

COVID-19 Vulnerability and Multi-Sectoral Needs of Host Communities

Shehuri North & Shehuri South, Maiduguri LGA, Borno State, Nigeria

July 2020



OVERVIEW

As the conflict in Nigeria continues through its tenth year, the needs of populations across the North East remain dire. According to the 2020 Humanitarian Needs Overview (HNO), approximately 7.9 million people depended on life saving assistance, and 1.8 million people were displaced from their homes at the start of 2020.¹ The United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) estimates that the number of people in need of life saving assistance has risen to 10.6 million since the onset of COVID-19.²

Over 60% of internally displaced persons (IDPs) across the three most conflict affected states of Borno, Adamawa, and Yobe (BAY states) reside within host communities.¹ Heavy migration of IDPs to these areas stretches already limited services and livelihoods, and makes it more difficult for humanitarian actors to identify and reach those in need. In densely populated host communities with limited health and hygiene infrastructure, the outbreak and spread of disease is a grave concern. The official entry of COVID-19 into the BAY states in April amplifies this threat,³ making a detailed understanding of these communities needs and demographics vital to enacting effective prevention and response measures, both for displaced populations and non-displaced, crisis-affected residents.

Informal settlements (ISETs) constitute an even more vulnerable subset of host communities. ISETs are typically characterized by poor infrastructure, residents' lack of secure housing or tenure, and marginalization, preventing equal access to basic services.⁴ Consequently, residents of ISETs may be exposed to heightened risk, including to harmful effects as a result of COVID-19. As part of this assessment, REACH attempted to determine which host community settlements are most likely to encompass ISETs within their boundaries, a key factor in determining relative levels of vulnerability across local government administrations (LGAs). In designing this assessment, sectors and partners were consulted on geographic coverage and indicators used. In particular, information gaps identified by the Camp Coordination and Camp Management Cluster (CCCM) pertaining to host communities and informal settlements played a critical role.

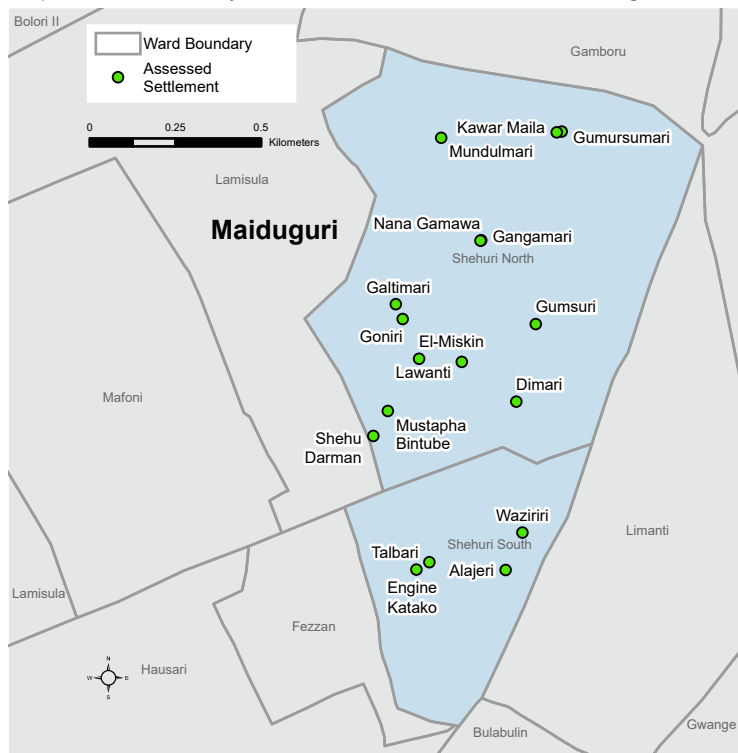
For this assessment, REACH interviewed 51 key informants (KIs) from 17 settlements in the Shehuri North and Shehuri South wards of Maiduguri LGA to gain a better understanding of how needs and vulnerabilities have shifted since the first confirmed case COVID-19 in the BAY states in April.⁵ While COVID-19 is predominately a health and hygiene issue, it has also impacted, among other sectors, the livelihoods, protection, and education of communities, making a multi-sectoral approach to this assessment critical.

All interviews were conducted by telephone. Three KIs were contacted per settlement.⁶ In all interviews, KIs were asked to answer questions on behalf of all settlement residents, unless otherwise stated. Data collection occurred remotely between July 6 and July 17, 2020. All findings presented here are indicative only, not representative, and should be triangulated before use in programming. For all 196 profiled settlements across all LGAs, 99.9% of KIs were familiar with COVID-19, and 94.7% believed that measures needed to be taken to protect their community from the virus.

DEMOGRAPHIC OVERVIEW

- 17** number of settlements assessed
- 676** average estimated number of households per settlement
- 10** average estimated household size
- 4,457** average estimated total population per settlement
- 815** average estimated IDP population per settlement⁷

Map 1: Host community settlements, Shehuri North/South, Maiduguri LGA



KEY FINDINGS

- KIs in **15 settlements** reported that **approximately 5% or less residents** from their settlement **had received WASH/sanitation NFI kits** in the 30 days prior to data collection.
- KIs in **15 settlements** reported that **no publicly available handwashing facilities were available for residents to use.**
- KIs in **16 settlements** reported that **food needs were the among the most pressing for settlement residents.**
- KIs in **3 settlements** reported that **makeshift shelters were a primary shelter type for residents.**

SHELTER

Most commonly reported shelter types, by number of assessed settlements:¹⁷

Masonry building	17	████████████████████
Traditional house (adobe/mud brick)	8	████████████████
Makeshift/thatch house	3	██████

On average, KIs reported **3.45** rooms per shelter in their settlement, with an average shelter crowding density of **2.97** people per room.⁹

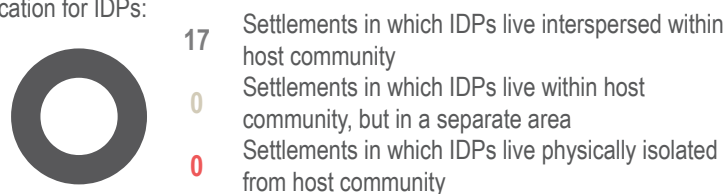
Number of settlements in which KIs reported IDPs living in different housing arrangement typologies:

Host-family accommodation	17	████████████████████
Rented individual accommodation	17	████████████████████
Non-rented individual accommodation	8	████████████████
Self-settled site	1	██
Collective centre	0	

KIs reported IDPs living in self-settled sites in **Kwar Maila.**

COMMUNITY DEMOGRAPHICS¹⁰

Number of assessed settlements reportedly exhibiting each type of residential location for IDPs:



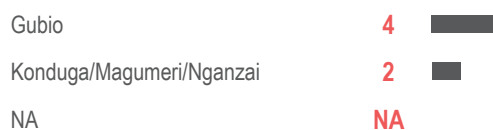
Assessed settlements by estimated population figures (individuals):

Settlement	Total population	IDP population ¹¹
Alajeri	3,833	2,033
Dimari	8,733	287
El-Miskin	5,000	362
Engine Katakao	5,000	1,959
Galtimari	2,000	356
Gangamari	2,933	1,327
Goniri	1,066	261
Gumsuri	3,333	328
Gumursumari	3,550	491
Kawar Maila	5,500	341
Lawanti	4,700	321
Mundulmari	4,433	619
Mustapha Bintube	7,000	363
Nana Gamawa	4,666	959
Shehu Darman	3,000	335
Talbari	6,166	1,994
Waziriri	4,866	1,526
Total	75,783	13,862

DISPLACEMENT

KIs from **13** assessed settlements reported that their settlement had received new arrivals in the 30 days prior to data collection.

Most commonly reported LGAs from which IDPs arrived in the 30 days prior to data collection, by number of assessed settlements:⁸

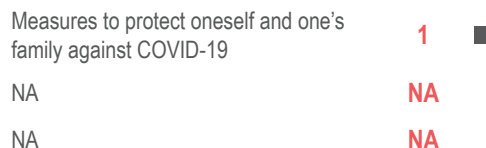


22 Average number of newly displaced individuals arriving to settlements where KIs reported new arrivals in the 30 days prior to data collection.

KNOWLEDGE, AWARENESS & PRACTICES

KIs from **16** assessed settlements reported that most residents' knowledge of COVID-19 is sufficient to protect themselves and their families from the virus.

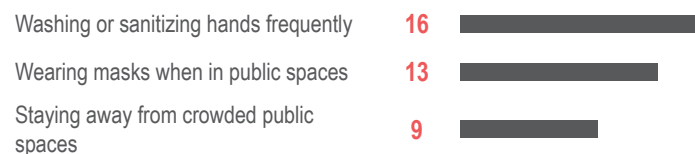
Most commonly reported COVID-19 related topics that settlement residents lack information on, by number of assessed settlements:⁸



KIs from **10** settlements reported that misinformation (at least one rumor) on COVID-19 was prevalent amongst residents. According to these KIs, **COVID-19 cannot survive in the heat (8)**, **COVID-19 cannot infect Africans (7)**, and **COVID-19 is not real (7)** are most common.⁸

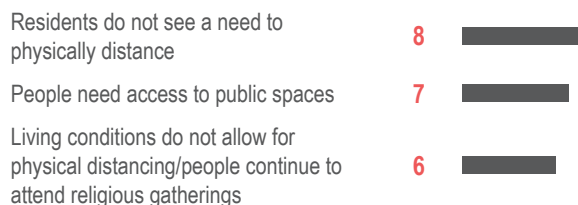
KIs from **16** assessed settlements reported that at least some residents were implementing at least one COVID-19 preventative measure.

Most commonly reported COVID-19 preventative measures which have been adopted by at least some residents, by number of assessed settlements:⁸



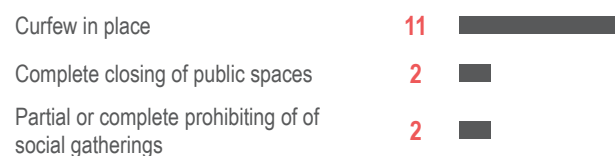
KIs from **10** assessed settlements reported that at least some residents are struggling to implement physical distancing to prevent the spread of COVID-19.

Most commonly reported reasons why residents struggle to implement physical distancing measures, by number of assessed settlements:⁸



KIs from **15** assessed settlements reported that movement restrictions are currently in place for residents.

Most commonly reported movement restrictions active at the time of data collection, by number of assessed settlements:⁸



In these 15 settlements where KIs reported active movement restrictions, KIs from all **15** settlements reported that actors or groups are actively enforcing them.

Most commonly reported actors or groups enforcing movement restrictions at the time of data collection, by number of assessed settlements:⁸



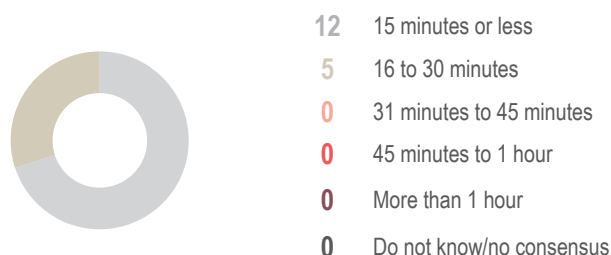
HEALTH

KIs from **15** assessed settlements reported that residents were likely to seek help if they experienced symptoms of COVID-19, while KIs from **2** settlement reported that residents were not likely to seek help.

Most commonly reported healthcare seeking behaviors of residents, by number of assessed settlements:⁸



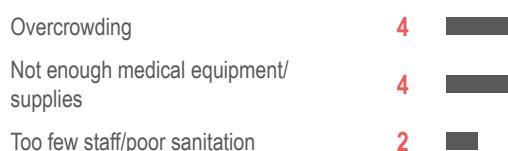
Time reportedly needed for most residents to travel (by walking) to the nearest health facility, by number of assessed settlements:¹²



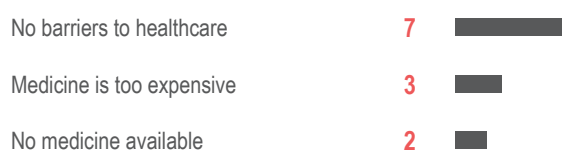
Most commonly reported health facility types nearest to the settlement, by number of assessed settlements:



Most commonly reported problems faced by the nearest health facility, by number of assessed settlements:⁸



Most commonly reported barriers to healthcare experienced by residents, by number of assessed settlements:⁸



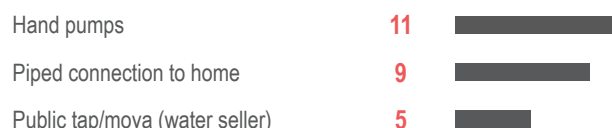
COVID-19 facilities and prevention mechanisms reported to have been established at the time of data collection, by number of assessed settlements:



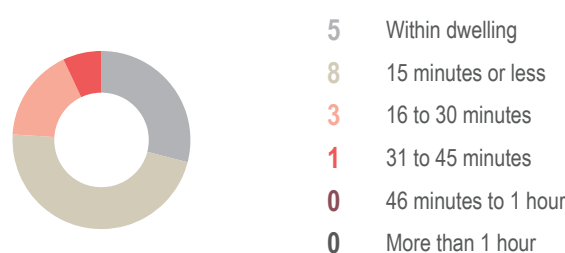
WATER, SANITATION & HYGIENE

KIs from **6** assessed settlements reported that most residents do not have enough water to meet their daily drinking, cooking, and cleaning needs.

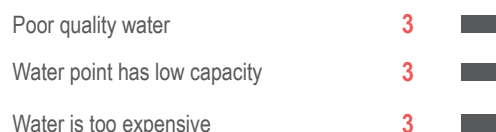
Most commonly reported water sources used by most residents at the time of data collection, by number of assessed settlements:⁸



Time reportedly needed for most residents to collect water, including traveling (walking), queuing, filling, and returning, by number of assessed settlements:



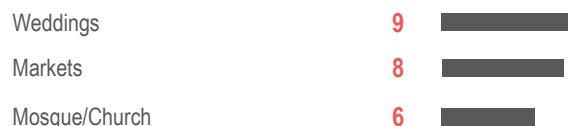
Most commonly reported barriers faced by residents when accessing water, by number of assessed settlements.^{8 13}



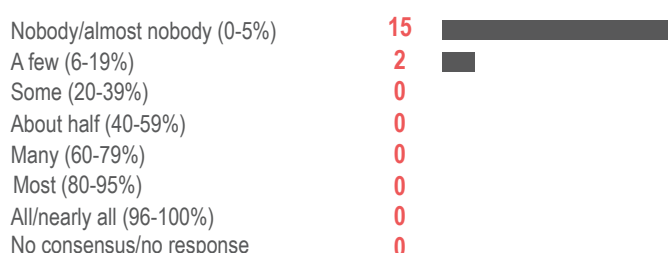
KIs from **15** assessed settlements reported that no handwashing facilities were publicly available to residents at the time of data collection. In both of the remaining **2** settlements where KIs reported that handwashing stations were publicly available, stations reportedly had both soap and water.

KIs from **12** assessed settlements reported increased overcrowding in at least one public location in the 30 days prior to data collection.

Most commonly reported public locations with increased overcrowding in the 30 days prior to data collection, by number of assessed settlements:⁸



Estimated proportion of residents reported to have received WASH non-food items (hygiene or sanitation kits) in the 90 days prior to data collection, by number of assessed settlements:

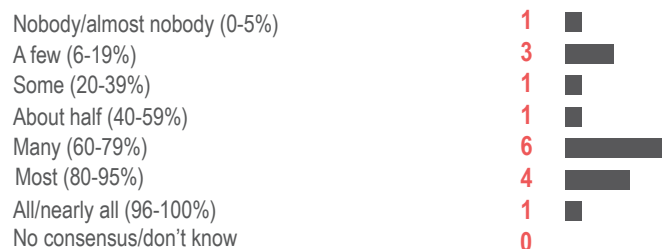




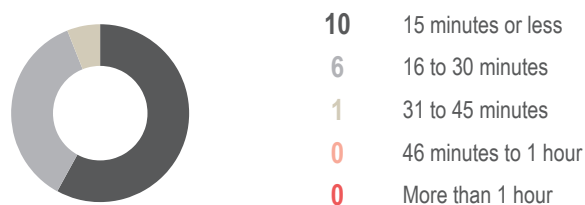
FOOD SECURITY & LIVELIHOODS

KIs from **12** settlements reported that approximately half or more residents did not have enough food to meet the needs of their household in the 30 days prior to data collection.

Estimated proportion of residents reported to regularly receive food assistance, by number of assessed settlements:

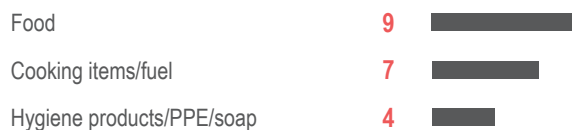


Time reportedly needed for most residents to travel (by walking) to the nearest functional food market, by number of assessed settlements:

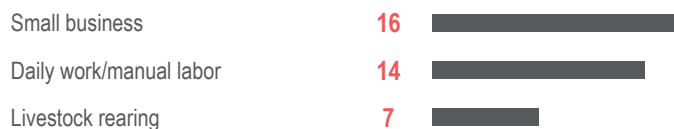


KIs from **9** settlements reported that certain items have become unavailable or more difficult to find at the nearest market place in the 30 days prior to data collection.

Most commonly reported items that have become unavailable or more difficult to find in the nearest market place in the 30 days prior to data collection, by number of assessed settlements:⁸



Most commonly reported income generating activities for settlement residents, by number of assessed settlements:⁸

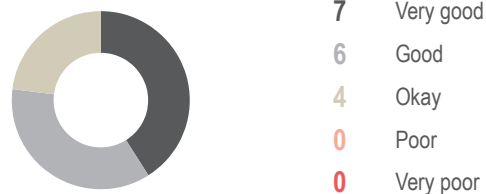


Estimated proportion of residents who have had to stop working due to the COVID-19 situation in the 90 days prior to data collection, by number of assessed settlements:¹⁴



PROTECTION

Pereception of residents' crime and conflict related security in the 30 days prior to data collection, by number of assessed settlements:



Of settlements with KIs reporting a security rating of "okay" or worse, KIs from **0** settlements reported that the severity or frequency of incidents had increased in the 30 days prior to data collection.

KIs from **0** settlements reported that gender based violence (GBV) is a prevalent issue facing residents.

In settlements where KIs reported perceiving GBV as a prevalent issue, the most commonly reported forms of GBV prevalent in the settlement, by number of assessed settlements:⁸



Proportion of total KIs interviewed reporting perceiving a high prevalence of GBV, disaggregated by gender:¹⁵



KIs from **0** settlements reported that violence against children is a prevalent issue facing residents.

In settlements where KIs reported perceiving violence against children as a prevalent issue, the most commonly reported forms of violence against children prevalent in the settlement, by number of assessed settlements:⁸



Proportion of total KIs interviewed reporting a high prevalence of violence against children, disaggregated by gender:¹⁵



KIs from **0** settlements indicated that at least one protection issue is at risk of worsening due to COVID-19.

Most commonly reported protection issues that are at risk of worsening due to COVID-19, by number of assessed settlements:⁸



KIs from **0** settlement reported that some residents had experienced violent interactions with police, security forces, or local vigilantes because of COVID-19 in the 30 days prior to data collection.

HOUSING, LAND & PROPERTY

KIs from **6** settlements reported that eviction is a concern for most residents.

On average, KIs reported that approximately **70%** of residents in their settlement had some form of housing tenure.¹⁶

For residents who have housing tenure, the type of tenure most residents have, by number of assessed settlements:



EDUCATION

KIs from **5** settlements reported that the primary school attended by children (who do attend school) is located within the settlement's boundaries. In the remaining **12** settlements, KIs reported the school is located **outside** the settlement's boundaries.

KIs from **12** settlements reported that schools attended by children had been closed due to COVID-19 in the 30 days prior to data collection.

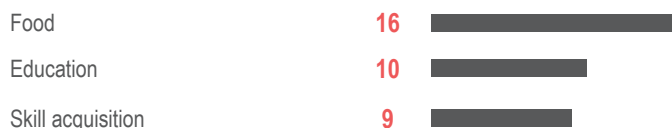
KIs from **9** settlements reported that alternative education options are available for out of school children (since closing of schools due to COVID-19).

Most commonly reported alternative education options that are available for out of school children, by number of assessed settlements:⁸



ASSISTANCE DELIVERY PREFERENCES

Most commonly reported sectors that residents would prefer to receive assistance in, by number of assessed settlements:⁸



Assistance delivery modalities reported as most preferred by the majority of residents, by number of assessed settlements:

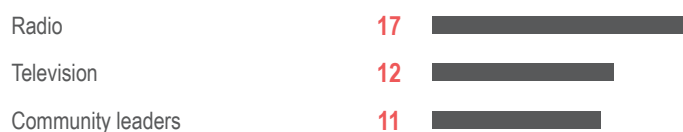


INFORMATION ACCESS & PREFERENCES

The reported frequency with which most residents receive information about COVID-19 from a government or World Health Organisation (WHO) source, by number of assessed settlements:¹⁷



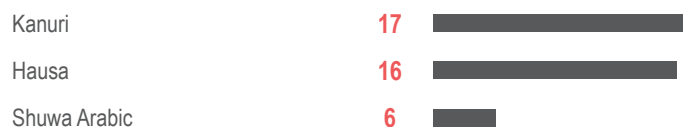
Most commonly reported sources that most residents use for information on COVID19, by number of assessed settlements:⁸



Most commonly reported sources that most residents prefer (trust) for information on COVID-19, by number of assessed settlements:⁸



Most commonly reported languages that residents prefer to receive information in, by number of assessed settlements:⁸



COMMUNITY COHESION

KIs from **0** settlements reported a negative relationship between IDPs and the host community.

The reported social relationship between IDPs and the host community, by number of assessed settlements:



KIs from **13** settlements reported that displaced residents have a representative in the community. Of these, KIs from **13** settlements reported that this individual participates in decision-making processes with local authorities from the host community.

KIs from **0** settlements reported that local organizations were taking action to deal with COVID-19 related issues.



ISSETS & COVID-19 VULNERABILITY

Key findings:

- **15 settlements** were found to have a “moderate” vulnerability to COVID-19.
- **3 settlements**, Goniri, Gumsuri, and Lawanti, were found to have a “moderate” likelihood of hosting residents living in informal settlements.
- **3 settlements**, Goniri, Gumsuri, and Lawanti, were found to have a “moderate” overall risk of harmful secondary impacts due to COVID-19.
- **No settlements** were found to have either a “higher” or “extreme” risk of harmful secondary impacts due to COVID-19.

For the purposes of this composite score, vulnerability is the sum of three components: susceptibility to harm, coping capacities to reduce negative impacts, and adaptability for long-term societal change to reduce future vulnerability. This **vulnerability index** has categorized 19 key indicators from the profiling tool into these three vulnerability components, in order to identify each settlement’s vulnerability to secondary impacts due to the COVID-19 pandemic. For further information, see [Annex 1](#).

The **ISSET index** is a composite score of 5 indicators from the profiling tool intending to capture access to tenure, community integration, and access to safe housing. The final score summarizes the likelihood that informal sites or settlements are to be found within profiled host community settlements. For further information, see [Annex 1](#).

Taken in tandem, the two indices produce an overall risk score, which summarize the relative threat that COVID-19 poses to individual settlements. These scores are shown in Map 2. For additional information on how final risk is calculated, see [Annex 1](#).

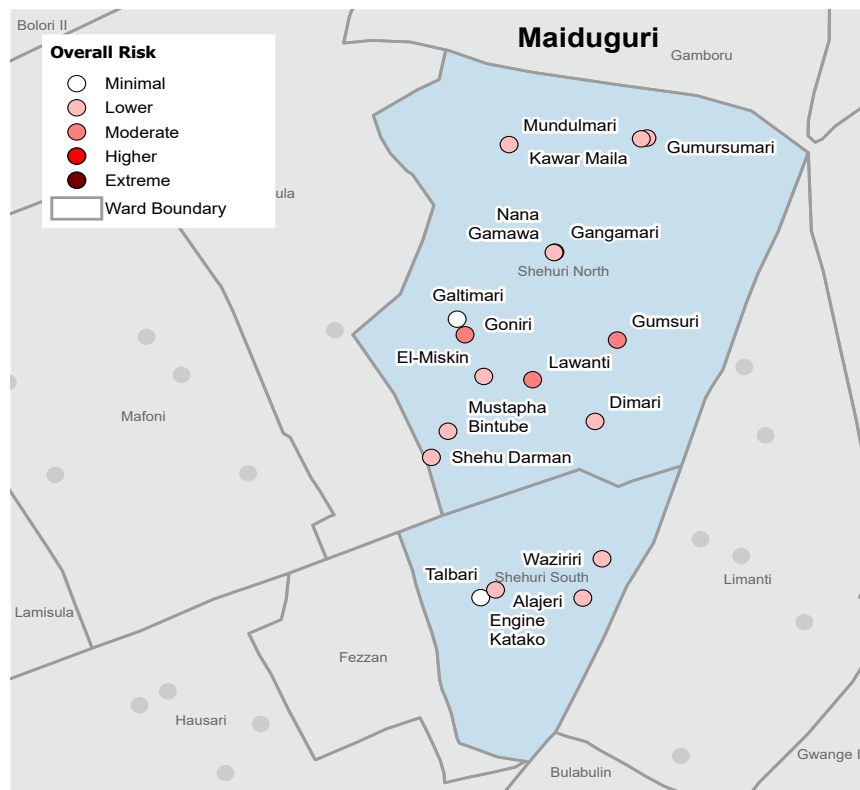
	COVID-19 VULNERABILITY SCORE	LIKELIHOOD OF INFORMAL SETTLEMENT PRESENCE	OVERALL RISK OF HARMFUL SECONDARY IMPACTS DUE TO COVID-19 ¹⁹
Alajeri	Moderate	Lower	Lower
Dimari	Moderate	Lower	Lower
El-Miskin	Moderate	Lower	Lower
Engine Katakò	Lower	Lower	Minimal
Galtimari	Lower	Lower	Minimal
Gangamari	Moderate	Lower	Lower
Goniri	Moderate	Moderate	Moderate
Gumsuri	Moderate	Moderate	Moderate
Gumsursumari	Moderate	Lower	Lower
Kawar Maila	Moderate	Lower	Lower
Lawanti	Moderate	Moderate	Moderate
Mundulmari	Moderate	Lower	Lower
Mustapha Bintube	Moderate	Lower	Lower
Nana Gamawa	Moderate	Lower	Lower
Shehu Darman	Moderate	Lower	Lower
Talbari	Moderate	Lower	Lower
Waziriri	Moderate	Lower	Lower

COVID-19 VULNERABILITY

- Lower vulnerability to COVID-19
- Moderate vulnerability to COVID-19
- Higher vulnerability to COVID-19

ISSET INDEX

- Lower likelihood of residents residing in ISETs
- Moderate likelihood of residents residing in ISETs
- Higher probability residents residing in ISETs



METHODOLOGY

Settlements were selected for profiling using data from round 31 of the International Office of Migration (IOM) Displacement Tracking Matrix (DTM). Profiled settlements are categorized by the DTM as host communities. According to the United Nations High Commissioner for Refugees (UNHCR) glossary of terms, a host community is a community that hosts large populations of refugees or displaced persons, typically in camps or integrated into households directly.¹⁸ Informal settlements are a cluster of households comprised of majority persons who do not have any recognized right (legal or otherwise) to occupancy, who dwell in substandard, impermanent or otherwise unsafe infrastructure, and/or who are socially or physically isolated from basic services.⁴

For the initial round of data collection, Maiduguri, Jere, Gwoza, Monguno, and Damboa LGAs were selected for profiling on the basis of their substantial IDP populations, and their proximity to REACH field staff, who were better able to manoeuvre networking of KIs throughout remote data collection. All host communities with at least 50 IDP households within these 5 LGAs were selected for profiling. Out of these 196 total host communities identified in the DTM, 189 were successfully profiled. All interviews in Maiduguri, Jere, Damboa, and Gwoza were conducted remotely by telephone. Interviews in Monguno were conducted face to face. Additionally, 7 host communities were profiled that are not included in the round 31 DTM. These settlements were identified by traditional leaders as host communities missing from the list compiled in the DTM.²⁰

KIs were selected on the basis of their knowledge of the entire community. Traditional leaders such as Lawans or Ajas were consulted on KI selection, and KIs verbally confirmed their knowledge on the specified settlement before beginning the questionnaire. For each settlement, a minimum of 3 and a maximum of 5 KIs were interviewed. In instances where REACH primary data contradicted available secondary data, KIs were re-contacted or additional KIs were contacted. In instances where data remained contradictory even after additional checks were completed, that data was not reported. Because certain figures are omitted, averages could be significantly higher or lower than indicated in population figures.

In order to aggregate data to the settlement level, the response given by the majority of KIs is reported. In instances where no consensus was reached between KIs, the response given by the traditional leader is reported. In instances of both no consensus and where the traditional leader was unable or unwilling to give a response, the indicator is marked N/A. Because the traditional leader was used to tie break in instances of no consensus, certain trends may be biased towards an over- or under-reporting. For this reason, 2 protection indicators (perceived prevalence of GBV and of violence against children) are disaggregated by the gender of the respondent.

Both the vulnerability index and ISET index are composite scores of indicators from the profiling tool, all of which are reported on individually on this factsheet. For more information on how the scores are calculated, refer to [Annex 1](#).

All demographic and numeric figures are averages of estimates given by KIs at the time of data collection. Additional cleaning has been completed to account for outliers and implausible responses. All findings are indicative, not representative, and should be triangulated before used in programming. While this assessment began and concluded, IOM released round 32 of the DTM. Consequently, this factsheet refers to the second most recent round of the assessment.

END NOTES

1. Humanitarian Needs Overview, Nigeria, page 4, December 2019, retrieved from: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_humanitarian_needs_overview_december2020.pdf
2. Nigeria Situation Report, 14 September, UNOCHA, retrieved from: <https://reliefweb.int/report/nigeria/nigeria-situation-report-14-september-2020>
3. For more information on COVID-19 in the BAY states and Nigeria, see the website of the Nigeria Center for Disease Control (NCDC): <https://covid19.ncdc.gov.ng/report/#>
4. For more information on defining informal settlements, see "UN Habitat Issue Paper 22 - Informal Settlements," May 2015, retrieved from: http://habitat3.org/wp-content/uploads/Habitat-III-Issue-Paper-22_Informal-Settlements-2.0.pdf
5. For this assessment, a "settlement" is a "host community" area designated by IOM round 31 dataset of location assessment, retrieved from: <https://displacement.iom.int/datasets/nigeria-%E2%80%94-location-assessment-%E2%80%94-round-31>
6. For most profiled settlements, one traditional leader (Bulama or Lawan), one female community leader, and one representative of the displaced community were interviewed. This breakdown was to ensure a diversity of views, as well as to ensure that issues which may be unique to certain groups were captured in the data.
7. For this assessment, internally displaced persons (IDPs) are Nigerian nationals who have been forced to leave their homes since 2010, and remain displaced from their area of origin at the time of data collection.
8. Key informants were allowed to select multiple responses.
9. Shelter crowding density is calculated as the average number of individuals per household divided by the average number of rooms in a single household shelter, to give the average number of people per room. Because this methodology does not allow for the measuring of shelter size (square footage) this index is used as a proxy.
10. Demographic and numeric figures presented here are averages of the estimates reported by KIs at the time of data collection. In cases of high variation between estimates, the estimate of the settlement's traditional leader was used. When necessary, KIs were re-contacted to clarify or qualify suspicious or implausible figures. Estimates that directly contradict IOM DTM figures, even after additional interviews, are omitted. Additional cleaning has been completed to account for outliers. These findings should be triangulated with additional sources before being used for programmatic planning.
11. All displacement figures (number of IDPs per settlement) are retrieved from DTM round 31 dataset of location assessment.
12. "Healthcare facility" is a wide ranging term inclusive of hospitals, primary healthcare facilities, mobile clinics, pharmacies and dispensaries, and patent medicine shops.
13. This question was only asked to KIs who indicated that the majority of people living in their settlement did not have enough water to meet their daily drinking, cooking, and cleaning needs.
14. While illness may be a primary reason why people would have to stop working or lose their source of livelihood due to COVID-19, additional reasons include decreased supply or demand, market failure, or movement restrictions.
15. Because protection issues frequently affect populations differently on the basis of gender, data on KIs reporting the prevalence of GBV and violence against children in their community has been disaggregated by gender, to show the difference in reporting between male and female KIs.
16. "Housing tenure" is defined as the financial arrangement or agreement under which someone has the right to live in their home or on their land.
17. Very frequently is multiple times per week, semi-frequently is at least once per week, occasionally is about once every several weeks, and rarely is about once per month.
18. UNHCR glossary of terms, retrieved from: <https://www.refworld.org/docid/42ce7d444.html>
19. A settlement's risk of harmful secondary impacts as a result of COVID-19 is a joint analysis of the vulnerability index and the ISETs index. The table used to determine this risk can be found in [Annex 1](#). Risk is measured as "minimal" at the lowest end of the scale, and "extreme" at the highest end of the scale (with lower, moderate, and higher in between). All ratings are relative, and a less severe risk score does not mean a particular settlement is not vulnerable to harmful secondary impacts.
20. Profiled communities that are not included in round 31 of the DTM are Bayan Costin, Albarka Bread Street, Kandahar Street, and Layin Ultimate Primary School. Since DTM provided the latitude and longitude of each settlement, these 4 settlements are not included on this output's maps.