

Cash Barometer Nigeria

November 2020 • Borno, Adamawa and Yobe States

Executive summary

After more than a decade of conflict and violent insurgency by the non-state armed group Boko Haram, some 7.9 million people in Nigeria's Borno, Adamawa, and Yobe states (collectively known as the BAY states) were expected to be in need of humanitarian assistance in 2020.¹ Since the onset of Covid-19, this number has increased to 10.6 million, or more than half the population of those states in the country's north-eastern region.²

The pandemic is a particular threat for the BAY states' 1.8 million internally displaced persons (IDPs), over 400,000 of whom live in highly congested camps with limited access to WASH (water, sanitation and hygiene) facilities.³ Aside from the health impacts, Covid-19 has meant limited access to land and markets, driving up the number of people estimated to be food insecure from 2.7 million in 2019, to 3.8 million in 2020.⁴ Agricultural production has also been negatively impacted by flash floods and extreme drought, further increasing food insecurity.⁵

To support the most vulnerable, 35 aid providers, including national and international NGOs and United Nations agencies, are providing Cash and Voucher Assistance (CVA) throughout the BAY states as of August 2020.6 These organisations reach 1,785,338 individuals, focussing on food security. Transfers are made through direct cash-in-hand, as paper or electronic vouchers restricted to specific stores and markets, pre-paid cards, bank transfers, and mobile money. Borno State hosts the majority of CVA recipients in Nigeria (71%), followed by Yobe (27%) and Adamawa states (2%).

This survey aims to understand how recipients of such transfers in the BAY states experience the aid provided. The objective is to optimise CVA programming based on their feedback, to set a basis for monitoring progress on the quality and relevance of CVA assistance in the future, and to track perceptions over time.

This bulletin presents an overview of the findings from Ground Truth Solutions' survey of internally displaced people (IDPs), returnees, and residents affected by crisis in Borno, Adamawa, and Yobe States, Nigeria, who have received cash and voucher assistance (CVA) in the last 12 months.

The survey was carried out in September 2020 in the local government areas (LGAs) of Maiduguri Metropolitan City (MMC), Jere, and Konduga (Borno State), Michika, Mubi North and Mubi South (Adamawa State), and Geidam, Nangere and Yusufari (Yobe State).

The Cash Barometer is an independent accountability mechanism that combines standardised face-to-face surveys with qualitative approaches to enable cash recipients to provide feedback on CVA, and ultimately to participate in decision-making.

¹ OCHA, "Humanitarian Needs Overview: Nigeria" (December 2019), https://www.humanitarianresponse.info/en/operations/nigeria/document/nigeria-2020-humanitarian-needs-overview

OCHA, "Nigeria Situation Report" (September 2020), https://reliefweb.int/report/nigeria/nigeria-situation-report-23-september-2020

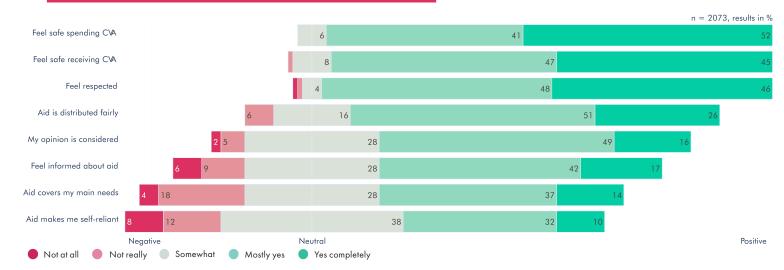
³ Health Sector Nigeria, "COVID-19 Situation Update: North East Nigeria" (August 2020), https://relief-web.int/sites/reliefweb.int/files/resources/covid-19_weekly_situation_update_30_august_2020_ne_nigeria.pdf

⁴ OCHA, "Humanitarian Needs Overview: Nigeria" (December 2019), https://www.humanitarianre-sponse.info/en/operations/nigeria/document/nigeria-2020-humanitarian-needs-overview

⁵ Ibid

⁶ Food Security Cluster / Sector, "Food Security Sector Cash Dashboard, North East Nigeria" (August 2020), https://fscluster.org/sites/default/files/documents/nga_fss_cash_dashboard_august_2020_final.pdf

Summary of key questions



Building on results from an <u>earlier round of data collection in November 2019</u> in Borno State only, Ground Truth Solutions surveyed 2,085 CVA recipients across the BAY states in September 2020. We found that:

- 1. The overwhelming majority (over 90%) of recipients feel safe when receiving CVA, travelling to stores and spending CVA.
- 2. When asked about their preferred aid type, more than half of respondents expressed a preference for in-kind aid, especially for food. This preference was stronger among cash recipients than those receiving vouchers.
- The majority (59%) feel informed about the aid available to them, but are not clear on specifics of the aid they receive. Eighty percent do not know how long they will be receiving CVA, and 72% do not feel they understand how agencies decide who receives CVA.
- 4. Views on whether aid meets people's basic needs are mixed. The majority of respondents in Yobe (59%) report that aid covers their basic needs, whereas less than half report so in Adamawa (46%) and Borno (39%). Food (78%) and access to livelihoods (52%) remain the largest unmet needs. Results have improved slightly since the last round.
- Most people believe that aid goes to those who need it most, and this feeling increases when people feel more informed about how aid agencies make targeting decisions.
- 6. Many people do not believe that aid helps them to become self-reliant in the future. Those who receive aid on a monthly basis tend to be more optimistic than those receiving CVA at longer intervals. People receiving cash tend to be more optimistic than those receiving vouchers. Respondents in Yobe generally feel more self-reliant than in Borno or Adamawa.
- 7. Despite aid not meeting all needs, this does not translate into frustration towards aid providers. More than 90% of those surveyed feel respected by aid providers, and 79% feel able to report any potential abuse.

This round of data collection and analysis will be complemented by a round of qualitative data collection to further unpack the following avenues of research:

- Why do people prefer one type of CVA over another? Is this preference dependent on specific factors?
- How do economic shocks and changes in value of the Minimum Expenditure Basket impact preferences?
- What has been the impact of Covid-19 specifically on feelings of safety and preferences for certain delivery mechanisms of CVA?
- In what situations do preferences differ between men and women for certain CVA modalities?

What CVA looks like for recipients in Nigeria

Modality

Recipients across the BAY states in our survey receive CVA⁷ as:

59% Vouchers (restricted) (1,225)



37% Cash (unrestricted) (776)

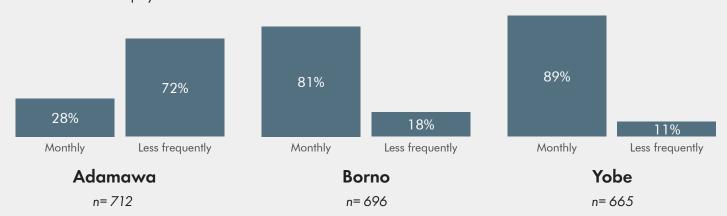
What mode of cash and voucher assistance do you currently receive?



Respondents could choose multiple answers and so percentages may not sum to 100.

Frequency of transfers

The majority of respondents (65%) receive CVA on a monthly basis, 11% every few months, 10% annually, and 14% received a one-off payment.



Delivery mechanism

Respondents receive CVA through the following mechanisms:

44% Cash in hand (915) 9% Paper voucher (196)

6% **31%** Prepaid card (639) Mobile money (126)

12% E-voucher (240) 1% Bank transfers (10)

Respondents could choose multiple answers and so percentages may not sum to



17,549 naira (around 45 EUR).8

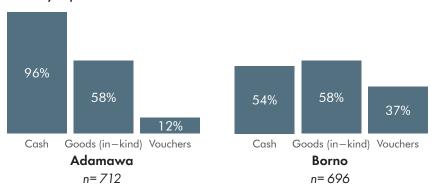
In addition, 168 (8%) mentioned 'Cash for Work', and 188 (9%) mentioned 'other.' This will be taken into account when reviewing the questions on type of CVA for future surveys. In Adamawa, around 20% of CVA was received as part of cash for work programmes, while this was negligible in Borno and Yobe.

Exchange rate as of 6 November 2020: 1 US dollar = 382 Nigerian Naira

Preferences

The survey asked what type of assistance people would prefer. Goods in-kind (55%) were almost as popular as cash (59%), with only 33% preferring vouchers. In Borno, goods-in-kind are the most popular modality (58%), almost joint first place with vouchers in Yobe, and the second most popular modality after cash in Adamawa. Goods-in-kind is the second most popular modality after cash for both men and women, with men being more likely (by 11 percentage points) than women to express a preference for aid in-kind.9

How do you prefer to receive aid?

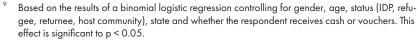


Respondents could choose multiple answers and so percentages may not sum to 100.

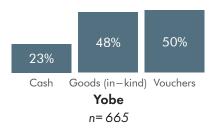
The popularity of in-kind assistance is likely due to reduced household spending power, caused by rapid price inflation across the BAY states and the subsequent devaluation of the Naira. In Maiduguri for instance, the cost of a minimum expenditure basket (MEB) increased by about 47% between March and August 2020¹⁰ and prices of a Basic Food Basket in July had risen by over 10% (classed as severe) in all of the BAY states compared to the average of the same month over the past five years. In the second quarter of 2020, the currency had depreciated by 13.4%, compared to the first quarter of 2020. With the onset of Covid-19 and subsequent local and international lockdowns, prices of essential goods have risen further due to decreased trade, a compounded by access constraints posed by the conflict and the rainy season.

Respondents report the direct impact of these economic shocks to their lives. When asked about their main economic concern, the vast majority pointed to the lack of food, coupled with rising food prices, the high cost of living, inflation, and currency devaluation.

Recipients of cash assistance appear to feel the brunt of price changes more than voucher recipients who are more resilient to market shocks. With commodity or value-based voucher programmes, prices of goods are agreed in advance with vendors, meaning that any changes in the market price cannot be passed on to voucher recipients. In contrast, cash recipients purchase on the open market and must therefore compromise on either the quantity or quality of goods when prices increase. Indeed, our analysis found that people who receive cash are slightly (6 percentage points) more likely to express a preference for in-kind aid compared to those who receive vouchers.¹⁴



Nigeria Food Security Cluster, "Advocacy Note: Change of Transfer Values for Food Assistance" (September 2020), https://fscluster.org/nigeria/document/advocacy-note-change-transfer-values





"They [aid providers] don't understand that most people in this community are in need of direct food items instead of cash." – female IDP, Yobe, 60 years old

¹¹ Ibid.

World Food Programme, "The Market Monitor, WFP VAM Food Security Analysis: Issue #48" (July 2020), https://dataviz.vam.wfp.org/global-coverage-market-monitor-48-jul-2020

ACAPS, "COVID-19 in Nigeria: Vulnerabilities to COVID-19 and Containment Measures" (May 2020), https://www.acaps.org/sites/acaps/files/products/files/20200526_acaps_thematic_report_covid19_in_nigeria_0.pdf

Based on the results of a binomial logistic regression controlling for gender, age, status (IDP, refugee, returnee, host community), state and whether the respondent receives cash or vouchers. This effect is significant to p < 0.05.</p>

When examining the preference of cash compared to vouchers, respondents most often mentioned the modality that they currently receive, indicating a potential familiarity bias. ¹⁵ Of people who receive cash assistance, 76% prefer cash compared to 9% who prefer vouchers. Of those who receive vouchers, 49% prefer vouchers compared to 35% who prefer cash. In Adamawa, where 65% of respondents receive unrestricted cash, 96% prefer cash, compared to just 54% in Borno (where only 20% receive cash), and 23% in Yobe (where only 26% receive cash). The preference in Adamawa for cash over vouchers could also be attributed to its stage of early recovery – once life-saving measures are met, cash becomes more useful in meeting further needs such as education or livelihood support. The availability of financial distribution mechanisms, or lack thereof, may also impact the preference for cash over vouchers.

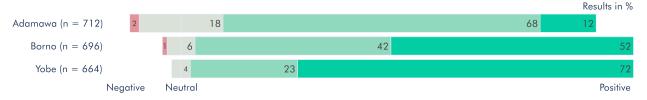
Safety in the CVA process

Since Round 1 in Borno, respondents have remained positive about their experience receiving CVA, travelling to stores, and spending CVA. Over these three metrics, Yobe respondents are most positive, followed by respondents in Borno. Those in Adamawa are least positive; nevertheless between 80% and 85% of people still feel safe or very safe.

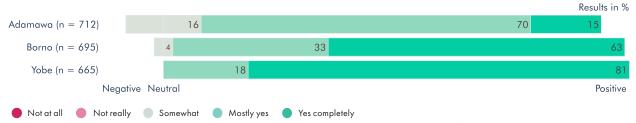
Do you feel safe receiving CVA?¹⁶



Do you feel safe travelling to where you can spend CVA?



Do you feel safe spending CVA?



Binomial logistic regression controlling for: state, whether the respondent receives cash or voucher assistance, gender, and status (IDP, refugee, returnee, host community).

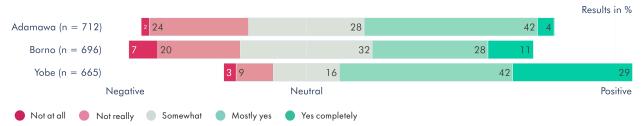
Due to rounding, percentages may not always sum to 100

These results align with REACH's Accountability to Affected Populations factsheet from March 2020, in which 96% of households reported they felt safe while receiving assistance.¹⁷ Cash recipients in Adamawa and Yobe are more likely to report higher scores for questions of safety compared to those receiving vouchers.¹⁸ In Borno, there is no significant difference between cash and voucher recipients on questions of safety. It is worth remembering that safety is a subjective feeling and may be affected by local improvements. Also, the survey included only people who said they had received aid in the past 12 months, not those who may have been excluded from aid provision in hard-to-reach areas. Perceptions of safety should therefore not be interpreted as an objective measure of safety for a particular state.

Ability to meet basic needs

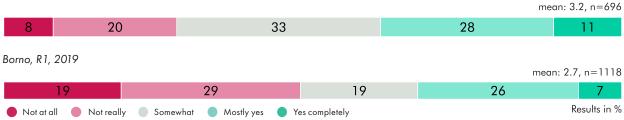
Opinions are mixed as to whether aid is sufficient to meet recipients' basic needs. The majority of respondents in Yobe (71%) think that the aid they receive covers their basic needs, compared to 45% of Adamawans and 39% in Borno. In Yobe, cash recipients are more likely to give a higher score on the question of whether aid meets basic needs than voucher recipients.¹⁹

Does aid cover your basic needs?



Negative responses have decreased by 21 percentage points in Borno state since 2019. However, most of this shift has come from respondents moving from negative categories into the neutral category, with neutral responses increasing by 14 percentage points. Those saying that aid meets their basic needs increased by only 6 percentage points.





While these results largely align with CORE survey findings in January 2020 which revealed that aid largely meets people's basic needs, ²⁰ both CORE and GTS surveys are somewhat more positive than REACH's Multi-Sector Needs Assessment (MSNA), in which 82% of people reported that their household income (including aid, salary and other sources of income) was insufficient to cover their basic needs. ²¹

REACH, "Accountability to Affected Populations Factsheet" (March 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_NGA_Factsheet_Nigeria_AAP_April_2020_Final.pdf

Results of non-parametric Mann-Whitney-Wilcoxon U tests, p < 0.05

¹⁹ In Borno and Adamawa, the difference between cash and voucher recipients on these questions is not statistically significant.

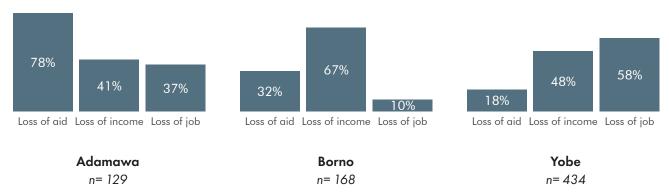
Humanitarian Outcomes, "CORE Humanitarian Access Score Report: North East Nigeria" (January 2020), https://www.humanitarianoutcomes.org/SCORE_report_NE_Nigeria_2020

²¹ REACH, "Multi-Sector Needs Assessment" (August 2020), https://www.impact-repository.org/document/reach/61027e38/reach_nga_2020_msna_datasets_julaug-2.xlsx

REACH's MSNA interviews key informants from 45 local government areas (LGAs), and so may access hard-to-reach communities with greater needs. GTS' survey is representative of those who receive CVA in each state, which by nature excludes those in hard-to-reach areas not serviced by aid providers. An estimated 1.2 million Nigerians living outside the government-controlled areas in the BAY states are completely cut off from humanitarian assistance, and as such represent a significant missing voice.²²

Despite a small increase since Round 1 in Borno, Covid-19 is having a detrimental effect on many people, mainly through loss of income and loss of assistance.

Why has your ability to meet your basic needs worsened because of the pandemic?²³

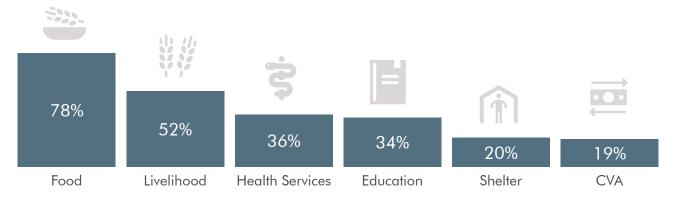


Respondents could choose multiple answers and so percentages may not sum to 100.

Of those who mentioned that their ability to meet basic needs had worsened since the pandemic, almost 80% in Adamawa attribute this to a loss of humanitarian assistance. In Adamawa, only one organisation is active in the food security sector in one LGA (Madigali), with far more organisations active in the field of livelihoods across 14 LGAs.²⁴ Seventy-two percent of food security assistance in the BAY states goes to Borno state.²⁵ A smaller proportion of respondents in Borno and Yobe mentioned the loss of assistance, instead stressing a loss of income or job. When asked about their main economic concern, many respondents mentioned that Covid-19 had affected their source of income, and that they needed more food and cash assistance, in addition to medicine, fertiliser, and shelter assistance to deal with the shortfall.

A loss of income and aid is problematic as it directly affects people's ability to meet their basic needs. When asked what needs were not currently met, lack of food was the most pressing:

What are your most important needs that are not being met?



²² Humanitarian Outcomes, "CORE Humanitarian Access Score Report: North East Nigeria" (January 2020), https://www.humanitarianoutcomes.org/SCORE_report_NE_Nigeria_2020

n = 452

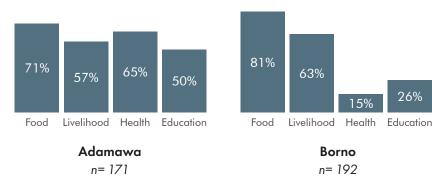
Twenty-seven percent of respondents in Yobe also mentioned being forced to close their business as a contributing factor, compared to just 2% in Adamawa and 5% in Borno.

Nigeria Food Security Cluster / Sector, "Partner Presence Maps" (August 2020), https://fscluster.org/sites/default/files/documents/nga_fss_partner_presence_august_2020_final_1.pdf

²⁵ Ibid.

These results are largely the same as results from Round 1 in Borno. That 78% of respondents report unmet food needs is concerning, and food is the main unmet need in every state. Access issues due to the conflict and Covid-19 as well as inadequate roads and poor sanitation conditions during the rainy season further compound food distribution as the lean period between harvests starts. In June 2020, the number of severely acutely malnourished people admitted into nutrition treatment programmes increased by 35% compared to the admission rate during the same period in 2019.²⁶

What are your most important needs that are not met?



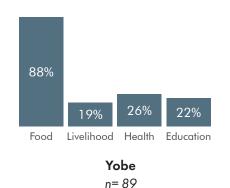
Respondents could choose multiple answers and so percentages may not sum to 100.

When asked what aid providers do not understand when providing aid, many people said the aid received was insufficient, particularly for those with large families. Similar trends can be noted in REACH's MSNA, in which 76% of those who said they were dissatisfied with aid attributed this to issues of quantity.²⁷ Indeed, many respondents mentioned that aid providers do not understand how much they need to last the month, and that aid often does not go far enough.

In Adamawa, far more people mention health services, education, and shelter "as unmet needs" than in other states. Men and women reported largely the same needs.

It is possible to infer other unmet needs based on whether people sell the aid they receive to meet their needs, and what they buy as a result. While only 18% of respondents said that people in their community sell aid to meet their needs, 94% of those said that people sell food items. When asked what items people buy, 53% mentioned food again, indicating that people may not be receiving the type of food aid that they need. Open-ended responses support this theory, with many respondents expressing a wish for aid agencies to ask them about their needs and preferences before providing assistance.

IDP respondents mentioned that people buy firewood (46%) and fuel (8%) with the money they receive from selling aid, compared to only 27% of host communities mentioning firewood, and only 1% mentioning fuel. In REACH's Multi-Sector Needs Assessment of 6,886 respondents, 51% say they have insufficient access to fuel / firewood. Fifty-five percent of IDPs and 52% of returnees do not have sufficient access to fuel or firewood, compared to 42% of non-displaced people, corroborating our findings that IDPs may be more at risk of fuel insecurity. One INGO representative mentioned during joint analysis of our findings that IDP populations are more likely to sell aid to buy fuel as there are more restrictions in IDP camps, while host communities have other options to get fuel.





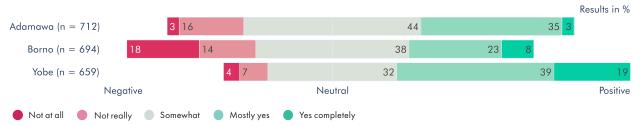
"They should give us the choice of cash or food before providing assistance" – female host community resident, Yobe, 27 years old

OCHA, "Nigeria Situation Report" (September 2020), https://reliefweb.int/report/nigeria/nigeria-situation-report-23-september-2020

REACH, "Multi-Sector Needs Assessment" (August 2020), https://www.impact-repository.org/document/reach/61027e38/reach_nga_2020_msna_datasets_julaug-2.xlsx

²⁸ Ibid.

Do you feel the support you receive helps you to become more self-reliant?



People in Borno are the least optimistic about their prospects to live without aid in the future, with 31% of people answering negatively. When asked why they do not feel self-reliant, most people mention that aid is not enough to meet their needs. Many mention the added impact of large family sizes and the high cost of living. This is despite many aid programmes distributing aid on a per capita basis – meaning large families should receive correspondingly more assistance.

Knowing what factors influence recipients' feelings of self-reliance can help agencies optimise programmes. People who receive cash tend to give higher scores for self-reliance than those who receive vouchers.²⁹ Those that receive CVA (restricted or unrestricted) on a monthly basis, rather than at longer intervals, also give higher scores.³⁰ The effect of state is also significant,³¹ with respondents in Yobe feeling the most self-reliant, followed by Adamawa, then Borno State.

Respondents also mention that having farmland and livelihood opportunities makes them feel self-reliant, more so than aid. In this vein, many mentioned the need for fertiliser rather than CVA. Half of Nigeria's population is rural, and thus agriculture is a significant source of livelihood for the majority of the population.³² The conflict has further compounded the humanitarian situation, causing an estimated \$3.73 billion in damage to the agricultural sector in the BAY states (42% of total damages).³³ In Borno in particular, the security situation has meant that many residents are unable to access their land, weakening their ability to be self-reliant.

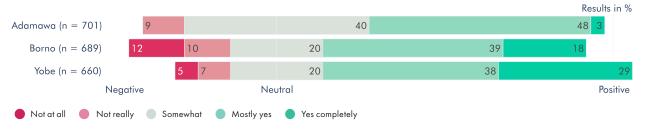


"We need fertilizer instead of cash" – male host community resident, Yobe, 32 years old

Transparency and fairness

Recipients generally feel informed about the kind of assistance available to them (59%), a key metric for accountability. It is possible that results are positively skewed due to the inability to sample in inaccessible areas, where information channels are less established.

Do you feel informed about the kind of aid available to you?



²⁹ p <0.05, based on a linear regression with control variables: state, gender, age, status (IDP, refugee, returnee, host community), number of years of education, whether the person knows how long they will be receiving CVA and how often they currently receive CVA (monthly, every few months, annually).</p>

³⁰ Ibid.

³¹ Ibio

³² ACAPS, "COVID-19 in Nigeria: Vulnerabilities to COVID-19 and Containment Measures" (May 2020), https://www.acaps.org/sites/acaps/files/products/files/20200526_acaps_thematic_report_covid19_in_nigeria_0.pdf

³³ OCHA, "Humanitarian Response Plan: Nigeria" (March 2020), https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/ocha_nga_humanitarian_response_plan_march2020.pdf

Respondents in Yobe feel significantly more informed than respondents in Borno and Adamawa. A Conversations with an INGO representative in Yobe State indicated that Yobe's State Emergency Management Agency (SEMA) is very active on sensitisation and information dissemination, including explaining to communities the roles and responsibilities of aid agencies there. The local government's proactive role also supports aid agencies in conducting assessments and accessing insecure areas. Reference was also made to Yobe's many participatory mechanisms which contribute to greater satisfaction among the local population, and effective coordination between aid agencies in the state. Correspondingly, CVA recipients in Yobe are also more likely to feel like their opinion is taken into account.

Despite the majority of people feeling generally informed, they are largely in the dark when it comes to specific aspects of the aid they receive, such as how long the programmes will last, or how decisions regarding allocation are made.

Do you know how long you will be receiving cash and voucher assistance for?



n=634
76
24

Borno, R1, 2019

n=1049

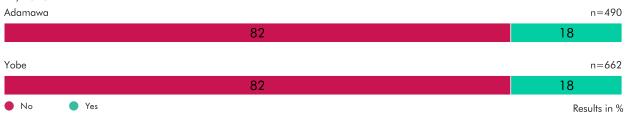
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Results in %

The results of Round 1 showed that only 12% of those surveyed knew how long they would be receiving CVA support. Scores have improved this round, with positive responses doubling in Borno state, however an average of 80% across the three states still say they do not know when their CVA will end. This is problematic, as knowing how long CVA support will last is essential for recipients to be able to plan their lives and increase their ability to be self-reliant.

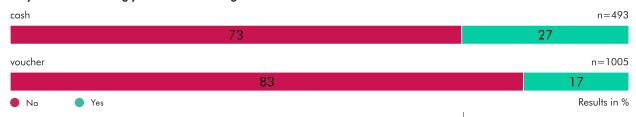
Do you know how long you will be receiving cash and voucher assistance for?

R2, 2020



Almost one-third of cash recipients know how long they will receive CVA for, compared to just under one fifth of voucher recipients.

Do you know how long you will be receiving cash and voucher assistance for?



³⁴ Significant to p <0.05. Results of linear regression with control variables: state, gender, age, status (IDP, refugee, returnee, host community), number of years of education, whether the person knows how long they will be receiving CVA and how often they currently receive CVA (monthly, every few months, annually).

³⁵ Ibid.

Discussions with aid agencies on the ground have indicated that recipients' lack of clarity regarding the length of CVA may be caused by overlapping programming, for example when recipients receive CVA from multiple organisations at the same time. Different programme lengths and a lack of coordination between these agencies causes confusion about when CVA will end and affects recipients' ability to plan. Indeed, some recipients told us that their aid often ends without them being notified.

Compared to the previous round, respondents feel more informed about targeting and say that aid goes to those who need it most. The proportion of people who believe they know how agencies decide who receives CVA has increased from 11% in Round 1, to 20% in Borno State in Round 2.

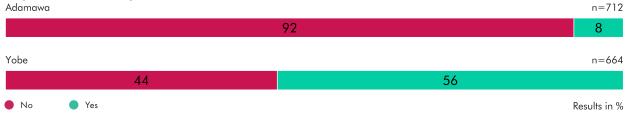
Do you know how aid agencies decide who receives cash and voucher assistance?





Despite an overall improvement, there is very high variance on this question, with over half of Yobe respondents believing they know how agencies decide who receives CVA, compared to just 8% in Adamawa. The same structures that contribute to people in Yobe feeling informed about the aid available to them likely drive positive responses here.

Do you know how aid agencies decide who receives cash and voucher assistance?



When people understand how agencies make decisions, they report feeling that aid goes to those who need it most.

Does aid go to those who need it most?



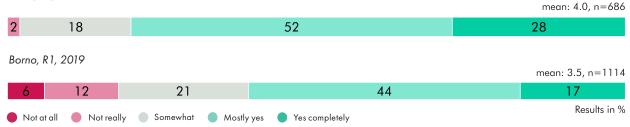
In Adamawa, where only 8% of people thought they knew how agencies decide who receives CVA, respondents are far less likely than the other states to believe that aid goes to those that need it most. In contrast, in Yobe, where people felt more informed about decision-making processes, 83% of people agreed or strongly agreed that aid goes to those who need it most. Cash recipients in Yobe were also more likely than voucher recipients to believe that aid goes to those who need it most. Overall, positive responses have increased since Round 1 from 61% to 77% in Round 2.36

11

³⁶ Results of non-parametric Mann-Whitney-Wilcoxon U tests, p < 0.05

Does aid go to those who need it most?



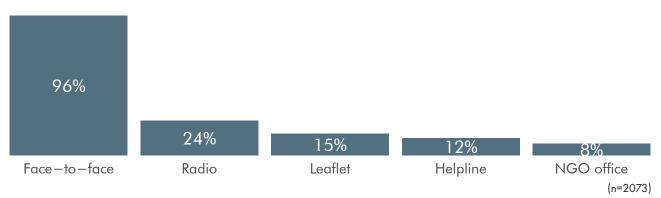


Nevertheless, some recipients feel that aid does not go to those who need it most, with 78 individuals mentioning in an open-ended question that aid providers do not understand who in the community is most vulnerable. This leads to the exclusion of certain groups such as widows, orphans, and the elderly. Of these 78 individuals, 64 of them came from Borno State.

Information access

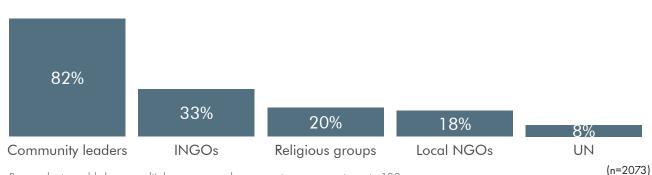
Across all three states, CVA recipients prefer to receive face-to-face information from community leaders (96%). Religious organisations are the second most preferred information source in Adamawa. In comparison, less than 10% of respondents mentioned religious leaders in Borno and Yobe. Other preferred sources of information were Bulamas and Lawans.³⁷

What is your preferred information channel?



Respondents could choose multiple answers and so percentages may not sum to 100.

What is your preferred information source?

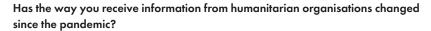


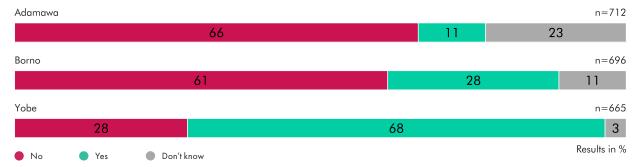
Respondents could choose multiple answers and so percentages may not sum to 100.

These results align with REACH Nigeria AAP Factsheet where 81% of respondents reported trusting community leaders as an information source, 49% religious leaders and 17% NGOs. As in our survey, face-to-face communication was the most popular channel (66%), followed by radio (46%).³⁸

³⁷ Bulama (community leader for the ward), Lawan (community leader for the village to whom Bulamas report).

³⁸ REACH, "Accountability to Affected Populations Factsheet" (March 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_NGA_Factsheet_Nigeria_AAP_April_2020_Final.pdf





Regarding changes in access to information since the beginning of the pandemic, there are large discrepancies between states, with 68% of people noticing a change in information from humanitarian organisations in Yobe, compared to just 11% in Adamawa.

When asked what had changed, people reported hygiene messaging, particularly surrounding handwashing, wearing a mask, and social distancing. Others mentioned that messaging has either reduced, stopped entirely, or is harder to access. People also mentioned messaging surrounding changes to delivery modalities or distribution times and locations.

Relationship with aid providers

Despite people feeling that their basic needs are not fully met, this does not seem to translate into frustration towards aid providers. Respondents largely feel respected and heard by aid providers.

Do aid providers treat you with respect?



This aligns with REACH's AAP report which reported that only 9% of households felt they were not respected by aid providers.³⁹ In Adamawa, cash recipients are more likely to feel highly respected by aid providers than voucher recipients, whereas the difference in Borno and Yobe is not statistically significant.

In the event of abuse by aid providers, the majority of respondents felt that they would be able to report this.

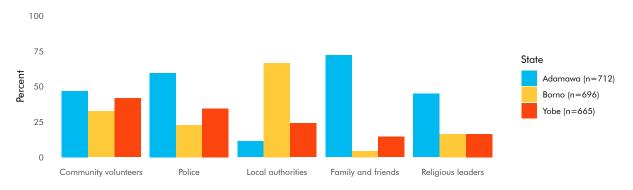
Do people in your community feel they can report abuse by aid providers?



When asked who they would report abuse to, responses differed by state. Community volunteers was the top choice in Yobe, local authorities in Borno, and family and friends in Adamawa. Religious leaders and the police were also far more popular in Adamawa than the other states.

³⁹ REACH, "Accountability to Affected Populations Factsheet" (March 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/REACH_NGA_Factsheet_Nigeria_AAP_April_2020_Final.pdf

Who would you report abuse to?



n = 712

Since many communities retain traditional leadership systems, some respondents mentioned Bulamas, Lawans and human rights representatives in IDP camps. ⁴⁰ An INGO representative told us that Bulamas and Lawans often take over responsibility in areas where local authorities, such as police, are weaker. Thus, it is unsurprising that the police are mentioned more by people in Adamawa, where its relative stability means greater local government presence.

Do you feel aid providers take your opinion into account when providing aid?



In Borno, voucher recipients are more likely to say they are more informed and feel like their opinion is taken into account. In contrast in Yobe, cash recipients are more likely to give a higher score on this question. The difference between cash and voucher recipients in Adamawa is not statistically significant.⁴¹

Despite this positive score, respondents told us that they wanted more communication with and from aid providers. One issue raised was that aid providers should ask recipients about their needs before providing aid and should ask whether the aid provided is enough to last the month. The open-ended questions included in this survey highlight several avenues that are ripe for deeper exploration through qualitative mechanisms.



"They should go to houses to ask us about our core needs" – male IDP, Borno, 58 years old

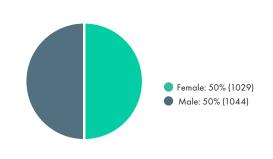
⁴⁰ Bulama (community leader for the ward), Lawan (community leader for the village to whom Bulamas report).

 $^{^{\}rm 41}$ Results of non-parametric Mann-Whitney-Wilcoxon U tests, a<0.05

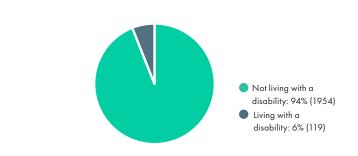
Demographics

This survey includes 2085 randomly sampled CVA recipients in Borno, Adamawa, and Yobe states.

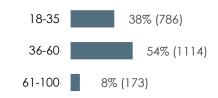
Gender



Respondents living with a disability



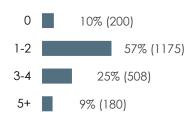
Age



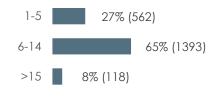
Status



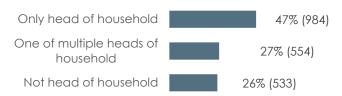
Houshold composition: number of males in household



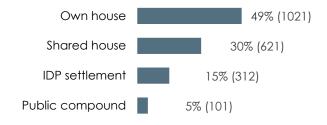
Household Size



Heads of housholds surveyed



Type of accomodation



Methodology

Sampling strategy

The sample (n=2085) was designed using a three-stage sampling strategy taking the three BAY states as the first administrative breakdown (Borno, Yobe, Adamawa), followed by three local government areas (LGA) per state, and finally, several sample sites per LGA. It was designed to complement an <u>earlier survey round</u> conducted with CVA recipients in Jere, Konduga, and Maiduguri Metropolitan City (all in Borno State) in November 2019.

The table below provides an overview of LGAs sampled in each state and the population groups surveyed.

	LGA	IDPs	Returnees	Host	Other	Total
Adamawa	Michika	104	44	86	0	234
	Mubi North	90	62	84	2	238
	Mubi South	108	48	89	0	245
Borno	Jere	124	49	77	0	250
	Konduga	100	36	86	0	222
	Maiduguri	94	45	84	1	224
Yobe ⁴²	Geidam	81	75	71	1	228
	Nangere	79	30	113	0	222
	Yusufari	118	22	82	0	222
	Total	898	411	772	4	2085

LGAs in Borno and Adamawa were selected purposively based on access and taking into account both information available on CVA programming and IOM's displacement tracking matrix. In both states, LGAs selected were the accessible areas with highest prevalence of CVA programming according to feedback from the relevant Cash Working Groups.

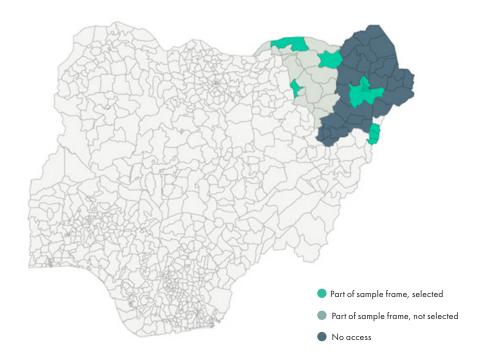
LGAs in Yobe were selected using probability proportional to size sampling. The probability of selecting a certain LGA was proportional to the approximate number of CVA recipients in this LGA. This means that LGAs with a larger proportion of cash recipients have a greater chance of being selected compared to a simple random sampling approach, ensuring that each CVA recipient has an equal chance of being included in the final sample. ⁴³ Enumerators employed a random selection process, according to which each subsequent respondent was selected after the enumerator had passed five houses, tents, or other types of accommodation following their interview with the previous respondent. As a result, the proportions of the various types of respondents deviated slightly from the initial target.

Data was collected from 7-25 September 2020 by the Fact Foundation, an NGO with a focus on research and data collection with operational bases in all three BAY states.

The survey was administered using tablets and smartphones and made available in English, Hausa, and Kanuri.

⁴² Due to the proportion of cash recipients, Nangere and Yusufari were given a greater weighting in the ranking and thus had a greater chance of being selected. Thus, results from Yobe are representative of cash recipients in the state.

⁴³ This was based on the information in UNOCHA, 'North East Nigeria Cash and Voucher Working Group, January – March 2020', and unpublished data provided by UNOCHA on CVA beneficiaries by LGA.



Demographic breakdowns

The sample selected consenting adults over the age of 18 who had received CVA in the last 12 months and was constructed to achieve a 50:50 gender split (male/female). The demographic profile of cash recipients on the basis of their status was approximated using data on people assisted by the Food Security cluster, as this makes up the majority of CVA in the region.⁴⁴

A 15% representation of people with disabilities across the whole sample was targeted based on IASC 'Guidelines for the Inclusion of People with Disabilities in Humanitarian Action. ⁴⁵ To identify groups of persons with disabilities within the sample, respondents were asked a condensed series of questions developed by the Washington Group. Due to practical constraints on the ground, people with disabilities are likely underrepresented in our sample, with only 6% of respondents being classified as disabled according to Washington Group criteria. Efforts will be made in future qualitative research to include the views of more people with disabilities.

Statistical analysis

Multivariate non-parametric tests were conducted to examine the relationship between cash and voucher recipients across a range of Likert scale questions. To control for the effect of state, the data was first disaggregated by state before tests were conducted. Relative effects were then examined to see e.g. if a randomly chosen cash recipient was more likely to give a higher score on a Likert scale than a randomly selected voucher recipient. A significance level of a<0.05 was set in advance. Mann-Whitney-Wilcoxon U tests were then conducted to identify the questions which showed a significant difference between cash and voucher recipients. P values were adjusted for false-discovery rate.

Analyses were conducted to examine questions of familiarity bias (do people prefer the mode of CVA that they currently receive), and preference for goods-in-kind. To this end, logistic regression analyses were conducted controlling for gender, age, status (IDP, refugee, returnee, host community), state, and whether the respondent receives cash or vouchers. Probabilities were analysed based on the average marginal effects of the variable in question.

⁴⁴ UNOCHA, "Humanitarian Situation Update, Northeast Nigeria" (January 2020) https://reliefweb.int/sites/reliefweb.int/files/resources/HSU_NOV-DEC.pdf

⁴⁵ IASC, "Guidelines: Includsion of Persons with Disabilities in Humanitarian Action" (July 2019), https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines

Linear regression analysis was conducted to examine what variables impact scores of self-reliance, controlling for state, gender, age, status (IDP, refugee, returnee, host community), number of years of education, whether the person knows how long they will be receiving CVA, and how often they currently receive CVA (monthly, every few months, annually).

Challenges, limitations, and avenues for future research

The Cash Barometer focusses on the perceptions of people who receive cash and voucher assistance. While our results are representative of the views of CVA recipients in the BAY states, they do not represent the views of all people in these states.

This round of data collection has been characterised by access constraints caused by the ongoing conflict, Covid-19, and the rainy season. Despite this, in-person data collection was able to go ahead under social distancing measures. While data collection was not significantly impacted – other than taking more time due to occasional flooding – voices of individuals in hard-to-reach areas naturally represent a significant missing perspective.

This round of data collection and analysis will be complemented by a round of qualitative data collection to further unpack the following avenues of research:

- Why do people prefer one type of CVA over another? What factors is this preference dependent on?
- How do economic shocks and changes in value of the Minimum Expenditure Basket impact preferences?
- What has been the impact of Covid-19 specifically on feelings of safety and preferences for certain delivery mechanisms of CVA?
- In what situations are there differences between men and women on preferences for certain CVA modalities?



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