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Covid-19 Information Needs and Perception of Internal Displaced Person (IDPs): A survey of IDPs in Boron State, Nigeria

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ABSTRACT

This study aims at establishing COVID-19 information needs and perceptive of internal displacement persons (IDPs) on camps. The quantitative and evaluative research design was adopted for this study. The census sampling technique was used in selecting most affected local governments in Borno camps. Simple random technique was used in selecting most affected five local governments out of 17 local government utmost affected by insurgency in Borno State, Nigeria. Three objectives were set for the study and the interview was used for gathering data from respondents. As of the time of collecting data for this study, five local governments that were seriously affected among seventeen local governments conquered by insurgency are: Bama,Chibok. Damboa, Dikwa, and Ngala.Finding shown that (74%) were female while (26%) were male. Findings also reveals thatmajority of respondents agreed that COVID-19 is real and it is from animals. The result indicated thatinfectious droplets and hands shake were agreed upon has COVID-19 origin and existence. The majority of the respondents agreed that maintaining social distance while meeting/talking, usage of mask in gatherings, exposing yourself to the sun/extreme temperature, avoiding of hands shake, washing hands after coming home, usage of hands sanitizer, avoiding touching mouth while coughing/ sneezing and covering mouth while coughing/sneezing were COVID-19 preventive measure observed at the camps. The paper recommends that State and Federal Government should enhance health education programs that aims to improve COVID-19 knowledge and perception of the community and maintaining social distancing should be more enforce, usage of face marks, hands sanitizer and proper hygiene should be more enforce so as. to curb spread of virus among others.

KEYWORDS: *Information needs, COVID-19, Internal Displace Person, (IDPs) Perception, Born**o***

INTRODUCTION

Borno State is a state in north-eastern Nigeria. Its capital and largest city is Maiduguri. The state was formed in 1976 from the split of the North-Eastern State. Until 1991 it contained what is now Yobe State. Borno has 27 local governments such as: Askira/Uba, Bama, Bayo, Biu, Chibok, Damboa, Dikwa, Abadam, Gubio, Guzamala, Gwoza, Hawul, Jere, Kaga, Kala/Balge, Konduga, Kukawa, Kwayakusar, Mafa, Magumeri, Maiduguri, Marte, Mobbar, Monguno, Ngala, Nganzai, and Shani (https://en.wikipedia.org/wiki/Borno) State Local Government Areas. The Borno State Government, working together with other aid agencies, has enforced restrictions on activities within and around camps and has provided additional handwashing points at tactical positions in the camp and messaging about best practices. UNICEF Nigeria, with funding from the Netherlands government, is supporting the Borno State Government to promote good hygiene in communities. Key hygiene practices, including handwashing with soap, helps to curb the spread of the coronavirus particularly among vulnerable populations. Kabuka Banda, UNICEF project manager for water, sanitation and hygiene (WASH) in Maiduguri, said UNICEF and its partners have so far been able to encourage a culture of safe practices and social distancing measures that has led to a change in behaviour. "Hygiene promoters based in the camps have received training on how to spread important hygiene messages to people living in congested environments, like camps for displaced people," he said. Meanwhile, UNICEF has distributed 396 pamphlets and posters and has produced radio jingles on COVID-19 awareness and prevention in the local Hausa and Kanuri languages, for those who prefer to get their information through radio. UNICEF and wash partners have also ensured water supplied to IDP communities is chlorinated to keep it safe, says Banda, and in one week had treated about 5 million litres of water from 113 different sources. UNICEF has also supplied soap and is distributing reusable face mask (https://www.unicef.org/nigeria/stories/displaced-children-navigate-covid-19-camps-north-east-nigeria)

Presently after COVID-19 was first reported in an Italian citizen that arrived Nigeria on February 27, 2020, the Nigerian Centre for Disease Control on the 28th January 20220, the National Emergency Operation Centres were immediately activated to level 3 to trace and test all his contacts, and the Presidential Task Force on Covid-19 was inaugurated 3 weeks later. The number of new cases from community transmissions of COVID-19 has been increasing steadily since the index case was first reported. As of 2nd of April, the total confirmed cases of COVID-19within Nigeria had risen to 184, with 2 (1%) deaths, 20(11%) discharges, and 162 (88%) cases currently receiving supportive care. Meanwhile, first case of COVID-19 reported in Bauchi state on the 24th of March, 2020. As people continue to travel freely within, and between the North-eastern states, it is only a matter of time before COVID-19 spreads to the rest of the conflict-affected states of North-eastern Nigeria (Borno, Yobeand Gombe, Adamawa, and Taraba states). Priority high-risk areas to look out for a likely COVID-19 massive spread includes; Borno, Adamawa, and Yobe states, due tolack of laboratory centres for testing COVID-19 in those areas (http://creativecommons.org/licenses/by/4.0/)

Besides, some factors are the likely reasons to contribute to the anticipated spread of COVID-19 in North-eastern Nigeria. First, it is probable that the concentrated populations of IDPs in camps, camp-like settings and host communities) experiencing humanitarian crises are at high risk of contracting COVID-19 due to; influx of new arrivals of displaced populations from neighbouring villages, and towns affected with COVID-19, frequent displacements due to the Boko Haram insurgency, high density population in urban enters, lack of essential needs (such as food, water, shelter, health, livelihoods, and non-food items), overcrowding, poor housing, lack of access to potable water, insufficient sanitation and hygiene facilities, traditional beliefs and practices, and inadequate awareness of public health preventive measures. More so, practicing social distancing, quarantine, isolation, infection, prevention, and control measures are difficult to perform in complex humanitarian settings with pre-existing structural challenges such as

the over-whelming concentrations in IDPs camps, and camp-like settings seen in host communities. Therefore, this study is concerning about information needs and perception of internal displacement persons on COVID-19 in Nigeria with special interest on Borno camp.

STATEMENT OF THE PROBLEM

The emergency of COVID-19 pandemic have left many thing on tough, IDPs are possibly at increased risk of contracting diseases, including COVID-19, because the live IDPs are living at camp are congested conditions without access to basic hygiene. The ability to access health-care services in humanitarian settings is usually compromised and worsened by shortages of medicines and lack of health-care facilities. Moreover, refugees typically face administrative, financial, legal, and language barriers to access to health system. These camps usually provide inadequate and overcrowded living arrangements that present a severe health risk to inhabitants and host populations. The absence of basic amenities, such as clean running water and soap, sanitizers, insufficient medical personnel presence, and poor access to adequate health information couple with COVID-19 pandemic are major problems in the camp. This study, however, intends to find out the information needs and perceptive of the IDPs on COVID-19 at Maiduguri camps in Borno State. It is against this backdrop, that these studies assess information needs and perceptive of the IDPs, on COVID-19, to ascertain COVID-19 origin and existences, and what are the preventive measure put in place on COVID-19.

OBJECTIVES OF THE STUDY

The following are the objectives of this study

- To find out their information needs of the IDPs on Covid-19 in Boron State
- To ascertain Covid-19 origin and existences
- To determine preventive measure for protection.

RESEARCH QUESTIONS

The following are the questions to which the study will provide answers:

- What are the information needs of the IDPs on Covid-19
- What are the origin of Covid-19
- What are the preventive measure put in place?

REVIEW OF RELATED LITERATURE

The global is experiencing an enormous transformation as consequence of the novel COVID-19 pandemic. These changes are not without an accompanying and associated risk. The COVID-19 pandemic have affected different sector of countries economy in various ways. The pandemic have affected human irrespective of nationality, level of education, income or gender. According to Nigeria, daily times, (2016), research shows that (62%) of the IDPs populations in sites are female while (38%) are male. Meanwhile, IDPs in camps were no exception to this.COVID-19 seems to spread from person to person by the same mechanism as other common cold or influenza viruses i.e. by face to face contact with a sneeze or cough, or from contact with secretions of people who are infected. The role of faecal oral transmission has yet to be determined in COVID-19 but was found to occur during the earlier Severe Acute Respiratory Syndrome (SARS) outbreak (Heymann & Shindo, 2020). The COVID-19 pandemic is rapidly spreading to countries around the globe (Lipsitch, et. al, 2020). According to Oleribe et al (2020), studies public perception of COVID-19 management and response in Nigeria: a cross- sectional survey, shown that over 95% of the respondents had heard ofCOVID-19 (n=489, 98.8%), and knew that it is a viral disease (n=472; 95.4%).

Similarly, Olapebga P.O, et al (2020) in their studies, COVID-19 knowledge and perceptions in Nigeria, shown that approximately half of the respondents (94%) opined that COVID-19 was "a biological weapon designed by the Chinese government." About 94% of the respondents identified "contact with airborne droplets via breathing, sneezing, or coughing" as the most common mode of transmission; most respondents, associated COVID-19 with coughing (13%), shortness of breath (47%) and fever. (79%). "Regular hand washing and

social distancing" was selected by most respondents. (25%) as a way of preventing infection whereas 11.86% reported "consuming gins, garlic, ginger, herbal mixtures and African foods/soups" as preventive measures against COVID-19. Majority of the respondents (73%) thought COVID-19 is deadly.

Meanwhile, Karim S and Ahmad V (2020), find out that lack of public awareness is the preliminary cause of COVID-19 spread. More so, the article opined that maintaining hand hygiene is one of the key steps to prevent the spreading of infection. The 28.24% responses were received from both medical as well as non-medical groups for hand hygiene, washing hands regularly for 20 seconds, with soap and water or alcohol-based hand rub. The medical group responded for other were, stay home and self-isolate from others in the household if you feel unwell (25.88%); cover your nose and mouth with a disposable tissue or flexed elbow when you cough or sneeze 23.53, and avoid close contact (1 meter or 3 feet) with people who are unwell (22.35%) . The responses for others factors analysed from non-medical group were followed to be similar as medical groups. In addition, majority of the respondents (96%) practiced self-isolation and social distancing but only 36% follow all health recommendations. Most of the respondents (68.9%, n = 990/1437) had a positive attitude towards protective measures being advised by the world health organization (WHO) or their local health authorities. Most respondents (81%, n = 1164/1437) valued the importance of proper hygiene, self-solation, the use of face mask when going out, and the ideal distance between two people in curbing the spread of the virus. Although most of the participants (81%, n = 1163/1437) agreed with the compulsory lockdown to prevent the further spread of the disease, but only 38.6% (n = 554/1437) believe that the government had done enough to protect its citizens. The movement restrictions and measures being imposed by countries, territories and areas as a response to the pandemic are directly impacting the daily lives and circumstances of IDPs and host communities. Livelihoods are being episodic and access to healthcare, where it is obtainable, remains limited. Many communities hosting internally displaced populations lack sufficient investment into health, water and sanitation facilities, in addition to the issues of overcrowding, poor shelter, scarce resources and limited access to reliable information. The impact felt by these communities not only increases humanitarian need but also exasperates the existing and already complex barriers for IDPs to seek solutions.
(https://migration.iom.int/reports/covid-19-%E2%80%94-impact-idps-)

Quarantine is one of the oldest and most effective tools of controlling communicable disease outbreak. Isolation was used as an effective step during the pandemic situation in China. It is also an effective measure to control a pandemic of influenza (Wilder-Smith & Freedman, 2020). According to Kelly (2011), a pandemic is "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". The pandemic is different from other related terms, epidemic and outbreak (Healthcare, 2020). An epidemic "is a disease that affects a large number of people within a community, population, or region" (Healthcare, 2020). An outbreak is limited to a country or a specific region and could become an epidemic if not controlled. When a country or region is experiencing an outbreak, they should try to avoid it becoming an epidemic state and when there is an epidemic, the authorities should try to make it to an outbreak or control not becoming a pandemic. When it has turned into a pandemic, the entire world trying to control the number of new cases and limit the spread of the pandemic. World Health Organization (2020) recommended social distancing, lockdown and isolation or quarantine to fight the pandemic. IDPs camps are crowded, with little room for social distancing. Parents struggle to maintain or observe proper hygiene practices, such a helping a child to wash their hands after a day of playing with friends.

In nut shell, International Committee of the Red Cross (ICRC) continues to respond to the humanitarian needs of the ongoing armed conflict and other situations of violence, while adapting its activities to avoid the spread of COVID-19. Moreover, the ICRC joins the efforts of the Nigerian Red Cross Society (NRCS), the authorities and other

humanitarian actors to curb the spread of the virus.

Weapon-wounded patients continue being treated by ICRC surgical team in Maiduguri, with additional measures put in place to identify potential COVID-19 cases and minimize the risk of the spread of the infection. ICRC installed a triage tent at the entrance of the Maiduguri State Specialist Hospital and increased the space between the beds at its surgical ward to ensure sufficient physical distance between the patients.

ICRC supported Borno State health authorities in setting up the isolation centre for treatment of COVID-19 patients at Maiduguri General Hospital.

Women and young children from violence affected areas continue to represent the vast majority of the patients at the 18 primary healthcare facilities supported by ICRC with human resource incentives, drug supplies and prevention initiatives.

Internally displaced people and local communities have received accurate information on COVID-19 via radio programs, posters and social media content developed with the Nigerian Red Cross Society (NRCS) in Shuwa Arab, Kanuri, Hausa and English.

The ICRC continues to improve access to shelters, hygiene facilities and clean water for displaced people. Improving living conditions and ensuring proper hygiene and access to clean water is one of the key strategies to prevent the spread of COVID-19. NRCS volunteers have been spreading the information on COVID-19 using public speakers in 37 IDP camps with ICRC support. Over 12,500 households in IDP camps received soaps.

The ICRC continues to support livelihoods for the most vulnerable communities through cash grants, seeds and tools distributions, at the time when these communities suffer the economic consequences of the pandemic.

Detainees received hygiene items from the ICRC. Furthermore, the detaining authorities have been supported by the ICRC to enhance preventive measures against the spread of COVID-19, with guidelines and best practices, notably on medical screening procedures, training of detention health staff and delivery of handwashing stands and information posters.

Following 10 written and numerous oral demarches towards political authorities, armed and security forces as well as aviation authorities, the ICRC could get exemptions from the restriction of movement put in place by the Nigerian authorities at federal and State levels. The exemptions granted to ICRC vehicles, ICRC aircraft, as well as its helicopter located in the North-East, are crucial to move teams and goods and pursue essential humanitarian activities.

Various tools were developed to support the Nigerian authorities preparing for – and responding to – the COVID-19 outbreak. In particular, general guidelines on preparedness and response to COVlD-19 in places of detention – providing practical information on measures to be taken by detaining authorities - were sent to the Nigerian Army, Police as well as Correctional Service. In addition, as restrictive measures are enforced by the authorities (such as lockdowns and State border closure) general guidelines were sent to the Nigerian Army and Police to remind them of their obligation to comply with relevant international rules and standards. A short video presentation was filmed to sensitize the Nigeria Police Force on the necessity of enforcing the COVID-19 related restrictions using non-violent means first and avoiding excessive use of force. (www.icrc.org-icrc-nigeria-covid-19-response-march-april2020)

METHODOLOGY

This study adopted quantitative and evaluative research design. Data for the study were obtained from primary and secondary sources. The instrument used for data collection in this study was a structured interview; documents and questionnaire were relied upon. Five local governments that were seriously affected among others camps were selected for the study: Such as Bama, Chibok, Damboa, Dikwa and Ngala constituted the study area which the help of three research assistants internal displacement monitoring centre who were trained on how to distribute

the questionnaires across the Internally Displaced Persons in the most affected camps in Borno, Nigeria. The study population comprised IDPs, males and females of seventeen years and above who have been displaced and have found themselves in the chosen five local governments mention above. Two sets of questionnaire were administered to the selected five local governments sample population. Of the 600 copies of questionnaire administered to the IDPs at Bama, Chibok, Damboa, Dikwa, and Ngala, local government. 475 were retrieved 41 of which were found invalid while 434 were found valid for analysis, thus, there was 91.3% response rate.

The data was analysed using percentages, frequency table, and mean score and was used to answer the research question. For the responses, it was based on four (4)-point rating scale, a mid-point mean of 2.5 was used as positive response criterion mean and accepted as a positive response because the average of individual mean score was 2.5. For clarity, each item was presented in a table and all findings were presented as the table reveal.

RESEARCH FINDING AND DISCUSSION

Table 1: Gender distribution of the respondents

S.N.	Gender	Frequency	Percentage
1	Male	113	26%
2	Female	321	74%
	Total	434	100%

The table 1 shows that, (74%) of the respondents were female while (26%) were male. This represents the gender distribution of IDPs involved in COVID-19 survey. There are more female IDPs in Borno camps than their male counterparts. This is in consonance with the finding of daily times, (2016), opined that female were outnumber the male population at the Boron camp.

Research Question 1*: What are the information needs of the IDPs on COVID-19?*

Table 2.COVID-19 Information needs by IDPs

S.N.	Covid-19 information needs by IDPs	SA	A	D	SD	-X	Decision
1	Does Covid-19 real	171	128	25	19	3.3	Accepted
2	Is it man made	162	147	21	13	2.4	Rejected
3	Is it from animals	186	131	15	11	3.4	Accepted
4	Is it punishment from God	69	97	45	132	2.3	Rejected

Criterion Mean=2.50

The table 2 shows COVID-19 information needs by IDPs in the camps whereas majority of the IDPs in the camps agreed that COVID-19 is real and is from animals' object which was rated above the criterion means of 2.50. (X=3.3) and (X=3.4) respectively. This is in agreement with finding of Oleribe et al (2020), studies public perception of COVID-19 management and response in Nigeria: a cross-sectional survey, shown that over 95% of the respondents had heard of COVID-19 (n=489, 98.8%), and knew that it is a viral disease (n=472; 95.4%).

Research Question 2*: What are the origin and existence of COVID-19*

Table 3.COVID-19 Origin and existence

S.N.	Covid-19 origin and existence	SA	A	D	SD	-X	Decision
1	Infectious droplets	197	142	4	0	3.6	Accepted
2	Hands shake	101	72	64	100	2.5	Accepted
3	Food and water consumption	69	97	45	132	2.3	Rejected
4	Kissing and sexual act	162	147	42	13	2.4	Rejected
5	Sharing plate and spoons	77	56	89	121	2.3	Rejected

Criterion Mean=2.50

The table 3 shows COVID-19 origin and existence whereas majority of the IDPs agreed that infectious droplets (X=3.6), hands shake (X=2.5) were rated above the criterion means of 2.5 which is acceptable. This is in line with finding of (Heymann & Shindo, 2020) opined that COVID-19 seems to spread from person to person by the same mechanism as other common cold or influenza viruses i.e. by face to face contact with a sneeze or cough, or from contact with secretions of people who are infected. The role of faecal oral transmission has yet to be determined in COVID-19 but was found to occur during the earlier Severe Acute Respiratory Syndrome (SARS) outbreak. Similarly, Olapebga P.O, et al (2020) confirmed that COVID-19 was "a biological weapon designed by the Chinese government." About 94% of the respondents identified "contact with airborne droplets via breathing, sneezing, or coughing" as the most common mode of transmission; most respondents, associated COVID-19 with coughing (13%), shortness of breath (47%) and fever (79%).

Research Question 3: *What are the preventive measure put in place*?

Table 4.COVID-19 Preventive Measure

S.N.	Covid-19 Preventive Measure	SA	A	D	SD	-X	Decision
1	Usage of mask in gatherings	184	133	10	16	3.4	Accepted
2	Usage of hand sanitizer	132	97	69	45	2.9	Accepted
3	Avoidance of hand shake	171	128	25	19	3.3	Accepted
4	Maintaining social distance while meeting/ talking	768	426	10	4	3.5	Accepted
5	Avoiding touching mouth, nose, eyes, face	97	69	132	45	2.6	Accepted
6	Covering mouth while coughing/sneezing	90	63	138	52	2.6	Accepted
7	Eating ginger/ garlic	77	56	89	121	2.3	Rejected
8	Taking hot bath	69	97	45	132	2.3	Rejected
9	Washing hands after coming home	171	128	25	19	3.3	Accepted
10	Exposing yourself to the sun/extreme temperature	186	131	15	11	3.4	Accepted
11	Taking antibiotics	162	147	21	13	2.4	Rejected
12	Staying at home	101	72	64	106	2.5	Accepted

Criterion Mean=2.50

The table 4 shows preventive measure put in place at the IDPs camps such as maintaining social distance while meeting/ talking (X=3.5), usage of mask in gatherings, exposing yourself to the sun/extreme temperature (X=3.4), avoidance of hand shake, washing hands after coming home (X=3.3), usage of hand sanitizer (X=2.9), covering mouth while coughing/sneezing, avoiding touching mouth, nose, eyes, face (X=2.6) and staying at home (X=2.5) were rated above the criterion mean of 2.5 which is acceptable. This is in agreement with the report of the World Health Organization (2020) recommended social distancing, lockdown and isolation or quarantine to fight the pandemic. IDPs camps are crowded, with little room for social distancing. Parents struggle to maintain or observe proper hygiene practices, such a helping a child to wash their hands after a day of playing with friends.

CONCLUSION

The outbreak of COVID-19 has reshaped countries worldwide which a new reality of social distancing, a great focus on hygiene, and general distraction of normal life. IDPs in Boron camps Maiduguri were cognizance of COVID-19 which is real. Despite that, there is needs for more sensitisation of the public concerning the virus, since COVID-19 pandemic is not yet over.

Recommendations are made:

- Government should enhance health education programs that aims to improve COVID-19 knowledge and perception of the community.
- Maintaining social distancing should be more enforce and usage of face marks, hands sanitizer, proper hygiene, etc. to curb spread of virus.

- Adequate housing and essential service should be made available to the IDPs in camps.

REFERENCES

1. Hager et al. (2020) Knowledge attitude and perception towards the 2019 Coronavirus pandemic: *A bi-national survey in Africa* Retrieved from https://doi.org/10.1371/journal.pone.0236918
2. Healthcare, I. (2020). What's the difference between a pandemic, an epidemic, endemic, and an outbreak? Retrieved from https://intermounta *in healthcare re.org*/blogs/topics/live-well/2020/04/whats-the-difference-between-a-pandemi can- epidemic-endemic-and-an-outbreak/
3. https://www.unicef.org/nigeria/stories/displaced-children-navigate-covid-19-camps-north-east-nigeria
4. https://migration.iom.int/system/tdf/reports/Internal Mobility_analysis_03.02.21.
5. IOM (2020), *IOM, UNHCR announce temporary suspension of resettlement travel for refugees*, https://www.iom.int/news/iom-unhcr-announce-temporary-suspension-resettlement-travel-refugees
6. Karim, S & Ahmad, V (2020) Level of awareness among staff and students of academic institutions towards COVID-19 in India. *Journal of Pharmaceutical research* 32 (22). 110-118 ISSN:2231-2919
7. Kelly, H. (2011). The classical definition of a pandemic is not elusive. *Bulletin of the World Health Organization*, *89*(7), 540–541. https://doi.org/10.2471/BLT.11.088815
8. Lipsitch, M., Swerdlow, D. L., &Finelli, L. (2020). Defining the epidemiology of Covid-19 studies needed. *New England Journal of Medicine*. 382:1194-1196
9. NCDC Coronavirus COVID-19 Microsite. Available: https:// covid19. ncdc. gov.ng/ resource/ [Accessed 21 Nov, 2020].
10. Nigeria Centre for Disease Control (NCDC) (April 9, 2020). *COVID-19 case update*. https://twitter.com/NCDCgov/ (accessed 9 Dec, 2020).
11. Olapegba, P. O., Ayandele, O., Kolawole, S. O., Oguntayo, R., Gandi, J. C., Dangiwa, A. L., & Ottu, I. F. A. (2020). *COVID-19 knowledge andperceptions in Nigeria*. Retrieved from http://dx.doi.org/10.31234/osfio/j356x
12. Oleribe, O. O., Salako, B. L., Ka, M. M., Akpalu, A., McConnochie, M., Foster, M., & Taylor-Robinson, S. D. (2015). Ebola virus disease epidemic in West Africa: Lessons learned and issues arising from WestAfrican countries. *Clinical Medicine, 15,* 54–57. http://dx.doi.org/107861/clinmedicine.15-1-54
13. Organization; 2020. https://www.who.int/dg/speeches/detail/who-director-general-s Opening-remarks-at-the-media-briefing-on-covid-19—11-Nov-2020, 2020. (Accessed 24 2020)
14. Sambo, Atanda S. (2016). Internal displaced persons and their information needs. *Library Philosophy and Practice (e-journal)*. Retrieved on 4th January, 2021. From: http://digitalcommons.unl.edu/libphilprac/1512
15. The Nation August, 16, 2020 https://thenationonlineng.net/boko-haram-17-local-govt-areas-still-under-attack-in-borno)
16. UNICEF warns lockdown could kill more than Covid-19 as model predicts 1.2 million child deaths. Available: https://www. telegraph
17. Wilder-Smith, A., & Freedman, D. O. (2020). Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *Journal of Travel Medicine*, *27*(2), taaa020.
18. World Health Organization. (21 January, 2020). Novel Coronavirus (2019-nCoV).Retrieved on 12th January, 2021. Formhttps://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4
19. World Health Organization, (WHO), *WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020*. Geneva, Switzerland: World Health. www.icrc.org-icrc-nigeria-covid-19-response-march-april2020

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