

# SOCIO-ECONOMIC IMPACT ASSESSMENT OF COVID-19 PANDEMIC AMONG PERSONS OF CONCERN IN NIGERIA

JULY 2020



## List of Partners

National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI)  
Cross River State Emergency Management Agency (CR-SEMA)  
Benue State Emergency Management Agency (B-SEMA)  
Foundation for Justice, Peace and Development (FJDP)  
Justice Development and Peace Commission (JDPC)  
Local Emergency Management Agency (LEMA)  
Family Health International (FHI 360)  
Nigeria Red Cross Society (NRCS)  
Jesuit Refugee Service (JRS)  
CUSO International  
CARITAS Nigeria  
Rhema Care  
Mediatrix

## Acknowledgement

The United Nations High Commissioner for Refugees (UNHCR) wishes to express her profound gratitude to Nigerian Government, Respective States and Local Authorities as well as Partners for their support during the period of the assessment. UNHCR appreciates the efforts put in place by all the stakeholders towards achieving the result of the assessment.



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## List of Acronyms

B-SEMA	Benue State Emergency Management Agency
CBI	Cash Based Intervention
COVID	Coronavirus Disease
CPI	Consumer Price Index
CR-SEMA	Cross River State Emergency Management Agency
FCT	Federal Capital Territory
FHI360	Family Health International
HH	Heads of Households
IDPs	Internally Displaced Persons
JDPC	Justice Development and Peace Commission
JRS	Jesuit Refugee Services
LEMA	Local Emergency Management Agency
NCFRMI	National Commission for Refugees and Migrants and Internally Displaced Persons
NRCS	Nigeria Red Cross Society
POC	Persons of Concern
PWD	Persons with Disabilities
UNHCR	United Nations High Commissioner for Refugees

## Executive Summary

Further the emergence of COVID-19 and the perceived socioeconomic hardship imposed by the measures put in place to curtail the spread of the virus, the United High Commissioner for Refugees (UNHCR) embarked on a study to understand the socio-economic impact of COVID-19 among PoCs. The study was carried in conjunction with UNHCR partners across various locations. Different geographical zones and survey strata were identified to inform the sampling strategy. The rationale is to harvest several dimensions of the impact of the pandemic on economic, social, cultural, civil, and political rights of PoCs, the host community members and other persons of concern in Nigeria. The assessment was carried out with a view to understand:

- a. The socioeconomic background of refugees, IDPs and returnees across all locations of its operation.
- b. Assess the level of knowledge and awareness on COVID-19 pandemic among the persons of concern (PoCs).
- c. Examine the degree of access to social services among PoCs, especially during COVID-19.
- d. Examine level of access to basic health facilities among PoCs during COVID-19.
- e. Assess the effect of COVID-19 on social activities and practices.
- f. Assess effect of COVID-19 on socio-economic activities and various coping mechanisms adopted by the affected population.
- g. Identify forms of domestic crises imposed by COVID-19 among the affected households.
- h. Identify needs and level of support received by PoCs during COVID-19.

Each of the outlined objective was assessed based on UNHCR socio-economic and livelihood indicators with a view to provide an understanding of the impact of the pandemic in terms of access to economic, social, cultural, civil, and political rights of refugees and other persons of concern and the host community members in Nigeria.

Respective field offices of UNHCR worked closely with different partners, respective state Government authorities, community leaders and relevant local authorities to ensure smooth data collection process. Prior to the data collection exercise, community sensitizations were ensured appropriately by partners to facilitate proper awareness and foster validity of the data that were elicited from the PoCs. In addition, an online training was conducted to guide the enumerators on the approach to the data collection with clear interpretation of each of the questions and the expected responses. UNHCR have up to date database of all refugees living in urban and rural settings, as well as those within the settlements and host communities. For ease of data collection and intervention design, household level data were used for the study across all locations. The database gave the estimation of the study population which informed the estimation of the sample size. Sample size for the study was developed using the minimum sample size technique. The structure of the UNHCR

database was used to draw the sample while respondents were selected randomly across locations. A pretest of the survey tool was carried to ensure reliability of the instrument prior to the collection of the overall data set. Data collected include qualitative and quantitative variables.

Data were analyzed in line with the respective indicators identified under each of the objective. Most of the data components were analyzed using descriptive statistics. Influence of COVID-19 on households' food expenditure and wellbeing were analyzed using consumer price index (CPI). Monthly food expenditure was used as a proxy to prices of food basket among households. The estimation was assessed over a 5-month period. For ease of result presentation and brevity, a country level analysis was done using the pooled data. The rationale is to present the impact of COVID-19 on PoCs in Nigeria as a whole. However, for ease of intervention design, the result of the analysis was further disaggregated using relevant variables.

From the results, it is obvious that COVID-19 has negatively impacted the socio-economic status of PoCs in Nigeria irrespective of their categories (refugees, IDPs or returnees, host?) and locations. The restrictions imposed by government at all level in order to curtail the spread of the virus has affected the income and livelihood of the PoCs, and consequently their wellbeing. Although, the depth and severity differ, however, the larger percentage (95%) across locations have experienced significant economic shock with limited access to basic needs (like food and shelter). Apart from the hardship imposed by the restrictions, the rise in food prices (as revealed by the CPI) also contribute a significant difficulty in the socio-economic wellbeing. The situation is expected to be largely felt among those living on remittances (aged or students) or those with no current occupation or loss of job.

In addition, just like other citizen in the country, PoCs have been denied access to social services like education, market, financial services, and so on, unlike before. However, the significance of the challenge is that, the said group are highly vulnerable and could be further subjected to all forms of social ill treatment like extortion, sexual abuse, among others. Although, some of the PoCs received a significant support from government and humanitarian actors, but incidence of poverty is still in commonplace. The situation therefore calls for the need for advocacy and urgent intervention to reduce incidence of poverty as well as the establishment of effective adaptive mechanism that will foster restoration of life, social and economic activities among PoCs. Governments, UNHCR, other humanitarian organizations as well as development actors need to join forces in order to achieve more significant results.

## 1.0 Background

The emergence of the novel coronavirus disease (COVID-19) has imposed a threat on health, economy, social relations globally. As at mid-July 2020, the disease has spread

across 216 countries with a total of 13,150,645 confirmed cases and 574,464 deaths<sup>1</sup>. In Nigeria, there has been confirmed cases of COVID-19 across the 36 states including the Federal Capital Territory (FCT). In response to curtail the spread of the virus most countries of the world, including Nigeria have imposed restriction measure which led to total and or partial closure of the economy. In the process, economies are grinding to a halt, jobs and livelihoods are lost on scales never seen before. The impact is huge and increasing in low and middle-income countries, especially in Nigeria with over 202 million population (World Bank, 2020)<sup>2</sup>.

Since the outbreak of COVID-19 in Nigeria, refugees and asylum seekers are faced with a myriad of challenges. The initial report of the UNHCR Sub Office in Ogoja<sup>3</sup> indicates that the lockdown in Taraba state has affected mobility with limited access to basic needs including food and other commodities impacting livelihoods opportunities among refugees working as casual laborers in Cocoa farms and small-scale business market in different local government of Sardauna, Ussa, Takum and Gembu. In Cross River State, refugees (like other residents) are having to pay double for transportation due to the measures put in place during the ongoing pandemic. In Benue the cost of living has gone high considering the increase of food commodities including rice and gari. Many refugees are unable to access basic health and hygiene facilities in order to comply with physical distancing measures.

The UN High Commissioner for Refugees (UNHCR) in a press release on 14 May 2020 highlighted that “COVID-19 is not just a physical health crisis, but it is now also triggering a mental health crisis. While many refugees and internally displaced people are remarkably resilient and can move forward despite having experienced violence or persecution first-hand, their capacities to cope are now being stretched to the limit.<sup>4</sup>” The High Commissioner noted further that given the widespread socio-economic damage inflicted by the pandemic, UNHCR is particularly concerned about the loss of daily wages and livelihoods among refugees as challenges also result in psychosocial hardship.

In response to the highlighted challenges and to ensure action that will minimize or mitigate risks, which may expose the affected population to more harm; UNHCR in collaboration with partners assessed the socio-economic impact of the COVID-19 pandemic on the refugees (in urban, settlements and in host communities), IDPs and returnees to facilitate a better understanding of the potential range of impacts of the COVID-19 and the likely responses. The goal is to utilize the Information and results from the assessment to establish post COVID-19 evidenced based re-programming and advocacy, in the medium and long term.

<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>. Accessed 16 July 2020.

<sup>2</sup> <https://www.worldbank.org/en/country/nigeria/overview>. Accessed. 16 July 2020.

<sup>3</sup> UNHCR, 2020. Report on the Socio-economic impact among persons of concern- Covid-19. Ogoja, Nigeria

<sup>4</sup> <https://www.unhcr.org/news/press/2020/5/5ebcf784/unhcr-urges-prioritization-mental-health-support-coronavirus-response.html>

## 1.1 Scope and Objectives

It is enough to conclude on the recorded hardship during COVID-19 pandemic as a basis for re-programming but rather a better understanding of the socio-economic status of the affected population among other concerns need to be well understood. The context of the crises differs in dimensions. For instance, the urban centres are likely to be more affected in terms of price inflation while rural communities may be faced with incidence of poor health facilities and social treatment to cope with the rising challenge of the pandemic. In addition, variation in the demographic and socio-economic characteristics of the affected group is enough to establish the need for re-programming. While some may be better informed about the pandemic and the preventive measures, others may be at disadvantage. Similarly, while few households may be able to cope with the economic shock, others may find it extremely difficult to survive the crises. In view of the underlining variations, severity and depth of the impact of the pandemic among persons of concerns (refugees, IDPs and returnees) the United Nation High Commissioner for Refugee (UNHCR) operation in Nigeria wishes to understand:

- a. The socioeconomic background of refugees, IDPs and returnees across all locations of its operation.
- b. assess the level of knowledge and awareness on COVID-19 pandemic among the persons of concerns (PoCs).
- c. examine the degree of access to social services among PoCs, especially during COVID-19.
- d. examine level of access to basic health facilities among PoCs during COVID-19.
- e. assess the effect of COVID-19 on social activities and practices.
- f. assess effect of COVID-19 on socio-economic activity and various coping mechanism adopted by the affected population.
- g. identify forms of domestic crises imposed by COVID-19 among the affected households.
- h. identify needs and level of support received by PoCs during COVID-19.

Each of the outlined objective was assessed based on UNHCR socio-economic and livelihood indicators with a view to provide an understanding of the impact of the pandemic in terms of access to economic, social, cultural, civil, and political rights of refugees and other persons of concern and the host community members in Nigeria. The assessments therefore seek information on these situations to better inform protection responses, especially in respect of the impact on women, children and Persons with Disabilities 'PWDs'. The assessment will also reflect the UNHCR 2019 - 2023 Global Strategy on Refugee Livelihoods and Economic Inclusion and contribute to implementation of Nigeria's pledge 1 at the Global Compact of Refugees 2019.



## 2.0 Methodology

The assessment was led by UNHCR in collaboration with its partners<sup>5</sup> in Nigeria. The study cut across all locations including Northeast, South-south, Southeast, Southwest and North Central with a total of 9 states, where UNHCR currently operates in Nigeria. In addition, persons of concern (refugees, IDPs and returnees) living in different settings experience different effects of the COVID-19 lockdown measures. Therefore, different geographical zones and survey strata were identified to inform the sampling strategy. The rationale is to harvest several dimensions of the impact of the pandemic on economic, social, cultural, civil, and political rights of refugees and other persons of concern in Nigeria. The study adopted an integrated approach with a socio-cultural and an Age Gender diversity lens, which provide information on potential economic impacts as well as important social values, that are likely to inform attitudes and responses in the aftermath of the COVID-19. The aim is to ensure promotion of gender equality, empowerment and meaningful participation for refugees and other persons of concern.

### 2.1 Sampling Procedure and Sample Size

Respective field offices of UNHCR worked closely with different partners, respective state Government authorities, community leaders and relevant local authorities to ensure smooth data collection process. Prior to the data collection exercise, community sensitizations were ensured appropriately by partners to facilitate proper awareness and foster validity of the data that were elicited from the PoCs. In addition, an online training was conducted to guide the enumerators on the approach to the data collection with clear interpretation of each of the questions and the expected responses. UNHCR have up to date database of all refugees living in urban and rural settings, as well as those within the settlements and host communities. For ease of data collection and intervention design, household level data were used for the study across all locations. The database gave the estimation of the study population which informed the estimation of the sample size. Sample size for the study was developed using the minimum sample size technique<sup>6</sup>. The structure of the UNHCR database was used to draw the sample while respondents were selected randomly across locations. A pretest of the survey tool was carried to ensure reliability of the instrument prior to the collection of the overall data set. Data collected include qualitative and quantitative variables. The survey was conducted with the aid of smart phones and tablets through Kobo Collect App. Table 1 present the summary of the sample distribution for the study across locations.

<sup>5</sup> UNHCR currently works with several relevant international and national organizations in Nigeria. (See Page 1)

<sup>6</sup> Using the sampling frame, an appropriate sample size is obtained using the Taro Yamane sampling size formula, where  $n = \frac{N}{1 + N(e^2)}$  at a 95% confidence level or risk level and P value = 0. Where n is the sample size, N is the population size, 1=unity of constant and e is the level of precision or sampling error (the range in which the true value of the population is estimated to be).

Table 1: Summary of the Geographical Coverage and Sample Size

N	Region	States	List of Engaged Partners	Sample Frame	Sample Size
1	Northcentral	Abuja	NCFRMI	135	40
2	Northeast	Borno	GISCOR	324,749	1,210
		Adamawa	FHI 360	18,495	1,166
		Yobe	NHRC	9,759	379
3	South-south	Cross River	Cuso International	14,225	980
4	Southeast	Benue	FJDP	1,873	422
		Taraba	JRS	4,971	381
5	Southwest	Lagos & Ogun	JDPC	891	204
					96
	Total	9 Locations	8 Partners in all	175,098	4,879

Note: Lagos and Ogun were considered as one location, but samples were drawn from the two locations using the same sample frame.

## 2.2 Data Analysis

Data were analyzed in line with the respective indicators identified under each of the objective. Most of the data components were analyzed using descriptive statistics. Influence of COVID-19 on households' food expenditure and wellbeing were analyzed using consumer price index (CPI<sup>7</sup>). Monthly food expenditure was used as a proxy to prices of food basket among households. The estimation was assessed over a 5-month period. For ease of result presentation and brevity, a country level analysis was done using the pooled data. The rationale is to present the impact of COVID-19 on PoCs in Nigeria as a whole. However, for ease of intervention design, the result of the analysis was further disaggregated using relevant variables in order to contextualize issues emerging from the study. Some of the variables used for disaggregation include:

- Location/Site: to assist in proper targeting in terms of the geographical scope;
- Household Size and Occupation: to understand the extent of the impact of COVID-19 on livelihood and wellbeing;
- Population Group (i.e. IDPs, Refugees and Returnees): to understand the variation of the impact of the pandemic on the affected population; and
- Pre and Post Emergency Condition: to understand the extent (depth and severity) of the impact of the pandemic on the targeted population.

The disaggregated analyses are presented in Appendix II but references were made to them in the discussion section.

<sup>7</sup> CPI is measured as change in prices of food basket over time and it measured in percentage.  $CPI = \frac{\text{prices of food basket now}}{\text{Prices of food basket before}} \times 100$

## 3.0 Results

This section presents the results of the findings that emanate from the study. For ease of conceptualization and reflection, each of the objective were discussed in line with the UNHCR livelihood and socio-economic indicators with a view to provide an understanding of the impact of the pandemic in terms of access to economic, social, cultural, civil, and political rights of refugees and other persons of concern in Nigeria. Hence, the charts presented in the discussion section represent the result of the pooled data while specific results were presented in appendix I. Results presented in the appendix are those necessary to inform decision making, particularly at the field offices level.

### 3.1 Socio-economic Background of the PoCs

In order to perfectly assess the impact of COVID-19 measures on the PoCs, there is the need to first understand their socio-economic background. From the results of the analyses, the mean age of the household heads (HHs) was estimated at **40** years and each HH has at least one main source of income ranging from paid jobs to self-employed and or remittances. Most of the HHs were found to be farmers (**40.65%**) while about **27 %** are into businesses. **9.6%** are currently on paid jobs while about 3% are either artisans, students or those receiving remittances. Summarily, about **7%** of the entire population (students and remittances earners) are not employed. The distribution reflects the level of integration and resettlement already achieved by UNHCR and partners in Nigeria.

Furthermore, the mean Household size is **5** persons and the distribution falls within the average Household size definition reported by the National Demographic Household Survey in Nigeria<sup>8</sup>. Unfortunately, most of the HHs earn less than **N20,000** monthly which is about **2.2 %** of the estimated GDP per capital<sup>9</sup> in Nigeria. In addition, the situation reveals that average household lives on less than **\$1.90** per day<sup>10</sup> which reflects extreme poverty among PoCs. Considering that an average Household is made up of 5 persons with the entire household living on less than minimum recommended income further revealed incidence of abject poverty among PoCs. It implies that most member of the household could bare have food to eat on daily basis. Consequently, most of the HHs would not be able to cope with the economic shock that was imposed by COVID-19 pandemic. The underlining factors is that most of the PoCs do either not have enough land for farming or are living solely on remittances. Even though the majority are still within the economic active age (40 years) but lack of access to capital resources, especially among the self-employed group (farmers, artisans, businesses, etc.) as identified among PoCs in Cross, Benue, Lagos, etc. could limit their capability. Considering the mean Household size, economic opportunities (agriculture and businesses) and the dimension of poverty among

<sup>8</sup> <https://dhsprogram.com/pubs/pdf/FR148/02Chapter02.pdf>

<sup>9</sup> <https://tradingeconomics.com/nigeria/gdp-per-capita>

<sup>10</sup> <https://www.worldbank.org/en/news/press-release/2018/10/17/nearly-half-the-world-lives-on-less-than-550-a-day>

the PoCs, it would be much easier to advance advocacy and interventions for PoCs at all levels, especially with the national social safety nets.

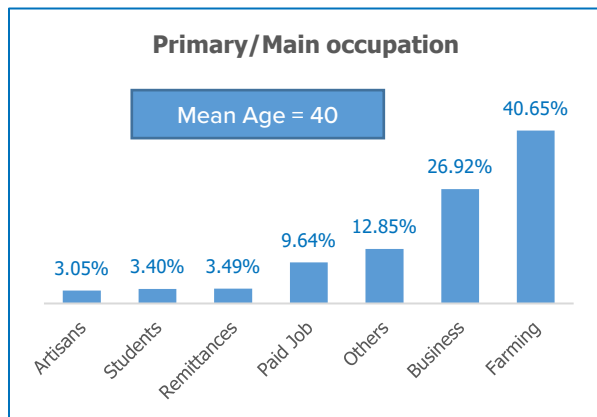


Fig. 1

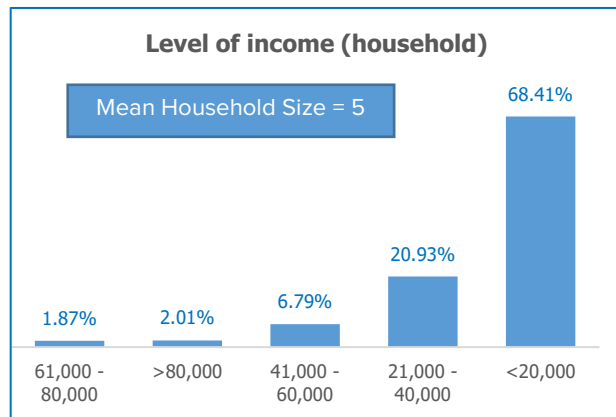


Fig. 2

### 3.2 Knowledge and Awareness on COVID-19

From figure 3, majority (97.09%) of the respondents (i.e. 4736 out of 4878) indicated that they were aware of the COVID-19 pandemic while the remaining 2.9% (142 respondents) claimed ignorance of COVID-19 pandemic. Further disaggregation (Appendix I: Figure 35) revealed that Benue has 11% of its population not aware of the pandemic. A significant proportion (4%) was equally observed in Yola while Borno, Taraba and Yobe were also included but with lesser percentages respectively. Although the overall percentage looks very small, however it is still significant given the level of awareness that have been created via different media and the danger/risks the lack of awareness of the pandemic among any group/community portends.

On the symptoms of the COVID-19 known to the respondents, only 25.54% (1246 respondents) indicated that they know all the symptoms (tiredness, sore throat, difficulty in breathing and cough) of COVID-19 raising a deep concern on the quality and the consistency of information disseminated in the awareness campaigns against the novel virus pandemic. Among those who were aware of the pandemic, the level of the awareness varies - 11.30% are highly aware of the pandemic, 21.94% have high awareness of the Pandemic, 39.22% have moderate awareness, 19.25% have low awareness and 8.04% have poor awareness of the pandemic. This variation could be as a result of factors or a combination of factors stemming from the level of awareness on the pandemic in the survey locations, the level of access to the information on the pandemic, the quality of the information disseminated on the pandemic and the source of information on the pandemic. The result further showed that respondents are receiving information on the pandemic from different sources with a high number of respondents (65.48% and 60.21% respectively) indicating the information they have on the pandemic were from their communities and



radio respectively. Another high number (41.45%) of respondents received their information from rumors which again calls for concern on the authenticity of the information the respondents have on the COVID-19 through this source especially. In summary, going by the feedback received on the “knowledge and awareness on COVID-19”, there is a need to continue with awareness on the COVID -19 in all locations especially in remote areas and to employ means that are easily accessible and in languages that are understandable and culturally accepted by population of concern and their host communities.

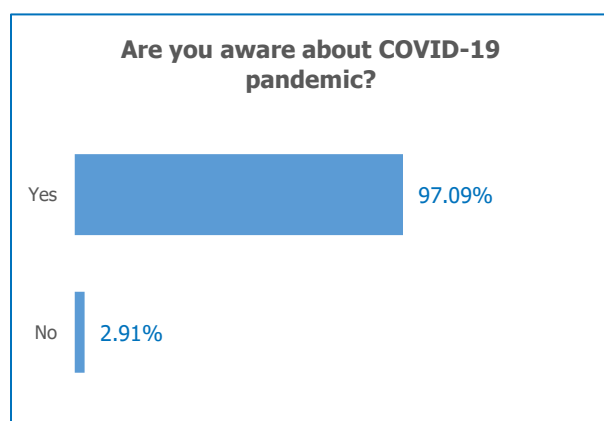


Fig. 3

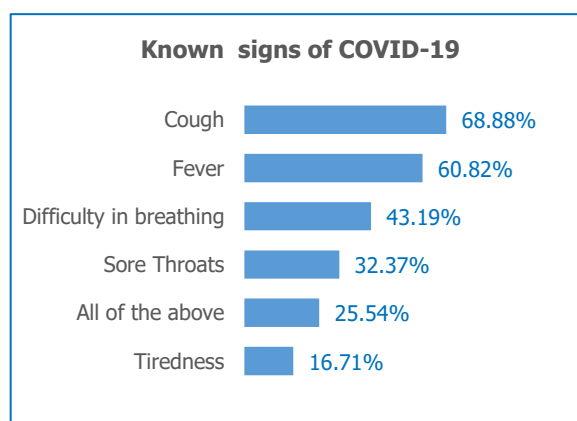


Fig. 4

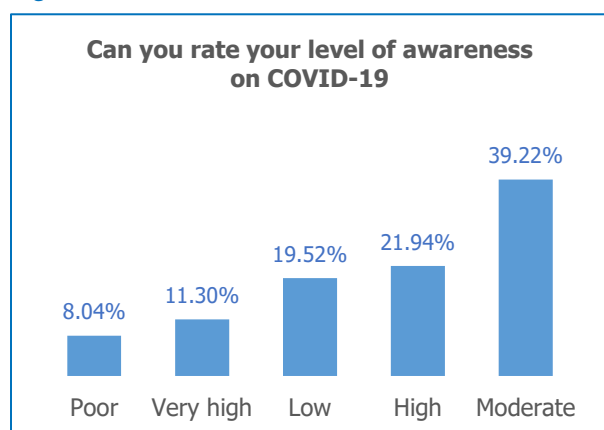


Fig. 5

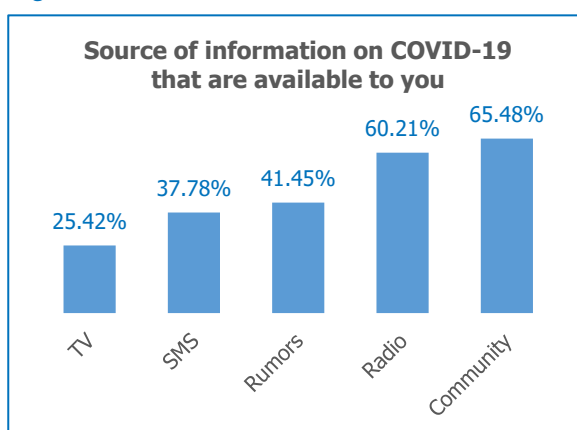


Fig. 6

### 3.3 Level of Access to Social Services

On access to other basic services, almost 84% of respondents confirmed that they pandemic impacted their access to a wide range of basic services. The situation cut across all locations (Appendix 1: Figure 36). As part of the prevention and mitigation measures in response to the pandemic, there were wide ranging restrictions to movement and closure of socio-economic institutions and infrastructure across the country. This is reflective in the reduction of access to services during the COVID-19 pandemic response as reported by the respondents. It is clearly indicated that access to education was the most impacted (at 62%) resulting from the country wide closure of schools and educational institutions. The closure

partial closure of markets also resulted in a **55%** decrease in access by the displaced population.

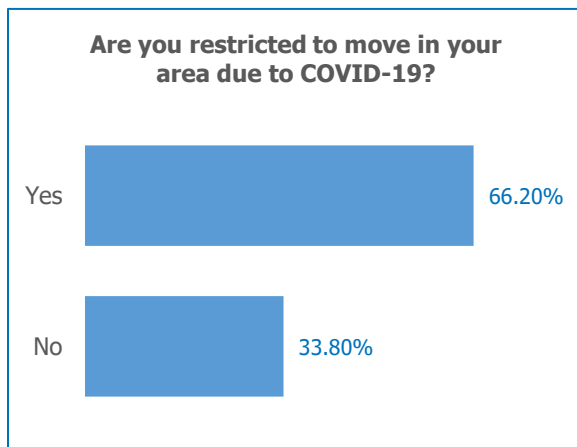


Fig. 7

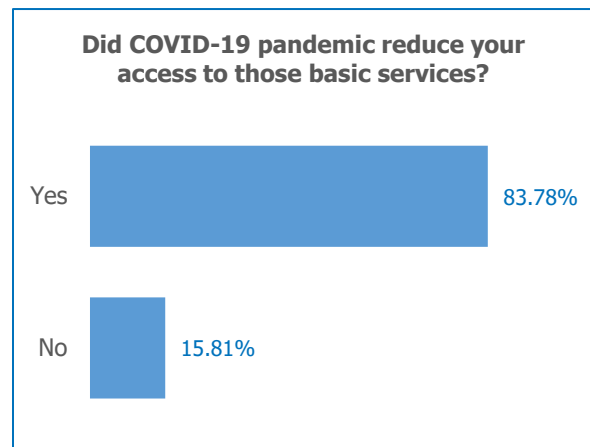


Fig. 8

Refugees, IDPs and other persons of concern who are forcibly displaced are more likely to experience challenges accessing basic services when compared with members of the hosting communities (nationals). In the Northeast states for instance, the insurgency has taken its toll on the public infrastructure and resultantly affected the availability of basic social services in enough quantity and quality to meet the needs of the displaced population. Promoting opportunities for Refugees, IDPs and other persons of concern to equitably access services remains at the heart of UNHCRs approach in mainstreaming protection in the delivery of humanitarian assistance. This approach also resonates with the efforts at ensuring the centrality of protection in Humanitarian action.

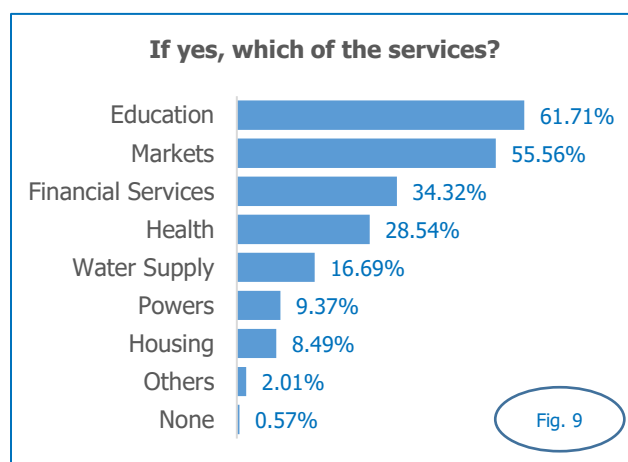


Fig. 9

The availability of basic social services to the displaced population is mainly defined by the services obtainable in the localities, environments and sites where they are domiciled. In the States of Borno, Adamawa and Yobe, it is estimated by DTM round 32, that on the average, **57%** of the displaced population in the Northeast live in the host community. This figure at individual state levels is **93%** for Adamawa and **91%** for Yobe. In the Southeast states hosting the Cameroonian refugees, **55%** Of

Cameroonian refugees live in host communities. There is therefore variation in the services available across the disparate communities as well the camps and informal settlements where the displaced populations are hosted. One key objective of the study is to effectively examine access to basic social services (where available) among PoCs during COVID-19. Only a marginal **4%** of respondents who had access to health facilities before COVID-19, reported not being able to access the facilities during the pandemic. Overall, about **82%** of

respondents had reported they had access to health facilities before the COVID-19 pandemic.

### 3.4 Level of Access to Health Facilities During COVID-19

Highlighting the impact of COVID-19 on access to basic services, one of the key concerns that is of interest at such time is access to healthcare. In addition, the extent of the impact was examined using before and after scenarios. Out of all respondents, **82%** responded that they had access to health facilities before the pandemic, with only about **10%** responding that they never had access to health care facilities before the pandemic. The assessment also reveals that the pandemic did not significantly impact access to healthcare facilities, with **73%** of the PoCs reporting that they were able to access health facilities even during the lockdown imposed to curtail the spread of the virus. The reason for the foregoing may not be farfetched, considering that hospitals, clinics, pharmacies and other agencies, public or private rendering essential services were exempted from the lockdown imposed in Nigeria,<sup>11</sup> including persons going to access such essential services. Appendix I (Figures 37a - 37d) provides more information on the locations where the PoCs are more affected.

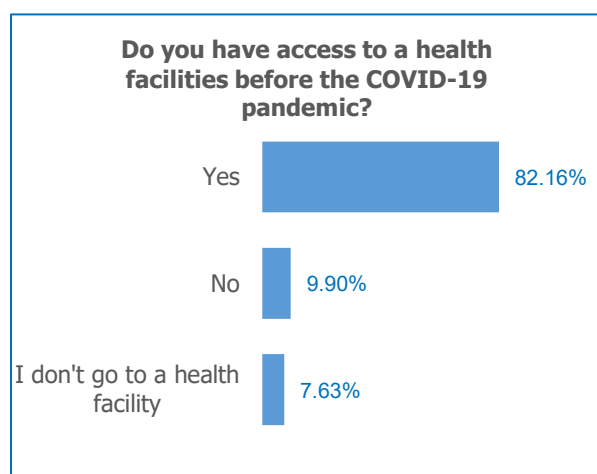


Fig. 10

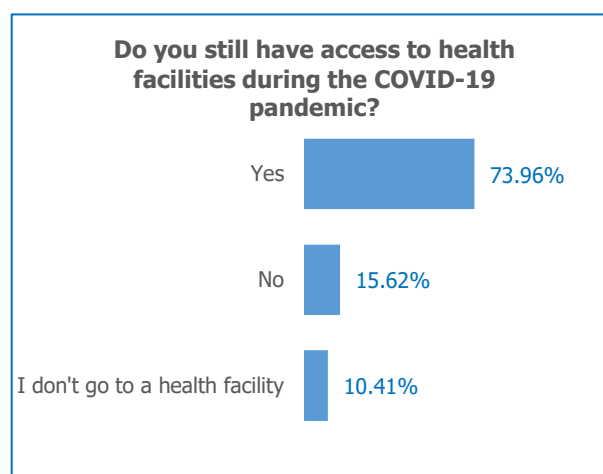


Fig. 11

On the barriers faced when accessing health facilities, the assessment also approached this with the aim of highlighting barriers faced before the pandemic in order to understand the barriers faced during the lockdown resulting from the outbreak of the pandemic. Before the pandemic **39%** of PoC respondents reported lack of medicines as barriers faced when accessing healthcare facilities, with **28%** reporting high cost of medical bills. Others reported poor quality of medical care (**25.8%**), transport cost (**24.5%**), distance of medical facilities, and lack of competent personnel (**21.5%** and **17%**), among others.

<sup>11</sup> See Government of Nigeria, *Implementation Guidelines for Lockdown Policy*. p.3 Accessed 22/07/2020 via <https://statehouse.gov.ng/wp-content/uploads/2020/04/PTF-COVID-19-Guidance-on-implementation-of-lockdown-policy-FINAL.docx-2.pdf>

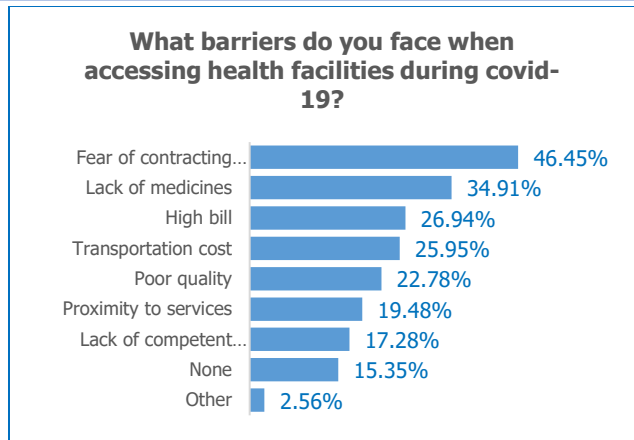


Fig. 12

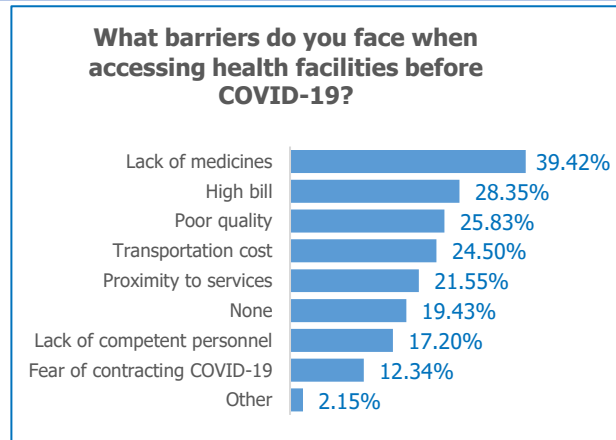


Fig. 13

Out of the **73%** who reported that they had access to health care facilities during the lockdown, almost half of them (**46.45%**) reported fear of contracting COVID-19 as a barrier they faced accessing healthcare facilities. Other barriers faced by respondents accessing services during the lockdown include, lack of medicines (**34.9%**), higher medical bills (**26.9%**), increased transport cost (**25%**), poorer services and lack of competent medical personnel (**22.7%** and **17%**, respectively), distance of healthcare facilities (**19%**). Only **15%** responded not having any barriers or fears when accessing healthcare facilities during the lockdown.

### 3.5 Effect of COVID-19 on Social Activities and Practices

The outbreak of COVID-19 has restricted intrastate and interstate mobility, whilst heightening the risk of exploitation to vulnerable populations. The result focus on the epidemiological situation of COVID-19 and the mobility restrictions, the situation restricted **66.20%** of the PoCs in Nigeria. The situation is the same across all locations following various control measure

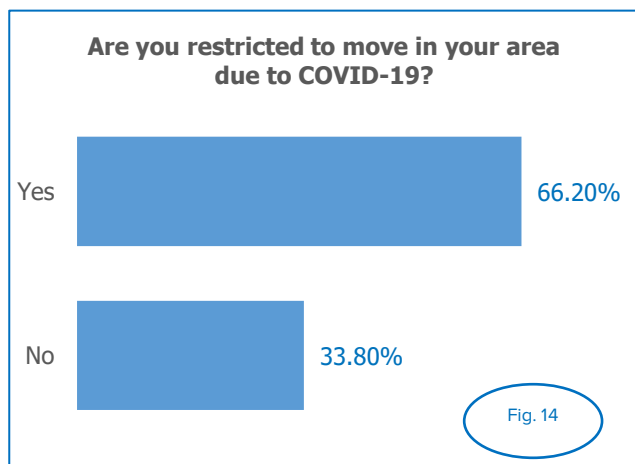


Fig. 14

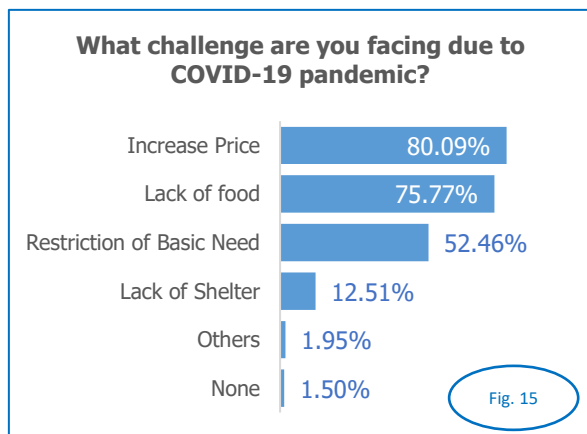
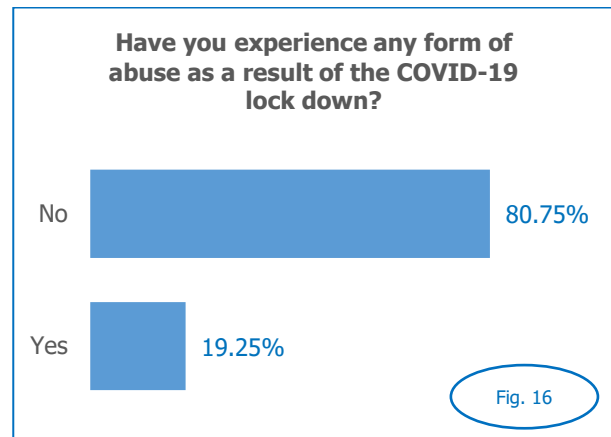
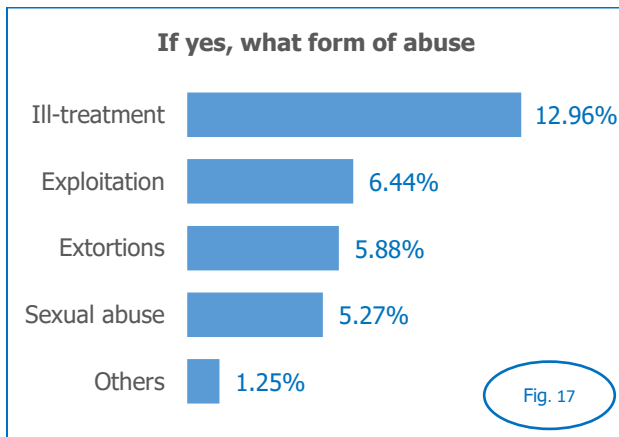


Fig. 15

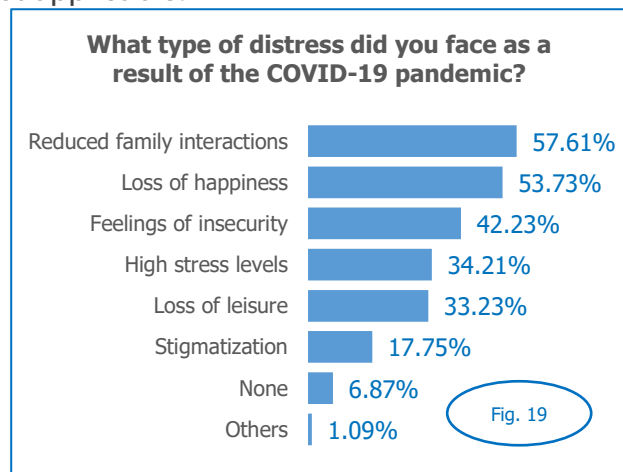
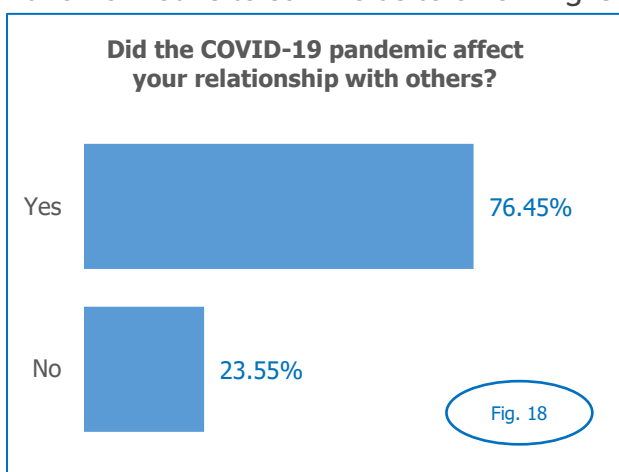
imposed at the state government level. In addition to restrictions in movement, there has been incidence of increase in the prices of goods and services. **80.09%** have reportedly experienced increase in prices, **75.77%** lack food, **52.46%** restricted from accessing basic need **12.51%** shelters. The increase in the prices of goods and services are due to scarce in the



resources, low supply and high demand, hence the inflation. Furthermore, the lockdown increases report of domestic violence. Assessment indicates that **80.75%** of PoCs reported to have experienced domestic violence in their homes. The information provided are ill-treatment **12.96%**, exploitation **6.44%**, and extortion **5.88%**. Ill treatment was mostly recorded in Yobe, Ogun, Lagos and Adamawa (Appendix I: Figure 39). Surprisingly, most of the ill-treatment reported were from host community members and among fellow PoCs other than the security agents (Appendix I: Figure 40).

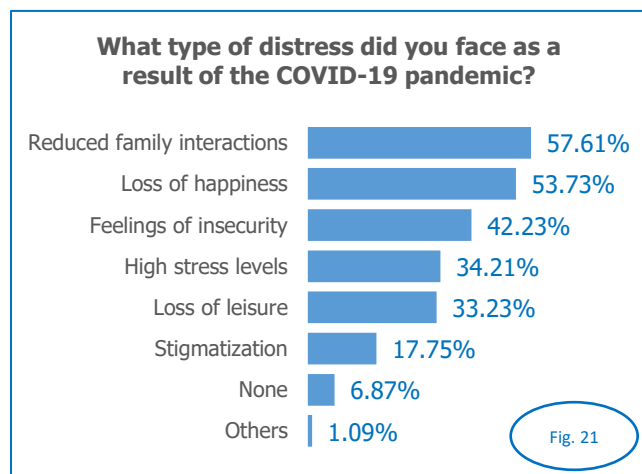
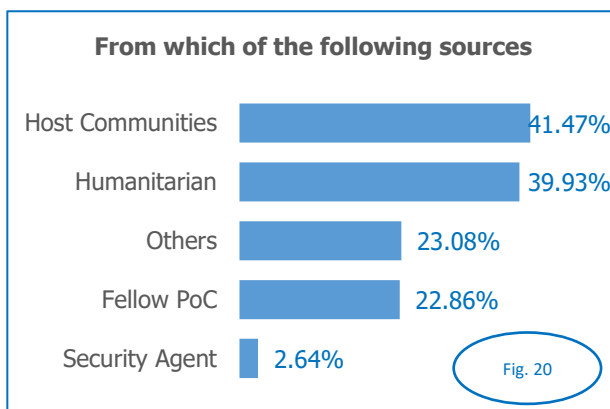


Most head of households are not capable of buying the goods and services, then this led to ill treatment by their spouse. The responded shows **28.72%** indicates NO as their spouse don't use to treat well during the outbreak. "The assessment also revealed that social factors that put people more at risk for violence is reduced access to resources, increased stress due to job loss or strained finances, and disconnection from social support systems. Those that indicated NO are mostly financial imbalance **12.18%**, emotional stress **7.22%** and intimacy **6.33%**. As a result of the economic crisis created by the pandemic, about **43.34%** have reduced income representing the most vulnerable. Among them **27.72%** suffered restriction to income sources, **16.30%** loss of income and damage to their capacity to earn a living. **5.29%** lost their job due to lockdown measures and/or because they work in the hardest-hit labor. Without alternative income sources, these workers and their families will have no means to survive as teleworking is not applicable.



The report indicates majority of the people interviewed live below **N20,000** as their monthly income (**76.45%**). In many places, income inequality has risen steeply, with adverse social and economic consequences. Some groups (**17.59%**) indicates **21,000 - 40,000** monthly income. Whereas **4.68%** are earning from **41,000 - 60,000**.

The effect on relationship, The COVID-19 pandemic has reshaped their personal relationships in unprecedented ways, forcing them to live closer together with some people and further apart from others. Life in lockdown has necessitated close, constant contact with their families and partners, but social distancing measures had isolated them from friends and wider communities. This indicates **76.45%** of the relationship had affected in one way or the other. The pandemic has left some cracks in family relationships. Most notably the high-pressure environment of confinement, combined with the financial stress brought about by a COVID-19 burdened economy, had led to a rise in marital conflict and distancing from other relatives, hence seeing them as the carrier of the virus. Most of the information are obtained from host community (**41.47%**). This means that host community are aware and keep communicating on COVID-19 pandemic. Humanitarian agency contribute **39.93%** of the information through sensitization with support from fellow PoCs (**22.86%**) and security agents (**2.64%**).



The impact of the lockdown reduced family interactions (**57.61%**) whereby keeping the core family members only with no possibility of visiting relatives. The stressful situations caused by the restriction could stimulate mental and emotional disorder, particularly among households with poor income. It is obvious that the restrictive measures, particularly those that limit social interaction, such as lockdowns and social distancing severely affect social events, communal meetings, entertainment events

and other social activities that promote economic activities, social development and coexistence. In the same finding, **42.23%** of the respondents alluded to the fact that feeling of insecurity is their source of distress, **34.21%** mention high stress levels, loss of leisure accounts for **33.23%** and stigmatization **17.75%**. While dealing with the menace of the pandemic, maintaining peace and security especially in the conflict areas remains paramount. Priorities in this regard include implementing the Secretary-General's and the

African Union Commission Chairperson’s appeal for a ceasefire, sustaining peace processes and critical peace operations during this period. This has never been heeded to by the conflicting parties in the north-east Nigeria where heightened attack and counterattack by Non-State Armed Groups (NSAG) and Government Forces, farmer-herders clashes and other criminal activities have contributed to the feeling of insecurity recorded during this survey. Furthermore, distress caused by high stress level and stigmatization of those who tested positive rates averagely high, even after they are certified fit to socialize. Observation and anecdotal evidences indicate that stigma associated with the COVID-19 makes people hide when they are sick and can also make them delay in seeking treatment. Individuals have to device ways to contribute to the reduction of stigma associated with COVID-19. One of the good approaches to curb stigma associated with the disease in the north-east is by raising public awareness on stories of people who have recovered from the pandemic.

### 3.6 Effect of COVID-19 on Socio-economic Activities and Coping Mechanisms

The effects on COVID-19 on socio-economic activities of PoCs were assessed through several relevant indicators like monthly income, job, working condition, food expenditure, and so on. Obviously, COVID-19 affected several PoCs with most of them experiencing reduced income which stems from the restriction measures imposed by government both at state and federal level. The measure was imposed as way of curtailing the spread of the disease. Moreover, a significant percentage of the population equally experienced loss of income which is due to either poor business activities or loss of job. The challenge brought the majority (76%) to a very low income of below N20,000. Further disaggregation revealed that the incidence of reduced income and restriction to income cut across different classes of households’ size and occupation (Appendix I: Figure 41 - 42). The situation must have forced most of the PoCs to be solely dependent on remittances being provided by UNHCR and other humanitarian actors.

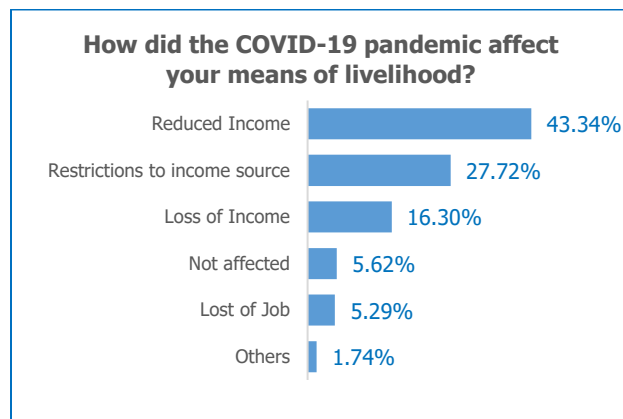


Fig. 22

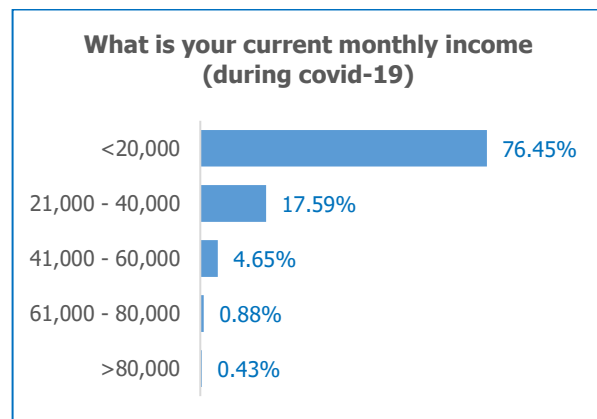


Fig. 23

Some (5.6%) of the PoCs reported that they were not affected by the pandemic measures. The distribution reflects the proportion of those with stable income and or livelihood activity that are not connected to the social activities e.g. sales of food stuffs or farming especially when done within the neighborhood. The fact that about 95% of the population were affected calls for the need for assistance. Although the degree of the impact on socio-economic activity may differ, the first and most important aid at such would therefore be to ensure food security. Such need could be further assessed by examining the consumer price index among PoCs during the pandemic.

### 3.7 Consumer Price Index Measure

Table 2 provides a summary of the food prices which further revealed the severity of the hardship experienced by PoCs as result of COVID-19 crises. It is obvious that PoCs experienced shock in food prices following the rise in monthly food expenditure. Going by the CPI, there was increased in food prices across all locations. The situation was extreme in Benue with about 26% increase in food prices unlike Abuja and Lagos that first had the lockdown experience. In addition, the two centers are main economic cities in Nigeria, but the increase was fair enough. The extreme rise in food prices observed in Benue could be as a result of high demand for food items from other states in Nigeria. Thus, food prices may be high in Benue as the state is known as the food basket of the nation. There was no significant difference in CPI across Cross River, Taraba and Lagos. However, Adamawa, recorded a slight increase in food prices due to the pandemic. Nevertheless, PoCs across all locations, especially those living on remittances and with high households' size must have found it so difficult to survive without any food assistance during the lockdown.

Table 2: Consumer Price Index and Inflation on Food Prices (Mean CPI = 114.5)

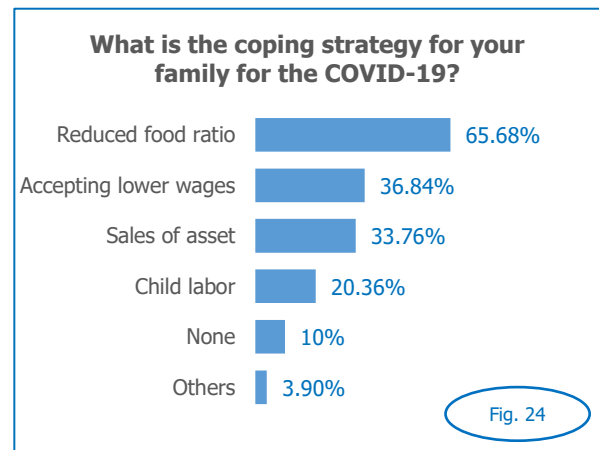
N	State	Average Monthly Food Expenditure (Naira)		Consumer Price Index <sup>12</sup>	Inflation on Food Prices (%)
		Before COVID-19	After COVID-19		
1	Abuja	23,630	27,370	115.8	15.8
2	Adamawa	19,520	20,009	102.5	2.5
3	Benue	25,245	31,847	126.1	26.1
4	Borno	18,607	20,717	111.3	11.3
5	Cross River	22,029	25,271	114.7	14.7
6	Lagos	26,512	30,338	114.4	14.4
7	Taraba	13,908	15,908	114.4	14.4
8	Yobe	18,025	19,284	107.0	7.0

<sup>12</sup> Consumer Price Index measures average change in prices that consumers pay for a food basket over time. It's a reflection of the rate of inflation on food prices. CPI of 100 implies that the inflation is at 0%.



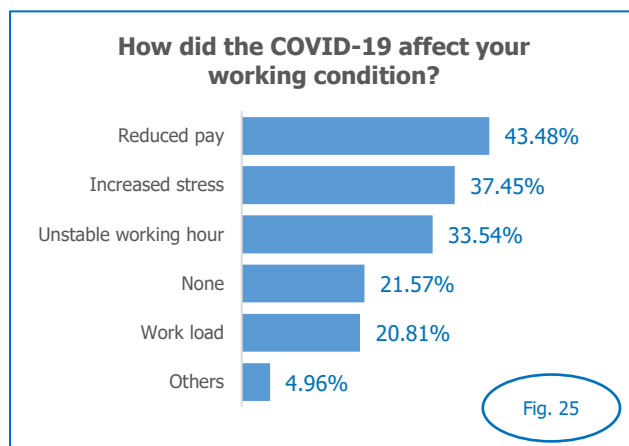
### 3.8a What is the coping strategy for your family for COVID-19?

It has since been projected that Africa would be hard hit by the medium to long-term social and economic impacts of the pandemic which could force families to rethink their coping mechanisms. It could therefore be inferred that the general drop in income level occasioned by the drop in GDP has tended to strike especially the low-income and most vulnerable segments of the society. This has led to stalled economies and exacerbated structural inequities among different social groups. In humanitarian terrain, majority of people earn their livelihoods through the informal economy with little or no insurance against unexpected disruptions. At the same time, many formal businesses, especially small businesses that often casually employ PoCs are running out of reserves to sustain themselves. Consequently, unemployment, job losses and wealth depletion (asset stripping) have started to happen very early on, even before PoCs severely notice the health impacts of the disease. Figure 25 illustrates the different coping mechanisms instituted by PoCs in humanitarian context across UNHCR's operation in Nigeria. They now resort to reducing food ratio, accepting lower wage, selling of their assets or subjecting their wards to child labor. Statistics from the field show that 65.68% of the PoCs interviewed have reduced their food ratio to be able to cope with the new normal, while 36.84% accepted lower wages. A good percentage of the respondents (33.76%) reported that they sold their assets and 20.36% subject their wards to child labor; situation that could easily degenerate into SGBV, if not checked. Only 10% of the respondents appear to absorb the shock and maintain status quo. Observing the situation with protection lens, these coping mechanisms might exacerbate the enormous protection and human rights challenges pervading the camps and host communities. Figure 44 (Appendix I) provides more information on different coping strategy adopted by PoCs based on their source of income (occupation).



### 3.8b How did the COVID-19 affect your working condition?

The consequences of COVID-19 have affected virtually all segments of the society but in different ways. It was opined that people that are working in sectors connected to healthcare, for example, are required to endure endless tasks, prolonged working hours and reduced off-days. Additionally, the depression from the heightened rate of retrenchment especially in hospitality, tourism, entertainment sector, and other businesses that require the physical presence of the customers have distorted working condition of most salary employees. In the same breath, sole proprietors lament lack of work-related social support in comparison to salaried

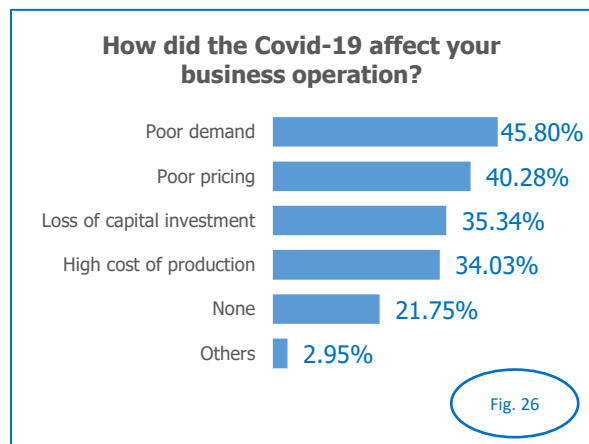


employees. To determine the factors impacting working conditions among PoCs across UNHCR's operation in Nigeria, an objective has been dedicated to that in the current assessment. Figure 25 illustrates that PoCs have identified reduced pay (43.48%) and increased stress (37.45%) as the major factors affecting their working condition during the pandemic. The situation was most reported by artisans and those with paid jobs respectively (Appendix I: Figure43). In the same chart, unstable working hours and workload account for 33.54% and 20.81% respectively. According to 21.57% of the respondents, COVID-19 has not affected their working condition in any way, and 4.96% identified other factors as mediators of their working condition. Empirically, verse majority of PoCs to UNHCR are in low-paid, low-skilled jobs or employed in the sectors identified as being at high risk of "drastic and devastating" increases in layoffs and reductions in wages and working hours. Nevertheless, few PoCs have overcome these limitations by leveraging alternative sources of social support, such as COVID-19 related soft loan to enhance their well-being.

### 3.8c How did the COVID-19 affect your business operation?

Findings from other assessments state that COVID-19 has dramatically altered the projected national revenue, thus, having multiplier effects on corporate and personal businesses. For instance, in addition to dwindling oil demand, Nigeria has experienced a significant drop in oil prices that led to loss of revenue. As a result, the 2020 budget initially planned at an anticipated oil price of \$57 USD is no longer sustainable making it imperative to revise the budget to \$30 USD per barrel. This has no doubt skewed the rate of technical and financial supports individual and corporate businesses enjoy from the government; more so, because the research population considered in this assessment is typically reliant

on different schemes initiated to support farmers and other petty businesses owners. Responding to a question on how COVID-19 affects business operation, figure 26 illustrates that **45.80%** of the respondents indicates that poor demand for their products affect their business the most. This could be hinged to reduced money in circulation induced by non-



payment of salaries, halting some cash assistance meant to support PoCs, more cautious household spending and uncertainty about the future. In this assessment, Poor pricing, loss of capital investment, and high cost of production account for **40.28%**, **35.34%** and **34.03%** respectively of the effect of COVID-19 on business operation. This result corroborates the viewpoint that the pandemic has forced many businesses to close, leading to an unprecedented disruption of commerce. Retailers and brands face many challenges,

such as those of the supply chain, the workforce, cash flow, consumer demand, sales, and marketing. Breakdown of the impact among various business can be found in the appendix.

### 3.9a Forms of Domestic Crises Imposed by COVID-19

From the analysis, the impact of the pandemic indicated the deepened economic and social stress coupled with different forms of abuse, leading to ill-treatment, exploitation, extortion to sexual abuse among others. The context of fragility and vulnerable situations that have forced services to be disrupted or made unavailable, has made the integrated community become victims to different forms of abuse like exploitation, extortions, and even survival/transactional sex among others. The limited resources including livelihoods support and economic empowerment; increased market prices of goods and services has also left majority of women, men, boys and girls to be victims of exploitation as some opt for alternative measures to sustain themselves through exploitative means to survive. On the issues of extortion, some of the refugee community mentioned that most of the extortions they faced were mainly during movement from one state to the other and while in contact with immigration officers at the check points or border locations. Sexual assault in the community was another mentioned form of abuse. Moreover, the form of abuse that was highly mentioned was the ill-treatment which is mainly caused by psychological distress due to socio-cultural norms, existing gender inequalities and power dynamics, disrespect to each other, burdened economic constraints in provision of family bills, poor communication skills in the house and even cheating that makes couples feel lesser in the home. Women on the other hand mentioned that due to increased family caregiving responsibilities, lack of access to basic needs including energy fuel, inconsistency provision of dignity kits and even lack of family and social support system has left them with no other

choice other than opting for negative coping mechanisms including survival sex and transactional sex in the settlements of Ikyogen in Benue state and Adagom 1 & 3 and Ukende settlement in Cross River state.

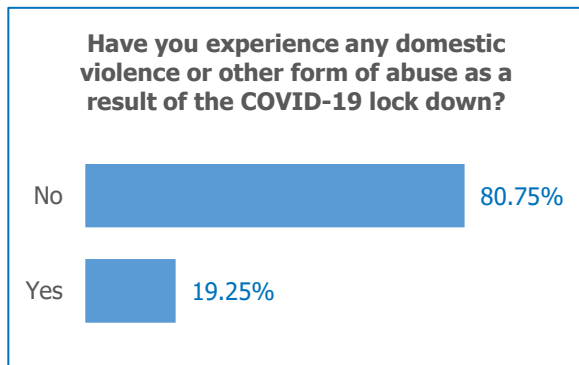


Fig. 27

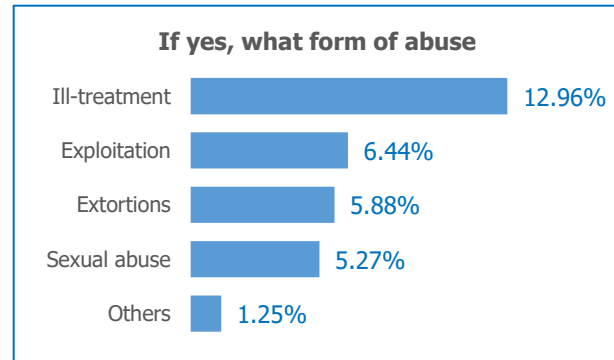


Fig. 28

The impacts have affected the context of emergencies where social cohesion is greatly undermined, and institutional capacity and services are limited to its beneficiaries. To mitigate these risks, UNHCR and its implementing partners have played a key role in engaging the local refugee led Community Based Organization (CBO) in enhancing awareness on SGBV prevention and response. It should be noted that through the responses, participants mentioned to have at least experienced slight changes in their household due to increased level of awareness and knowledge and IPV mediation by the CBO supported by protection partners during the pandemic. However, despite the awareness, some participants mentioned to still feel disrespected by their partners and experience same kind of mistreatment as a result of financial challenges. Emotional distress, lack of intimacy due to cheating; others forms of abuse including physical assault was also mentioned by participants to be some of the contributing factors to feeling mistreated. The little received through UNHCR Cash Based Intervention for food is never enough hence competing priorities and decisions among couples on what to buy or provide for their families. Couple’s undergoing psychological and emotional challenges during lockdown was another reason mentioned for unchanged behavior from either of the couples while on lockdown. Due to these, the couples are forced to embark on old comportment of not providing for the family, alcoholism and substance abuse, cheating, working hard to find intimacy and winning the couple’s trust again which is difficult due to mistrust. However, a few participants mentioned to be in good terms due to better understanding, sharing of responsibilities which put them in a much better position coupled with positive energy and emotions. Integrating SGBV prevention, risk mitigation and response services to enhance protection for survivors in the community is key. Mobilizing community through existing community structures enhances their capacity in promoting change.

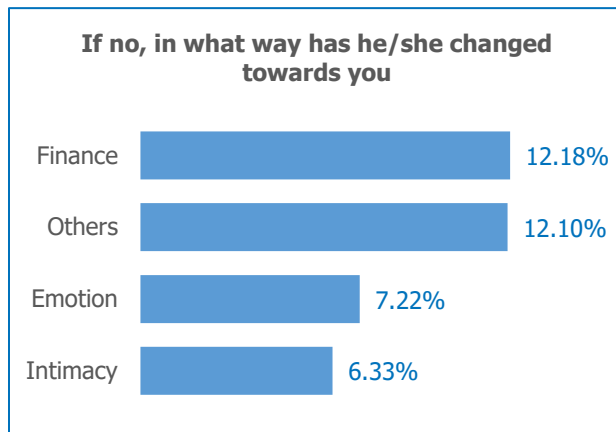


Fig. 29

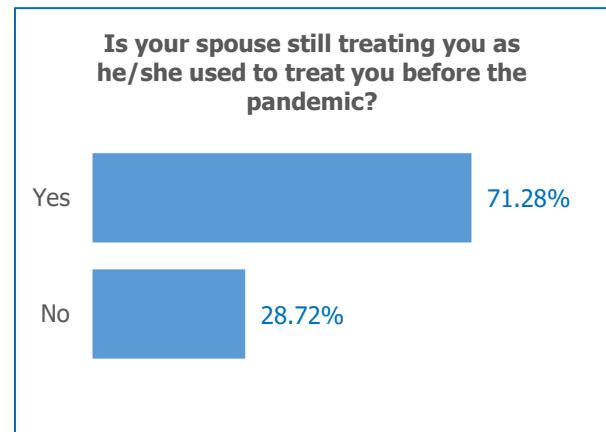


Fig. 30

### 3.9b Needs and Support Received by PoCs

People with specific needs among which includes children, women, elderly persons, people with disability and other specific needs are more at risk due to their vulnerabilities and it is important priority is given to identifying them and referrals and/or protection assistance provided where necessary. From the findings of the assessment 65% of the households interviewed indicated having at least one type of specific needs, 15% indicated two types of specific needs, 7% indicated three types of specific needs, while 3% indicated having more than 3 types of specific needs within their household. Borno, Adamawa and Cross Rivers states account for 71% of the persons of concern with specific needs (Borno, 26%; Adamawa 25%, Cross River 20%), while Yobe accounts for 9%, Taraba 8%, Benue 8%, Lagos 3%, Ogun 1% and FCT 1%.

Borno, Adamawa and Yobe states in Northeast Nigeria reported the highest percentage of households with a family member having a form of disability (66%) these could be attributed to the insurgency in the region although the assessment did not ask the cause of disability, this is followed by Taraba (16%) which is also in the Northeast region but also hosting refugees from Cameroon. Outside of the Northeast Cross Rivers reported the highest percentage (27%) of POCs with disability followed by Benue state (4%).



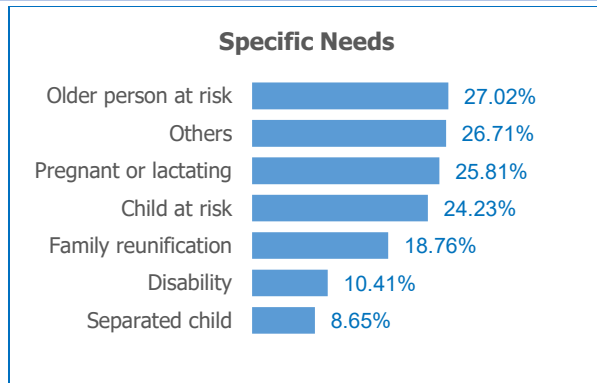


Fig. 31

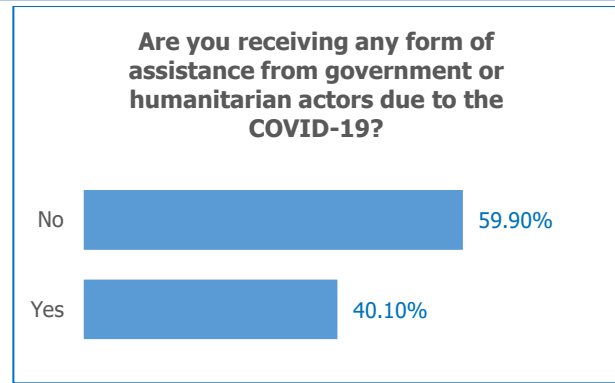


Fig. 32

Furthermore **27%** of the households in Cross Rivers indicated they have children that are at risk, Adamawa **26%**, Taraba **16%** and Borno **15%**, it should be noted majority of the displaced population in Adamawa are from Borno state which is the state most affected by the ongoing insurgency in Northeast Nigeria. In terms of older persons at risk Adamawa state reported the highest percentage with **35%**, followed by Borno **13%** and Cross River state **15%**. Other specific needs include family reunification which is highest in Adamawa and Cross Rivers states, and pregnant and lactating women with majority (**80%**) in Borno, Adamawa and Yobe states. Some cases of specific needs that urgently require follow up include cases of chronic diseases and children headed households.

Majority of the POCs are already in need of assistance due to their conditions in areas of displacement either in refugee settlements, IDP camps or camp like settings or within host communities with many relying on humanitarian assistance, this situation was worsened by the COVID-19 pandemic. Findings from the assessment indicates a gap in the support provided to POCs from either government or humanitarian actors to cope with the COVID-19 pandemic, **60%** (**31%** Female headed households, **29%** Male headed households) indicated they are not receiving any form of assistance, **24%** of which are in settlements, camps and camp like settings in Adamawa, Cross River, Borno, Yobe and Benue states, while **36%** are in Host Communities. However, **40%** (**21%** female headed households, **19%** male headed households) responded they receive humanitarian assistance from government and humanitarian actors out of which **23%** are in settlements, camps or camp like settings and **17%** in host communities.

The POCs mentioned food (**16%**) as the highest form of assistance they received from government, followed by non-food items (**8%**), cash assistance (**5%**), shelter (**2%**) and other forms of assistance. It should be noted **18%** mentioned not receiving any form of assistance from the government. (See Appendix I: Figure 45 for further details)

Furthermore **69%** of the POCs that received food are in settlements, camps and camp like settings while **31%** are in host communities, for cash assistance **55%** of the recipients are in host communities while **45%** are in settlements, camps and camp like settings, for shelter

and NFIs **91%** and **87%** of the recipients respectively are in settlements, camps and camp like settings. Other forms of assistance received by POCs from government include dignity kits, face masks, hand sanitizers and soaps.

On assistance provided by humanitarian actors **21%** of the POCs mentioned food assistance, followed by NFI (**18%**), Shelter (**4%**) and **3%** indicated not receiving any form assistance from humanitarian actors. **58%** of the POCs that received assistance from humanitarian actors are in settlements, camps and camp like settings while **42%** are in host community, for cash assistance **34%** are in settlements, camps and camp like settings while **66%** are in host community, for shelter **80%** and NFIs **78%** of the recipients respectively are in settlements, camps and camp like settings. Other forms of assistance provided by humanitarian actors to POCs include face masks, hand sanitizers, soaps.

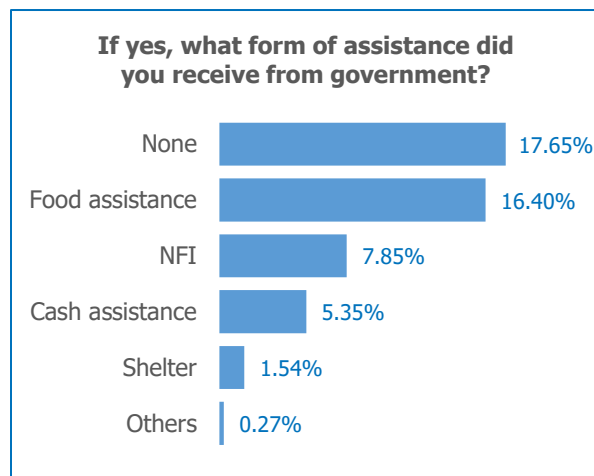


Fig. 33

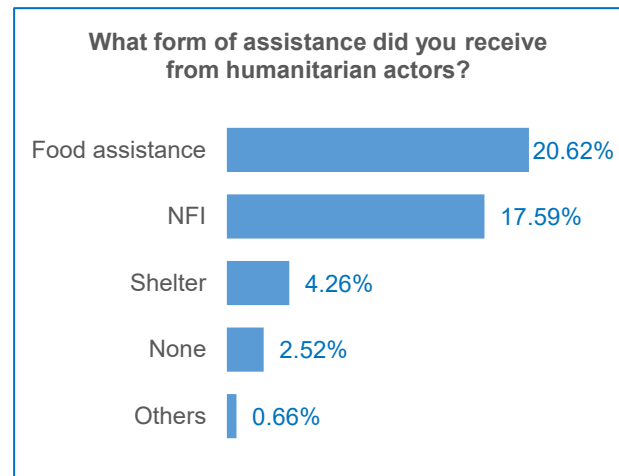


Fig. 34

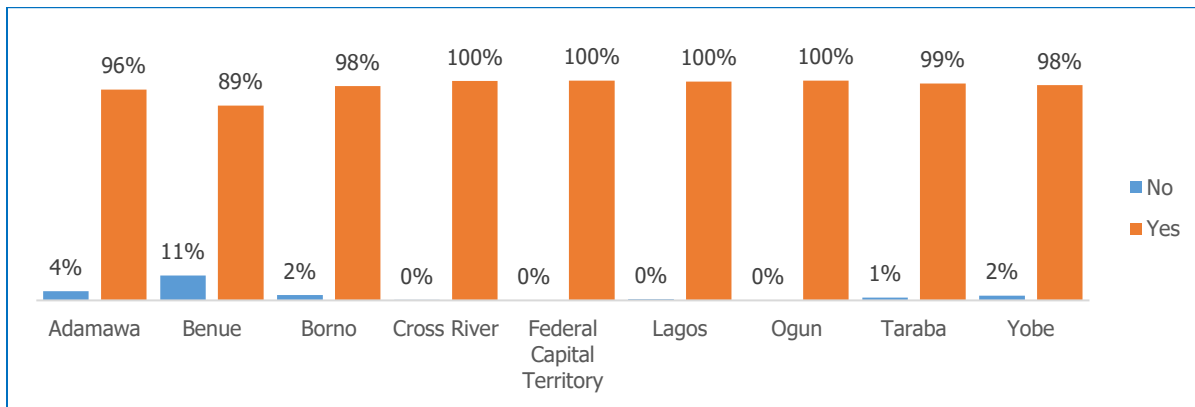
## 4.0 Conclusion

From the results, it is obvious that COVID-19 has negatively impacted the socio-economic status of PoCs in Nigeria irrespective of their categories (Refugees, IDPs or Returnees) and locations. The restrictions imposed by government at all level in order to curtail the spread of the virus has affected the income and livelihood of the PoCs, and consequently their wellbeing. Although, the depth and severity differ, however, the larger percentage (**95%**) across locations have experienced significant economic shock with limited access to basic needs (like food and shelter). Apart from the hardship imposed by the restrictions, the rise in food prices (as revealed by the CPI) also contribute a significant difficulty in the socio-economic wellbeing. The situation is expected to be largely felt among those living on remittances (aged or students) or those with no current occupation or loss of job.

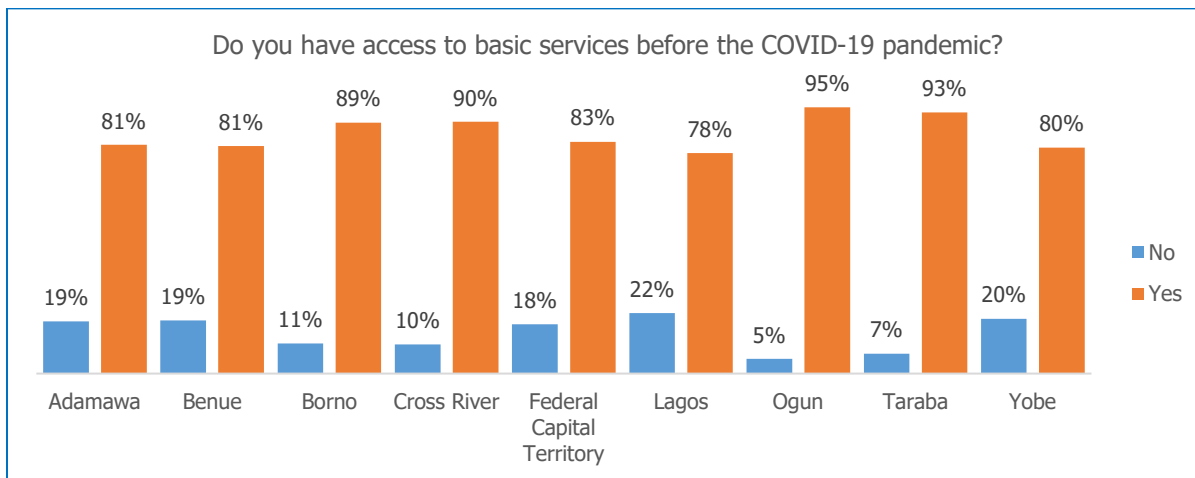
In addition, just like other citizen in the country, PoCs have been denied access to social services like education, market, financial services, and so on, unlike before. However, the significance of the challenge is that, the said group are highly vulnerable and could be further subjected to all forms of social ill treatment like extortion, sexual abuse, among others. Although, some of the PoCs received a significant support from government and humanitarian actors, but incidence of poverty is still in commonplace. The situation therefore calls for the need for advocacy and urgent intervention to reduce incidence of poverty as well as the establishment of effective adaptive mechanism that will foster restoration of life, social and economic activities among PoCs. Governments, UNHCR, other humanitarian organizations as well as development actors need to join forces in order to achieve more significant results.

## Appendix I – Disaggregated Results Using Specific Variables

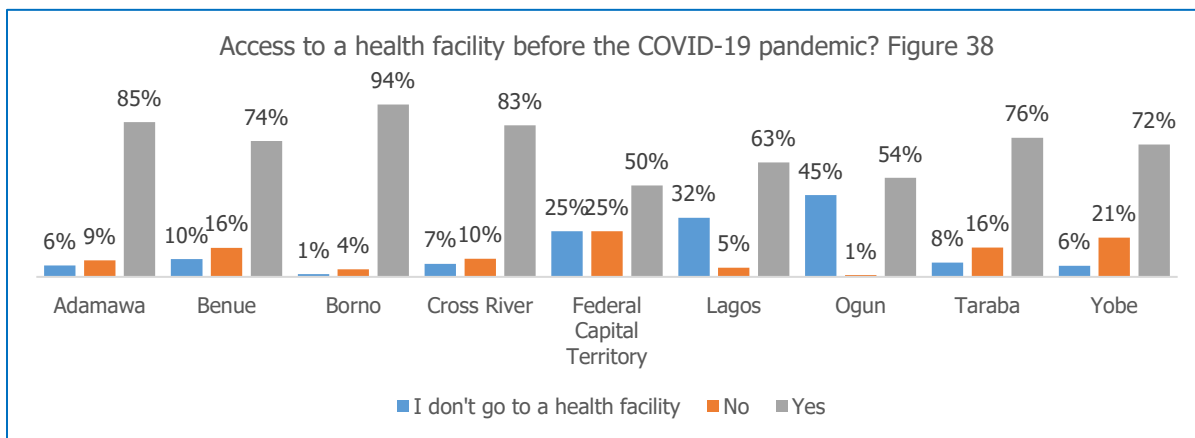
Q: Are you aware of Covid-19? (Figure 35)



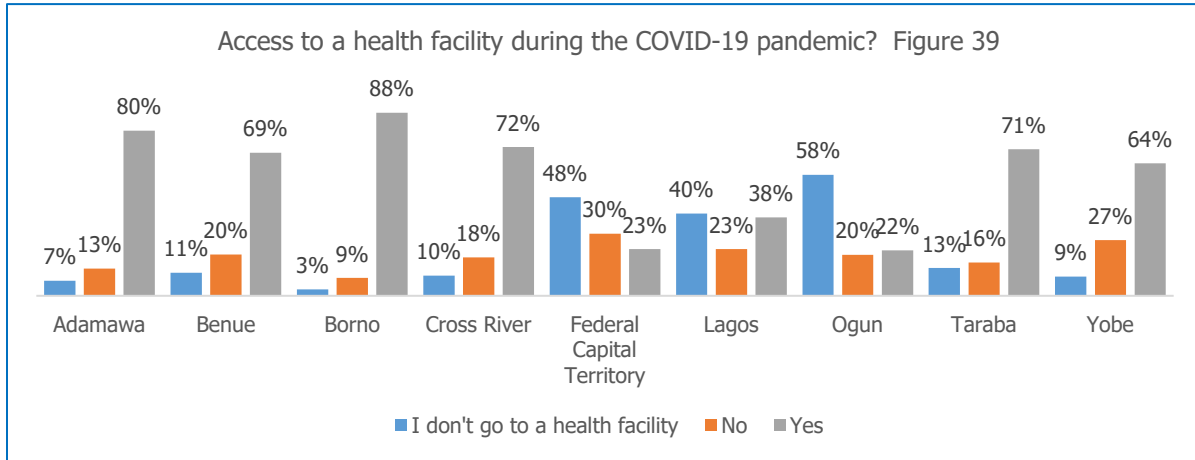
Q: Level of Access to Basic Services (Figure 36)



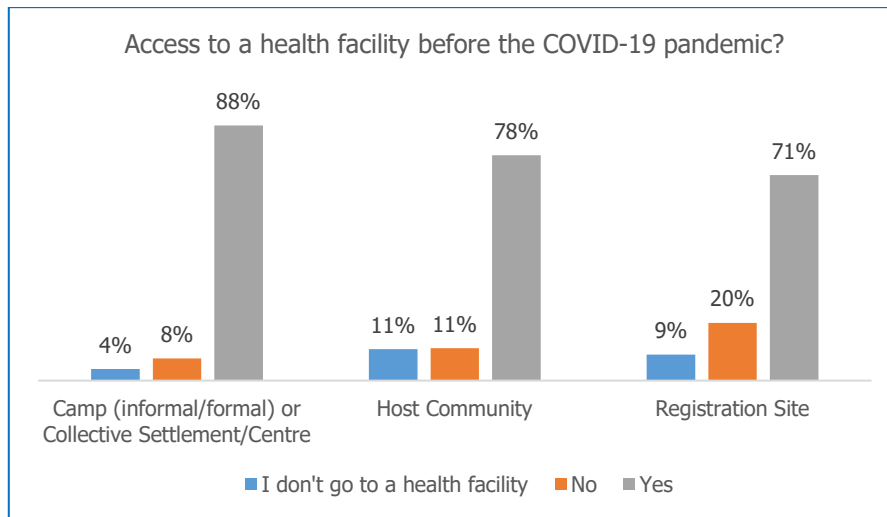
Q: Access to Health Facilities Before Covid-19 Disaggregated by Locations (Figure 37a)



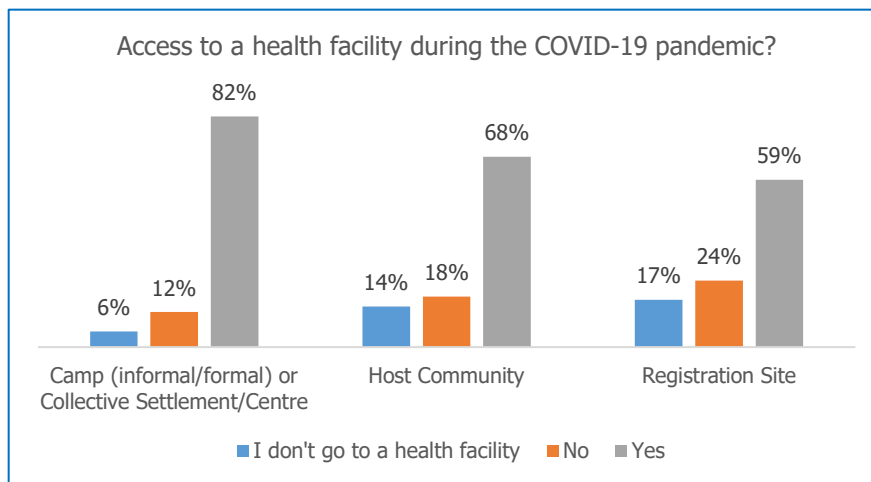
Q: Access to Health Facilities During Covid-19 Disaggregated by Location (Figure 37b)



Q: Access to Health Facilities Being Disaggregation by Population Group (Figure 37c)

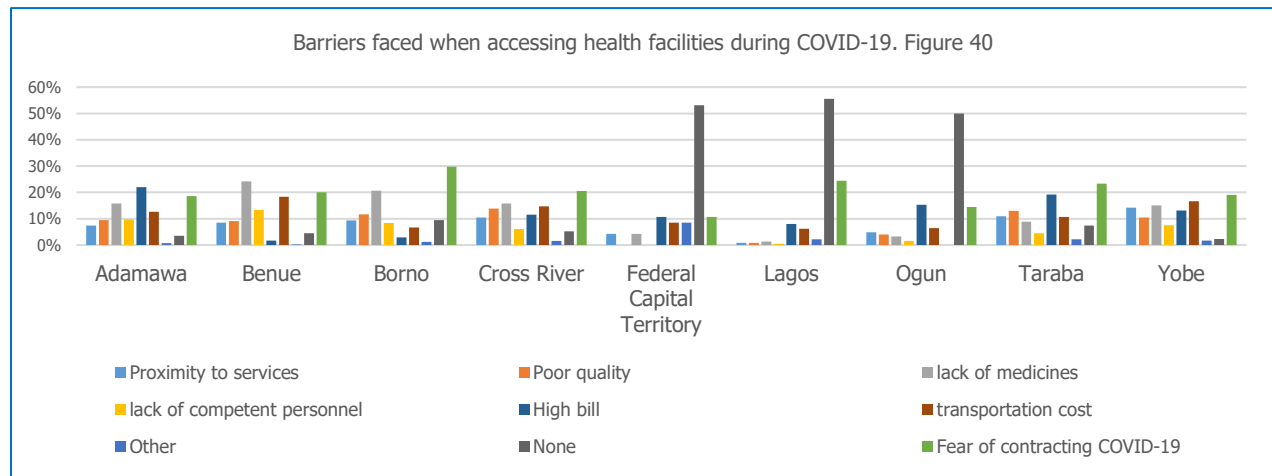


Q: Access to Health Facilities Being Disaggregation by the Population Group (Figure 37d)

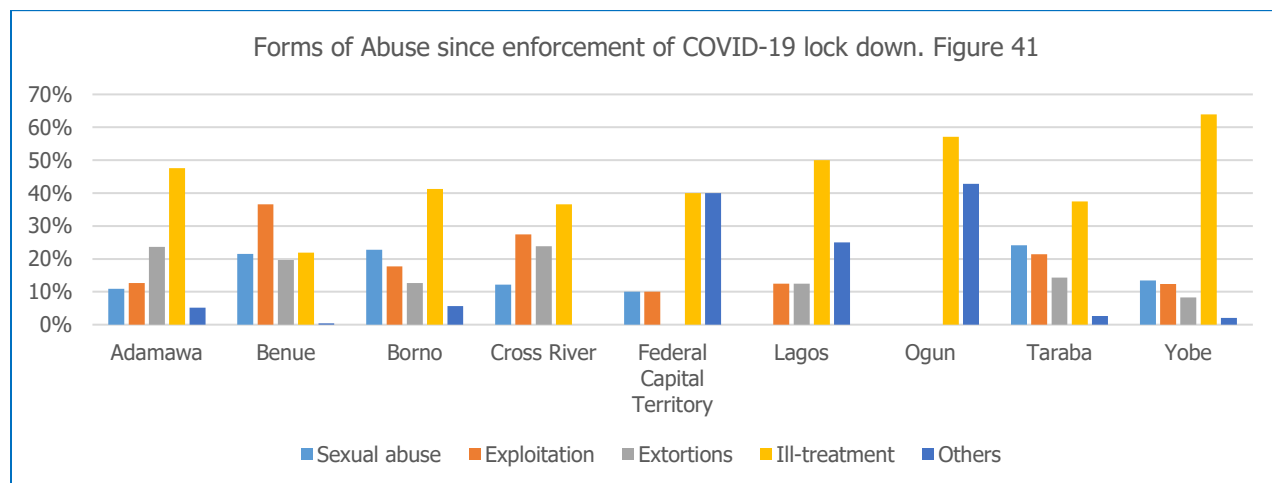




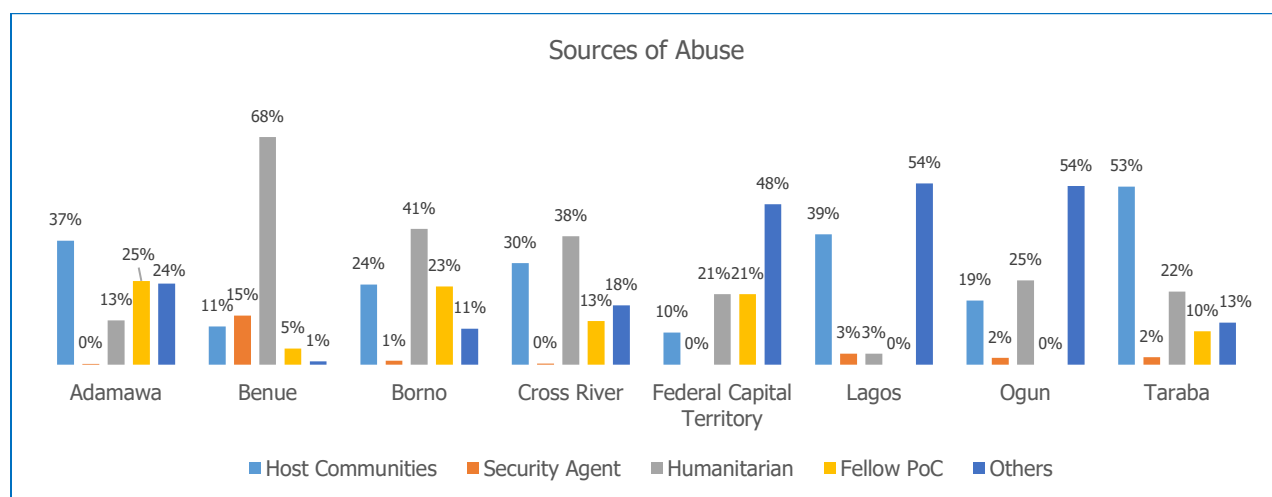
Q: Barriers to Health facilities during Covid-19 Disaggregated by Locations (Figure 38)



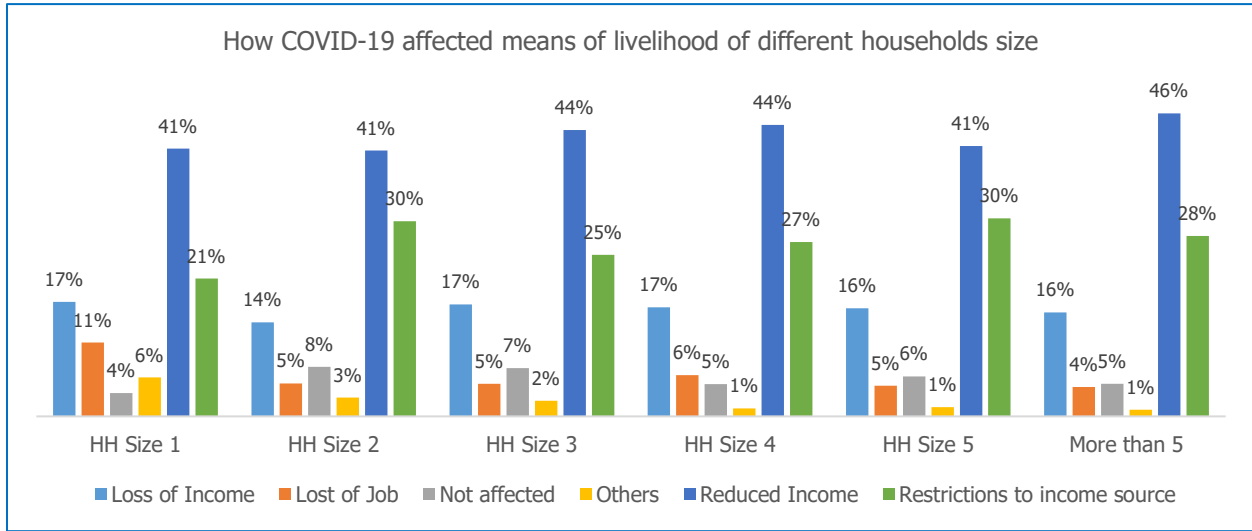
Q: Effect of Covid-19 Measure on Social Activities Disaggregated by Locations (Figure 39)



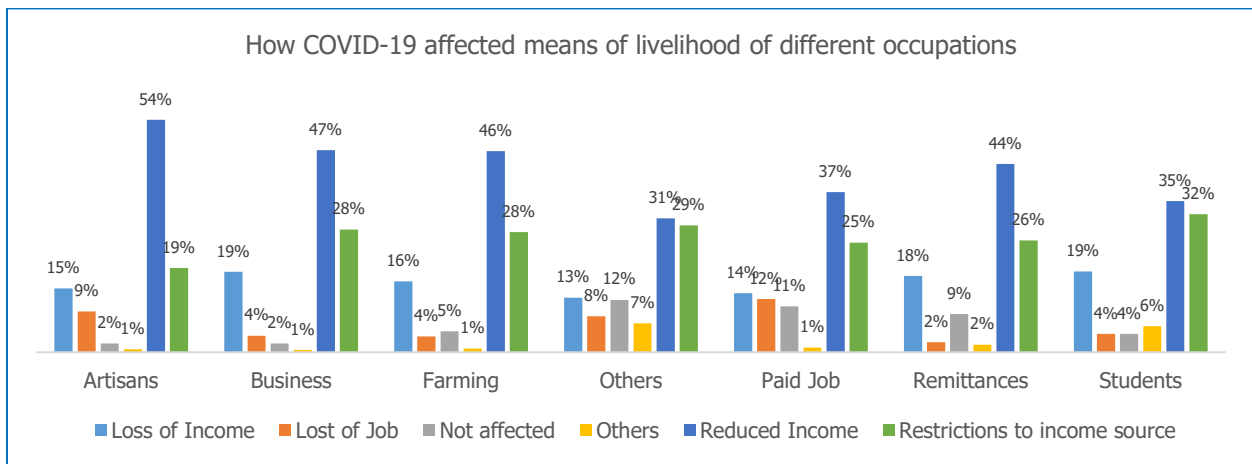
Q: Forms of Abuse Experienced by PoCs Disaggregated by Locations (Figure 40)



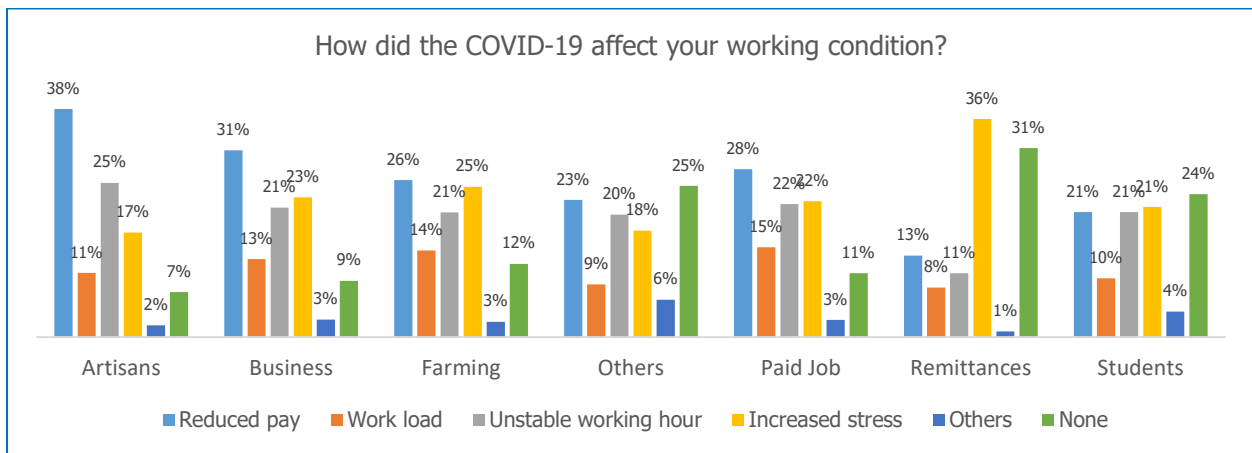
Q: Effect of Covid-19 on Socioeconomic Activity Based on Households Size (Figure 41)



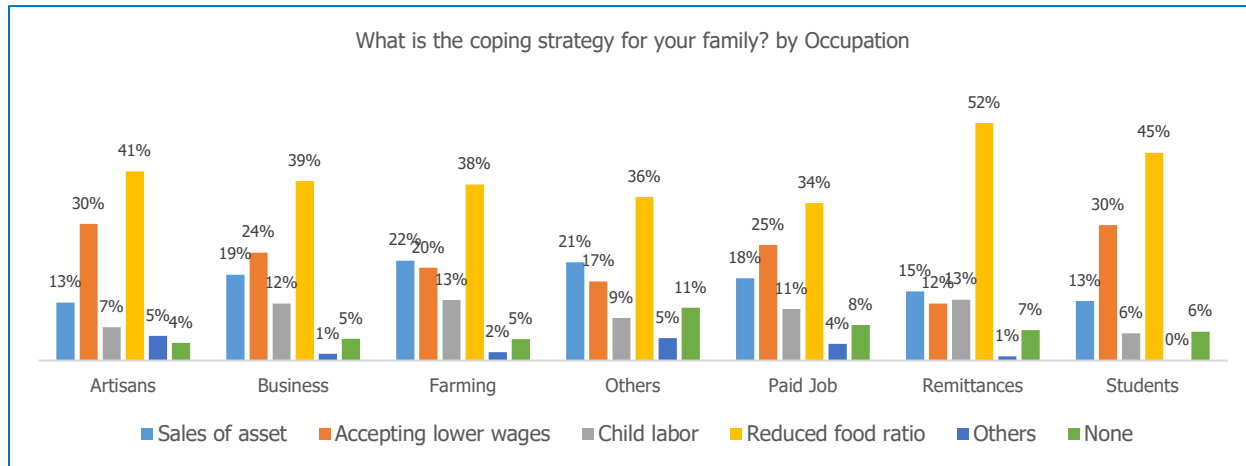
Q: Effect of Covid-19 on Socioeconomic Activity Based on Occupation (Figure 42)



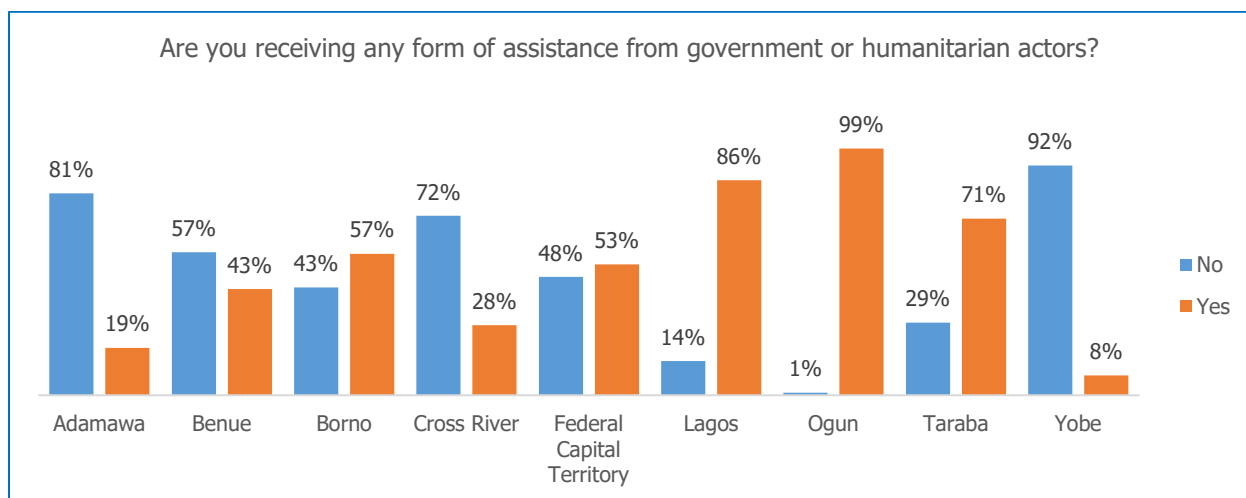
Q: Effect of Covid-19 among PoCs based on Source of Income (Figure 43)



**Q: Coping Strategy Disaggregated Based Source of Income (Figure 44)**



**Q: Distribution of those Receiving Assistance by Locations (Figure 45)**



## Appendix II - Copy of the Survey Tool

List of Indicators	List of Questions	Replies
	Introductions	This survey is intended to understand your state during the current covid-19 pandemic. Information provided will be kept confidential and use mainly for the purpose of this survey.
	Date of assessment	
	Interviewers information	
	Gender of respondent	Male/Female
	Year of Birth	Respondents year of birth
	Marital Status	Single, Married, Divorced/Separated, Widow(er)
	Status/Group	IDP, Refugees, IDP Returnees, Refugee Returnees, Host Community, Asylum Seekers
	State	List of states
	LGA	List of LGAs
	Rural/Urban	Urban/Rural
	Camp/Settlement	List of settlements/Camps
	Host Community	List of communities
	GPS Location	
	How many are you in the household?	
	How many Children?	
	How many Adults?	
	How many Elderly?	
% HH with reliable source of income	What is your primary/main occupation	Farming, Business, Paid Jobs, Remittances, Artisans, students, others
	Do you derive income from other source of activities	Farming, Business, Paid Jobs, Remittances, Artisans, others
	What is the level of your income (household)	<20,000; 21,000 - 40,000; 41,000 - 60,000; 61,000 - 80,000; >80,000
% HH with specific needs (basic needs - like food, shelter, etc.)	Do you any have anyone with SN?	List of specific needs, including none
	If yes, how many?	If yes to previous * condition not exceeding total individuals
%HH of households with aware/access of/to information on COVID-19	Are you aware about COVID-19 pandemic?	Yes, No
	Which of the following signs is well known to you as symptoms of Covid-19	Cough, Fever, Sore throats, Difficulty in Breathing, Tiredness, All of the above, None
	How will you rate the level of awareness of the respondents?	Poor, Low, Moderate, High, Very high
	What are the source of information on COVID-19 that are available to you	Media options TV, Radio, Community, SMS, Rumors, All, None
%HH with limited access to services	Do you have access to a health facility before the COVID-19 pandemic?	Yes, No, I don't go to a health facility
	Do you still have access to a health facility after the outbreak of COVID-19 pandemic?	Yes, No, I don't go to a health facility

	What barriers do you face when accessing health facilities before covid-19?	
	What barriers do you face when accessing health facilities during covid-19?	Proximity to services, Poor quality, lack of medicines, lack of competent personnel, fear of contracting COVID-19, High bill, transportation cost
	Do you have access to basic services before the COVID-19 pandemic?	Yes, No
	if yes, which of the following basic service do have access to?	Education, Housing, Water supply, Health, Power, Markets, Financial services, Justice, others, none
	Did COVID-19 pandemic reduce your access to those basic services?	Yes, No
	If yes, which of the services?	Education, Housing, Water supply, Health, Power, Markets, Financial services, Justice, others, none
%HH experiencing restrictions in movement	Are you restricted to move in your area due to COVID-19?	Yes, No
%HH experiencing suffering due to COVID-19	What challenge are you facing due to COVID-19 pandemic?	Increase in prices, lack of food, lack of shelter, restriction to basic needs, none
%HH facing violent incidents	Is your spouse still treating you as he/she used to treat you before the pandemic?	Yes, No
	if no, in what way has he/she changed towards you	intimacy, emotion, finance, others, none
%HH with reduced income/assets as result of COVID-19	How did the COVID-19 pandemic affect your means of livelihood?	Reduced Income, Loss of income, Loss of job, Restrictions to income source, Not affected
	What is your current monthly income (during covid-19)	<20,000; 21,000 - 40,000; 41,000 - 60,000; 61,000 - 80,000; >80,000
% HH with affected wellbeing during COVID-19	What is your monthly food expenditure before covid-19	
	What is your current monthly food expenditure	
% HH experiencing human right abuse, violence and exploitation	Have you experienced any form of abuse since enforcement of covid-19 lock down	Yes, No
	if yes, what form of abuse	Sexual abuse, exploitation, extortions, ill-treatment, none
	From which of the following sources	Host communities, Security agents, Humanitarian actors, Fellow PoCs, others
%HH experiencing worsening social relationship	Did the COVID-19 pandemic affect your relationship with others?	Yes, No
%HH showing signs of psychosocial distress	What type of distress did you face as a result of the COVID-19 pandemic?	High stress levels, loss of happiness, feelings of insecurity, reduced family interactions, loss of leisure, stigmatization, None
% HH without employment as a result of COVID-19 Pandemic	Did any member of your family lose employment due to COVID-19 pandemic?	Yes, No
%HH with poor working conditions	How did the COVID-19 affect your working condition?	Reduced pay, Workload, unstable working hours, increased stress, None



% HH with poor business operations	How did the Covid-19 affect your business operation?	High cost of production, poor demand, poor pricing, loss of capital investment, None
% HH with increase negative coping mechanism due to COVID-19	What is the coping strategy for your family for the COVID-19?	Sales of assets, accepting lower wages, Child Labour, Reduce food ratio, none
% HH enrolled in government social safety interventions	Are you receiving any form of assistance from government or humanitarian actors?	Yes/No
%HH receiving humanitarian assistance	What form of assistance did you receive from government?	Cash Assistance, Food Assistance, Shelter, NFI, Other, None
	What form of assistance did you receive from humanitarian actors?	Cash Assistance, Food Assistance, Shelter, NFI, Other, None