The Impacts of the COVID-19 Pandemic on Internally Displaced Persons (IDPs) in Nigeria's North-East Region

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Abstract

Spurred by the unprecedented challenges posed by the COVID-19 pandemic and its spread to the northeast, an environment already devastated by the Boko Haram insurgency, the article looks at its impact on internally displaced persons (IDPs). It analyses data gathered from secondary sources and systematically juxtaposes these with reports and observations of developments in the IDP camps in the region. Major findings revealed that the COVID-19 pandemic had significant impacts on IDPs in the study area concerning their health, particularly by worsening the challenges of access to water, sanitation and hygiene, humanitarian relief, food security, and further escalating insecurity in the region. The findings further revealed that while the government's preventive measures helped to curb the rapid spread of the virus among the IDPs, the Boko Haram group and its affiliates exploited the lockdown to attack some communities and security forces in the north-east. In the process they killed and displaced more people than the COVID-19 pandemic in the region. This article concludes that the complex challenges presented by the COVID-19 pandemic as well as the already existing humanitarian crises require the synergy of efforts by federal, state, and local governments with the active support of humanitarian actors, particularly international organisations and non-governmental agencies working in the region to mitigate the impacts of COVID-19 on IDPs. It also underscores the urgent need for additional funding, allocation of land to build new camps to decongest the existing ones, and deployment of additional medical personnel and supplies to cater for the IDP camps in the north-eastern states of Nigeria.

Keywords

Internally displaced persons (IDPs), insurgency, Boko Haram, COVID-19

Introduction

The world is currently facing a health emergency as public attention and resources have been deployed to contain the scale, scope, velocity, and lethality of COVID-19 (SARS-CoV-2) of the novel coronavirus family. The disease has affected 213 countries worldwide, and 23,511,251 cases globally have been confirmed as of August 23, 2020 (Worldometer, 2020a). Hence, considering the scope and intensity of the outbreak, the World Health Organisation (WHO) officially declared the situation a 'pandemic' on March 11, 2020 (WHO, 2020a). As the virus spreads globally, healthcare systems, economies, security, livelihoods, among other important human development components, are being overwhelmed even in developed countries. As the pandemic continues to affect every facet of human lives with dire consequences, vulnerable populations, including Internally Displaced Persons (thereafter, IDPs) who remain victims of weak health systems and have limited access to services such as water, sanitation and hygiene, are prone to be most affected by the pandemic (Refugee International, 2020). In addition, over 70 million people have been forcibly displaced globally, thus making them susceptible to the attendant consequences of the COVID-19 emergency that can potentially worsen their living conditions (UNHCR, 2020a).

In Africa, the presence of about 25 million refugees, asylum seekers, and IDPs coupled with overcrowded settings, poor hygiene maintenance and limited quality health services in the camps where they are accommodated makes it difficult to shield these vulnerable groups against the impacts of the COVID-19 pandemic (Abebe & Abebe, 2020). More so, the region's experience with violent conflicts exacerbates the problem as most social and health infrastructures needed to contain the pandemic have been destroyed in the course of the war, hence, the slowdown affecting the efforts in finding credible solutions to IDP problems (Abebe & Abebe, 2020). Nigeria is not an exception for grave concerns associated with the emergence of the COVID-19 pandemic, especially being the first country in West Africa to experience the outbreak of the disease (Adepoju, 2020). Due to the complex humanitarian crisis and the significant number of IDPs in Nigeria's northeast due to the activities of the Boko Haram terrorist group operating in the region, the twin effects of conflict and pandemic cannot be underrated (Nextier Security, 2020). Though the north-east comprises Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe, the Bay States (Borno, Adamawa and Yobe) are worst hit by the Boko Haram insurgency since 1999.

The disease outbreak in Nigeria's north-east undoubtedly presents additional challenges in managing IDPs in the fragile region (IOM, 2020a). To further reaffirm the above assertion, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) stated that with the emergence of COVID-19, the number of people in need of urgent assistance in north-east Nigeria rose from 7.9 million at the beginning of 2020 to 10.6 million by early July 2020 (UNOCHA, 2020a). However, in addition to facing eviction challenges, the IDPs remain subjected to stigmatisation, poverty, loss of livelihoods, human rights violations, poor access to decent living, and gender-based violence, among others (Global Protection Cluster, 2020).

Against this backdrop, it is evident that the emergence and spread of COVID-19 presented new challenges, dynamics, and trends in the fight against insurgency in the region and the management of the humanitarian crisis, especially that of the IDPs who are the most vulnerable. This article

argues that the spread of the disease and the government's insufficient responses have exacerbated existing challenges and formed new ones for the IDPs in Nigeria's north-east. The article adopted a descriptive and qualitative approach to examine the pandemic, the resulting challenges, and efforts to contain both the pandemic and crisis in the north-east region of Nigeria. Data was gathered from secondary sources, including books, monographs, journal articles, government reports and websites of government institutions and international organisations. This was analysed through content analysis. The article, therefore, proceeds in four major parts. The first part provides a brief history of infectious diseases and examines the taxonomy of the novel coronavirus. The second part captures the emergence of the COVID-19 pandemic in Nigeria, its escalation, and various government control mechanisms. While the third part provides a detailed examination of the impact of the COVID-19 pandemic on IDPs in Nigeria, the fourth part is the conclusion.

An overview of infectious diseases and the nature of health governance

Since time immemorial, infectious diseases have impacted the human population. Waves of infectious diseases such as the Bubonic Plague and the Black Death attacked and killed over 50% of Europeans during the Middle Ages, amidst others like smallpox that caused the death of many native populations in Europe (DiMaio *et al.*, 2020). Infectious diseases that affect humans, plants, and animals spread beyond geographical boundaries are called 'pandemics' (WHO, 2020b). Notable among these pandemics that occurred in the last century was the 1918 Influenza and the 1980s Acquired Immune Deficiency Syndrome (AIDS), which brought forth huge devastative impacts globally. The Influenza Pandemic of 1918 occurred after World War I, causing the death of tens of millions of people and displacing many others due to the non-availability of effective antibiotics and adequate health facilities for safely managing the effects and spread of this bacterial infection (Brown, 2020). The novel coronavirus (COVID-19) that hit the world in 2019 is a deadly respiratory infectious disease. The virus, which surfaced from Wuhan, China, is a member of the coronavirus family. The virus is believed to have emanated from animals and spread to humans. It manifests itself in the form of severe respiratory infection and can be transmitted from person to person. Since its emergence, most countries of the world have been affected, including the United States, United Kingdom, Germany, Italy and others, recording some of the highest cases in the world. The World Health Organization (WHO), the lead institution in global health management, officially declared the situation a 'pandemic' on March 11 2020 (WHO, 2020a).

Between 1945 and 1990, following multilateral institutions such as the WHO, global health emerged as a new movement towards the global administration of health. Thus, WHO assumed a dominant role in Global Health Governance (thereafter, GHG) by mobilising resources, technology, and goodwill from wealthy to poor nations to eliminate infectious diseases. Noteworthy is that GHG and its response are anchored on the actors' effectiveness in global health governance. By the 1990s, despite the emergence and involvement of other actors, it was no longer debatable that GHG was dominated by the WHO, both in terms of funding and strategic planning and guidance. Since then, WHO has continued to play an essential role in the global governance of health and disease, specifically by establishing, monitoring and enforcing international norms and

standards and coordinating multiple actors toward common goals. Given the realities posed by global health pandemics, particularly in the context of the COVID-19 pandemic, global health governance has again taken centre stage in academic discourse. While multilateral solutions to the pandemic were explored, there was the tendency by states to look inwards and trade blame, as was the case between the USA and China. Beyond the global level of health governance, regional and national bodies have played varied roles in health governance in Africa. In the African context, several challenges have undermined effective health governance. There have been serious leadership and governance challenges that include weak public health leadership and management; inadequate health-related legislation and its enforcement; limited community participation in planning, management and monitoring of health services; weak inter-sectoral action; horizontal and vertical inequities in health systems; inefficiency in resource allocation and use; and weak national health information and research systems (Azevedo, 2017).

Understanding the emergence, escalation and control mechanism of COVID-19 in Nigeria

Consequent to the outbreak of epidemic diseases across the globe, Nigeria, with an estimated population of over 200 million people, had experienced outbreaks of diseases in past years such as Lassa fever, Meningitis, Ebola and currently the COVID-19 pandemic, which have spread across different regions infecting different fractions of people in the country (NCDC, 2020a). Therefore, in order to adequately respond to the COVID-19 pandemic and mitigate future outbreaks, it is pertinent to understand the demographic profile of risk groups and transmission processes, trends and dynamics of recorded cases in Nigeria, Nigeria's testing capacity, and mechanism put in place for prevention and control of the further spread of the virus in the country. No doubt, this will provide helpful insights in understanding the impact on IDPs in the country.

Demographic profile of risk groups and transmission processes

In Nigeria, the coronavirus has the potential of infecting all age groups that are either healthy or with a weak immune system, although data keeps changing as events unfold. However, according to a survey by the Nigerian Centre for Disease Control, from February 27 to March 27, 2020, a month after the first recorded case, they detected that:

Within the first 30 days, the NCDC observed that 70.0% of the individuals tested positive for COVID-19 were males, and 30.0% were females. Their ages ranged between 30 and 60 years. People aged 31-50 years were the most affected (39.0%). About 44.0% (101) of the cases were imported; some 41.0% (96) had incomplete epidemiological information—the sources of their infections were unknown. Thirty-five (15.0%) patients were known contacts of positive cases suggesting community transmission or cross-infection. Lagos State accounted for over 50% of the cases in Nigeria, followed by Abuja (20.3%) and Osun State (8.6%) (Amzat *et al.*, 2020, p. 2).

Nigeria recorded its first case on February 27, 2020, imported by an Italian man who had just returned to the country and tested positive for COVID-19. The aftermath of that imported case

saw the meteoritic rise in the number of cases that got infected. As a result, the Presidential Task Force (PTF), inaugurated on March 09 2020, was saddled with the responsibility of controlling the spread of the virus buttressed that travellers coming from COVID-19 high-risk areas have the potential to infect and spread the virus, hence were banned from entering the country (Ihekweazu, 2020). Although the transmission mode of the COVID-19 virus is still being investigated, community transmission in Nigeria has risen due to non-compliance with infection prevention and control measures such as wearing a facemask, social distancing, regular hand washing, and staying at home (Sobowale, 2020).

Trends and dynamics of recorded cases in Nigeria

Since Nigeria recorded its first case, the number of infected persons has continued to rise (NCDC, 2020b). The rise, including in north-east Nigeria, can be attributed to several factors. The first explanation is that despite proactive measures put in place by the Nigerian government, such as movement restrictions imposed by the federal and state governments and closure of borders, schools and places of worships, there still were reported incidents of movement by people who chose to go against the stay-at-home orders in search of food (*Vanguard Newspaper*, 2020). Secondly, at the initial outbreak of the pandemic in Nigeria, very few believed they could be susceptible to the virus due to top government officials' detection. Many held close to their hearts their belief in their faith and the so-called black man's resistance to diseases which adversely led to little or no regard for safety precautions (NOI Poll, 2020). Finally, the expansion in molecular testing capacity and house to house case search strategy has improved the detection of pressing cases of the virus that need urgent isolation (Buhari, 2020). The non-compliance to the stay-at-home orders for livelihood sustenance, the recalcitrant attitudes towards accepting the existence of the disease by some people and the IDPs resulted in unrestricted movement in and around the IDP camps exacerbating community transmission and spread of the virus in Nigeria.

Consequently, Nigeria is still grappling with an increasing number of cases and is exerting several efforts at both federal and state levels to contain the spread of the virus. Lagos, Ogun and the FCT were placed on lockdown at the federal level on March 30, 2020, being the hotspots of confirmed cases in the country (Campbell, 2020a). Also, the two principal international airports in Lagos and Abuja were closed amidst the imposition of travel restrictions for travellers coming in from China, Italy, Japan, Spain, US, and other high-risk places (Olaniyi, 2020). The suspension of railway services to decrease the spread of the virus also took effect from March 23, 2020, as local transmission continued to escalate nationwide (Adedeji, 2020). Other preventive measures adopted include social distancing, discouraging mass gatherings, use of nose masks, proper handwashing, use of alcohol-based hand sanitiser, ban on inter-state movements, closure of schools and markets, as advised by the Nigeria Center for Disease Control (NCDC, 2020b).

The impact of COVID-19 on IDPs in the north-east region

In recent years, Nigeria has witnessed a dire complex emergency in the form of proliferation of humanitarian crisis as a result of the activities of violent non-state actors, which aggravated tensions and conflicts with its attendant consequences ranging from forced displacement, high

rates of diseases to food crises (Olafioye, 2013). The menace has its roots in the outbreak of the Boko Haram insurgent group in Nigeria's north-east, responsible for innumerable attacks, killings, kidnappings, and destruction of properties in local communities across Nigerian states Chad, Cameroun and Niger (Hamid *et al.*, 2017). As a result, the region has witnessed the worst humanitarian crisis ever with millions of people in dire need of humanitarian assistance. The UNHCR (2015) estimated that about 1.8 million people have been internally displaced due to the crisis, and about 5.8 million people require urgent assistance for survival. Over 80% of the IDPs emerged from Borno state being the epicentre of the crisis, and about 60% live in host communities due to the hostilities meted to them by the insurgent group (OCHA, 2020c). The vulnerable population, particularly those displaced by a plaguing humanitarian crisis, are often victims of challenging socio-economic conditions and health disparities that affect their overall well-being. The IDMC recently submitted in its report that insurgency, violent conflicts as well as natural disasters and health challenges had triggered 33.4 million new internal displacements across 145 countries, reaching an all-time high number at the end of 2019, superseding the last highest recorded case in 2012 (IOM, 2020b).

Nigeria has been ranked the third most impacted country by the COVID-19 pandemic in Africa, with more than 10,000 confirmed cases and a death toll of about 300 as of June 2, 2020 (Agbiboa, 2020). There has been mass public outcry and concerns about the potential attendant consequences of the pandemic on the already penurious and fragile north-eastern region. This is due to the deplorable living conditions of the 1.8 million IDPs living in congested camps in the Borno, Adamawa and Yobe, also known as BAY states, which according to the UNDP assessment experts, are prone to be affected most by the pandemic (UNDP, 2020a). The situation is further complicated due to the fractured healthcare system and facilities in the BAY states and other health services disrupted due to insurgent activities in the states. Hence, the immediate consequences of COVID-19 are impairing the low life expectancy of Nigerians, particularly the vulnerable, as articulated by the UNDP, such as "older people, women, young workers, migrant households, unprotected workers, people living in shelters, people who are homeless or in informal settlements, and people with underlying health issues" (UNDP, 2020b, p. 7). These stand a chance to be most affected by the pandemic.

In the north-east, Borno state was the first to record the COVID-19 pandemic on April 18, 2020. Since then, the virus continued to spread in the north-east states. For example, by July 23, 2020, Borno had 603 confirmed cases, 47 on admission and 521 discharged, and 35 deaths. Yobe had 64 confirmed cases, three on admission and 85 discharged, and nine deaths. Adamawa had a total of 115 cases, 21 on admission, 85 discharged and nine deaths. Even before the emergence of COVID-19 and its spread in Nigeria, 35% of health facilities in the affected states of Borno, Adamawa and Yobe were damaged as a result of Boko Haram and other conflicts in the region (UNDP, June 05, 2020). There have also been significant disruptions of vaccination campaigns and other essential health services for children and other vulnerable groups in inaccessible areas. In addition, funding has been a major challenge. It was reported that in 2019, the health sector working in the northeast received only 25% of its funding requests.

North-east Nigeria, which has suffered a decade of insurgency and humanitarian crisis and more recently struck with a global health pandemic that subjects millions of people to delicate health conditions, has subjected the region to an overwhelming and complex burden beyond its full grasp. OCHA asserted that the outbreak of COVID-19 in the northeast has increased the number of people in need of humanitarian assistance from 7.9 million in January 2020 to 10.6 million by July 2020 (OCHA, 2020a). While government responses are imperative and proactive in containing the spread of COVID-19 in the northeast, the effects of the pandemic and its associated responses have created new challenges for the already complex crisis in the region, especially for the vulnerable IDPs.

COVID-19 and challenges of accessing healthcare

The 2018 Health Access Quality (HAQ) index that measures the quality and accessibility of healthcare based on 32 causes of death that are preventable with effective medical care ranked Nigeria 187 out of 195 countries (Odubola, 2018). Consequently, containing the pandemic in a country like Nigeria with more than 200 million people would considerably overwhelm the health system in the country. As the virus spread across the country, there were initial fears of insufficient ventilators to cater for the needs of those affected. There were claims that at the onset of the pandemic in Nigeria, the country had only 169 ventilators in 16 out of the 36 states, thus indicating an average of only ten ventilators per state and only 13 molecular laboratories that carry out the test for the coronavirus for a whopping 200 million people (Daily Trust, April 2, 2020). With a better understanding of the virus, it became clear that not every infected person hospitalised needed a ventilator. As cases continued to accelerate daily, it became imperative for the government to cushion this challenge. The NCDC organised staff training on molecular diagnostic capacities in conjunction with the Africa Centre for Disease Control in Dakar. The NCDC established an Emergency Operation Centre and an array of molecular diagnostic laboratories to further complement this effort to improve COVID-19 diagnosing capacity across Nigeria. The NCDC has also collaborated with state governments and private sector partners to significantly ensure efficient diagnosis processes and case finding for potential asymptomatic transmitters (Alagboso & Abubakar, 2020). This initiative helped in building the COVID-19 diagnosing capacity of beneficiaries of the training in Nigeria.

Another major health impact of COVID-19 on IDPs is that it further aggravated health issues due to the congested nature of camps where they reside. The prescribed global preventive measures for the virus would be somewhat challenging to implement, especially in these overcrowded camps. Given the clarity in the disease transmission of the virus, the defence mechanism against the spread of the virus has been the encouragement of social distancing and self-isolation as a means to minimise contact between persons (WHO, 2020d). However, the reality of IDP camps in Nigeria makes the enforcement of these measures near impossible given the overcrowded nature of the camps that houses multiple times the required number, hence unfit for healthy living. Consequently, according to the Borno State COVID-19 Preparedness and Response Plan survey, almost all the LGAs where the overcrowded camps are located are 'high risk' places (UNDP, 2020b). To further reaffirm this claim, DMS/CCM assessed IDP camps in the BAY States and also asserted that one in four camps where about 430,000 IDPs reside are highly overcrowded

with per capita space of less than 15m2, hence the potential risk of spreading the virus among persons is relatively high.

Similarly, in addition to space constraints, deficient access to safe and clean water and sanitation further inhibits the successful implementation of preventive measures against vulnerable communities. In recent years, the outbreak of deadly diseases in the region such as cholera, malaria and measles has subjected IDPs to benign medical conditions- for example, in 2017, an outbreak of cholera across IDP camps in Nigeria resulted in about 4,800 cases and 61 deaths (Hamid *et al.*, 2017). Accordingly, data by the International Organization for Migration presents that globally, the outbreak of COVID-19 has inhibited the administration of immunisations against polio and other diseases, hence exposing the lives of an estimated 80 million children under the age of 1 to many risks, and their potential to infect the larger population remains high (IOM, 2020a). In consonance, the WHO asserted that as COVID-19 continues to loom, there exists a possibility of reaching a transmission rate of 3.3% in the absence of strict compliance to prescribed mitigation measures. In the event of an outbreak in camps termed as 'highly congested' (beyond the prescribed maximum capacity), there is a possibility of about 400,000 IDPs being potentially infected (WHO, 2020e).

The first line of action by the Nigerian health sector in responding to the challenges in IDP camps is leveraging on the existing multi-sectoral efforts that were initially put in place to address the humanitarian crisis in the northeast. A Joint Support Framework was adopted, which incorporated governmental authorities, non-governmental agencies, donor agencies, UN agencies, and associated partners in devising a blueprint to prevent the spread of the pandemic to IDP camps and camp-like settings. A rapid response plan was birthed by the health sector in collaboration with Camp Coordination and Camp Management (CCCM) sector, Water Sanitation and Hygiene (WASH) sector, and the Shelter sector to counter these challenges. The collaboration positively enabled the planned decongestion strategy that targeted 400,000 individuals living in highly congested camps in the BAY states (Amzat *et al.*, 2020). With this decongestion of camps and appropriate shelter provision to meet needs, human-to-human transmission can be significantly reduced. Also, Infection Prevention and Control (IPC) practices were strengthened in IDP camps and communities in the BAY states between May and July 2020 to ensure timely treatment of COVID-19 cases and prevent further transmission. Health staff at the forefront of this task were trained for early detection of IPC and provided with sufficient tools, including Personal Protective Equipment (PPE) and more WASH services/hand hygiene stations (Abdullahi, 2020).

Constrained access to humanitarian relief

The outbreak of COVID-19 in the BAY states with about seven million people that depend on humanitarian assistance for survival has inadvertently affected the capacity of humanitarian aid givers to reach out to communities in need. This is due to the restrictions of movement in and out of the states to minimise human contacts that could scale up transmission rates of the virus. This disrupted effective supply chains and caused a delay in the delivery of aid and relief materials. For example, Borno state enforced a total lockdown and imposed restrictions on intra-state movements, which affected the movement of fundamental service providers such as

humanitarian personnel, food and water vendors, cargo movements, among others (OCHA, 2020c). Consequently, members of the humanitarian community in the state were granted only 103 exemption passes, totaling less than 5% of the requested number and just about one-fifth of the total number issued by the state government, despite advocating to be exempted from the lockdown directives due to the critical nature of their services (WHO, 2020e). Similarly, the abduction and execution by terrorists of aid workers who provide humanitarian services to the needy had become an everyday nightmare in the region, especially during the pandemic crisis when the terrorists took advantage of the situation to wreak havoc and extract huge ransom from kidnapped humanitarian aid workers. Consequently, humanitarian organisations were compelled to limit their services, especially in delivering foodstuffs and medical services to IDPs in the region (OCHA, 2020d).

Nevertheless, in collaboration with other partners such as the WHO, the health sector pulled in efforts to coordinate humanitarian responses to COVID-19 in the north-east. The interventions were aimed at providing support and monitoring ongoing humanitarian response in host communities and hard-to-reach areas. This ensures that critical services are delivered while ensuring that livelihood protection initiatives (social safety net) are adequately dispersed in different areas. Thus, sector partners have continued to deliver food assistance in the respective locations while maintaining a coordinated approach to managing the COVID-19 emergency demands on livelihoods and food supply (WHO, 2020d).

Information Flow and Public Acceptance of the Pandemic

Credible knowledge and authoritative information are requirements to contain the spread of false news about the COVID-19 pandemic and disseminate details of prevention measures. However, the poorly educated among the IDPs might not assimilate and comprehend such information even when it reaches them. Despite the meteoric rise of the pandemic across the north-east, the spread of fake news and poor communication channels subjected many to believing the pandemic is a ruse that is politically motivated by the state governments to attract international aid and funding (Christopher, 2020). A disregard of safety measures for protecting oneself against COVID-19 might be counter-productive to efforts to curb the spread of the virus. Also, some might consider the instructions for preventive measures as something contrary to their cultural beliefs. For example, measures such as isolating a patient showing symptoms of the virus or not being informed of the death of their relative who has been hospitalised are being viewed by some traditionalists as pro-West (Relief Web, 2020).

To ensure effective flow of information and communication to the general public, the NCDC Connect Centre established the Event-Based Surveillance Network saddled with managing the NCDC toll-free-line and social media platforms for dissemination of information (NDC, 2021). Similarly, in order to create more awareness and enlighten the general public about the disease and how best to prevent and guard against it, the NCDC, in collaboration with other organisations, has produced and circulated vital multimedia content that will enhance a better understanding of the pandemic (NDC, 2021). These contents vary from videos, infographics and

audiovisuals to audio jingles that target different demographics in different languages. Beyond these productions, the NCDC has leveraged technology and used social media podiums such as live online sessions, WhatsApp messages and the NCDC website to circulate public health messages around the country and beyond (NDC, 2021). Most importantly, the NCDC has deployed resources to train media officials and journalists on reporting details and news on COVID-19 (Alagboso & Abubakar, 2020).

Disruption to livelihoods and food supply chains

The 2019 Global Report on Food Crises estimates that about 113 million people are food insecure in 53 countries. "The COVID-19 pandemic risks further escalate these figures, with likely significant rises in humanitarian needs and food insecurity as a consequence of the pandemic itself and some of the containment efforts" (FAO, 2019). Particularly in Nigeria's north-east, the outbreak of COVID-19 has influenced a reduction in production efficiency and distribution of agricultural products and intra- and inter-regional trade in agriculture (FAO, 2020b). The enforcement of total lockdown and closure of markets for perishable goods and retail stores in a state like Borno from April to May severely impacted the region's food supply chains. Farming communities were prevented from accessing lands for food cultivation, and other livelihoods support mechanisms due to an increase in insurgent attacks in May (FAO, 2020b). As a consequence of low productivity in farmers produce, people that are already vulnerable continue to depend on humanitarian aid for life continuity as all monetary inflows were regulated. IDPs already susceptible to poor earnings and living conditions have been confronted with newer risks due to timely, proactive and protection measures to support survival and livelihoods (FOA, 2020a).

It is crucial to state that the Nigerian economy has been experiencing a crisis before the pandemic due to a decline in per capita GDP levels. This was exacerbated by falling crude oil costs in the international oil market, thus increasing the vulnerabilities in Nigeria's economy. Of great concern is that the informal sector largely dominates the Nigerian economy and is presumed to be vulnerable to external shocks such as the outbreak of the COVID-19 pandemic. Considering the nature of income generation in the sector, which is premised upon daily whims of the market, the negative economic impacts of the pandemic hinder the groups' efforts in meeting their immediate needs, which rely on daily physical interactions with customers (Oruonye *et al.*, 2020). In order to lessen the economic impacts of the pandemic caused by the emergency shutdown of businesses and means to livelihoods as a result of the lockdown, the government announced that it would distribute palliatives in the form of food items and 'conditional cash transfer' to poor and vulnerable households registered in the National Social Register (NRS) (SayNo Campaign, April 15, 2020). The initiative was estimated to cover 3.6 million citizens who depend on daily income and those with disabilities whose means of livelihoods have been halted. However, it reported that only a fraction of the poor benefited from this package as Nigeria lacks an efficient national information management system for swift payments. More so, an estimated 87 million Nigerians live on less than US$1.90 a day which makes the government's efforts to reach its target futile (Dauda *et al.*, 2020).

Similarly, the Emergency Economic Stimulus Bill 2020 was passed on March 24, 2020, by the House of Representatives to provide support to businesses registered under the Companies and Allied Matters Act by providing 50% tax rebates. While the bill is a move to provide relief to formal businesses amidst the impacts of the pandemic to commerce, the informal sector, which contributes about 65% of the country's GDP and 90% of the workforce, is mostly characterised by unregistered businesses that will disqualify them from accessing this benefit (Odiase, 2020). Consequently, such situations could birth violence in attempts to access limited resources amidst other negative coping mechanisms to sustain a living, especially for displaced people.

Escalation of insurgent attacks and civil unrest

Public health guidelines, as outlined by the WHO and adopted by Nigeria's Ministry of Health, stipulate public adherence to directives and protocols that incorporate a multi-sector response that includes the roles of security agencies in ensuring compliance with the law and order (WHO, 2020e). The necessary lockdown and restrictions of inter-state movements in the BAY states have put security personnel at the forefront of enforcing strict obedience to directives. Numerous roadblocks and checkpoints were positioned on highways and within the BAY states, with the police, the military, the Federal Road Safety Corps (FRSC) and Nigeria Security and Civil Defense Corps (NSCDC) taking the lead to enforce compliance (Iweze, 2020). This move became crucial to minimise community and cross-location transmission of the disease (Iweze, 2020). The dynamics and readjustments in operational priorities and the military preoccupation in enforcing lockdown directives as restrictive measures to contain the spread of COVID-19 in the northeast has created an ambience for violent non-state armed groups, in particular, Boko Haram and its affiliates, to take advantage and increase their operations in the region (Thisday News, June 6, 2020). This was made possible by the redeployment of the military and the overstretched nature of their disposition in dealing with counter-insurgency operations, on the one hand, and the imposition of lockdown, on the other hand. The situation created gaps that gave space for terrorists to operate in areas where the military was preoccupied with internal security engagements.

Furthermore, the government's shift of focus from counter-insurgency operations to restrictive measures gave the sect an edge to organise indiscriminate abductions and form new gangs of fighters. New trends of offensive attacks on military forces and civilians have swollen up, as even military commanders have been ambushed and killed during military operations to ensure compliance with lockdown directives (Thisday News, June 06, 2020). In a major operation carried out by Boko Haram in Borno state on March 21, 2020, a military convoy carrying military officers and other security personnel were ambushed along the Alagarno forest leading to the death of over 50 soldiers (Campbell, 2020b). Likewise, the local government areas of Gubio, Nganzai and Monguno were attacked afterwards, with several people killed and about 120,000 people displaced and forced to seek shelter in neighbouring communities (Thisday News, 2020).

Additionally, the rise in the number of infected persons in the BAY states has doubled the task of security personnel who are now saddled with the responsibility of not only combating insurgency

but ensuring the safe delivery of medical equipment to the areas in need as well as safeguarding and protecting IDPs in camps among other vulnerable groups in the society. Equally, it is extremely difficult for military personnel in the field to practice some of the prescribed global preventive measures like social distancing due to the nature of conducting operations and their associations with vulnerable populations, among other vices (Iweze, 2020). This is because military operations, by their very nature, involve engagements with the local populace and other social dynamics that will involve close cooperation and collaboration, thereby compromising the spirit of social distancing.

Secondary displacements and infringement on human rights

The potential of the COVID-19 pandemic to exacerbate existing conflicts and vulnerabilities vis-a-vis new displacement is very high given the fragile governance in regions experiencing outbreaks of violence. Factors like congestions in IDP camps and poor hygiene, among others, can hamper efforts to control and mitigate the spread of the virus, which in turn can spark more frustration, aggression and further conflict (ICG, 2020). The porous nature of Nigeria's land borders and unmanned forest reserves have enabled the swift transfer of Small Arms and Light Weapons (SALWs) and cross border movement of people, including the Fulani herdsmen across West African countries whose movement also threatens the indigenous Fulani herdsmen in Nigeria. This has made it difficult for total territorial control and guaranteeing the safety and security of citizens. Considering the first index case of COVID-19 imported by an Italian traveller, it became imperative for the Nigerian government to shut down its air and land borders on March 23, 2020 (Ilesanmi & Afolabi, 2020). This move was made to deflate the potential number of foreign cases and limit the movement of itinerant persons who can become veritable transmission agents (Ilesanmi & Afolabi, 2020). In this regard, there has been a reduction in the number of people that troop into IDP camps since January 2020, owing to the restrictive measures enforced to control the spread of the pandemic, especially in April when the total lockdown was enforced to restrict inter-state and border movements within the northeastern region (Ilesanmi & Afolabi, 2020). However, despite border closures, IDPs still made attempts at cross-border movement from Cameroon, Niger, and Chad due to attacks by insurgents or military operations.

While the closure of borders as a COVID-19 preventive measure is a proactive effort by the government to contain the looming effects of the pandemic, it has also hitherto affected the right to return and right to seek asylum for most displaced people as IDPs face mandatory detention in borders for days before admission into the territory after the observance of COVID-19 control protocols. More so, the situation continues to cause secondary, and multiple displacements of populations as accessing camps and host communities searching for safety has appeared cumbersome (OSIWA, 2020). In addition to these prevailing factors, the lockdown and prohibition of movements out of camps in LGAs such as Jere and Konduga have made accessing water in host communities virtually impossible in northeastern Nigeria. (UNDP, 2020b).

Conclusion

The article examined the emergence, spread and impact of the novel coronavirus (COVID-19) pandemic on Nigeria's north-eastern states that have been devastated by the Boko Haram insurgency. The virus further exacerbates the already existing humanitarian challenges in IDP camps. While noting the proactive measures taken by the Nigerian government, most of which helped to reduce the massive spread of the virus, the article further argued that the COVID-19 pandemic and government responses have led to the emergence of new challenges in the management of IDPs in the northeast region. Since the intensification of the Boko Haram insurgency in 2009, Nigeria's north-east has not known peace. The terrorist group has been responsible for innumerable attacks, killings, kidnappings, and destruction of properties in local communities across the Nigerian states, Chad, Cameroun and Niger and the displacement of thousands of people, particularly in the BAY states. The Boko Haram crisis has created a huge humanitarian crisis and the collapse of the health sector even before the emergence of the COVID-19 pandemic in Nigeria. The article revealed that the COVID-19 had major impacts on IDPs in health, humanitarian relief, food security and escalation of insecurity in the region. Findings revealed that Boko Haram and its affiliates exploited the lockdown, which was one of the measures taken to curb further spread of the virus, to attack some communities and security forces, killing more people than COVID-19 did in the north-east.

The new challenges presented by the COVID-19 pandemic and responses require an urgent rethinking of the security, humanitarian and health challenges and the recalibration of measures to solve the northeast crises. This has become even more critical against the backdrop of possible reduction of global funding of humanitarian activities at global and national levels. There is no doubt that the United Nations (UN) remains the world's multilateral organisation that connects all the other humanitarian organisations. The funding of the UN comes from assessed contributions of Member States, whose variation is determined by a complex formula that factors in gross national income and population. Already, the UNDP has reported that the outbreak of the COVID-19 pandemic has further exacerbated the humanitarian situation in the northeast, thus requiring urgent attention. The recent COVID-19 pandemic has negatively impacted member states' economies with significant implications for the funding of the UN and its agencies. This is further complicated by competition, power politics and disagreement between the US and China, leaving the funding unreleased for the WHO (Wong, 2019). The US is the largest UN donor, contributing roughly $10 billion in 2018 (Shendruk, Hillard & Roy, 2020). In 2020, President Donald Trump announced the US intention to halt funding to the WHO (Hoffman & Vazquez, 2020). This could also affect the UNHCR in terms of drop-in funds and, hence, impact the livelihood of displaced populations.

Given the new challenges posed by the COVID-19 pandemic, which add to the existing insecurity and humanitarian crisis inflicted by the Boko Haram insurgency, humanitarian activities in Nigeria's north-east will require targeted and coordinated response to the web of crisis arising from terrorism and COVID-19 in the region. The importance of strengthening security, particularly the protection of people and humanitarian workers in remote rural communities,

cannot be over-emphasised. This has become critical, especially against the backdrop of the recent escalation of humanitarian challenges due to killings and displacements of people in some rural communities in Borno state while the state was under COVID-19 lockdown. Secondly, there is an urgent need for additional funding and allocation of land to build new camps to decongest the existing ones and additional medical personnel and supplies to cater for the IDP camps in the BAY states. This will require deeper government involvement at the federal, state, and local levels to ensure the availability and adequacy of humanitarian and medical supplies and facilitate their delivery to urban and rural IDP camps in the northeast. It also requires active engagement and improved coordination of humanitarian efforts by actively engaging humanitarian actors, particularly international organisations and civil society actors currently supporting the Nigerian government, in addressing the humanitarian challenges in the north-east.

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