



## COVID-19 and the State of Conflict-Induced Internally Displaced Persons in North-Eastern Borno State of Nigeria

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The Coronavirus (COVID-19) pandemic has had adverse effects on the health and socio-economic lives of people all over the world. These effects could be disproportionately felt by vulnerable populations of which conflict-induced internally displaced persons (IDPs) are part of. While attention is often focused on the effect of the pandemic on other populations, vulnerable populations like the IDPs are often neglected. This article fills this gap by examining the state of conflict-induced IDPs in conflict-ridden Borno State of Nigeria in the face of the pandemic. The article adopts an exploratory research design and the qualitative method, using primary data sourced from semi-structured interviews, and analyses the data using discourse analysis. Findings show that given the living conditions in the IDP camps, social/physical distancing was difficult to practice, that special measures were put in place to protect IDPs from contracting the virus; that the lockdown occasioned by COVID-19 had an adverse effect on the welfare of IDPs; and that the pandemic brought new health and safety challenges in the IDP camps, but not security challenges. The article concludes that the pandemic had adversely impacted the lives of conflict-induced IDPs, albeit, it had not spread among them.

**Keywords:** COVID-19, internally displaced persons, conflict, Borno State, pandemic, vulnerable

### Introduction

The adverse socio-economic effect of the Coronavirus (COVID-19) pandemic across various global formations cannot be glossed over, given its nature and dimension in creating critical times (though at different degrees) across social classes. Beyond health impacts, pandemics are capable

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of inflicting social and economic dislocations in every nation, even though some groups are more vulnerable, therefore, more affected than others. Internally displaced persons (IDPs) are certainly part of the vulnerable groups (OECD, 2020), given their very devastating living conditions. The global population of conflict-induced IDPs also presents a source of concern for this group. While there are estimated 59.1 million IDPs globally as of the end of 2021, of this figure, 53.2 million have been displaced as a result of conflict and violence, and Nigeria accounts for 3.2 million of this figure (the third in Africa after D.R Congo and Ethiopia) (IDMC, 2022).

Across the world, IDPs and other vulnerable groups often lack access to essential services and are housed in compromised facilities. They live in over-crowded facilities, with inadequate care, food, water, sanitation, education, psychological and human rights need, high rate of malnutrition, and poor links to national disease surveillance system, among others (OHCHR, 2014; Oladimeji, et al. 2020; UN, 2020a; WHO, 2008). More fundamentally, as argued by Olarenwaju, et al. (2020:306), and rightly so, these conditions are most likely to get worsened in the face of a pandemic like COVID-19. This is true to the extent that “health risks are compounded in fragile, conflict-affected and humanitarian settings, in which large numbers of refugees and IDPs live and where health systems are weak” (UN, 2020a:8). Humanitarian assistance to these groups is also impeded as a result of lockdown and travel restrictions. The risk that the COVID-19 pandemic poses to IDPs and the propensity of COVID-19 to spread faster as a result of the deplorable conditions in IDP camps, had influenced IDMC’s (2020a) categorisation of the ten countries most at risk of COVID-19 as those which have the largest number of 17.3 million IDPs combined. This suggests that while COVID-19 can adversely impact IDPs, IDPs also constitute the easiest channel for the rapid spread of the virus.

The risk of COVID-19 transmission is higher in high population density and camp conditions, wherein forcibly displaced IDPs find themselves (OECD, 2020). In such circumstances, social and physical distancing which is the most effective public health intervention to containing the spread

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of COVID-19, may “either be physically infeasible or else unlikely to be meticulously adhered to” (Salisbury-Afshar, Rich and Adashi, 2020). Hence, the submission that inadequate preparations for vulnerable populations like IDPs during an emergency period as COVID-19 presents, “can lead to catastrophic consequences” (Hoffman, 2009). While the United Nations Guiding Principles on Internal Displacement (1998, Principle 3(1):2) mandates national governments to “have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction,” this mandate becomes even more necessary amidst pandemics and emergencies.

Vulnerability implies the susceptibility to disaster, disease or other emergency situations. It is a state of being weak against sickness or disease, hence, the high chance of contracting the sickness/disease. Vulnerable populations are individuals or groups who are more susceptible to a disease or disaster and are more likely to contract the disease or be the most adversely affected by the disaster, often because of their circumstances. They are a population at risk of poor social, psychological or physical health (Aday, 2001). Internally displaced persons (IDPs) are those who have been made to flee their abode in their country of residence to another location within the country, as a result of disaster, conflict, violence, and other emergency situations. In its Guiding Principles on Internal Displacement, the United Nations (1998) defined IDPs as “Persons or groups of persons who have been forced or obliged to flee or to leave their houses or places of habitual residence, in particular as a result or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.”

While attention is often focused on the effect of the COVID-19 pandemic on national economies and the socio-economic effects on other citizen groups, the fate of the most vulnerable groups like IDPs in the midst of a pandemic like COVID-19 is often neglected or not given the desired attention in the literature. Borno State particularly attracts interest in this research for at least two

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reasons. First, Borno State is the epicentre of Boko Haram conflict, and has thus, been the worst hit, accommodating the highest number of conflict-induced IDPs in the country (over 1.4 million), spread across 32 IDP camps in the State (IDMC, 2020b). The Boko Haram crisis in North-eastern Nigeria has led to the displacement of millions of people, as such, while Nigeria hosts over 3.2 million conflict-induced IDPs, the North- east hosts the largest number, with Borno State topping the list (IDMC, 2020b). Incidentally, in terms of the number of COVID-19 cases, the state was ranked third in North -eastern Nigeria, with 1,629 COVID-19 cases and 44 deaths (as of 11:45 PM WAT, September 18, 2022) (NCDC, 2022).

This research intervention seeks to fill the gap in the literature by thrusting on the state of conflict-induced IDPs in Borno State amidst the COVID-19 pandemic, interrogate the new challenges; health, safety and security concerns, if any, posed by the pandemic, including measures that were put in place to ensure that these already devastated persons, often living under poor conditions and largely crowded environment, were protected from the virus. This is important because the care for vulnerable populations like the IDP is a veritable means to gauge States' responses to the COVID-19 outbreak (Olarenwaju, et al. 2020). How was the social and physical distancing policy put in place to contain the spread of the virus implemented under such living conditions in IDP camps to ensure that the virus did not spread in the camps? What were the special measures put in place to protect conflict-induced IDPs from the virus? What was the effect of the lockdown on the welfare of conflict-induced IDPs? What were the new challenges and health, safety and security concerns posed by the pandemic in the IDP camps? These are the critical questions the paper seeks to provide tenable answers.

The remaining part of the paper is structured as follows: The next section presents the theoretical framework, while section three is a literature review on conflict-induced internal displacement and the plight of IDPs and other vulnerable populations during pandemics/emergencies. The subsequent section presents the methodological approach of the paper; section five presents and

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analyses the data, and section six discusses the findings. The last two sections are on summary of findings; and the conclusion and recommendations

## Theoretical Framework

The paper adopts the theory of the ‘best outcome for the least well off’ to analyse the state of IDPs and their plight in the face of a pandemic like COVID-19. Propounded by Hoffman (2009), the theory stipulates that in times of disaster and emergencies, priority attention must be accorded the most vulnerable in society. The theory makes a case for vulnerable populations like conflict-induced IDPs in times of national disasters or emergencies as COVID-19 presents. It prioritises the “needs of vulnerable populations over others” (Hoffman, 2009). Because vulnerable and disadvantaged members of society are likely to suffer disproportionately during such periods of disaster and emergency due to the circumstance they find themselves (Farber, 2007). There is therefore, the need to prioritise such groups and make adequate provisions to ameliorate the effects of disasters and emergencies on them.

For Winslow (1982), such special measures to cater for vulnerable populations include the unequal distribution of scarce resources in order to “maximise benefits for the least well off.” By so doing, in times of disasters and emergencies, the theory argues that special measures must be put in place to protect vulnerable populations. While the entire population may be protected, vulnerable populations must be prioritised. Rawls (1999) thus, submits that unequal attention and care during disaster and emergencies is permissible only if it is advantageous to those who belong to the least fortunate population. In the face of disaster and emergencies, therefore, prioritising the “needs of those who are socially, economically, or medically vulnerable because these individuals could suffer particularly acute and long-lasting harm” (Hoffman, 2009) should be paramount.

The theory of ‘the best outcome for the least well off’ is relevant to understanding the state of conflict-induced IDPs in Borno State in the face of a national emergency like COVID-19. IDPs are a vulnerable population and should be prioritised in the response to COVID-19 pandemic. As

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the theory contends, IDPs must be given unequal attention in terms of their welfare and wellbeing in the face of the pandemic. Special measures must be put in place to protect conflict-induced IDPs from contracting and spreading the virus. This theory will aid the understanding of special measures and attention, if any, that were accorded conflict-induced IDPs spread across IDP camps in North- eastern Borno State of Nigeria in the face of the pandemic.

### **Conflict Induced Internal Displacement and the Plight of IDPs and other Vulnerable Populations during Pandemics/Emergencies**

While IDPs may be products of disaster, developmental projects, violence and conflicts (UNCHR, 2006), violence and conflict have remained one of the major sources of IDPs across the world. Also, violence and conflict-induced IDPs have “generally arouse the most concern” (UNCHR, 2006). The International Committee of Red Cross (2009) reports that over the eight countries experiencing violent conflicts, 56 percent of the conflict population had been displaced and even higher in other countries, like 80 percent in Afghanistan and 90 percent in Liberia. Ferris and Winthrop (2010), gave at least three causes of displacement in conflict contexts. They include the need to escape the effect of the conflict when the communities are no longer safe and other coping strategies have failed (Barrs, 2009). Second, , when displacement is the strategy of the armed group or insurgent group to de-populate the conflict area in order to perpetuate their cruel acts. Lastly, displacement occurs in conflict contexts when people flee the conflict area due to disruptions in economic and social life like wreaking havoc on “markets, supply lines, and infrastructure” (Ferris & Winthrop, 2010).

The world over, conflict-induced IDPs continue to be on the increase and exceedingly surpass every other form of displacement. As of the end of 2019, the global figure of IDPs stood at 50.8 million, with conflict accounting for 45.7 million of the IDPs (IDMC, 2020a). Also, of the 33.4 million new displacements recorded at the end of 2019, Sub-Saharan Africa accounted for 8.045





million, out of which 4.5 million were conflict and violence induced (IDMC, 2020a). Violent conflicts in most parts of Africa like Uganda, Democratic Republic of Congo, Sudan, Sierra Leone, Somalia, Nigeria, among others, have resulted in a surge in the number of conflict-induced IDPs on the continent (UNCHR, 2006). The situation is the same globally where there are increasing rise in the number of conflict-induced IDPs, owing to increasing violence and conflicts being witnessed around the world.

Pandemics, disasters and other emergencies portend really trying times for all populations and classes in society, albeit, IDPs and other vulnerable populations are no doubt, disproportionately affected by such pandemics and emergencies. This is correct to the extent that while other ‘well-to-do’ populations can carter for themselves and can seamlessly observe all the precautionary measures to avert the devastating effect of pandemics and emergencies, the often harsh and unpleasant circumstances and conditions in which IDPs find themselves may not permit them to do same (Farber, 2007). Given the foregoing, therefore, IDPs and other vulnerable populations tend to suffer more during pandemics and national emergencies.

UNCHR (2006), reiterates that IDPs are a special category of persons who require humanitarian assistance. This is as events over time have shown that special attention to IDPs, women, children, the elderly population and minorities, has helped to improve their protection, especially during emergencies. Given this fact, the International Committee of the Red Cross (ICRC) for instance, provides humanitarian assistance on the basis of vulnerability, rather than on categories (UNCHR, 2006). The plight of IDPs and other vulnerable populations makes them a special category. Even though Borton, Buchanan-Smith and Otto (2005) warn that treating IDPs especially may promote them to become ‘privileged’, this does not obscure the fact that they do have special needs. UNCHR (2006) argues that “the purpose of formally identifying internally displaced persons as a category for humanitarian action, is not to confer privileged status on them, but to ensure that their unique needs are addressed.” Hence, the assertion that “it goes without saying that, deprived of







shelter and their habitual sources of food, water, medicine and money, IDPs have different, and often more urgent material needs” (Tauxe, 2000).

Despite the obvious special needs of IDPs, they and other vulnerable populations have continued to suffer the highest mortality rate and are often the worst hit during emergencies (Cohen & Deng, 1998), and health crises like the pandemic. This is usually due to the fact that the needs of IDPs and other vulnerable populations during this period are often ignored. For instance, in Uganda, the outbreak of the HIV/AIDS pandemic saw a disproportionate infection rate among IDPs, which was six times higher than the rest of the population (The Monitor, 2005). In Angola, the country suffered the worst polio epidemic ever recorded on the African continent in 1999, after the large displacement from 30 years of war had exposed much of the population to displacement and devastating conditions like poor hygiene and sanitation, inadequate water supply, and overcrowding in the IDP camps (CDC, 1999).

Although IDPs and other vulnerable populations often face similar plight during pandemics and emergencies, Holtzman and Nezam (2004); and UNCHR (2006), aver that IDPs are often treated less , are left in ‘near destitute’ conditions; and are among the most vulnerable (WHO, 2000). For instance, while there is a legally binding instrument protecting and upholding the rights of refugees, there are no such provisions for IDPs, save for the Guiding Principles on Internal Displacement which are not legally binding (Ferris & Winthrop, 2010). WHO (2000) submits that IDPs are often exposed to new hazard dynamics like infectious agents , poor quality of water, poor sanitation and overcrowding , food shortage, psychosocial imbalance, insecurity, lack of meaningful employment, increased hazardous behaviour, and weather vagaries and other natural hazards.

These conditions are further compounded in the face of pandemics and national emergencies (OECD, 2020; Olarenwaju, et al. 2020; Salisbury-Afshar & Adashi, 2020; UN, 2020a). This has also meant a significant increase in the crude mortality rate of IDPs over the baseline rate (WHO,

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2000). History has also shown how pandemics infections have spiked among IDPs and refugee camps, and this risk looms once again with the outbreak of COVID-19 (ICG, 2020).

According to ICG (2020:2), populations in conflict-affected areas are more vulnerable to disease outbreaks. Studies by Connolly and Heymann (2002:23), Wise and Barry (2017:73), and Madhau, et al. (2017:316), also show the disproportionate and devastating impact of pandemic and disease outbreaks among populations in conflict areas. IDPs constitute a large chunk of this conflict zone population. For instance, United Nations officials have warned of the spike in COVID-19 infections in Idlib, where violent conflict has resulted in the displacement of over one million people within six months (Hill & Al-Hlou, 2020). This is compounded by the fact that many of the IDPs “fleeing clashes sleep in fields or under trees, and basic hygiene and social distancing practices are made impossible by lack of running water or soap, as well as cramped living spaces. Delivery of vital test kits has been delayed by weeks” (ICG, 2020). This paints the picture of the general plight of conflict-induced IDPs during pandemics and disease outbreaks and portrays a higher chance of the disease spread among IDPs.

IDPs’ appalling living conditions and their limited access to healthcare, make them particularly vulnerable to the COVID-19 outbreak (ICG, 2020; OECD, 2020). For instance, the al-Hal IDP camp in North- eastern Syria, which houses over 70,000 conflict-induced IDPs is constantly “a scene of humanitarian disaster, rampant with disease, its residence lacking adequate food, clean water, often cut off entirely from medical services” (ICG,2019a:4). This condition puts the IDP population in the camp at high risk of COVID-19. The same risk faces Rohingya Refugee Camp in Bangladesh, which houses over a million people living in overcrowded conditions and poor sanitation and healthcare facilities (ICG, 2019b).

During pandemics like COVID-19, the capacity of international institutions to serve conflict-affected areas is significantly weakened – a situation that makes IDPs and refugee populations mostly vulnerable (ICG, 2020; OECD, 2020). For instance, pandemics may compel international

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humanitarian institutions and organisations to withdraw their services from IDP camps. Measures put in place to contain the disease spread, like travel restrictions and lockdowns, may also restrict international humanitarian aid and efforts for IDP populations in various IDP camps. For instance, the disruption in travel and the quest to protect refugees from COVID-19 compelled the UNCHR and IOM to suspend their resettlement travels (IOM, 2020). This particularly compounds the predicament of such vulnerable groups. Restrictive measures, like social distancing, lockdowns and restrictions on movement put in place to protect public health may also affect the rights of IDPs and other vulnerable populations (IMF, 2020).

During pandemics and periods of crisis and emergencies, the most vulnerable populations are often the scape goats and at risk of stigmatisation (OHCHR, et al, 2020). These realities facing IDPs and other vulnerable populations warrant the prioritisation of their protection and inclusion in the national “health sector response plan and social protection schemes” (Hoffman, 2009; OECD, 2020; Rawls, 1999; Winslow, 1982). Also important for implementation among IDPs and vulnerable populations during pandemics and emergencies, are decongestion, testing, treatment, surveillance and awareness raising (OECD, 2020).

Often hosted in crowded shelters and camps, with weak health systems and limited access to water, hygiene and sanitation, measures put in place to control the spread of the COVID-19 virus like physical distancing and frequent hand washing may prove difficult, if not impossible among IDPs (UN, 2020b:24). According to the ICRC/IFRC (2020:1), IDPs are among those populations likely to be most affected by the COVID-19 pandemic, owing to their circumstance. IDPs could be affected by COVID-19 in any of the following ways: their living conditions expose them to a high risk of contracting the virus and susceptible to complications; (*cf.* International Crisis Group 2020:4; UN 2020:24; WHO 2000:4); they are disproportionately affected by the impact of lockdown (*cf.* Faber 2007:321; The Monitor 2005); and they may suffer stigmatisation (OHCHR, et al. 2020). IDPs may also experience protracted displacement that (*cf.* UN 2020a)they may be

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forced to return home prematurely and move away from urban areas where the virus is likely to spread faster (UN 2020a); and restrictions in movement, delays in goods delivery, suspension of vaccination, livelihoods and food aid; and increased concern over the safety of staff working in the IDP camps, may hamper humanitarian assistance in the camps (ICRC/IFRC, 2020; ICG, 2020; OECD, 2020).

In order to protect IDPs against the risk of COVID-19, the ICRC/IFRC (2020) therefore, recommends that IDPs be included in national and local preparedness strategies and plans relating to COVID-19; efforts be put in place to reduce crowding in IDP shelters; restrictions in movements occasioned by COVID-19 must not discriminate against IDPs; and authorities must take actions to avoid, prevent or end conflict against IDPs in relation to COVID-19. Other measures include: humanitarian assistance to IDPs must not be put on hold during the COVID-19 period; continued investment in risk reduction, disaster preparedness, and climate change adaption, in order to reduce the impact of hazards on IDPs; and communication and exchange of information with IDPs must be enhanced (ICRC/IFRC, 2020).

## Research Method

The paper adopts the exploratory research design and the qualitative research method, relying on primary and secondary sources of data. Primary data was collected using semi-structured interviews conducted with thirteen (13) purposively selected Key Informant Interviewees (KIIs). Interviewees were purposively selected based on their work, experience, expertise and practical involvement in issues that have to do with conflict-induced IDPs and IDP camps in North -eastern Borno State of Nigeria. The KIIs were drawn from conflict-induced IDP camp officials working with federal and State government agencies, and domestic and international non-governmental organisations. They included officials of National Emergency Management Agency (NEMA) (2 KIIs); Borno State Emergency Management Agency (SEMA) (4 KIIs); International Organisation

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for Migration (IOM) (5 KIIs); International Committee of Red Cross (ICRC) (1 KII); and Acted (1 KII). Interviews were held between July 24 and August 15, 2020. The collected data were coded, thematised and analysed using discourse analysis.

## Data Presentation and Analysis

### COVID-19 and Social Distancing among Conflict-Induced IDPs in Borno State

Social and physical distancing is considered the best measure to contain the spread of COVID-19. The practicality of social and physical distancing in order to contain the spread of the virus among conflict-induced IDPs in the often crowded IDP camps in conflict-ridden Borno State is explicated by interviewees. Given the over-crowded state of most of the camps, practicing social distancing among IDPs could be a herculean task. According to a NEMA camp manager<sup>1</sup> in Bakassi IDP camp, he averred that:

In Bakassi...the camp proportion is like 43,983 individuals in the camp, with 7,720 houses. As you can see, this situation in a particular camp is too much. In a camp that houses 43,000 IDPs, the shelter, the distance is very close, so the issue of social distancing in Bakassi camp as said by the federal government, is not feasible or achievable...The issue of social distancing, I am telling you as a matter of fact, there is nothing like that.

The account of most interviewees on the difficulty in implementing social distancing in the IDP camps was similar to the one above. In her words, an IOM Site Manager at the Teacher Village IDP camp stated that “We have about 6000 houses and over 30, 000 individuals. Social distancing is going to be very hard. What we did during the lockdown was to avoid any form of gathering that involves crowd gathering. Because of the large population in the camp, we could not practice

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<sup>1</sup>Interview with a NEMA Camp Manager, Bakassi IDP Camp, Borno State





social distancing.”<sup>2</sup> The fact that most of the IDPs are illiterates also made social distancing practices very difficult in the IDP camps.<sup>3</sup> Specifically given the nature of the shelter and household distribution where there are at least six persons per tent (household), interviewees alluded to the fact that implementing social distancing among the IDPs had been a difficult thing to do, most times, the IDPs did not even observe it.<sup>4</sup>

While it was difficult for the IDPs to practice social distancing among themselves, interviewees posit that as camp officials, they only made sure that they tried to put measures in place to ensure social distance among the IDPs whenever there was a need for the IDPs to come together. Describing the situation in Bakassi IDP camp, the largest camp in Borno State, housing the largest conflict-induced IDPs in the State,<sup>5</sup> an IOM Camp Coordinator stated: “If you come to distribute 200 items at the camp, we have to make sure that you tell us who your targets are, that is, the vulnerable- lactating mothers, pregnant women or elderly people...We are going to call them in batches...This is so because the camp is seriously crowded.”<sup>6</sup> Efforts were also made to put such social distancing measures in place in any situation or activity that warranted the IDPs to come together. Such activities included the market place, the toilets, and at water fetching points, among

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<sup>2</sup>Interview with an IOM Site Manager, Teacher Village IDP Camp, Borno State

<sup>3</sup>Interview with an IOM Site Manager, Teacher Village IDP Camp

<sup>4</sup>Interview with a NEMA Camp Coordinator, Bakassi IDP Camp, Borno State; Interview with a ACTED Camp Official, Stadium IDP Camp, Borno State; Interview with a camp officer of ICRC, NYSC IDP Camp, Borno State

<sup>5</sup>Interview with a NEMA Camp Manager, Bakassi IDP Camp

<sup>6</sup>Interview with an IOM Camp Coordinator, Bakassi IDP Camp, Borno State





others.<sup>7</sup> Succinctly describing the new practice introduced for food distribution among IDPs in a way to ensure social distancing at the NYSC IDP Camp, a SEMA Camp Coordinator posits that “In terms of distribution of food we usually gather them together to share the food items, but because of COVID-19, we now bring together 20 persons from different households to collect food and when they are done, we call out another 20 persons.”<sup>8</sup> Also, at the Bakassi IDP camp, rather than allow the people to queue up for the distribution of food items, a new method of door-to-door food distribution was adopted to ensure strict adherence to the social distancing policy among the IDPs.<sup>9</sup>

Apparently, while it is often difficult for the IDPs to maintain social distancing among themselves, on their part, and in their own efforts to curb the spread of COVID-19 among the IDPs, camp officials tried as much as possible to ensure strict adherence to social distancing while dealing with the IDPs.<sup>10</sup> Describing these two different levels of compliance more explicitly, a SEMA Camp Coordinator at the NYSC IDP camp submits that “When it came to distribution on our own side, we were able to do so, but for the IDPs, they were unable to practice social distancing because we find them sitting together as if there is no COVID-19...very few of them abide by the rules, but

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<sup>7</sup>Interview with a SEMA Camp Manager, Teacher Village IDP Camp, Borno State; Interview with an IOM Camp Coordinator and Camp Management (CCCM) Assistant, Muna Garage IDP Camp, Borno State; Interview with an IOM Camp Coordinator, Bakassi IDP Camp; Interview with a SEMA official, Stadium IDP Camp, Borno State

<sup>8</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp, Borno State

<sup>9</sup>Interview with a NEMA Camp Coordinator, Bakassi IDP Camp

<sup>10</sup>Interview with an IOM Camp Consultant, Federal Training Centre (FTC) IDP Camp, Borno State





most of them did not.”<sup>11</sup> Generally, while camp officials were able to ensure social distancing among the IDPs to a large extent, most of the IDPs were not conscious of the policy.<sup>12</sup>

## **Special Measures Put in Place in IDP Camps to Contain the Spread of COVID-19 among Conflict-Induced IDPs in Borno State**

While social and physical distancing may be considered the best practice to curb the spread of COVID-19, other measures like frequent hand washing, wearing of nose mask, and the use of hand sanitisers are also recommended. This section collates the views of interviewees on other measures put in place in IDP camps in Borno State to ensure the virus did not spread among conflict-induced IDPs. Chief among these other measures put in place in the IDP camps include among others, sensitisation, distribution of nose masks, hand sanitisers and soap among the IDPs, regulating movements in and out of the camps, location of hand washing facilities at several spots within the camp, and setting up of isolation centres within the camp in case of eventualities.<sup>13</sup> Specifically, sensitisation was key in trying to get the IDPs to come to the reality of the COVID-19 pandemic and how it could be curtailed.<sup>14</sup>

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<sup>11</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp

<sup>12</sup>Interview with an IOM Research Assistant, Teacher Village IDP Camp Borno State; Interview with a ACTED Camp Official, Stadium IDP Camp; Interview with a camp officer of ICRC, NYSC IDP Camp

<sup>13</sup> Interview with a NEMA Camp Manager, Bakassi IDP Camp; Interview with an IOM Camp Coordinator, Bakassi IDP Camp; Interview with an IOM CCCM Assistant, Muna Garage IDP Camp; Interview with a SEMA Camp Manager, Teacher Village IDP Camp; Interview with a SEMA Camp Secretary, Muna Garage IDP Camp

<sup>14</sup>Interview with a NEMA Camp Manager, Bakassi IDP Camp; Interview with an IOM Camp Coordinator, Bakassi Camp; Interview with an IOM CCCM Assistant, Muna Garage IDP Camp;







The usefulness of sensitisation is explained by an interviewee who averred that “The sensitisation we [camp officials] do day-in-day-out in the camp has made a change in the camp, especially in dealing with the crowd.<sup>15</sup> More explicitly, an interviewee averred that “During that period, we [camp officials] organised sensitisation to inform them (IDPs) of what COVID-19 is and how it can be prevented, and this sensitisation was done morning and evening... The sensitisation that we gave them were washing their hands frequently, avoid touching their nose with their hands, wearing their face mask, etc.”<sup>16</sup>

Another interviewee highlighted the role of government and Non-governmental Organisations in the sensitisation exercises within the IDP camps. According to him, “There was sensitisation that took place in the camp, we tried to let them know the implications of being in one place, the importance of hand washing and the use of facemasks in the camp. We engaged the government and NGOs to participate in the campaign.”<sup>17</sup> State agencies like NEMA and SEMA and NGOs were also involved in the distribution of hand sanitisers, soap and face masks among the IDPs.<sup>18</sup> Other interviewees buttressed the enforcement of frequent hand washing and the use of hand sanitisers among the IDPs. According to a consultant with the IOM, “Location of hand washing taps all over the site. We make sure that yes, there are hand washing taps right from the

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Interview with an IOM Consultant, Federal Training Centre (FTC) IDP Camp; Interview with a SEMA Camp Secretary, Muna Garage Camp

<sup>15</sup>Interview with an IOM Cam Coordinator, Bakassi IDP Camp

<sup>16</sup>Interview with an IOM Research Assistant, Teacher Village IDP Camp

<sup>17</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp

<sup>18</sup>Interview with a NEMA Camp Coordinator, Bakassi IDP Camp

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entry of the site and sometimes in the site.”<sup>19</sup> Apart from providing hand washing and sanitiser facilities within the IDP camps, the testing of temperature of IDPs and camp visitors was also a regular routine within the IDP camps in Borno State.<sup>20</sup>

The regulation of movement into and outside IDP camps, including putting guidelines in place for camp visitors to adhere to during visits were other measures that were taken to ensure COVID-19 did not spread among IDPs in Borno State. Sharing his thoughts on this, an interviewee averred that “We made sure that every organisation that came into the camp for sensitisation, distribution, etc., and our staff, wore face masks, and observed social distancing in performing the activities that brought them to the camp. Also, the management ensured that whosoever came to the camp adhered to the laid down rules of social distancing and putting of face mask in the camp.”<sup>21</sup>

Another interviewee from Teacher Village IDP Camp posits: “We stopped movement in and outside of the camp to avoid the spread of the virus. Also, we ensured that whoever was coming into the camp came with their face masks, hand sanitisers, etc.”<sup>22</sup> Efforts were put in place, including manning entry and exit from the camp, to monitor and track those who came into the camp, and to ensure that IDPs were always within the camp in order to prevent them from going outside to contract the virus and come back to the camp and spread it.<sup>23</sup>

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<sup>19</sup>Interview with an IOM Consultant, Federal Training Centre (FTC) IDP Camp

<sup>20</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp; Interview with an IOM Research Assistant, Teacher Village IDP Camp; Interview with a ICRC Camp Official, NYSC IDP Camp

<sup>21</sup>Interview with an IOM Camp Coordinator, Bakassi IDP Camp

<sup>22</sup>Interview with an IOM Site Manager, Teacher Village IDP Camp

<sup>23</sup>Interview with a SEMA official, Stadium IDP Camp; Interview with an IOM Consultant, Federal Training Centre (FTC) Camp





Some interviewees alluded that these measures were effective in protecting the conflict-induced IDPs in Borno State against COVID-19.<sup>24</sup> These measures were also key in managing a positive case recorded in Bakassi Camp, the largest IDP camp housing the highest number of conflict-induced IDPs in the State.<sup>25</sup>

### **The Effect of COVID-19 Lockdown on the Welfare of Conflict-Induced IDPs in Borno State**

Interviewees also shared their views on how the lockdown and travel/movement restrictions impacted the welfare of conflict-induced IDPs in Borno State. The lockdown occasioned by COVID-19 affected the food supply to the camps and those who depended on daily livelihoods. According to a NEMA officer, “We used to get food on a monthly basis, but because of lockdown, even our staff are scared to come to the camp, because of the lockdown restriction. As a result of that, in two months, we were given food for just once, and the palliatives were not brought down to the camp, but rather to other villages.”<sup>26</sup> Several of the interviewees alluded that the lockdown affected the IDPs by confining them to the camp environment every day, denying most of them their sources of livelihood, they could not go out to fetch fire wood for their cooking, among other activities which made life unbearable for them in the camp.<sup>27</sup> Expatiating on this, an interviewee averred that: “Yes, apart from the food the federal government gives them, some of the IDPs usually go out to look for their daily work to earn a living, but the lockdown made every one of

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<sup>24</sup>Interview with an ACTED official, Stadium IDP Camp; Interview with a ICRC official, NYSC IDP Camp

<sup>25</sup>Interview with a NEMA Camp Manager, Bakassi IDP Camp

<sup>26</sup>Interview with a NEMA Camp Manager, Bakassi Camp

<sup>27</sup>Interview with an IOM CCCM Assistant, Muna Garage IDP Camp; Interview with an IOM Research Assistant, Teacher Village IDP Camp





them stay at home without going out. Definitely, it will affect them... there was no distribution that took place because of the issue of COVID-19 apart from food distribution which is very important to them.”<sup>28</sup>

The lockdown had so affected the IDPs that at a time, some of them were in serious hunger and in search of what to eat, while clinics were not on the ground to attend to the sick among them.<sup>29</sup> Even though essential services were not affected by the lockdown, some of the interviewees were of the view that conflict-induced IDPs suffered a shortage of other services during the lockdown. An IOM officer states that “Yes, sure, it is going to affect [their welfare] because during the lockdown, the service providers are limited in their services...these people are vulnerable, they were relying on the service providers. So, the essential service providers are just some of the services they rely on. There are a lot of gaps that occurred in terms of service delivery; in terms of food, emergency, etc.”<sup>30</sup> Aligning with the foregoing, another interviewee posits that “During the lockdown, essential services were exempted...But the lockdown was for three months and if they ran short of food, going to the market would be a major problem because of the lockdown. We can say that their welfare was partially affected.”<sup>31</sup>

However, one of the interviewees begged to differ on the effect of the COVID-19 lockdown on the IDPs. According to her, “Other activities were put on hold, but their basic necessities like water, were made available to them in the camp...the IDPs, some of them were business men or

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<sup>28</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp

<sup>29</sup>Interview with a SEMA Camp Manager, Teacher Village IDP Camp; Interview with a SEMA Camp Secretary, Muna Garage IDP Camp

<sup>30</sup>Interview with an IOM Consultant, Federal Training Centre (FTC) IDP Camp

<sup>31</sup>Interview with a NEMA Camp Coordinator, Bakassi IDP Camp





had a means of livelihood and as such, had money to access the market in the IDP [camp] to purchase whatever they wanted. The lockdown did not affect their welfare in any way.”<sup>32</sup>

## **New Challenges Occasioned by COVID-19 in Conflict-Induced IDP Camps in Borno State**

While COVID-19 had not spread among conflict-induced IDPs in Borno State, interviewees, however, agreed that the pandemic brought novel challenges to the IDP camps. Some of the major challenges in the IDP camps occasioned by the pandemic were the fear it aroused among the IDPs, the unbelief of most of the IDPs about the COVID-19 reality, and the lack of trust of the IDPs towards the camp officials with respect to the reality of the pandemic.<sup>33</sup> Also part of the challenges was the fact that the IDPs were no longer able to continue in their normal routine to go out in search of their daily bread, they were confined in the camps and were no longer encouraged to go out and work or engage in other social activities.<sup>34</sup> Health challenges also surged among the IDPs owing to the COVID-19 pandemic, as medical care within the camp became unavailable, and where available outside, they were very expensive. Buttrussing this, an interviewee averred that:

The challenges we had during the pandemic was that people could not go about their daily businesses and as such, couldn't make a profit. Also, those that usually go out to look for handy jobs to do and get money, couldn't do that. On their health, the IDP couldn't access

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<sup>32</sup>Interview with an IOM Site Manager, Teacher Village IDP Camp

<sup>33</sup>Interview with a NEMA Camp Manager, Bakassi IDP Camp; Interview with a SEMA Camp Manager, Teacher Village Camp; Interview with a NEMA Camp Coordinator, Bakassi IDP Camp

<sup>34</sup>Interview with a SEMA Camp Manager, Teacher Village IDP Camp; Interview with an IOM Camp Consultant, Federal Training Centre (FTC), IDP Camp; Interview with an ICRC official, NYSC IDP Camp





health facilities like going to the hospital for check-ups, as most hospitals were only admitting patients with severe cases of the virus and this made them do a lot of self-medication and treat themselves at home...Although we had some healthcare centres in the IDP camp, but due to the lockdown, they were all closed.<sup>35</sup>

Also aligning with the foregoing and highlighting the humanitarian challenge experienced in the IDP camps, a SEMA official at the NYSC IDP Camp posits that “We had issues with the health facilities because we usually have our clinic in the camp where health personnel do come to the camp to attend to the IDPs, but during the lockdown, they refused to come because government did not provide the necessary facilities that would be used in the clinic...Some humanitarian workers and members of NGOs who normally support the IDP camps had to leave the camp during the COVID-19 outbreak.”<sup>36</sup> The pandemic also ensured that humanitarian assistance in terms of food distribution and other materials by NGOs stopped, except those distributed by the government.<sup>37</sup> While health care was no longer available to the IDPs within the camps, getting medical care for them outside the camp had become very expensive. A NEMA official at Bakassi Camp submitted that “We are getting more cases [of illness], and some of the cases, we cannot manage them, as such, we have to refer them to the State Specialist Hospital. In the IDP camp, the government provides free treatment, but when they are referred outside, we have to pay for their hospital bills.”<sup>38</sup>

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<sup>35</sup>Interview with an IOM Site Manager, Teacher Village IDP Camp

<sup>36</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp

<sup>37</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp

<sup>38</sup>Interview with a NEMA Camp Manager, Bakassi IDP Camp





There was also the challenge that arose from food and items distribution in the camps, which took unnecessarily longer time than usual. An interviewee posits that “[It] took us about 3 weeks to distribute food items, what often takes us just a day. This is what we did when COVID-19 came.”<sup>39</sup> Despite these challenges however, while there had often been reports of insurgents’ attacks on some IDP camps before the COVID-19 outbreak, the lockdown and restrictions in movement and travels seem to have stemmed the attacks. This was as most of the interviewees alluded that there had been no form of insurgent attack in any of the IDP camps during the pandemic.<sup>40</sup>

## Discussion of Findings

The paper set out to examine the state of conflict-induced IDPs in North- eastern Borno State of Nigeria. This was with the aim to examine how the social and physical distancing policy was being implemented in the IDP camps; the special measures put in place to protect IDPs from the virus; the effect of the COVID-19 lockdown on the welfare of IDPs; and the new challenges occasioned by the COVID-19 pandemic in the IDP camps.

With respect to the first objective, the paper finds that practicing social and physical distancing among conflict-induced IDPs across various IDP camps in Borno State was difficult and near impossible. This is attributed largely to the overcrowding living conditions in the IDP camps and the fact that the IDPs are illiterates who do not even believe that the pandemic was real. This

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<sup>39</sup>Interview with a SEMA Camp Coordinator, NYSC IDP Camp

<sup>40</sup>Interview with an IOM Camp Coordinator, Bakassi IDP Camp; Interview with an IOM CCCM Assistant, Muna Garage IDP Camp; Interview with an IOM Research Assistant, Teacher Village Camp; Interview with an IOM Consultant, Federal Training Centre (FTC) IDP Camp; Interview with a SEMA Camp Coordinator, NYSC IDP Camp







finding aligns with those of Oladimeji, et al. (2020:306); UN (2020a); WHO (2008); OECD (2020); Salisbury-Afshar, Rich and Adashi (2020); Farber (2007); CDC (1999); UN (2020b); and ICRC/IFRC (2020), which found that, given the often overcrowded and poor living conditions of IDPs, measures like social and physical distancing and hand washing may not be feasible. Nevertheless, the paper reveals that IDP camp officials tried as much as possible to implement social and physical distancing among the IDPs anytime there were camp activities that brought the IDPs together.

Also, findings show that with respect to the second objective, several special measures were put in place in IDP camps in Borno State to prevent the virus from spreading among conflict-induced IDPs in the conflict-ridden Borno State. Such measures included sensitisation by government organisations and NGOs; regulation of movements in and out of the camps; installation of hand washing facilities across the camps; distribution of hand sanitisers, nose masks and soap; door-to-door distribution of food, rather than queuing up the IDPs; and the mandatory use of nose mask by the IDPs and visitors to the camp. This finding has been highlighted in the literature, where it is averred that special measures must be put in place to protect IDPs and other vulnerable populations from pandemics and emergencies (Hoffman 2009; ICRC/IFRC 2020; OECD 2020; Rawls 1999; UNCHR 2006; UN 1998; Winslow 1982). These measures were found effective as the virus did not spread among IDPs in the various camps. This particularly negates OECD (2020:2); Cohen and Deng (1998); CDC (1999); and International Crisis Group's (2020:4) assertion that, given their living conditions, COVID-19 transmission is higher among IDPs; and that they are worst hit during pandemics. This finding shows that despite their living conditions, IDPs could be protected from contracting and spreading the virus if the necessary measures are put in place.

With respect to the third objective, the paper reveals that the lockdown and restrictions in movements and travel bans occasioned by the COVID-19 pandemic had adversely affected the

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welfare of conflict-induced IDPs in Borno State in no small measure. This was manifested by its effect on IDPs' sources of livelihood; denied access to readily available healthcare; withdrawn and restricted humanitarian assistance; disrupted food and services supply; and increased cost of accessing healthcare where available. The point has also been made in the literature on how pandemics and emergency situations and measures such as lockdowns put in place to contain the situation, impact IDP populations disproportionately (Connolly & Heymann 2002; Farber 2007; Ferris & Winthrop 2010; Madhau, et al. 2017; The Monitor 2005; Wise and Barry 2017). Also, the UN (2020a); ICRC/IFRC (2020); International Crisis Group (2020); OECD (2020); and IOM (2020) have buttressed how lockdown measures during pandemics and emergencies weaken humanitarian assistance to IDPs.

Lastly, the paper finds that the COVID-19 pandemic occasioned new challenges in the IDP camps in Borno State. Lack of access to, and increased cost of medical care, withdrawal of humanitarian assistance by local and international organisations and NGOs; fear and apprehension among IDPs; distrust among IDPs for camp officials; unbelief among IDPs about the reality of COVID-19, and longer time for food and items distribution among IDPs were challenges thrown up in the IDP camps by the pandemic. Previous works like the UN (2020a); WHO (2000); International Crisis Group (2020); OECD (2020); and ICRC/IFRC (2020) have also highlighted the challenges that pandemics and emergencies pose for IDP populations. Despite these challenges, there were no any security challenges like experiences of insurgent attacks in any of the IDP camps in Borno State during the pandemic.

### Conclusion

The paper has examined the state of conflict-induced IDPs in North- e astern Borno State of Nigeria amidst the COVID-19 pandemic. Living conditions in the camps did not permit social/physical distancing; special measures were in place to protect IDPs from contracting the

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virus. Also, there was an adverse effect of the lockdown occasioned by the COVID-19 pandemic on the welfare of conflict-induced IDPs; and new safety and health challenges, but not security challenges erupted in IDP camps in Borno State during the pandemic. While the pandemic had adversely impacted on the lives of conflict-induced IDPs, but it had not spread among them.

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