigeria. The number of children treated by the outpatient nutrition program grew by 20%, while the

number of severe malnutrition cases rose by 10%, compared to the same period last year ([ICRC 16/10/2020](#)).

Recent surveillance reports indicate worrying levels of GAM and SAM across Borno State, especially in the most vulnerable age group (6 – 23 months old)

The results of a nutritional assessment that assessed the status of children (6-59 months) using MUAC reported an overall GAM rate of 3.7% and a SAM rate of 0.7% for the whole of Borno state. Amongst the most vulnerable age group (6-23 months old), the prevalence of GAM is almost three times higher at 9.8%, and the prevalence of SAM is double at 1.6% ([UNICEF 06/10/2020](#)).

Gubio LGA reported the highest malnutrition rates amongst children 6-59 months, with a very high GAM rate of above 17% and SAM rate of more than 4%. When looking specifically at children aged 6-23 months, six LGAs (Jere, Gwoza, Dikwa, Biu, Bayo, and Askira Uba) have SAM rate above the emergency threshold of 2% ([UNICEF 06/10/2020](#)).

Persistent insecurity in Gubio due to no nutrition program since the beginning of the year. While insecurity also disrupted the scheduled biannual SMART survey, reports from the nutrition sector shows that the nutritional situation in Gubio is rapidly deteriorating ([UNICEF 20/10/2020](#)).

COVID-19 containment measures, insecurity, and flooding are disrupting nutrition services (where there is already limited capacity) and driving food insecurity

The drop in the implementation of community-based activities such as mass MUAC screening for acute malnutrition to contain COVID-19 is limiting the enrolment of moderately malnourished children in both the Blanket Supplementary Feeding Programs (BSFP) and facility-based Target Supplementary Feeding Programs (TSFP). The sector faces shortages of MUAC tapes to provide to households to ameliorate the impacts of reduced screening by community health workers ([UN OCHA 12/10/2020](#)). Insecurity has resulted in disruptions of nutrition services in Gubio, Magumeri, Mafa, and Mobbar LGAs in Borno State and Geidam and Gujba LGAs in Yobe State ([UN OCHA 26/11/2020](#)). The ongoing rainy season and accompanying incidents of flooding have worsened the poor road network, resulting in delayed delivery of specialized nutrition supplies, especially for BSFP and TSFP beneficiaries ([UN OCHA 12/10/2020](#)).

There is a growing number of under-nourished and separated infants due to the COVID-19 pandemic and ongoing armed conflict. Prevention and management of wastage among infants, particularly for the non-breastfed, is a highly technical and resource-demanding initiative unavailable ([UN OCHA 12/10/2020](#)). The Nutrition sector has insufficient capacity to effectively respond to sudden-onset of emergencies due to escalating insecurity ([UN OCHA 26/11/2020](#)).

COVID-19 and its control measures directly negatively impact the livelihoods of the people limiting their access to essential services. With the current severe economic downturn due to the pandemic, this situation worsens the status of rural families and exposes vulnerable women and children to health and nutrition challenges ([UNICEF 06/09/2020](#)). In addition to the direct impact on the immediate needs of the population, flooding of farmlands will have a negative impact on food availability and nutrition status in the short-medium term ([UNICEF 08/10/2020](#)).

Shelter

With close to half of IDPs (43%) living in a camp or camp-like settings, the heavy rain, flooding, and windstorms have taken a heavy toll on temporary shelter solutions. Repairs have been delayed due to COVID-19 movement restrictions as well as insecurity. Also struggling are returnees who have returned to their areas of origin to find houses damaged or destroyed by the conflict. In total, over 55,000 households are currently in need of shelter across the northeast ([UN OCHA 26/11/2020](#)).

Conflict driven displacement and damage to shelters have led to overcrowding in many sites, increasing protection risks and the risk of COVID-19 transmission.

Many IDPs in host communities are living in rented accommodation. The loss of livelihoods caused by COVID-19 containment measures has left many households struggling to pay rent and in danger of eviction. Also of concern are those families residing in informal settlements (ISET), often in cramped living conditions with little access to basic services and assistance.

Slightly more than half of the IDPs in northeast Nigeria reside within host communities

In northeast Nigeria, the majority of IDPs (57%) reside with host communities; the remaining 43 % reside in camp or camp-like setting. However, in Borno state (which houses the majority of the IDPs in the northeast), 54% of IDPs reside in camps.

- For IDPs in camps and camp-like settings, the most common shelter type was makeshift shelters (37%), followed by the emergency shelter (35%). Across the northeast, the majority of returnees (77%) live in houses with walls, 18% live in traditional shelters, and 5% in emergency/makeshift shelters.
- 61 per cent of IDPs in host communities live in a host family's house, 25% in rented accommodation, and 10% in individual houses ([IOM 24/09/2020](#))

Rains and flooding have damaged shelters as COVID-19 restrictions hamper access to repair materials

Floods, heavy rainfall, and windstorms have damaged shelters, causing further congestion, overcrowding, and leaving many IDPs living in substandard shelters. At the end of September, 55,464 households (HH) needed shelter, and 64,373 HH needed NFI

assistance across the BAY states. According to Sector partners reports, the affected populations in need include IDPs in camps, IDPs in host communities, and returnees, some of whom live in makeshift shelters or shelters that are either partially or completely damaged and affected by floods ([UN OCHA 26/11/2020](#)). Flood and windstorms in Gwoza, Pulka, Ngala, Damasak, Bakasi, and stadium camps have damaged shelters and properties, and in some instances, cost the lives of PoCs in Dikwa and Damboa ([UNHCR 12/10/2020](#)).

Access to shelter and NFI response materials has been slow due to instability and the impediments in reaching affected populations, hampering the repair and reconstruction of damaged shelters in Borno and Adamawa by sector partners ([IFRC 23/10/2020](#)). Other challenges noted in Borno state include a lack of shelter construction materials and tarpaulin due to supply chain disruptions caused by the COVID-19 pandemic ([UN OCHA 14/09/2020](#)).

Conflict is a driver for displacement and overcrowding, increasing COVID-19 risks

In northeast Nigeria, conflict and fear of attacks have resulted in the displacement of people into more crowded settlements putting a strain on already fragile shelter infrastructure. Additionally, housing damages caused by conflict are preventing people from returning to their homes.

During August, a total of 7,306 movements were recorded as a result of military operations, conflicts/attacks, poor living conditions, fear of attacks, and voluntary relocations ([UNICEF 08/10/2020](#)). The shelter/NFIs needs are generated by forced displacement due to attacks, natural disasters, and poor living conditions ([UN OCHA 26/11/2020](#)). The BAY states continue to register a steady increase¹¹ in humanitarian needs due to new/multiple displacements resulting from insecurity and seasoned natural disaster occurrences such as windstorm/rain damages and flooding in IDP camps and camp-like settings ([SHELTER 25/09/2020](#)).

A survey of 11 LGAs by REACH indicated that in 4 LGAs [Marte, Dickwa, Madagali, Askira/Ubo] the proportion of assessed settlements indicating at least one shelter had been damaged or destroyed in the previous month was as high as 81- 100%. The proportion in 4 other LGAs [Ngala, Michika, Gwoza, Damboa] was 41 - 80%. ([REACH 30/10/2020](#)).

It is not surprising then that other reports indicate that PoCs displaced due to the ongoing conflict in the northeast region, particularly in Borno State, have been compelled to reside in crowded camps with limited access to basic services ([UNHCR 12/10/2020](#)). In general, returnees end up in IDP camps due to non-conducive conditions for returns in their areas of origin and limited access to humanitarian aid ([UNHCR 12/10/2020](#)).

¹¹ during the reporting period of 1st to the 15th of September 2020

Living conditions are crowded, increasing the risk of COVID-19 spreading

Living conditions for many in the northeast are overcrowded, with shelters are built near each other making physical distancing impossible. Especially vulnerable are those living in Informal settlements (ISET) who do not have access to secure housing and those forced to sleep in the open when camps have no space for new shelters.

The ongoing conflict in Northeast Nigeria has displaced people into crowded camps and reception centers as the number of returnees have increased to cope with the congested temporary camps people are sleeping in the open. Overcrowded conditions in camps with makeshift and temporary shelters built near each other make physical distancing to prevent the spread of COVID-19 impossible, in addition to increased risks of fire outbreaks and reduced accessibility ([IOM](#) 20/11/2020). Informal settlements (ISETs) constitute an even further vulnerable subset of host communities. ISETs are typically characterized by poor infrastructure, residents' lack of secure housing or tenure, and social or physical marginalization from basic services. Consequently, residents of ISETs may be exposed to heightened risk, including harmful effects resulting from COVID-19 ([REACH](#) 02/11/2020). Due to camp congestion in Bama, Pulka, and Banki, and no space to construct new shelters, new arrivals continue to sleep in the open or in crowded reception centers, which expose them to protection risks, the elements, and COVID-19. This has further exacerbated IDP's protection risks by exposing them to negative coping mechanisms such as survival sex, sexual abuse, and exploitation ([UNHCR](#) 12/10/2020).

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 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 13.

Figure 13 – IMMAP/DFS Secondary Data Analysis Framework

1. Context			
Political Legal & policy	Security Economics	Socio cultural Infrastructure	Demographic Environment
2. Events/Shock/Ongoing Conditions			
Type & Characteristics	Drivers & Aggravating factors		Mitigating factors
Physical distancing	3.COVID-19 Containment related measures		
	Movement restrictions	Public Health measures	Lockdowns
4. Displacement			
Type, #, Mvmt	Push factors	Pull factors	Intentions
			Local integration
5. Casualties			
Injured	Missing		Dead
6. Humanitarian Access			
Access of affected population to assistance	Access of relief actors to the affected population	Security / physical constraints	People facing humanitarian access constraints
7. Communication and Information			
Information channels and means		Information challenges	Information Needs
12. Capacities / Response	National/local actors		
	International actors		
	Government & local authorities		
11.Priorities	Priority interventions (pop)		
	Priority needs (Hum.)		
	Priority needs (pop)		
10.At Risk	People at risk/vulnerable		
9.Humanitarian Conditions	Physical / mental wellbeing		
	Coping mechanisms		
	Living standards		
8. Impact	Impact on services and systems		
	Impact on people		
	Drivers & Aggravating factors		
			Crisis impact:
			Humanitarian profile, Affected people
			Severity of humanitarian conditions: PIN by severity class; People at risk
			Number of people at risk
			Current and forecasted priority needs: Priority geo areas Priority aff. groups Priority sectors Etc.
			Gaps in response: PIN Reached PIN Covered PIN not reached

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 21 October to the 30 November were used for

updated sectors, documents from the 1 September to the 30 November were used for new sectors introduced in this round).

Figure 14: Documents by Location, Timeline and Primary Categories (Analytical Framework)

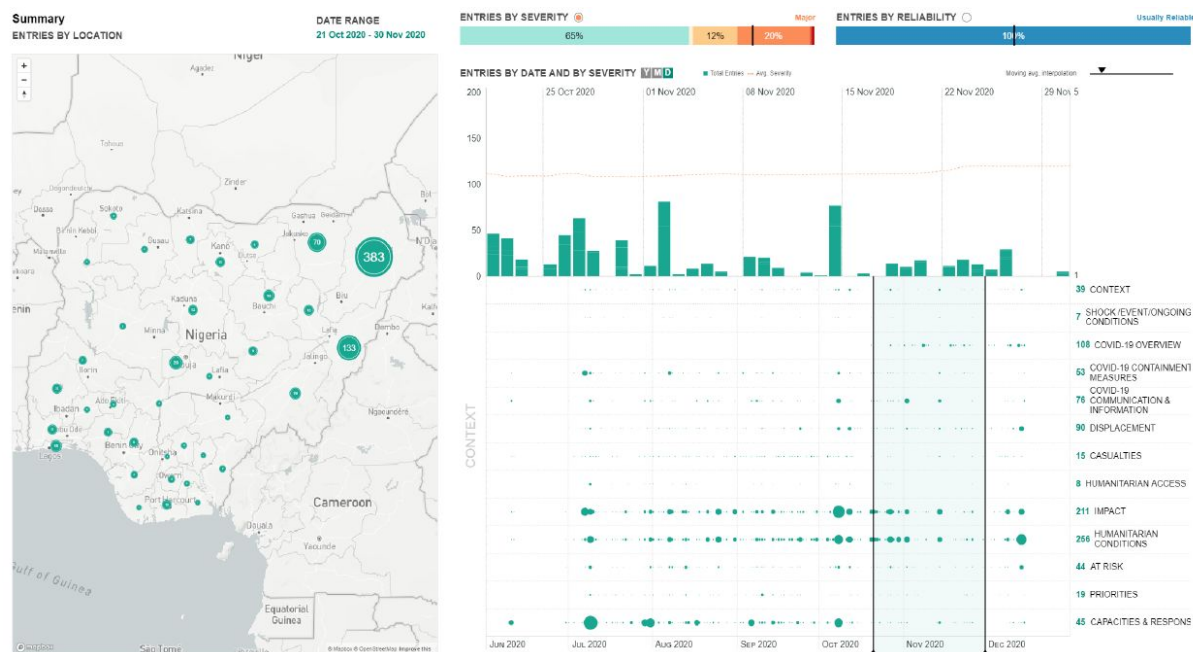


Figure 15: Documents and Entries by Sector and Affected Group

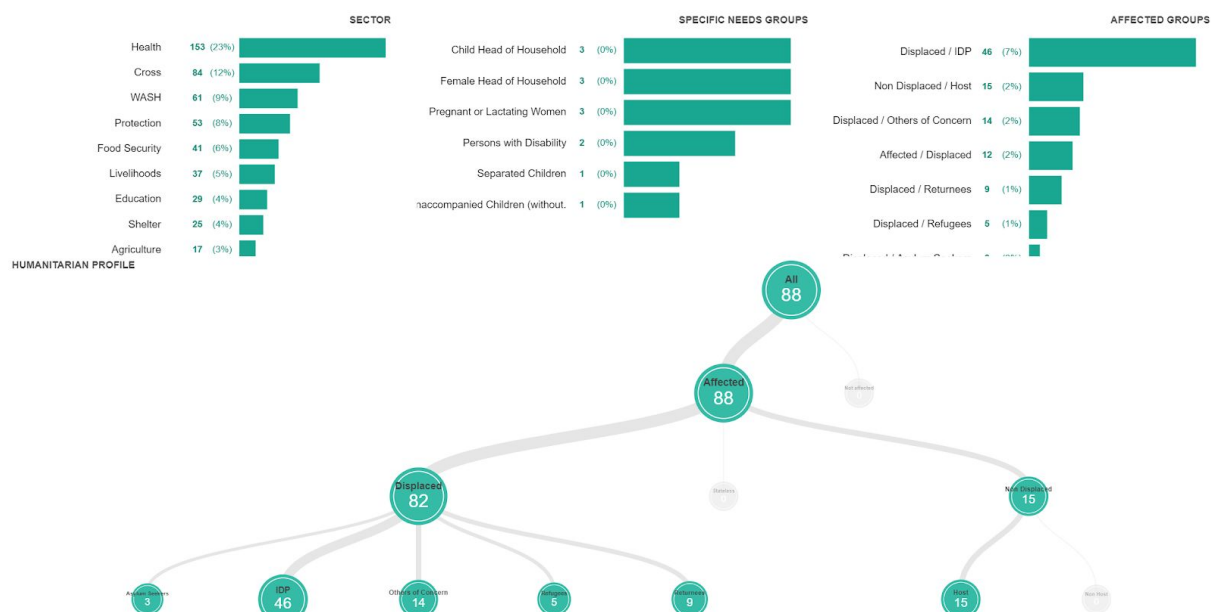


Figure 16: Entries by Sector and sub-Categories of the Analysis Framework

SECTORAL FRAMEWORK	# of Entries	median severity	CROSS	FOOD SECURITY LIVELIHOODS	HEALTH	NUTRITION	WASH	SHELTER	EDUCATION	PROTECTION	AGRICULTURE	LOGISTICS	
	TOTAL	416	84	41	37	153	11	61	25	29	53	17	12
IMPACT191	Drivers/Aggravating Factors	83											
	Impact on People	92											
	Impact on System & Services	69											
	Number of People Affected	7											
HUMANITARIAN CONDITIONS95	Living Standards	175											
	Coping Mechanisms	11											
	Physical & mental wellbeing	49											
	Number of People in Need	18											
AT RISK38	People at risk / Vulnerable	38											
PRIORITIES15	Priority Needs (Pop)	8											
	Priority Needs (Staff)	4											
	Priority Interventions (Pop)												
	Priority Interventions (Staff)	3											
CAPACITIES & RESPONSE3	Government & Local Authorities	8											
	National & Local Actors	6											
	International	27											
	Number of People Reached	8											

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 (Figure 17).

Figure 17 – IMMAP/DFS Analysis Workflow

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 102 relevant documents (articles, reports) from 33 sources	Categorization of the available secondary data (674 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 (14 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 3 key stakeholders	Information gaps identification	Information gaps & limitations	Lessons learnt workshop, recommendations for next round
Tools	Analysis Framework Analysis Canvas 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

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