

## Effects of Banditry on the Accessibility of Health Care Services in Sokoto State, Nigeria

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### ABSTRACT

*Banditry has become a growing concern in Northwest Nigeria, seriously impacting vital social services, especially healthcare. This study looks into how banditry affects the accessibility and use of healthcare services in Sokoto State. The ongoing closure of health facilities, the displacement of medical staff, limited mobility for people, and reduced access to essential services like immunization, maternal care, and disease treatment are all significant issues. The research is grounded in the Sustainable Livelihoods Theory, which views banditry as a factor that undermines human, physical, and social capital, ultimately eroding community resilience and the effectiveness of health systems. A mixed-methods approach was used, gathering survey data from 1,353 respondents across six affected local government areas (LGAs). The quantitative data were analyzed through descriptive statistics and logistic regression. The findings reveal that banditry is a strong predictor of poor healthcare access, with those affected by banditry being 12 times more likely to experience disruptions in healthcare ( $Exp(B)=12.29$ ,  $p<0.001$ ). Factors like the high cost of care (63%), staff shortages, fear of attacks, and long distances to healthcare facilities further complicate access. Many residents turn to traditional medicine (19%) or move to safer areas (36%), highlighting the severe impact on service utilization. The study concludes that banditry significantly undermines health systems by disrupting facilities, workforce availability, supply chains, and community health-seeking behaviors. It suggests enhancing healthcare resilience by improving security for health workers and facilities, along with expanding health services in high-risk communities.*

**Keywords:** Banditry, Healthcare Accessibility, Sokoto State, Health Service Delivery, Livelihood Theory

## 1. INTRODUCTION

Banditry in Nigeria has evolved into a critical internal security challenge with significant implications for peace and development. Since 2011, banditry related violence has caused severe humanitarian and developmental crises. This phenomenon undermines national development by threatening social order, limiting access to healthcare, destroying livelihoods and education. According to Eons Intelligence (2021), between 2011 and 2021, over 77,800 deaths were attributed to insecurity nationwide, with the North West accounting for a significant portion. In 2018 alone, approximately 2,000 people were killed in banditry incidents across the region (Leif, 2021). The escalation of attacks has devastated rural health wellbeing, economies, disrupted education, and deepened poverty among farming communities.

The North West; comprising Kaduna, Katsina, Zamfara, Sokoto, Kebbi, Kano, and Jigawa States has witnessed decades of violent conflict. Historically, this region experienced communal clashes, herder-farmer conflicts, and electoral violence, but from 2014 onward, the conflict assumed a new dimension as criminal gangs turned to large scale banditry and cattle rustling (Jubril, 2020; Idris, 2021). Moreover, the situation took a dire turn in early 2016 when bandits began targeting and killing local miners in Zamfara villages (Idris, 2021). Armed groups, often allied with herders or local militias, have expanded their operations to include kidnapping for ransom and cattle rustling. The security situation in Sokoto, one of the states in the North West region, has continued to deteriorate. Data from the United Nations High Commissioner for Refugees (UNHCR, 2021) show that between July and September 2021 alone, 32 major incidents occurred, resulting in 109 deaths across eight Local Government Areas (LGAs): Gada, Isa, Sabon Birni, Wurno, Rabah, Goronyo, Illela, and Gwadabawa. Thousands have been displaced, and large hectares of farmland have been abandoned. The International Crisis Group (ICG) (2020) reports a deadly struggle involving various armed groups in the region, including vigilantes, gangs, herder-allied militias, and jihadists. The resurgence of banditry related violence in the region can be traced back to 2014 when cattle rustling activities escalated. These circumstances have heightened humanitarian concerns, especially regarding public health and community wellbeing.

Sokoto State's healthcare system has taken a serious hit due to ongoing banditry, making it crucial to explore how violence impacts health services. The constant threat of attacks has led to the closure or sporadic operation of primary healthcare centers, a drop in patient visits, and the displacement of both communities and healthcare workers. This situation has severely disrupted service continuity and strained the workforce. A report from UNICEF (2024) highlights that supply-chain issues and limited humanitarian access have delayed the delivery of essential medicines, vaccines, and nutrition supplies, worsening routine immunization efforts and the treatment of acute malnutrition. Internally displaced persons (IDPs) and isolated rural communities in Sokoto are facing increasing obstacles to care, such as long distances, fear of traveling, and a lack of functional facilities, which in turn raises preventable illness and death rates and puts additional pressure on urban health facilities (International Crisis Group, 2024). Recent studies and regional assessments (UNICEF, 2024; ICG, 2024 & MSF, 2023) reveal that attacks on healthcare staff, the suspension of outreach programs, and the use of health facilities as hideouts are all activities that directly disrupt primary care and public health responses. The ongoing banditry crisis has significantly impacted the accessibility of healthcare services in Sokoto State, the North West region, and Nigeria as a whole. This study aims to delve into and clarify the effects of banditry on healthcare accessibility in Sokoto State. The hypothesis suggests that banditry does not significantly affect healthcare accessibility and utilization.

## 2. LITERATURE REVIEW

Existing research in conflict zones has consistently highlighted the negative impact of violence on healthcare services. In the north-western states of Nigeria, recent humanitarian reports reveal that banditry has caused widespread displacement, the closure of rural health posts, and a shortage of

healthcare workers as they flee from targeted attacks. According to UNICEF (2024), the rise in banditry in Sokoto, Zamfara, and Katsina has disrupted vaccination efforts and maternal health outreach programs, leading to an increase in preventable childhood diseases. Similarly, Médecins Sans Frontières (2023) points out that the fear of road attacks and kidnappings significantly hampers people's ability to seek timely medical assistance. The literature on health system resilience highlights how health institutions can absorb, adapt, and transform in response to shocks. However, evidence from northern Nigeria shows that ongoing banditry undermines this resilience by weakening governance, disrupting supply chains, and damaging health facilities. The International Crisis Group (2024) notes that insecurity in Sokoto has decreased the frequency of pharmaceutical deliveries, resulting in shortages of antibiotics, vaccines, and malaria treatments. The displacement of trained personnel further diminishes the quality of care and increases the burden on the remaining staff.

Moreover, researchers argue that health outcomes can deteriorate quickly when humanitarian organizations face access challenges. Restrictions driven by insecurity have led to less monitoring of disease outbreaks, poor coordination of maternal health and mental health issues, often overlooked, tend to rise among individuals experiencing repeated attacks, yet mental health services remain largely unavailable in most rural areas. According to Chukwu (2021), these disruptions not only limit immediate access to healthcare but also contribute to long-term deterioration in health outcomes. The shortage of medical professionals is putting extra pressure on the few who are still in the field, often leading to burnout and making healthcare even less accessible (Ibrahim & Musa, 2022). Adebayo (2022) also pointed out that the fear of abduction and attacks is discouraging new professionals from taking jobs in areas plagued by banditry, which only worsens the human resource crisis in healthcare. One major impact of banditry on the health sector is the displacement of medical staff. Many healthcare workers, concerned for their safety, have fled high-risk areas, resulting in a critical shortage of skilled personnel and compromising the quality of healthcare. This has far-reaching implications, as people may turn to alternative providers, including traditional or unqualified practitioners. According to the Socio-Economic Scorecard of Nigerian States (2023), Sokoto State ranks among the lowest in health sector performance, with an average score of just 43% out of 48%. The frequent displacement of residents due to bandit attacks also leads to overcrowded hospitals and an increase in communicable diseases, as healthcare resources are stretched thin (Okonkwo et al., 2023). This overcrowding has contributed to the spread of diseases like cholera and respiratory infections in IDP camps and urban healthcare facilities (National Primary Health Care Development Agency, 2023).

In Sokoto State, ongoing bandit attacks have forced many healthcare facilities in rural areas, such as Sabon Birni, Isa, and Goronyo, to shut down. Okunlola et al. (2025) argue that violence-related displacement has resulted in overcrowding in urban hospitals and a rise in communicable diseases. Local reports indicate that several primary healthcare centers in rural areas have closed, leaving residents with little to no access to essential healthcare services (Sokoto State Ministry of Health, 2021). Sokoto's health sector is facing a serious crisis, with many healthcare professionals either fleeing due to insecurity or moving to safer areas. For example, healthcare workers in places like Rabah and Gwadabawa have been targeted repeatedly, which has led to a significant shortage of staff in these facilities. This exodus of healthcare workers is not just affecting the quality of service but is also making it tough for new recruits to consider jobs in these high-risk areas (Usman, 2022). According to Okorie et al. (2025), the displacement of medical staff and the closure of healthcare facilities reflect similar issues seen in Zamfara and Kaduna. Banditry has drastically limited access to healthcare, with high costs, a lack of essential medicines, and the fear of attacks keeping people from seeking the care they need. This situation has worsened the prevalence of diseases and diminished the overall quality of life.

### 3. CONCEPTUAL REVIEW

### **3.1 Banditry**

Due to its complex dimensions, the concept of banditry has different meanings and dimensions. Egwu (2016), defines banditry as the act of stealing cattle and animals from herders or raiding cattle from their ranches. Similarly, Uche and Iwuamadi (2018), characterize banditry as encompassing criminal activities such as cattle rustling, kidnapping, armed robbery, drug abuse, arson, rape, and the brutal killings of agrarian communities' residents with sophisticated weapons, often by suspected herdsmen, as well as reprisal attacks from surviving victims. Shalangwa (2013), sees banditry as the practice of raiding and attacking victims by armed groups, whether premeditated or not, using offensive or defensive weapons, particularly in semi-organized groups, with the aim of overpowering victims and acquiring loot or achieving political goals. Additionally, banditry includes armed robbery and related violent crimes, including kidnapping, cattle rustling, village or market raids, often involving the use of force or threats to intimidate individuals or groups, leading to robbery, rape, or murder (Okoli & Okpaleke 2014). The significant increase in this menace has negatively impacted the socioeconomic wellbeing of affected communities and hindered government efforts to combat banditry in Nigeria, particularly in the Northwest region.

### **3.2 Healthcare Services**

Healthcare services encompass the preventive, curative, promotive, and rehabilitative activities provided through formal health systems. In the Nigerian context, primary healthcare remains the backbone of service delivery, especially in rural states such as Sokoto. Accessibility to healthcare refers not only to physical availability but also to affordability, safety, and the ability of households to reach functional facilities without fear or obstruction. On this note, the concept of accessibility is broadly through structural process, and outcome indicators, all of which are compromised in conflict-affected settings.

## **4. THEORETICAL FRAMEWORK**

### **4.1 Livelihoods Theory**

The Livelihood Theory, or Sustainable Livelihoods Framework (Chambers & Conway, 1992), complements this understanding by explaining how individuals and households sustain their wellbeing amid shocks like banditry. It focuses on five interrelated forms of capital; human, natural, physical, financial, and social; that people utilize to secure their livelihoods. Human capital includes health, education, and skills; natural capital encompasses land, water, and other environmental resources; physical capital refers to infrastructure and tools; financial capital includes savings and income; and social capital represents networks and community relationships. Banditry disrupts these assets through displacement, destruction, and loss of income, thereby weakening people's ability to recover. For instance, attacks on communities often lead to the destruction and closure of healthcare facilities, and displacement of health workers, eroding both accessibility and utilization of health care services. Similarly, health challenges arising from trauma, injuries, or lack of medical access diminish human capital, while community disintegration weakens social cohesion. The Livelihood Theory recognizes people as active agents who employ adaptive strategies to survive; such as seeking for alternative health care service deliveries which also stresses the importance of health institution and policies; government, NGOs, and local organizations; in facilitating access to resources and opportunities. A livelihood is considered sustainable when it can recover from shocks, maintain assets, and ensure future stability. In the context of banditry in Nigeria's North-West, this theory explains how persistent banditry not only destroys physical health facilities and assets but also undermines the long-term accessibility, utilization and wellbeing of communities. The Livelihood Theory provides a holistic understanding of how banditry

shapes human wellbeing, and how sustainable governance and livelihood strategies are crucial for rebuilding affected societies.

## 5. METHODS

The study employed a mixed-methods design, combining survey data from 1,353 respondents across six local government areas (LGAs) in the State, namely Tureta, Goronyo, Isa, Rabah, Sabon Birni, and Kebbe, with an estimated population of 1,735,700 (citypopulation, 2022). A multistage cluster, simple random and purposive sampling techniques were employed to reach the target population in the selected LGAs. Quantitative data were analyzed using descriptive statistics and logistic regression to test the formulated hypothesis and to examine the relationship between banditry exposure and healthcare accessibility.

## 6. RESULTS

This section focuses on the major findings in this research and is guided by the study's objective, which aimed to assess how banditry affects some of the basic healthcare services in the affected communities. Similarly, the results are critically discussed in the context of existing literature providing insights into the broader implications of the study for future research.

**Table 1a: Effects of Banditry on Accessibility and Utilization of Health Care Service**

ITEMS (Variable)	RESPONSE	FREQUENCY	PERCENTAGE
Health Care Facilities in the community	Yes	1082	80
	No	271	20
	<b>Total</b>	<b>1353</b>	<b>100</b>
Type of Health Care facility	Public General Hospital	687	51
	Public Primary Health Care Centre	641	47
	Public Tertiary Health Centre	22	2
	<b>Total</b>	<b>1353</b>	<b>100</b>
Available Health services in the community	Malaria Care services	222	16
	Immunization services	205	15
	Antenatal care services	201	15
	Postnatal services	187	14
	Nutritional services	186	14
	Family planning services	184	14
	Maternal and child health services	168	12
	<b>Total</b>	<b>1353</b>	<b>100</b>
Available Medical personnel services	Services of a registered nurse/midwife	755	56
	Community Health Workers	363	27
	Services of Doctors	235	18
	<b>Total</b>	<b>1353</b>	<b>100</b>

The table shows the health implications of banditry on the living conditions of people in Sokoto State, where 80% of respondents reported having health care facilities in their communities, while 20% do not have access to them. Public General Hospitals with 51% and Public Primary Health Care Centres with 47% are the most common types of health care facilities while access to Public Tertiary Health

Centres with 2% and Private Nursing Homes 0.22% is limited. On available health services; the most common health services available are malaria care services with 16%, immunization services with 15%, antenatal care services with 15%, postnatal services with 14%, nutritional services with 14%, family planning services with 14% and maternal and child health services with 12%. The study also shows that the services of registered nurses/midwives with 56% and Community Health Workers 27% are more prevalent while access to doctors with 18% is relatively lower. The data suggest that banditry does not merely reduce access to healthcare; it also weakens the entire health system, affecting facility availability, service delivery, personnel deployment, and community health outcomes.

**Table 1b: Effects of Banditry on Accessibility and Utilization of Health Care Service**

ITEMS (Variable)	RESPONSE	FREQUENCY	PERCENTAGE
Challenge in the utilization of health care services	The cost of care in the Centre is expensive	858	63
	The attitudes of the health care workers is bad	335	25
	Distance of Health facilities	125	9
	Lack of health facilities	35	3
	<b>Total</b>	<b>1353</b>	<b>100</b>
Fear of banditry attack prevent assessing/utilizing health services	Immunization	298	22
	ANC	288	21
	family planning	268	20
	Malaria	267	20
	Nutrition	232	17
	<b>Total</b>	<b>1353</b>	<b>100</b>
Coping with healthcare challenges	Seeking alternative healthcare providers	552	41
	Relocating for better healthcare access	492	36
	Relying on traditional medicine	255	19
	Utilizing Outreach programs	53	4
	<b>Total</b>	<b>1353</b>	<b>100</b>

Evidence from the table confirms that 63% cited the high cost of care as a major barrier, while 25% noted negative attitudes of health workers, likely linked to stress and the persistence of banditry activities in the state. About 36% of respondents reported relocating for better healthcare, while 41% resorted to traditional medicine. This shows that banditry has not only reduced healthcare access but also affected trust in public health systems. The result also explained the devastating effect of banditry on the health and well-being of people in the study area where 60% of respondents reported limited access to healthcare services, indicating a significant disruption in healthcare delivery. 42% of respondents stated that essential medicines are scarce in health facilities and 97% of respondents reported a decrease in satisfaction with healthcare services with 49% moderately, and 48% significantly. Also, 91% of respondents acknowledged an increase in disease prevalence due to banditry with 63% moderately and 29% notably limited access to healthcare services. The data suggest the severe effects of banditry on the health care accessibility and wellbeing of people in the affected areas in Sokoto State.

Moreover, the result shows the severe effects of banditry on the health and wellbeing of people in Sokoto State where 63% of respondents reported the high cost of healthcare as a significant challenge, indicating that banditry has worsened economic hardship, making healthcare unaffordable for many in the study area. Similarly, 25% of respondents reported negative experiences with healthcare providers, potentially due to stress, or lack of resources caused by banditry while 9% mentioned distance to health facilities as a challenge, suggesting that banditry has disrupted transportation networks or led to facility closures while 3% reported an absence of healthcare facilities, possibly due to destruction or abandonment resulting from banditry. The data also shows a significant proportion of respondents with 22% - 20% reported fear of banditry attacks as a reason for not accessing essential health services, including immunization, antenatal care (ANC), family planning, malaria treatment, and nutrition services where alternative healthcare providers with 41% sought for alternative health care providers through traditional or unqualified practitioners.

Additionally, 36% of the respondents relocated to access better healthcare, indicating displacement and disruption of social networks and 19% relied on traditional medicine, which may be ineffective or even harmful while only 4% utilized outreach programs, highlighting a need for more proactive healthcare delivery strategies. The data implies that the devastating effects of banditry on the health and wellbeing of people in Sokoto State, particularly in relation to healthcare access and utilization making essential services inaccessible or unaffordable.

## 7. DISCUSSIONS

The study shows that the services of registered nurses/midwives with 56% and Community Health Workers 27% are more prevalent while access to doctors with 18% is relatively lower. The implication is that the availability of basic health services, such as malaria care and immunization, may be compromised due to banditry related disruptions and also this suggest that the scarcity of specialized health services, like maternal and child health care, may worsen health outcomes for vulnerable people.

Findings reveal a direct and statistically significant effect of banditry on healthcare access. Respondents exposed to banditry were 12 times more likely to experience healthcare disruptions compared to those in more stable communities. Rural health facilities have become targets of attacks, leading to closure or abandonment by health workers fearing for their safety (Sokoto MoH, 2023). The displacement of residents has strained urban health systems. Outbreaks of cholera and respiratory infections in Internally Displaced Persons (IDP) locations have been reported (NPHCDA, 2024). Anxiety, post-traumatic stress disorder (PTSD), and other psychological conditions have increased notably among women and children. Banditry severely undermines health equity and widens existing service disparities.

**7.1 Hypothesis:** Banditry does not have a significant effect on healthcare accessibility and utilization.

**Dependent Variable:** Healthcare accessibility and utilization (binary; 0 = No challenge, 1 = Challenge)

**Independent Variable:** Banditry (categorical; Yes/No)

**Table 2: Logistic Regression Analysis on significant effects of banditry on healthcare accessibility and utilization**

Variable	B	SE	p-value	Exp(B)
<b>Banditry</b>	2.51	0.35	<0.001	12.29
<b>Cost of care</b>	1.85	0.41	<0.001	6.38
<b>Distance to health facilities</b>	1.23	0.35	0.001	3.42

This table summarizes the effect of each variable on the outcome, showing coefficients (B), standard errors (SE), significance levels (p-value), and odds ratios (Exp(B)). The results suggest that all variables have statistically significant effects.

The logistic regression table above indicates the effects of banditry on the cost of care and distance to health facilities.

1. **Banditry (B = 2.51, SE = 0.35, p < 0.001, Exp(B) = 12.29).** The coefficient for banditry (B = 2.51) is positive and statistically significant (p < 0.001), suggesting that increased levels of banditry are associated with a higher likelihood of negative socioeconomic outcomes. The odds ratio (Exp(B) = 12.29) implies that people exposed to banditry are approximately 12 times more likely to experience adverse socioeconomic effects compared to those not exposed. This strong association shows how banditry can destabilize healthcare accessibility and utilization.
2. **Cost of Care (B = 1.85, SE = 0.41, p < 0.001, Exp(B) = 6.38).** The coefficient for the cost of healthcare is also positive (B = 1.85) and statistically significant (p < 0.001), indicating that higher healthcare costs contribute to worse socioeconomic wellbeing. With an odds ratio of 6.38, people facing higher healthcare costs are over six times more likely to experience negative socioeconomic effects. This result shows that the financial burden of healthcare could significantly reduce nonrefundable income, worsen poverty, and limit access to essential services, particularly in a conflict-affected area like Sokoto.
3. **Distance to Health Facilities (B = 1.23, SE = 0.35, p = 0.001, Exp(B) = 3.42).** The positive coefficient (B = 1.23) and statistically significant p-value (p = 0.001) suggest that greater distances to health facilities worsen socioeconomic effects. With an odds ratio of 3.42, individuals far from healthcare facilities are over three times as likely to face negative socioeconomic effects. This shows the importance of accessible healthcare. Long distances can limit medical access, lead to untreated illnesses, reduce productivity, and contribute to poorer living standards.

To this end, the logistic regression indicates that banditry increases health challenges twelve fold (Exp(B) = 12.29, p < 0.001). Cost of care (Exp(B) = 6.38) and distance to facilities (Exp(B) = 3.42) also worsen access. These results support H<sub>1</sub> that banditry negatively affects healthcare access. Empirical evidence confirms these patterns. Studies show banditry disrupts healthcare through facility closures, worker displacement, and patients' fear of travel (Abdulkarim et al., 2024). A recent report by ICRC (2025) linked banditry-related road insecurity in Zamfara to delayed hospital access during a cholera outbreak. To this end, these findings reject that banditry has a significant effect on healthcare accessibility and utilization, confirming that banditry significantly restricts healthcare accessibility and utilization. Fear, destroyed facilities, and poor infrastructure prevent healthcare use, worsening health outcomes for vulnerable groups.

## 8. CONCLUSION

The rise of banditry has had a devastating effect on healthcare delivery in Sokoto State, disrupting the structural, human, and operational elements of the health system. Research shows that ongoing attacks on communities have led to the closure and abandonment of many rural health facilities. As a result, numerous healthcare workers have fled these dangerous areas, leaving those who remain to juggle an overwhelming workload. Consequently, vital services such as immunization, antenatal and postnatal care, family planning, and routine disease treatment have been drastically reduced. The influx of displaced residents into urban areas has only intensified the pressure on already limited resources, resulting in overcrowded facilities and a decline in care quality. The fear of attacks has also made community members reluctant to seek timely medical help, leading them to turn more towards

traditional medicine and unregulated providers. The study further highlights that banditry disrupts the supply chains for essential medications, hampers outreach programs, restricts mobility, and exacerbates mental health issues, especially among women and children. Banditry plays a significant role in the worsening health outcomes in Sokoto State, as it obstructs access, undermines service delivery, displaces health workers, and deepens existing inequalities. Addressing these challenges requires integrated strategies that strengthen healthcare resilience, enhance security around health facilities, and support affected communities through responsive health and social protection systems.

## **9. RECOMMENDATIONS**

In view of the findings of the research, it is necessary to:

- i. Strengthen healthcare services, especially in the affected areas by lowering healthcare costs, and improve access to healthcare, which could collectively enhance the health resilience for the affected communities.
- ii. Improve emergency healthcare delivery and mobile clinic services in displaced communities.
- iii. Expand mental health services through trained social workers and counselors. The study suggests examining how primary healthcare centers reorganize or operate under the circumstance of banditry and study the impact of community health workers in improving service delivery in high risk areas.

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