

Full-Length Research Paper

Socio-economic Assessment of COVID-19 Pandemic among Persons of Concern in North-Central Nigeria

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Received 2 November 2021; Accepted 20 December 2021; Published 23 December 2021

ABSTRACT: The study assessed the effects of COVID-19 and socio-economic hardship imposed by the measures put in place to curtail the spread of the virus in North-Central Nigeria. The rationale is to harvest several dimensions of the impact of the pandemic on social, cultural, civil and political rights of PoCs, the host community members and other persons of concern in North-Central Nigeria. Household level data of the UNHCR database was used by the study. Data were analyzed mainly using descriptive statistics. Influence of COVID-19 on households' food expenditure was analyzed using Consumer Price Index (CPI). Results of analysis revealed that COVID-19 has negatively impacted the socio-economic status of PoCs in North-Central Nigeria irrespective of their categories (refugees, IDPs, host) across states. The study found that restrictions imposed by government at all levels in order to curtail the spread of the virus has affected the income and livelihood of the PoCs, and consequently their wellbeing. Although, the depths and severity differ, however, a larger percentage (83.0%) of respondents experienced significant economic shock with limited access to basic needs. Apart from the hardship imposed by the restrictions, the rise in food prices (as revealed by the CPI also contributed a significant difficulty in socio-economic wellbeing. The situation was observed to be largely felt among those living on remittances (aged and students) and those with no current occupation or loss of job. The research found that PoCs have been denied access to social services like education, market and financial services. However, the significance of the challenge is that, the said group are highly vulnerable and were further subjected to all forms of social ill treatment like extortion, sexual abuse, among others. Although, some of the PoCs received a significant support from government and humanitarian actors, but incidence of poverty is still in commonplace. The situation therefore, calls for the need for advocacy and urgent intervention to reduce incidence of poverty as well as establishment of effective and adaptive mechanism that will foster restoration of life, social and economic activities among PoCs. The study recommends that government, UNCHR, other humanitarian organizations as well as development actors need to join forces in order to achieve more significant results.

Keywords: Assessment; Pandemic; Persons of concern; Socio-economic impacts; North-Central Nigeria

INTRODUCTION

Severe acute respiratory syndrome coronavirus-2 is the causative virus for COVID-19, the latest coronavirus (Zen et al., 2020; Zaki et al., 2012). This virus is responsible for the shutting down of various aspects of human livelihood, as well as various sectors of the global economy, thereby scattering socio-economic consequences on the Persons of Concern (PoCs) and the entire global world. The emergence of the novel coronavirus disease (COVID-19) has imposed a threat on health, economy, and social relations globally. As at the end of September 2020, the disease has spread across 261 countries with a total of 36,135,060 confirmed cases

and 1, 056, 217 deaths globally while the recovered/ discharged cases was estimated at 27, 214, 138 persons (World Bank, 2020) The novel coronavirus has taken its grip on Nigeria citizens and her economy as there has continues to be an increase in the numbers of cases and deaths associated with COVID-19. In Nigeria, Lagos State has proven to be the epicenter with 19,692 cases and 204 deaths, while Kogi State has recorded the lowest number in the country with 5 cases and zero death (Nigeria Center for Disease Control NCDC, 2020). Nationwide, there has a total number of 59,583 confirmed cases of COVID-19 with 1,113 deaths while the

recovered/ discharged cases was estimated at 51,308 across the 36 States including the Federal Capital Territory (FCT).

In response to curtail the spread of the virus, most countries of the world including Nigeria imposed restriction measure where the federal government declared partial or total lockdown of the economy in some States and restriction of vehicular and human movements across the country (Odutola, 2020; Akwagyiram, 2020). These measures are aimed at curtailing the further spread of the virus across the 36 States of the federation. In the process, economies are grinding to a halt, jobs and livelihoods are lost on scales never seen before. The impact is huge and increasing in low- and middle-income countries, especially in Nigeria with over 207 million populations as the pandemic placed immense and unprecedented pressure on the country's underinvested healthcare system. This is because it is estimated that around 20% of the COVID-19 cases require hospitalization and another 7.5% require intensive care (World Bank, 2020; Wang et al., 2019). Similar, study on the impact of COVID-19 lockdown in sub-Saharan Africa, by [9] reported that 9.1% of the population has fallen into extreme poverty, with 65% of this being due to lockdown, and about 30% of the total population have exhausted their savings, which incapacitates them from responding to future shock.

Since the outbreak of COVID-19 in Nigeria, refugees and asylum seekers are faced with a myriad of challenges. The initial report of the United Nations High Commissioner for Refugees (UNHCR) in Nigeria indicated that the lockdown in Taraba State of Nigeria has affected mobility with limited access to basic needs including food and other commodities impacting livelihoods opportunities among refugees working as causal laborers in cocoa farms and small-scale business markets in different local government of Taraba State (UNHCR, 2020). In Cross River State, refugees (like other residents) are having to pay double for transportation due to the measures put in place during the ongoing pandemic. In Benue State, the cost of living has gone high considering the increase of food commodities including rice and other Nigeria staple foods. Many refugees are unable to access basic health and hygiene facilities in order to comply with physical distancing measures. The UNHCR in a press release on 14 May 2020 highlighted that COVID-19 is not just a physical health crisis, but it is also triggering a mental health crisis. While many refugees and internally displaced people are remarkably resilient and can move forward despite having experienced violence or persecution first-hand, their capacities to cope are now being stretched to the limit (UNHCR, 2020)

In response to the highlighted challenges and to ensure action that will minimize or mitigate risks, which may expose the affected population to more harm, the

research assessed the socio-economic impact of COVID-19 pandemic on the refugees (in urban, settlements and in host communities), internally displaced persons (IDPs) and returnees to facilitate a better understanding of the potential range of impacts of the COVID-19 and the likely responses. The goal is to utilize the information and results from the assessment to establish post COVID-19 evidenced based re-programming and advocacy, in the medium and long term. Specifically, the study assessed the (i) socio-economic background of refugees, IDPs and returnees across the three States of North-Central Nigeria, (ii) assess the level of awareness, sources of information and signs of COVID-19 pandemic among the Persons of Concerns (PoCs); (iii) examines the percentage level of access to social services among PoCs especially during COVID-19, (iv) ascertain the level of access to health facilities before and during COVID-19 pandemic by PoCs, (v) examine the effects of COVID-19 on social activities and practices of PoCs, (vi) investigate the influence of COVID-19 on households' food expenditure of PoCs and (vii) identify the various coping mechanisms adopted by PoCs against COVID-19 pandemic in the study areas.

MATERIALS AND METHODS

The study covered 16 locations where persons of concern (refugees, IDPs and returnees) reside in North-Central Nigeria. The rational is to harvest several dimensions of the impact of the pandemic on economic, social, cultural, civil and political rights of refugees and other persons of concern in Benue State. The study adopted an integrated approach with a socio-cultural and an age gender diversity which provide information on potential economic impacts as well as important social values that are likely to inform attitudes and responses in the aftermath of the COVID-19. The aim is to ensure promotion of gender equality, empowerment and meaningful participation of refugees and other persons of concern.

Sampling procedure and sample size

For ease of data collection, household level data were used for the study across 16 locations in the three States of North-Central Nigeria. The study utilized the UNHCR database which gave the estimation of the study population which informed the estimation of the sample size (i.e. refugees living in urban and rural settings, as well as those within the settlements and host communities). A pretest of the questionnaires was carried out to ensure reliability of the instrument prior to data collection. Data collected include qualitative and quantitative variables. Using the sampling frame of

UNHCR database, an appropriate sample size was obtained using the Taro Yamane sampling size formula. Thus a total of 180 households were randomly selected across the three States. This is given as:

$$\frac{N}{1 + N(e^2)}$$

Where:

N is the population size

1 = unity of constant

e= is the level of precision or sampling error (the range in which the true value of the Population estimated to be)

Data analysis

Data were analyzed in line with respective indicators identified under each of the objective. Most of the data components were analyzed using descriptive statistics. Influence of COVID-19 on household's food expenditure and wellbeing were analyzed using Consumer Price Index (CPI). Monthly food expenditure was used as a proxy to prices of food basket among households. The estimation was assessed over a 5-month period. The Consumer Price Index is measured as change in prices of food basket over time and it is measured in percentage. This is stated as:

$$CPI_t = \frac{\text{Price of food basket now}}{\text{Price of food basket before}} \times 100$$

Where:

CPI = Consumer price index

RESULTS AND DISCUSSION

Socio-economic background of the persons of concern (PoCs)

In order to assess the impact of COVID-19 measures on the PoCs, there is need to understand their socio-economic background. From the results of the analyses (Table1), the mean age of the household heads was estimated at 42 years and each household has at least one main sources of income ranging from paid jobs to self-employed and/ or remittances. Most of the households were found to be farmers (51.0%) while

about 20.9% are into businesses. The study revealed that 8.5% of respondents are currently on paid jobs while 3.1% are either artisans, students or those receiving remittances. Similarly, about 6.0% of the entire population (students and remittances earners) are not employed. Furthermore, the mean household size was 7 persons which was slightly above the average household size definition of 5 reported by the National Demographic Household Survey in Nigeria [11]. Unfortunately, most of the households earn less than ₦20, 000 monthly which is about 2.2% of the estimated GDP per capita in Nigeria [12]. In addition, the study revealed that average household lives on less than \$1.90 per day which reflects extreme poverty among PoCs. Considering that an average household is made up of 7 persons with the entire household living on less than minimum recommended income further revealed incidence of abject poverty among PoCs. It implies that most member of the household could barely have food to eat on daily basis. Consequently, most of the households would not be able to cope with the economic shock that was imposed by COVID-19 pandemic. The underlining factors is that most of the PoCs do either not have enough land for farming or are living solely on remittances. Even though the majority are still within the economic active age (42 years) but lack of access to capital resources, especially among the self-employed group (farmers, artisans, businesses, etc.) as identified among PoCs across the States could limit their capability. Considering the mean household size, economic opportunities (agriculture and businesses) and the dimension of poverty among the PoCs, it would be much easier to advance advocacy and intervention for PoCs at all levels, especially with the national social safety nets.

Level of awareness, sources of information and signs of COVID-19

Results of descriptive statistics (Table 2) showed that majority (98.3%) of respondents indicated that they are aware of the COVID-19 pandemic while the remaining 1.7% claimed ignorance of COVID-19 pandemic. Further disaggregation revealed that Benue State has 2.13% of its population not aware of the pandemic. A significant proportion (1.97%) was equally observed in Nasarawa while Plateau State is with lesser percentage (1.0%). Although the overall percentage looks very small, however it is still significant given the level of awareness that have been created via different media and the danger/ risk of awareness of the pandemic among any group/ community portends. On the symptoms of the COVID-19 known to the respondents, only 20.7% indicted that they know all the symptoms (tiredness, sore throats, difficulty in breathing and cough) of COVID-19. This raised a deep concern on the quality and the

Table 1: Socio-economic background of the persons of concern in the study areas.

Variables	Benue State	Nasarawa State	Plateau State	Pooled Sample
Mean age (years)	42.3	41.2	42.1	42.0
Mean household size	7.1	6.7	7.2	7.0
Primary occupation				
Farming	51.20	50.22	51.68	51.03
Business	20.45	20.33	21.92	20.90
Paid job	8.71	7.12	9.67	8.50
Remittances	3.01	3.00	3.11	3.04
Student	3.03	3.13	2.90	3.02
Artisans	3.12	3.00	3.21	3.11
Others				10.21
Annual income (₦)				
<20,000	66.78	67.51	67.97	67.42
21,000-40,000	21.32	20.41	20.40	20.71
41,000-60,000	6.99	7.88	8.26	7.71
61,000-80,000	2.17	2.01	2.12	2.10
>80,000	2.00	2.14	2.04	2.06

Source: Author's Computation, 2020.

Table 2: Awareness, sources of information and signs of COVID-19.

Variables	Benue State	Nasarawa State	Plateau State	Pooled Sample
Awareness				
Yes	97.92	97.97	99.01	98.30
No	2.13	1.97	1.00	1.70
Level of awareness				
Very high	10.30	11.20	11.80	11.10
High	22.02	22.37	24.01	22.80
Moderate	39.54	44.22	40.44	41.40
Low	17.77	18.91	19.12	18.60
Poor	6.11	5.68	6.81	6.20
Sources of information				
Television	23.56	25.14	30.50	26.40
Short Message Service(SMS)				
Rumors	36.66	39.78	40.26	38.90
Radio	41.45	42.36	43.09	42.30
Community	60.22	61.17	65.81	62.40
	65.42	66.44	68.54	66.80
Symptoms of COVID-19				
Cough	68.79	69.74	68.17	68.90
Fever	63.01	62.54	61.65	62.40
Difficulty in breathing	40.01	41.23	44.16	41.80
Sore throat	30.79	33.33	30.98	31.70
Tiredness	17.01	18.67	17.12	17.60
All of the above	22.11	16.74	23.25	20.70

Source: Author's Computation, 2020.

consistency of information disseminated in the awareness campaign against the novel virus pandemic. Among those who were aware of the pandemic, the level of awareness varies 11.1% of the respondents are highly aware of the pandemic, 22.8% have high awareness, 41.4% have moderate awareness, 18.6% have low awareness and 6.2% have poor awareness of the pandemic. This variation could be as a result of factors or a combination of factors stemming from the level of

awareness of the pandemic in the survey locations, the level of access to the information on the pandemic, the quality of the information disseminated on the pandemic and the source of information on the pandemic. The result further showed that respondents are receiving information on the pandemic from different sources with a high number of respondent (66.8% and 62.4%), indicating the information they have on the pandemic were from their communities and radio, respectively.

Table 3: Percentage level of access to social services by persons of concern.

Variables	Benue State	Nasarawa State	Plateau Sate	Pooled Sample
Have Access?				
Yes	17.0	15.0	19.0	17.0
No	82.0	82.0	85.0	83.0
Social Services				
Education	64.0	63.0	66.0	64.0
Markets	59.0	58.0	57.0	58.1
Financial service	36.0	36.0	37.0	36.3
Health	26.2	26.1	26.4	26.3
Water supply	13.4	13.6	13.9	13.6
Powers	8.5	8.2	8.2	8.3
Housing	7.4	7.3	7.4	7.4
Others	2.1	2.6	2.8	2.5

Source: Author's Computation, 2020

Another high number (42.3%) of respondents received information from rumors which again calls for concern on the authenticity of information the respondents have on the COVID-19 through this source especially. Thus, there is need to continue with awareness on the COVID-19 in all locations especially in remote areas and to employ means that are easily accessible and in language that are understandable and culturally accepted by population of concern and their host communities.

Level of access to social services during COVID-19 pandemic

Result of descriptive statistics (Table 3) showed that majority (83.0%) of respondents confirmed that the pandemic impacted their access to wide range of basic services. The situation cut across all the states. As part of prevention and mitigating measures in response to the pandemic, there were wide ranging restrictions to movement and closure of socio-economic institutions and infrastructure across the country. This is reflective in the reduction of access to services during the COVID-19 pandemic response as reported by the respondents. It is clearly indicated that access to education was the most impacted (64.0%) resulting from the country wide closure of schools and educational institutions. The partial closure of markets also resulted in a 58.1% decrease in access by the displaced population. Refugees, IDPs and other persons of concern who are forcibly displaced are more likely to experience challenges accessing basic services when compared with members of the hosting communities. In the Northeast State for example, the insurgency has taken its toll on the public infrastructure and resultantly affected the availability of basic social services in enough quantity and quality to meet the needs of the displaced population (UNHCR, 2020). The availability of basic social services to the displaced is

mainly defined by the services obtainable in the localities, environments and sites where they are domiciled. A study by UNHCR [10] on availability of basic needs to PoCs in Benue State estimated that on the average, 60% of the displaced population live in the host community. This figure at individual State levels is 78% for Nasarawa and 70% for Plateau. There is therefore variation in the services available across the disparate communities as well as the camps and informal settlements where the displaced population are hosted.

Level of access to health facilities before and during COVID-19 pandemic

The impact of COVID-19 on access to health facilities was examined using before and after scenario. The result (Table 4) revealed that on the average, 83.0% of respondents reported that they had access to health facilities before the pandemic with only about 11.0% responding that they never had access to healthcare facilities before the pandemic. The result also revealed that the pandemic did not significantly impact access to healthcare facilities, with 79.0% of the PoCs reporting that they were able to access health facilities during the lockdown imposed to curtail the spread of the virus. The reason may not be farfetched, considering that hospitals, clinics, pharmacies and other agencies, public or private rendering essential services were exempted from the lockdown imposed in Nigeria, including persons going to access such essential services (NCDC, 2020). The result revealed that before the pandemic, 40.0% of respondents reported lack of medicines as barrier faced when accessing healthcare facilities, with 26.0% reporting high cost of medical bills. Other respondents reported poor quality of medical care (24.6%), transport cost (23.7%), distance to medical facilities, and lac of competent personal with 20.6% and 16.6%, respectively. Out of the

Table 4: Access to healthcare facilities before and during COVID-19 Pandemic.

Variables	Benue State		Nasarawa State		Plateau State		Pooled Sample	
	Before	During	Before	During	Before	During	Before	During
Access Facilities								
Yes	83.0	80	84.0	79	82.0	78.0	83.0	79.0
No	14.0	14.0	11.0	13.0	11.0	15.0	11.0	14.0
Don't attend health facilities	5.0	7.2	5.0	7.8	5.0	6.0	5.0	7.0
Barriers accessing healthcare facilities								
Fear of contracting COVID-19	0.00	42.22	0.00	43.17	0.00	46.61	0.00	44.00
Lack of medicines	43.21	32.00	40.00	33.01	36.79	36.39	40.00	33.80
High medical bills	22.56	25.11	25.67	26.58	29.77	26.11	26.00	25.60
High transport cost	22.97	23.44	23.09	24.36	25.04	26.60	23.70	24.80
Poor quality of medical care	25.18	22.00	23.87	23.45	24.75	22.95	24.60	22.80
Proximity to services	20.11	19.11	20.77	16.32	20.92	21.27	20.60	18.90
Lack of competent personnel	15.56	16.88	16.34	14.99	17.90	18.23	16.60	16.70
None	16.99	13.97	18.87	14.66	19.34	14.57	18.40	14.4

Source: Author's Computation, 2020.

79.0% of respondents who reported that they had access to health care facilities during the lockdown, more than half of them (44.0%) reported fear of contracting COVID-19 as a barrier they faced accessing healthcare facilities. Other barriers faced by respondents accessing services during the lockdown include lack of medicines (33.8%), higher medical bills (25.6%), increased transport cost (24.8%), poorer services (22.8%), lack of competent medical personnel (16.7%), and distance to health facilities (18.9%). Only 14.6% responded not having any barrier or fear when accessing healthcare facilities during the lockdown. However, it was observed that factors such as increasing cost of health care and low number of intensive care unit beds continue to expose the inadequacies of the healthcare sector, especially in the COVID-19 pandemic era. This result agrees with findings of [CBN, 2020; Nicola et al., 2020]. These call for a great public health concern as many PoCs could not bear the high cost of healthcare.

Effects of COVID-19 on social activities and practices of persons of concern

Results of analysis (Table 5) indicated that the outbreak of the COVID-19 has restricted intrastate and interstate mobility. The situation restricted 70.8% of respondents in the North-Central Nigeria. The situation is the same across all States following various control measure imposed at the state government level. In addition to restrictions in movement, there has been incidence of increase in the prices of goods and services as 80.2% have reportedly experienced increase in prices. Also, majority (74.8%) reported lack of food, 53.6% reported restriction from accessing other basic needs and 13.6%

shelters. The increase in the prices of goods and services are due to scarce in the resources, low supply and high demand, hence inflation. Furthermore, the lockdown increases report of domestic violence among PoCs in the study areas. Results indicated that 81.2% of respondents reported to have experienced domestic violence in their homes. Furthermore, cases of other reported domestic violence were: ill-treatment (12.6%), exploitation (6.7%), and extortion (6.6%). Most of the ill-treatment reported were from host community members and among fellow PoCs. Most heads of households are not capable of buying goods and services, then thus led to ill-treatment by their spouse. The research found that social factors that put people more at risk for violence are reduced access to resources, increased stress due to job loss or strained finances, and disconnection from social support systems. This result agrees with findings of (Kelly and Morgan, 2020) who reported increasing domestic and sexual abuse due to lockdowns and quarantine. As a result of economic crisis created by the pandemic, about 42.8% have reduced income representing the most vulnerable. Among them, 26.6% suffered restriction to income sources, 15.4% loss of income and damage to their capacity to earn a living and 5.4% lost their job due to lockdown measures and/or because they work in the hardest-hit labor. This result is similar to findings of Chen et al. (2020) who reported that a one-week closure of schools in Taiwan during the 2009 H1N1 outbreak prevented 27% of families from going to work with 18% losing income as a direct result. The COVID-19 Pandemic was found to have effect on relationship life in lockdown has necessitated close, constant contact with their families and partners, but social distancing measures had isolated them from friends and wider communities. The pandemic has left some cracks in

Table 5: Effect of COVID-19 on social activities and practices.

Variables	Percentage (%)
Restriction of movement	
Yes	70.80
No	29.20
Other challenges of lockdown	
Increase prices	80.20
Lack of food	74.80
Restriction of basic needs	53.60
Lack of shelter	13.60
Others	3.80
Domestic violence	
Yes	81.20
No	18.80
Forms of domestic violence	
Ill-treatment	12.60
Exploitation	6.70
Extortion	6.60
Sexual abuse	5.40
Others	1.30
Sources of violence	
Host community	40.60
Humanitarian	38.90
Fellow PoCs	22.80
Security Agents	2.50
Others	22.0
Economic crisis of COVID-19	
Reduced income	42.80
Restriction to income source	26.60
Loss of income	15.40
Loss of job	5.40
Not affected	4.60
Others	1.80

Source: Author's Computation, 2020.

family relationship. The impact of the lockdown reduced family interaction whereby keeping the core family members only with no possibility of visiting relatives. The restrictive measures, particularly those that limit social interaction, such as lockdowns and social distancing severely affect social events, communal meetings, entertainment events and other social activities that promote economic activities, social development and co-existence.

Influence of COVID-19 on household food expenditure

Result of analysis (Table 6) presents the summary of food prices which revealed the severity of the hardship experienced by PoCs as a result of COVID-19 crisis. The respondents experienced shock in food prices following the rise in monthly food expenditure. The study found that there was increased in food prices across the states. The situation was extreme in Benue State with about 25%

increase in food prices unlike Nasarawa and Plateau States that first had the lockdown experience. The extreme rise in food prices observed in Benue State could be as a result of high demand for food items from other States in Nigeria. Thus, food prices may be high as the State is known as the food basket of the nation. There is no significant difference in CPI across Nasarawa and Plateau States. Nevertheless, PoCs across all states, especially those living on remittances and with high households' size must have found it so difficult to survive without any food assistance during the lockdown.

Coping strategies adopted by persons of concern against COVID-19 pandemic

Table 7 revealed the different coping mechanism instituted by PoCs across the states. The study found that respondents resort reducing food ration, selling of their assets or subjecting wards to child labor. This is because in humanitarian terrain, majority of people earn

Table 6: Consumer price index and inflation on food prices (Mean CPI =117.4)

State	Average Monthly Food Expenditure (N)		Consumer Price Index*	Inflation on Food Prices (%)
	Before COVID-19	During COVID-19		
Benue	26,745	33,347	124.7	24.7
Nasarawa	23,529	26,771	113.8	13.8
Plateau	28,012	31,838	113.7	13.7

*Consumer Price Index measures average change in prices that consumers pay for a food basket over time. It a reflection of the rate of inflation on food prices. CPI of 100 implies that the inflation is at 0%.

Source: Author's Computation, 2020.

Table 7: Coping strategy of family against COVID-19 pandemic by PoCs.

Coping Strategies	Benue	Nasarawa	Plateau	Pooled Sample
Reduced food ration	60.77	69.42	69.61	66.60
Accepts lower wages	35.48	38.34	39.88	37.90
Sales of assets	32.97	36.44	34.39	34.60
Child labor	21.66	21.09	22.35	21.70
Others	2.00	2.88	3.82	2.90
None	9.97	9.92	9.51	9.80

Source: Author's Computation, 2020.

their livelihood through the informal economy with little or no insurance against unexpected disruptions. At the same time many informal businesses especially small businesses that often casually employ PoCs are running out of reserves to sustain themselves. Consequently, unemployment, job loss and wealth depletion have started to happen very early on, even before PoCs severely notice the health impact of the disease. Result of descriptive analysis showed that 66.6% of respondents have reduced their food ratio to be able to cope with the new normal, while 37.9% accepted lower wages. A good percentage of respondents (34.6%) reported that they sold their assets and 21.7% of respondents subjected their wards to child labor. Findings showed that only 9.8% of the respondents appear to absorb the shocks and maintain status quo. These coping mechanisms might exacerbate the enormous protection and human rights challenges prevailing the camps and host communities.

Conclusion and Recommendations

Research findings showed that COVID-19 has negatively impacted the socio-economic status of PoCs in North-central Nigeria irrespective of their categories (Refugees, IDPs or Returnees) and locations. The restriction imposed by government at all level in order to curtail the spread of the virus has affected the income and livelihood of the PoCs and consequently their wellbeing. Although, the depth and severity differ, however, the larger percentage across the states have experienced significant economic shock with limited access to basic needs (like food and shelter). Apart from the hardship

imposed by the restrictions, the rise in food prices as (revealed by the CPI) also contribute a significant difficulty in the socio-economy wellbeing. The situation was largely felt among those living on remittances (aged or students) and those with no current occupation or loss of job. In addition, just like other citizen in the country, PoCs have been denied access to social services like education, market, financial services, etc. before. However, the significance of the challenge is that the said group was found to be highly vulnerable and were further subjected to all forms of social ill treatment like extortion, sexual abuse, among others. Although some of the PoCs received a significant support from government and humanitarian actors, but incidence of poverty is still in commonplace. The situation therefore calls for the need for advocacy and urgent intervention to reduce incidence of poverty as well as the establishment of effective adoption mechanism that will foster restoration of life, social and economic activities among PoCs. Governments, UNHCR, other humanitarian organizations as well as development actors need to join forces in order to achieve more significant results.

ACKNOWLEDGEMENTS

The authors are collectively indebted to Prof. J. C. Umeh, Prof. G. A. Abu and Prof. C. P. O. Obinne for their moral support and encouragement throughout the course of data collection. We also appreciate the Information Technology Department of the Federal University of Agriculture, Makurdi for their massive technical support during the sourcing and assemblage of relevant

literatures that forms the critical and indispensable parts of the article. Finally, our profuse gratitude goes to Dr. (Mrs.) G. C. Aye, the Acting Head of Department of Agricultural Economics of the University of Agriculture, Makurdi for granting us time to travel out for preliminary survey and subsequent data collection.

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