

NOTES AND REFLECTIONS

THE IMPLICATIONS OF THE COVID-19 PANDEMIC ON INTERNALLY DISPLACED PERSONS IN THE NORTHEAST OF NIGERIA

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Introduction¹

Nigeria has witnessed several COVID-19 variants since the onset of the pandemic in 2019. The first three cases of the latest variant called "Omicron" were confirmed on the 1st of December, 2021 from three passengers arriving from South Africa in Nigeria (PLAC, 2021). The COVID-19 pandemic at the onset started in China, Wuhan, in November 2019 and it spread to other countries in the world. Nigeria confirmed her first outbreak of the Pandemic on the 27th of February, 2020 when an Italian citizen in Lagos tested positive for the virus (UNDP, 2020; Tijjani and Ma, 2020).

Globally, as of January 4th, 2022, around 290, 959, 019 COVID-19 cases have been confirmed by WHO (2022), including 5,446,753 deaths. This has not only affected economic activities across the world but has also led to an increase in the poverty rate and hunger among many others. Nigeria is categorized as one of the 13 high-risk African countries concerning the spread of COVID-19 and Nigeria is also among the vulnerable African nations, given the weak state of the healthcare system (WHO, 2020). In Nigeria, the COVID-19 pandemic threatens to deepen the humanitarian crises in the north-eastern region which has been besieged with the escalation of various forms of insecurities, and the density and conditions of Internally Displaced Persons (IDP) camps and many other factors create a high risk for the rapid spread of the pandemic. Countries, therefore, need to strengthen the resilience of their health system and prevention programs as well as address and eradicate conflict and other forms of violence, and insurgency activities among others which are seen as a setback to attaining sustainable development goals (UN SDG Report, 2020).

It is against this background that this paper seeks to examine how COVID-19 has affected individuals in the North East region bearing in scope also Internally displaced persons and how the pandemic has affected their health and welfare. This is important in a region with enduring humanitarian concerns, to uphold peace, human welfare, well-being, justice, and equality. In doing this, the paper is divided into six sections. The first among them gives an introduction to the work. The second focuses on conceptual clarifications. The third section examines the COVID-19 situation in the Northeast region and conditions of Internally Displaced Persons. The fourth section reviews and integrates secondary data, to analyze the implications and effects of COVID-19 on IDPs in Northeast Nigeria. The fifth section provides measures taken to protect individuals against the COVID-19 pandemic and provides some thoughts on the subject matter, while section six concludes the paper.

¹ Northeast Nigeria comprises of six (6) states which are Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe states.



Conceptual Clarifications: COVID-19 Pandemic and Conflict-Induced Displacement

The COVID-19 Pandemic is a health crisis that has not only caused the death of millions of people across the world but continues to deepen the humanitarian crises in north-eastern Nigeria. Coronavirus disease 2019 (COVID-19) is an illness caused by a novel coronavirus named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (WHO, 2019). The health crisis is affecting all countries and all sectors and necessary measures taken to curb the spread of the crises have resulted in massive implications for health, economics, social stability, politics, and geopolitics among many others (Sachs et al, 2020). The situation is more catastrophic and disastrous in conflict-prone zones that are struggling with high humanitarian crises of IDPs, low healthcare infrastructure, and multiple preexisting fragilities. Presently, IDPs in the Northeast are 1.92 million with 1.72 million in need of food security, nutrition, water sanitation hygiene, protection, and health among many others. While slightly under half of the IDPs are in formal camps, the rest are in informal camps or settlements or living in host communities with inadequate conditions and services such as overcrowding, protection risks, poor and fragile shelter, inadequate water sanitation and hygiene facilities, limited basic services, and inadequate health care systems among others (OCHA, 2021; OCHA, 2021).

Analyzing the historical overview of conflicts-induced displacements in Northeast Nigeria can be traced to the nature of the country. Nigeria is a multicultural or heterogeneous nation made up of diverse ethnic (250 ethnic groups) and religious practices (Islam, Christianity, Traditional worshippers among others) and grossly divided along ethnic and religious lines. This diversity and the continuous clamour to entrench Sharia in the North which is one of the fundamental ideological elements of the current Boko Haram sect has triggered several ethno-religious and other forms of conflicts. The most recorded ethno-religious conflicts to have taken place in the North in the past are the Maitatsine riots of the 1980s (1980, 1982, 1984, and 1985). It was reported that the 1980 Maitatsine Kano metropolis riot alone claimed 4,177 lives and the Maitatsine uprising of Bullum-Kuttu in Borno State (October 1982) claimed around four hundred lives and properties worth over three million Naira destroyed and thousands of people displaced. The Gombe Maitatsine conflict of April 1985 took about one hundred lives as well (Bamidele, 2018).

Other underlying factors that trigger conflict are bad governance and corruption, human rights abuses and violations, poverty, and ethnic marginalization, environmental deforestation and degradation, and small arms, and light weapons proliferation, among many others. The recent upsurge in the clash between Fulani herdsmen and farmers has been linked to environmental issues. The scourge of deforestation and desertification that has been associated with the North over the years has pushed the Fulani herdsmen to migrate to the central and further south in search of pasture for their cattle. The failure on the part of the government to provide adequate grazing areas for the Fulani herders along the plateau has over the years given rise to these incessant conflicts between the Fulani herdsmen and the indigenous farming communities along the central region (Ogunkuade, 2020).



Evidence abounds of the involvement of Boko Haram elements in the various skirmishes involving Fulani herdsmen and their hosts in Jos, Plateau State, and other parts of Northcentral Nigeria. The consistent denial by the umbrella Fulani Miyetti Cattle Breeders Association that the members of the group are not responsible for the wanton killings and destruction going on in various areas of conflict is further evidence to suggest that transhumant Fulani from neighboring countries and their connection and exposure to terrorist ideas and organizations are interested in opening a new front of operation for Boko Haram in northern Nigeria (Omitola, 2014). This front is presently controlled by the militias operating in the Northwestern part while Boko Haram continues to hold forth in the Northeastern part of Nigeria

Vulnerable Persons in Northeastern Nigeria: Present Conditions

The presence of ungoverned spaces, porous borders, the practice of sharia law, and high levels of illiteracy, poverty, and unemployment among others have fostered a vulnerable environment for various forms of insecurity such as the Boko-Haram conflict, the Fulani/herders crises, as well as ethnic/religious crises to strive in, thereby exposing individuals in these communities to frequent attacks and insecurities. The mere idea that Northern Nigeria is predominantly Islam and the need to entrench Sharia in the North is one of the fundamental ideological elements of the Boko Haram sect. Many northern states today operate strictly on Sharia law. Christians in these states no longer have freedom of movement and association, and this has further divided Nigeria than rather unifying it. Kaduna states for example prides itself in being divided between Kaduna North and Kaduna South. Kaduna North is predominantly Muslim while Kaduna South is predominantly Christian, all within the same geographical space. The proliferation of small arms and light weapons proliferation and the porous borders of the Lake Chad countries continue to serve as drivers of communal ethno-religious insurgency in Nigeria. Inclusively, the scourge of deforestation and desertification that is associated with the North over the years has pushed the Fulani herdsmen to migrate to the central and further south in search of pasture for their cattle. The failure on the part of the government to provide adequate grazing areas for the Fulani herders along the plateau has over the years given rise to these incessant conflicts between the Fulani herdsmen and the indigenous farming communities (Ogunkuade, 2020).

These identified crises above have truncated upon the peaceful conducive environment where individuals of that region can attain their best self, as the occurrences of the conflict lead to massive displacement of people, and destruction of lives and properties, among others. The Boko-Haram conflict in the northeastern region which has lingered for over a decade since its emergence in 2002, and the Fulani/herders crises, as well as ethnic/religious crises, have impacted over seven (7) million and produced a total number of 2,184,254 IDPs (IOM Displacement Tracking Matrix Round 36 Report, 2021).

Northeastern Nigeria comprises a population of 23 million people across six states, out of these states, Borno, Adamawa, and Yobe represent the conflict intensity areas which make up a population of 13.4 million people, and out of this population, an estimated 53 percent of the population require humanitarian assistance with 1.8 Internally Displaced



persons inclusive of this percent (OCHA, 2019). In the 2022 OCHA humanitarian response plan, a total population of 8.4 million people in the north-east states of Borno, Adamawa, and Yobe (BAY states) will need humanitarian aid in 2022, and out of these, 2.2 million are internally displaced; 1.5 million are returnees who lack essential services and livelihoods, and 3.9 million are members of communities affected by their hosting of Internally Displaced Persons. This figure also includes the majority (an estimated 733,000) of the 1 million people in areas currently inaccessible to international humanitarian actors (Humanitarian Response Plan, 2022).

Around 45% of the IDPs live in camps and camp-like settings; more than half are living in host communities. In addition, almost 90% of the IDPs face extreme or severe intersectoral needs irrespective of where they live, and almost all IDPs living in camps or camp-like settings endure inadequate unhealthy living conditions and services, such as overcrowding, protection risks, poor and fragile shelter, inadequate water-sanitation-and-hygiene (WASH) facilities, limited basic services, a paucity of cooking fuel, and scarce livelihood opportunities, including limited access to land for agriculture (grazing and crop farming). Those in informal camps or settlements generally face worse conditions, with little or no formal services. The circumstances of IDPs living in host communities are more varied, but they rarely fare better than those in camps, and in some cases are worse off: most host communities are very poor and deprived of essential services. The presence of IDPs places a great strain on already meager resources in what is one of the poorest regions of Nigeria. IDPs arriving from areas inaccessible to humanitarian agencies are generally in the worst condition of any people in need in the BAY states, with extremely high rates of acute malnutrition and mortality. The local population as well as returnees that are integrated back into society are also encountering similar issues such as a lack of inadequate healthcare facilities and essential infrastructure, with incomplete or insecure shelters which put them at risk of improvised explosive devices (IED). Many of the local population and returnees have become detached from their previous livelihood and traditional support system as they struggle to obtain basic agricultural inputs and to gain access to a market to sell their products due to the various forms of insecurities in this region country. Almost 3.3 million people live in the 40 LGAs that are classified as having extreme and severe intersectoral needs. Of those in need, 42% are from the host community. This means almost one in two non-displaced households in these LGAs need some form of humanitarian aid to survive. Many of these people face challenges similar to those of IDPs and returnees. Chronic poverty coupled with the impact of conflict compels them to adopt negative coping mechanisms to meet daily needs. People in these locations suffer insecurity as a result of conflict or security operations. Basic services such as schools or hospitals are not functioning as infrastructure has been damaged or destroyed and/or staff has fled (OCHA, 2022; Humanitarian Needs Overview, 2021).

Like IDPs and returnees, people in host communities also face movement restrictions as a result of either insecurity or security-related measures. In this context, farming households are faced with multiple challenges. An average of 24% of households are affected by movement restrictions across the three states. The conflict also hampers access to agricultural land and essential farming inputs: for example, the military and



national counter-terrorism laws regulate and restrict the movement of some non-organic fertilizers (because of their potential use in manufacturing explosives). Many schools have been partially destroyed or rendered inoperable by the conflict and lack of investment in rehabilitation. Also, there are continuous occurrences of the kidnapping of school children (Chibok Girls of 2014 and the Dapchi Girls of 2018) (Humanitarian Response Plan, 2022). At the start of the crisis, 910 schools have been damaged or destroyed while more than 1,500 have been forced to close. 611 teachers have been killed and 19,000 displaced – all these leaving about 900,000 children without access to learning.

Continuous occurrences of the Boko Haram conflict have led to the destruction of health facilities in the Northeastern states of Nigeria. Due to the conflict, two-thirds of health facilities have been damaged, forcing medical personnel to flee and clinics to close. As a result, people are seeking treatment in neighboring Chad, Niger, and Cameroon, placing more strain on the host state's limited health facilities (Omilusi, 2016). In addition, the north-east remains highly endemic for diseases, IDPs living in camp-like settings are mostly at risk of epidemic-prone diseases like cholera, measles, meningitis, and viral hemorrhagic fevers such as Lassa and yellow fevers while malaria continues to be the disease IDPs are more prone as it accounts for over 50 percent cases, especially during the rainy season. Unsafe water, poor hygiene, and sanitation services associated with long-term structural flaws exacerbate the issue further, as does a general deterioration of resilience in the impacted areas. Epidemics are more likely to affect women and children more than others. As of 8 November in Borno and 31 October in Yobe, there have been 4,890 cases of measles reported in the three states of Borno, Adamawa, and Yobe so far in 2020, a 78 percent drop over 2019.

Implications and Effects of COVID-19 on IDPs in Northeast Nigeria

The COVID-19 pandemic remains a major public health concern in the Northeastern states. There is overcrowding in IDP camps, limited capacity and space for testing, insufficient testing kits, and insufficient essential types of equipment in health centers, limited and inaccessible health centers, the inaccessible population in conflict-prone areas. Up to 10% of the host-community population cannot access primary healthcare services, and more than 30% of households report barriers to accessing health services. As a result, many children die from preventable diseases like malaria, acute watery diarrhea, cholera, and measles. A significant proportion of the host-community population (13%) has inadequate access to water for domestic use and almost 25% of host-community members in Borno State do not have access to soap. A large number of households also face significant protection issues, particularly women and girls, many of whom become victims of sexual or gender-based violence (SGBV) (NCDC, 2021).

Also, an approved BAY state COVID-19 preparedness and response plan is absent, leaving a fragmented, uncoordinated response in an already inadequate health system. Adamawa topped the list of states that reportedly had mitigation measures put in place to prevent the spread of COVID-19 disease, Borno came in next at 44 percent, and Yobe was the state with the lowest levels of mitigation measures at 5 percent. Fifty-eight



percent of respondents residing in camp and camp-like settings in Adamawa reported that COVID-19 mitigation measures had been set up in the locality/sites. There has also been significant disruption of vaccination campaigns and other essential health services for children and other vulnerable groups in inaccessible areas (IOM Displacement Tracking Matrix, 2021).

As of 9th May 2021, 2, 870 COVID-19 cases were reported in the BAY states with 79 deaths. In the BAY states, 66 percent of the cases were in Borno and 25 percent from Adamawa. The sparse coverage of COVID-19 testing of IDPs in the BAY states and the low reliability of estimates of morbidity and mortality means the true number of cases is almost certainly much higher than the reported number (NCDC, 2021; OCHA, 2021).

Measures taken

At the outbreak of the COVID-19 pandemic, the Federal government made some efforts to curtail the spread of the pandemic which was stated to the public. These measures include restriction of movements, closure of the border, travel bans to and from high-risk countries with community transmissions of COVID-19, deployment of rapid response teams to all affected states, state-level training, and capacity building of health personnel on; infection, prevention, and control; case management, intensified risk communication, community engagement, heightened surveillance, field epidemiological investigations, rapid identification of suspected cases, isolation, diagnosis, contact tracing, monitoring and follow-up of persons of interests, sanitation of hands, the use of nose mask and maintaining social distance in public (NCDC, 2021). Furthermore, social and religious gatherings were banned temporarily, and schools and businesses were closed.

Inclusively, a national COVID-19 multi-sectoral pandemic response plan was adopted in the northeast region to serve as a blueprint to respond to the crises by bringing together all sectors and partners operating in Nigeria's COVID-19 response. On the 31st of May, 2021, the Operational Humanitarian Country Team (OHCT) in Nigeria released the Joint Support Framework to ensure a coordinated approach to managing the COVID-19 emergency. It also aims to formalize the ongoing multi-sectoral work to address the protracted humanitarian crises and leverage the collaboration for an effective response to the COVID-19 pandemic. It aims to bring together all sectors and partners operating in Nigeria's COVID-19 response from the national governmental authorities, non-governmental organizations, UN agencies, academic and training institutes, donor agencies, and the affected population to tackle the health crises (WHO, 2021).

Furthermore, a network of current testing labs is being expanded for an additional six which will bring the total to 13 labs, including planned capacity in the North-East and the North-West. As this network expands, testing capacity is expected to increase to 5,000 tests per day against the current capacity of approximately 500 tests per day within 24-48 hours (UNDP, 2020). Efforts have also been made to raise awareness about the COVID-19 pandemic through sensitization campaigns on handwashing and the distribution of soap to more than 100,000 IDPs (Tijjani & Ma, 2020). In 2019, the health sector received only 25 percent of its funding requirements, and health centers are



currently equipped with just 52 and 83 beds in ICU and isolation centers, respectively. The Federal Government in a bid to repair the destroyed healthcare facilities in the Northeast drafted out the Rapid Deployment Medical Unit Plan, where 12 compact mobile health units at 3 per state will be deployed to all standard resettlement camps, host communities, and resettlement communities on a rotation basis in Borno, Adamawa, and Yobe. Each unit will be equipped with essential drugs and medical equipment and it will be restocked on a monthly rota basis (PCNI, 2016).

In addition, on the 2nd of March, 2021, Nigeria received nearly 4 million doses of the COVID-19 vaccine, shipped via the COVAX facility in partnership between CEPI, GAVI, UNICEF, and WHO which marked a historic step towards the goal to ensure equitable distribution of COVID-19 vaccines globally (WHO, 2021). As of 26th May 2021, a total number of 1,618,551 vaccine doses have been administered in Nigeria (WHO 2021). For the state of Borno, there are three stages of vaccination, the first is intended for health workers and front-line workers, including those in charge of vehicle refueling stations and the most risk groups of the population, that is, the elderly and people with specific diseases. As of the 15th of April, 2021, 75,000 doses have arrived in Borno state for phase 1 vaccination (INTERSOS, 2021).

Furthermore, collaborative efforts are required to respond to the multifaceted nature of the COVID-19 pandemic and its unprecedented implications on the socio-economic conditions already challenged by the complex development context. In so doing, a unified United Nations strategy to amplify the Nigerian government's response was initiated in March 2020. The overall management of the One UN COVID-19 Response Basket Fund is led and coordinated by the Project Board with representation from the Presidential Task Force; the Federal Ministry of Health, the Nigerian Centre for Disease Control (NCDC), relevant Government departments, fund-contributing donors, and the UN. The Project Board oversees the UN COVID-19 Response Basket Fund supported by a Technical Committee established to review project implementation tools. The Nigeria One UN COVID-19 response reflects the United Nations in Nigeria's support to an inclusive and nationally owned COVID-19 response through a shared vision and a common strategy. Its purpose is to coordinate and align the UN's efforts and leverage partnerships with the government, development partners, foundations, CSOs, and the private sector to increase the availability, accessibility, affordability, adaptability, and acceptability of COVID-19 response interventions in Nigeria. In terms of funding, as of June 2020, the Project Board had allocated US\$ 42,767,450.16 for response interventions to be undertaken by Participating UN Organizations (PUNOs) covering the following areas: Risk Communication and Community Engagement (RCCE); Strengthening State level Operational Capacity in Surveillance, Infection Prevention, and Control; Building Capacity of Healthcare Workers in Case Management and strengthening hospital capacities to respond; and, engagement with Civil Society Organisations to reverse the negative impact of COVID-19 on equal access to essential health services. The EU and United Nations also received delivery of vital supplies to help the fight against the COVID-19 pandemic in Nigeria. The shipment, along with others coming soon, is procured through the One UN COVID-19 Basket Fund with a significant contribution from the EU - and will be valued at more than USD 22 million (UNDP, 2020).



Tremendous progress has also been made by the Nigerian government to ensure individuals in the Northeast are fully vaccinated. In Borno State, a total of 35,196 persons (comprising of males - 22,146 and females - 13,050) have so far been vaccinated with the Moderna 1st dose of which 20,308 persons (males - 12,623 and females - 7,685) have so far received the second dose thus accounting for 57.70% fully vaccinated with Moderna vaccines. In Yobe state, from 23 August to 28 December 2021, a total of 22,517 people had received 1st dose of the Moderna vaccine. Of this number 10,663 were Females and 11,854 were Males. Also 17, 023 people received the 2nd dose of the Moderna vaccine representing 76% of the 1st dose. In Adamawa, during the Mass Vaccination of AstraZeneca, for the 1st phase of AstraZeneca Vaccination, a total of 39,872 came for the 1st dose vaccination and 28,689 came for the second dose vaccination, while during the 2nd phase of AstraZeneca vaccination, a total of 20,793 came for the 1st dose vaccination and 12,446 came for the 2nd dose vaccination, and during the 3rd phase, 47,718 came for the 1st dose vaccination and 4,475 came for the 2nd dose vaccination (Relief Web, 2022).

Given the continuous mutations of the virus, there should be increased testing and vaccination of IDPs which will invariably lead to more cases being identified and more individuals and IDPs in the Northeast being protected from the virus. There should also be continued efforts to expedite the procurement of additional kits, including the 10,000 kits that are provided by the United Nations, which is still ongoing. Measures also should be taken by the Federal Government to step up funding of the healthcare system to address the twin effects of the conflicts in the Northeast and the COVID-19 pandemic.

Conclusion

The paper has examined the implications of the COVID-19 Pandemic on Internally Displaced Persons in the Northeast of Nigeria. The paper argued that the spread of COVID-19 has not only exacerbated existing inequalities but created more inequalities, especially among vulnerable groups such as the IDPs. This is evidenced in the worsening livelihood pattern of IDPs and increasing negative impacts on their socio-economic situation and well-being. The paper observed that while there are increasing efforts on the part of the government to mitigate the impacts of COVID-19 on the Nigerian people through measures such as increased testing and vaccination; the case of the IDPs in the conflict and security zones in the North-East remains of concern. This concern is due to constraints such as military activities, Boko Haram insurgents, and herders attacks which reduced accessibility. The measures taken by the Federal Government have had economic implications The economy is inevitably heading towards a recession and could contract by as much as 3.6 percent.

The paper concluded that government and other humanitarian actors should double their efforts to protect IDPs in the region against the widespread of the virus by increasing the awareness of COVID-19 among IDPs, with widespread testing and vaccination of IDPs.



References

Humanitarian Needs Overview. (2021). *Humanitarian Needs Overview Nigeria 2021: UN OCHA*.

<https://www.humanitarianresponse.info/en/operations/nigeria/document/nigeria-2021-humanitarian-needs-overview>

IOM Displacement Tracking Matrix. (2021). *COVID-19 Situation Analysis 3: North-East Nigeria*.

National Centre for Disease Control. (2021). *COVID-19 Situation Report: Weekly Epidemiological Report 30*. Epi Week 18: 3rd – 9th May, 2021. <https://www.ncdc.gov.ng/> Assessed 17th May, 2021.

Obikaeze, V. C., & Onuoha, C. B. (2016). The Nigerian State and Management of Internally Displaced Persons (IDPs) from 2012-2016. *African Journal of Politics and Society*, 6 (1), 16-18.

Office for the Coordination of Humanitarian Affairs. (2021). *Humanitarian Response Plan 2021*. <https://reliefweb.int/report/nigeria/nigeria-2021-humanitarian-response-plan-february-2021>

Office for the Coordination of Humanitarian Affairs. (2022). *Humanitarian Response Plan Nigeria 2022*. <https://reliefweb.int/report/nigeria/nigeria-humanitarian-response-plan-2022-february-2022>

Office for the Coordination of Humanitarian Affairs. (2021). *Humanitarian Needs Overview 2021*. <https://www.humanitarianresponse.info/en/operations/nigeria/document/nigeria-2021-humanitarian-needs-overview>

Ogunkuade, T. E. (2020). *Ethno-Religious Violence in Nigeria: The Impact of Boko Haram on Religious Crisis*. Tilburg University: School of Catholic Theology. Masters Thesis, Theology, and Religious Studies.

Omilusi, M. (2016). The Multi-dimensional Impacts of Insurgency and Armed Conflicts on Nigeria. *Asian Journal of Arts and Social Sciences, Arts and Humanities*, 4(2), 31.

Omitola, B. (2014). Between Boko Haram and Fulani Herdsmen: Organised Crime and Insecurity in Nigeria. *A Paper Presented at the 5th Institute of Security Studies Conference on Crime and Crime Reduction*, 14 and 15 August, Sandton, South Africa.

Policy and Legal Advocacy Centre. (2021). *Nigeria considers Response Strategy to new Covid Variant*. <https://placng.org/Legist/nigeria-considers-response-strategy-to-new-covid-variant/>

Presidential Committee on the North East Initiative. (2016). *Rebuilding the North East: The Buhari Plan*. <https://www.refworld.org/pdfid/5b42ec184.pdf>

Relief Web. (2022). *Northeast Nigeria Humanitarian Response-COVID-19 Response: Health Sector Bulletin-November 2021*. <https://reliefweb.int/report/nigeria/northeast-nigeria-humanitarian-response-covid-19-response-health-sector-bulletin-12>



Sachs, J., Schmidt-Traub, G., Kroll, C., Lafortune, G., Fuller, G., & Woelm, F. (2020). *The Sustainable Development Goal and COVID-19. Sustainable Development Report 2020*. Cambridge: Cambridge University Press.

Tijani, S. J. & Ma, L. (2020). Is Nigeria Prepared and Ready to Respond to the COVID-19 Pandemic in its Conflict-Affected Northeastern States? *International Journal for Equity in Health*. 1(19), 77. <https://doi.org/10.1186/s12939-020-01192-6>

United Nations Development Programme (2020). *COVID-19 Pandemic: Humanity Needs Leadership and Solidarity to Defeat COVID-19*. https://www.ng.undp.org/content/nigeria/en/home/covid-19-pandemic-response.html?cq_ck=1587691488777

United Nations Development Programme (2020). *Nigeria one UN COVID-19 Response*. <https://www.ng.undp.org/content/nigeria/en/home/coronavirus/support-to-national-response.html>

United Nations Sustainable Development Goals Report (2019). *The Sustainable Development Goals Report 2019*. https://www.google.com/url?sa=t&source=web&rct=j&url=https://unstats.un.org/sdgs/report/2019/The-Sustainable-Development-Goals-Report-2019.pdf&ved=2ahUKewiL6d6138brAhWLSUIHf0DDLgQFjAAegQIARAB&usg=OvVaw0csD5mE0xb_7IHm5Z6b9Yy

United Nations Sustainable Development Goals Report (2020). *Sustainable Development Report 2020: The Sustainable Development Goals and COVID-19*. <https://sdgindex.org/reports/sustainable-development-report-2020/>

World Health Organisation (2020). *The African Region Reinforces Preparedness for Coronavirus Disease*. http://whotogowhoafroccmaster.newsweaver.com/JournalEnglishNewsletter/dy0ovpaxeqty48iiujdam4_a=2&p=56444925&t=31103707

World Health Organisation (2019). *Coronavirus*. https://www.who.int/healthtopics/coronavirus#tab=tab_1

World Health Organisation (2021). *Multi-sector Collaboration in Nigeria's COVID-19 Response*. <https://www.who.int/health-cluster/news-and-events/news/Nigeria-multi-sector-covid-19/en/>

World Health Organisation (2021). *COVID-19 vaccines shipped by COVAX arrive in Nigeria*. <https://www.afro.who.int/news/covid-19-vaccines-shipped-covax-arrive-nigeria>

World Health Organisation (2021). *Nigeria Situation*. <https://covid19.who.int/region/afro/country/ng>

World Health Organisation (2022). *WHO Coronavirus (COVID-19) Dashboard*. <https://covid19.who.int/>



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