Reaching vulnerable groups such as migrants, a majority of which are locally integrated into communities (rather than encamped or detained) in Nigeria; and ensuring they had access to health and social services was particularly challenging during the Covid-19 emergency response due to social determinants (living in shanty towns and undeclared settlements; working in the informal sector; not having proper documentation and registration etc). Consequently, the effect of pharmaceutical and nonpharmaceutical interventions (such as the lockdown) was that many households (migrant groups inclusive) lost sources of income and livelihoods and continued to face challenges accessing social welfare services even during the covid recovery period.

The health inequalities and challenges migrants face are further exacerbated by other risks, hazards, and vulnerabilities. There are interlinkages between health and climate change and disasters (such as floods), food security, conflict and violence (creating protection concerns for those living in forced displacement contexts), etc.

To address these multidimensional root causes and effects; the Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development and its agencies especially through the NCFRMI are focusing on implementing durable solutions for displaced persons and are building resilience among migrant communities, using a Humanitarian Development and Peace Framework that looks are the interlinkages and interconnection between various issues. Similarly, the Implementation Plan of the National IDP Policy, which uses a sectoral approach, has identified interventions that will improve the quality-of-service delivery of health care.

Some good practice is the use of humanitarian emergency and social protection programs/safety nets that target migrants in crisis situations. This includes:

• Setting up mobile clinics and testing sites, conducting outreaches, and scaling up the capacity of primary healthcare centers and teaching hospitals and their triage and referral mechanism nationwide in order to reach communities in remote and hard-to-reach areas;
• provision of food items (grains and rationed food) and non-food items (mosquito nets; water purifiers, medicaments, etc) during crises to prevent cases of malnutrition in infants and school-aged children
• provision of Conditional cash transfers (monthly payments linked to accessing health care for maternal and newborn care; girl child school enrolment etc) to poor and vulnerable households;
• development of feedback mechanisms for reporting sexual and gender-based violence (during lockdown; within IDP camps);