



Research Article

# Understanding the Needs of Adult Internally Displaced Persons in Three North-Eastern States of Nigeria: The Impact of Humanitarian Response Program

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**Keywords:** IDPs; challenges; Interventions; Boko Haram; Insurgency

## Abstract

**Introduction:** The North-Eastern part of Nigeria is currently struggling with a complex humanitarian emergency. This study aimed to identify the challenges facing the Internally Displaced Persons (IDPs) and evaluate the effect of the humanitarian response projects in alleviating these challenges.

**Methodology:** The study was carried out in sixteen local governments of Borno, Adamawa and Yobe states using mixed methods. The quantitative data were obtained by the administration of a structured questionnaire to men of 25 years and above and women aged 15-49 years. The data obtained were analysed and complemented with the qualitative data from Focus Group Discussions (FGDs). Data were analysed using SPSS version 20.

**Results:** The majority of the IDPs were between age 25 – 29 (26.0%), women (56.7%), 40.8% had Qur'anic education, and 76.6% were married. The major challenges facing the IPDs were hunger (26.2%), lack of clothing (19.9%), regular sickness (18.5%) and lack of drugs (9.8%). Rape cases constituted (4.3%) of the total responses. The major sicknesses were Malaria (53.1%) and skin infections (34.4%). The items received from the NGOs include foodstuff (27.9%), soap and detergents (19.0%), clothing (14.0%), and drugs (9.4%). The majority (46.5%) rated their situation since they arrived in the camp very good, 52.1% affirmed great improvement in their situations, and 9 (1.4%) stated that their situations were deteriorating. The majority (33.3%) were trained on tailoring, 21.4% on cream-making, 17.0% knitting and bead making (15.2%).

**Conclusion:** Humanitarian services positively impacted the IDPs, yet there is need for government and the humanitarian services providers put more efforts the alleviate the suffering of the IDPs in Nigeria.

## Introduction

The issue of insurgency has rendered many people homeless in many parts of the world. Insurgency activities have ravaged the Northern parts of Nigeria and many people

have been forced to abandon their homes and environments. These people are called internally displaced persons (IDPs) because they are rendered homeless withing their country

and do not cross an international border (Hines & Balletto, 2002) though there is no current internationally agreed definition of who an IDP is (Akuto, 2017). The phenomenon of IDP became an international issue since after World War II, due to the gross violation of the human rights of the displaced persons due to the increasing intra-state wars around the world (Olanrewaju *et al.*, 2018).

A recent study estimated the number of IDPs as fifty million worldwide with the majority found in Africa and Asia (Obaji & Aloba, 2016). Displacement across Nigeria is due to communal violence, internal armed conflicts and natural disasters such as flood (Akuto, 2017). Although the Nigerian military has reclaimed some of the villages/communities taken over by the militants, people of the country's north-east, civilians in Nigeria, Cameroon, Chad and Niger continue being suffering from serious infringement of human rights, sexual and gender-based violence, suicide bombings and forced recruitment (UNHCR, 2019).

In 2020, the Nigerian insurgency will become entering its seventh year. Since the attacks of the Islamist group Boko Haram began to affect Nigeria's north-eastern region in 2014, Cameroon, Chad and Niger have been drawn into what has turned into a devastating regional conflict. The North-Eastern part of Nigeria is currently struggling with a complex humanitarian emergency. More than 3.3 million persons have been rendered homeless, including over 2.5 million IDPs in north-eastern Nigeria, over 550,000 IDPs in Cameroon, Chad and Niger and 240,000 refugees in the four countries (UNHCR, 2019).

The crisis has been complicated by conflict-induced food insecurity and severe malnutrition, that has increased to critical levels in all the four countries. Despite the efforts of Governments and humanitarian workers in 2019, some 3.5 million people remain food insecure in the North-East region and depend on assistance (Hines & Balletto, 2002; Eweka & Olusegun, 2016; USAID, 2016; Olanrewaju *et al.*, 2019; Prince *et al.*, 2019).

The challenges of protecting the refugees are aggravated by the failing security situation and also socio-economic sensitivity, with villages in the Sahel area facing abject poverty, severe climatic circumstances, persistent epidemics, poor infrastructure and limited usage of basic services. The Nigerian military, alongside the Multinational Joint Task Force, has ousted extremists from most of the areas they once controlled, but these gains have already been overwhelmed by a rise of Boko Haram attacks in surrounding countries. Regardless of the return of Nigerian IDPs and refugees to accessible areas, the crisis remains serious.

The displaced persons in camps were being served through integrated facility-based and outreach services. However,

reaching displaced people living in host communities with health services is challenging due in part to the state of health care delivery systems including health facilities that are non-functioning. To respond to the reproductive health needs of the affected people UNFPA, UNICEF and WHO with assistance from United States Agency for International Development (USAID) launched a response project that targets approximately 1.1 million people in three most affected States. The project officially commenced in March 2015 and expected to end in December 2016.

Several studies have been conducted in to highlight the challenges of IDPs but information on the impact of humanitarian interventions in alleviating the challenges of the IDPs is rather scanty. Therefore, this study aimed to identify the challenges facing the IDPs and evaluate the effect of the response project on the situation of the IDPs.

## Methodology

### Study Location

The survey was carried out in three states (Borno, Adamawa and Yobe) in the North-Eastern geopolitical region of Nigeria because of the ravaging insurgency activities and the devastating challenges facing this region since 2014. The survey was conducted in the following LGAs in the three states: Adamawa State: Mubi North, Mubi South, Hong, Yola South, Yola North, Maiha, Fufore, and Gombi LGAs; Borno State: Biu, Jere and Maiduguri Metropolitan Council (MMC); Yobe State: Bade, Damaturu, Fika, Fune, Potiskum and Tarmuwa.

### Study Design

The study used qualitative and quantitative methods. The quantitative data were obtained by the administration of a structured questionnaire to the IDPs in the three states. The quantitative data were analysed and were complemented by the qualitative data {Focus Group Discussions (FGDs)} that were obtained from the IDPs. The female IDPs aged 25 – 49 years and males aged 25 or higher were reached through the IDP Camps. The study team comprised consultants that were supported by field supervisors and 18 Data collectors in the three states.

### Sample Size

The sample size of beneficiaries interviewed in the IDP camps of the three states was estimated by using the following formula assuming confidence interval of 95%, Margin of Error (ME) of 2.5% and that proportion of the population sampled is 7%:

$$ME = \frac{z \{p(1-p)\}^{1/2}}{n} \dots\dots\dots 1$$

Where ME = Margin of error

Z = z-score corresponding to 95% Confidence interval = 1.96

$P$  = Proportion of the young population of IDPs to be sampled is assumed to be 4%

$n$  = is the sample size, to be determined

Substituting the above variables in equation 1 will yield the estimated value of  $n$ ; that is

$n = 0.04 \times 0.96 / 0.0001627 = 236$ . A sample size of 236 was taken in each of the three states, thus 708 was the sample size of the beneficiaries estimated for interviews.

However, 645 adults were successfully interviewed by data collectors. This gave 91.1% response rate.

**Focus Group Discussions Sessions**

Two Camps of the IDPs were visited in Adamawa and Yobe states while 4 IDP camps were visited in Borno state for the FGD sessions among the IDPs. In each Camp, 1 FGDs session was carried out per category (male/female) in each of the selected states. To take into consideration of homogeneity, males and females were interviewed separately. Ten adults were selected in each category from each camp in Adamawa and Yobe while 5 were selected in each category from Borno.

**Data Analysis**

The data collected with the questionnaires were cleaned before data entry was carried out with the Statistical Package for Social Sciences (SPSS version 20). The computer package was also used for data processing and analysis. Frequencies tables, charts, and graphs which were used for report generation. On the qualitative data, the notes taken with the audio at Focus Group Discussions (FGDs) sessions were transcribed to form part of the report.

**Results**

**Background Characteristics of The Participants**

Table 1 presents the distribution of the men 25 years and above and women of reproductive age between 25 and 49 years in the IDP camps in the three states where the IDPs were interviewed. The number of IDPs successfully interviewed (645) was evenly sampled in the three states with Adamawa having the highest proportion (37.1%) while Yobe has the lowest (29.5%). The non-response rate in Borno was high due to the bomb blast that occurred during the data collection which prevented the Data collectors from reaching the planned sample size for the state. The majority of the adults interviewed were between age 25 – 29 (26.0%). The sample comprised more of women (56.7%) and about two fifths (40.8%) of the IDPs had Qur’anic education, only 5.1% had secondary education while over a quarter (26.8%) had no formal education of the IDPs. Over three quarters (76.6%) of the IDPs were married.

**General and Health Challenges of IDPs**

Fig. 1 shows the general challenges of adult IDPs in the three states surveyed. The top challenge facing the IPDs was hunger (26.2%), followed by lack of clothing (19.9%),

regular sickness (18.5%) and lack of drugs (9.8%). Rape cases constituted (4.3%) of the total responses.

**Table 1:** Background Characteristics of Men and Women in the IDP Camps

Characteristics	No. of IDPs	%
<b>State of the IDP camp</b>		
Adamawa	239	37.1
Borno	216	33.5
Yobe	190	29.5
<b>Age category</b>		
25-29	168	26.0
30-34	146	22.6
35-39	107	16.6
40-44	105	16.3
45-49	72	11.2
50+	47	7.3
<b>Gender</b>		
Male (25+)	279	43.3
Female (15-49)	366	56.7
<b>Level of education</b>		
No Formal Education	173	26.8
Qur’anic Education	263	40.8
Primary Education	106	16.4
Secondary	33	5.1
No Response	70	10.9
<b>Marital status</b>		
Single	37	5.7
Married	494	76.6
Widow/Widower	58	9.0
Divorced	18	2.8
Separated	20	3.1
No Response	18	2.8
	<b>645</b>	<b>100.0</b>

**Health Challenges in the IDP Camps**

The Fig. 2 shows the major sicknesses reported by the IPDs were Malaria (53.1%) and skin infections (34.4%).

**Impacts of Intervention on meeting**

This section presents the results of the SRH intervention carried out by NGOs in the IPD camps

**Items Received from the NGOs**

Top on the list of items received from the NGOs includes foodstuff (27.9%), soap and detergents (19.0%), clothing (14.0%), and drugs (9.4%).

Findings from the FGDs sessions among the beneficiaries revealed the items listed in Table 2. The general response was that the beneficiaries were aware of the project. One of the respondents said that food items were brought to them in the cam and their jackets indicated they were from UNFPA. The respondents said they had benefited in the area of psychosocial support, and health-related services from the health facility in the host community. They had been trained on how to leave with our neighbours peacefully. They also had support on enrolment of the younger ones in schools. The respondents, however, said the project was not relevant to men directly but with the skills acquired by their women, it would indirectly touch the lives of men.

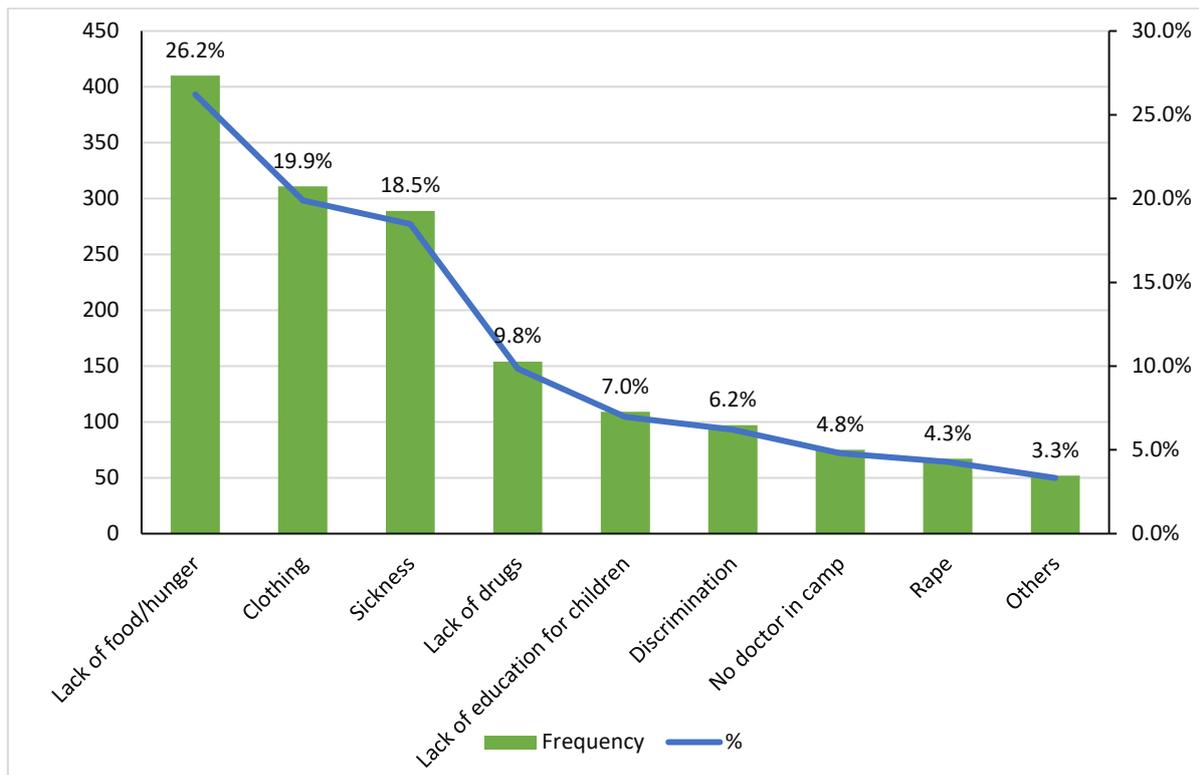


Fig. 1: General challenges of adult IDPs in North-East, Nigeria

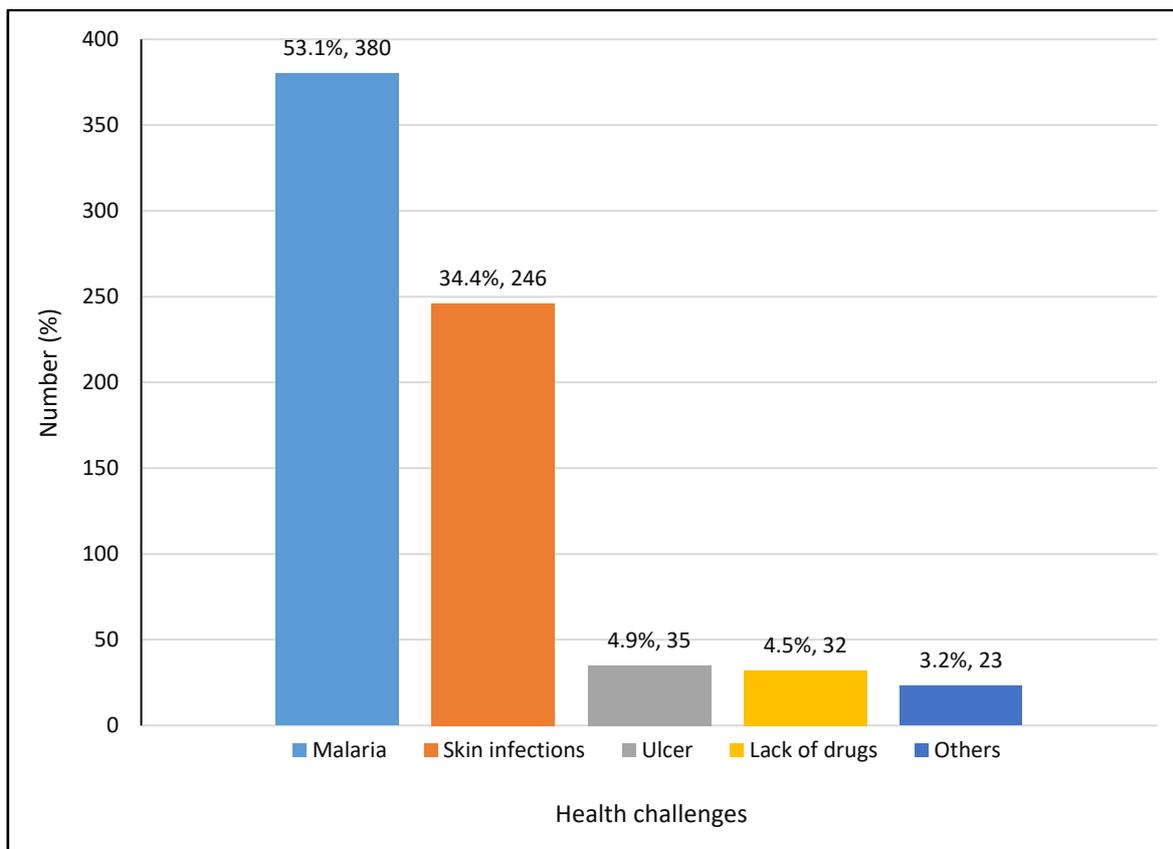


Fig. 2: Main health challenges in IDP camps

**Table 2:** Commodities received from NGOs

Supplies	Frequency	%
Foodstuff	569	27.9%
Soap and detergent	388	19.0%
Clothing	285	14.0%
Drugs	192	9.4%
Blanket	162	8.0%
Mattress/bed	151	7.4%
Educational material	141	6.9%
Body cream	94	4.6%
Others	55	2.7%
<b>Total</b>	<b>2037</b>	<b>100.0%</b>

Findings from the FGDs sessions among the beneficiaries revealed that all discussants submitted that UNFPA and Ministry of Women Affairs (MoWA) had carried out lots of awareness activities in all the components areas of the intervention, namely, STI treatment and management of HIV/AIDS, Psychosocial supports, provision of dignity kits and safe space

On the question of relevancy of the intervention to the IDPs, they were all affirmative in their response that all the

program/ project components were able to meet there needs. This attested to the relevance of the activities of the project and the achievement of the objective on the relevance of the project.

**Comparison of the current situation of the IDPs with the time they entered the camps**

The majority (46.5%) of IDPs rated their situation since they arrived in the camp very good, 8.8% rated it excellent, 3.4% rated it poorly while 2.3% rated it unbearable. Comparing their current situation with when they arrived in the camps, 336 (52.1%) affirmed great improvement, 40.5% stated little improvement and 9 (1.4%) stated that their situations were deteriorating (Table 3).

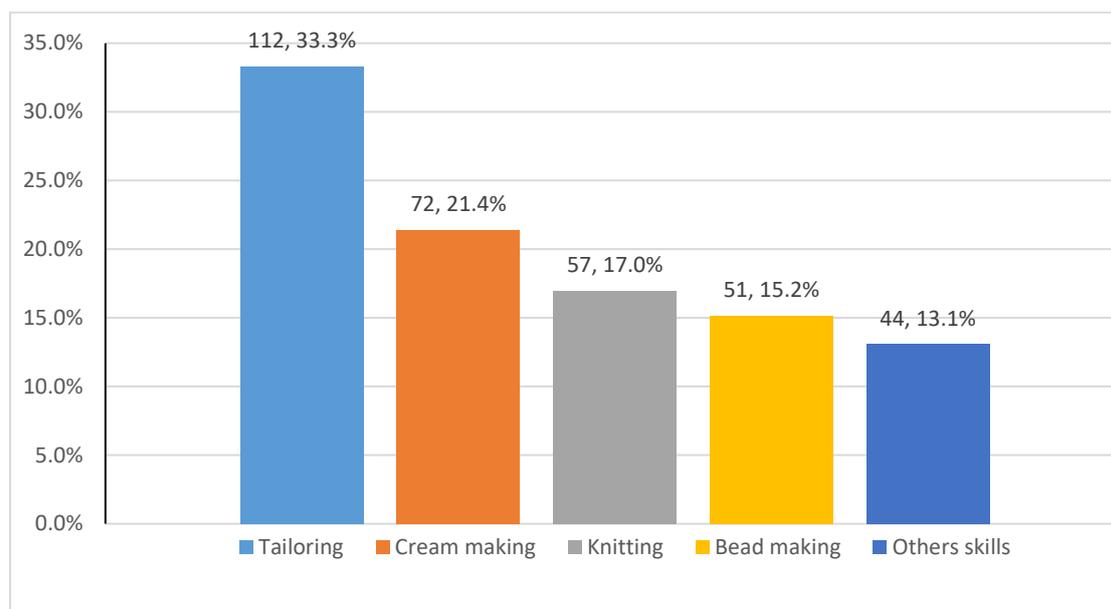
The respondents during the qualitative interview noted that have experienced some improvement in their conditions in the past six months and they were receiving support from the NGOs for their children in the camps. They said they did not know friends or persons in the community who were living with HIV but that if there was any, they would relate with them well and not discriminate.

**Training offered to the IDPs**

The majority (33.3%) of the IDPs were trained on tailoring, 21.4% on cream-making, 17.0% knitting and bead making (15.2%) as shown in Fig. 3.

**Table 3:** Situation of IDPs since they came to the Camp

SITUATION	Frequency	%
<b>The situation of IDPs since arrival in IDP Camps</b>		
Excellent	57	8.8
Very Good.	300	46.5
Good.	143	22.2
Fair	74	11.5
Poor	22	3.4
Very Poor	34	5.3
Unbearable	15	2.3
<b>Total</b>	<b>645</b>	<b>100</b>
<b>The situation of IDPs now compared with when arrived in the camp</b>		
There is a great improvement	336	52.1
There is little improvement	261	40.5
There is no improvement	39	6
The situation is deteriorating	9	1.4
<b>Total</b>	<b>645</b>	<b>100</b>



**Fig. 3:** Training received by IDPs

## Discussion

This study found that the major non-health challenges of the IDPs are lack of food and clothing, frequent illness due to lack of drugs and no doctors to attend to their health need. These findings are in line with the reports of previous studies that enumerated the challenges of IPDs in Nigeria as “lack of education, shelter, food, health care, and potable water” (USAID, 2016; Obaji & Aloba, 2016; UNPF, 2016; Akuto, 2017; Mohammed, 2017; Gwadabe *et al.*, 2018; Olanrewaju *et al.*, 2018, 2019; DTM Nigeria, 2019; Opara, 2019; Prince *et al.*, 2019). A similar challenge was also reported in Colombia (Hines & Balletto, 2002), in Ethiopia (Eweka & Olusegun, 2016), in Iraq (REACH, 2016), in Kachin (Nau, 2014), in Angola, Somalia, Indonesia, Kosovo, Afghanistan, the Democratic Republic of Congo (DRC), Colombia, Liberia, Eritrea, and Sudan (Borton *et al.*, 2005). They also complained about discrimination from those that have been giving alms as some groups were more favoured than others. The major health problems are Malaria and skin infections. The IDPs also reported inadequate drugs supply to the camps. The lack of drugs can be attributed to the many health facilities that have been destroyed through bomb blast or suicide attacks on health facilities in this region. Previous studies have reported malaria, fever, and diarrhoea as the major health challenge in IDP camps (Eweka & Olusegun, 2016; UNPF, 2016; Gwadabe *et al.*, 2018; WHO, 2018; DTM Nigeria, 2019) while some have documented a high rate of skin infections (Özcebe *et al.*, 2014; Elfaituri, 2016; USAID, 2016).

The respondents also expressed their dissatisfaction with issues of rape in the camps and this can be attributed to their vulnerability and inability to defend themselves. This is in agreement with some previous studies that have reported

rape and sexual harassment among the women IDPs (Borton *et al.*, 2005; Akuto, 2017; Prince *et al.*, 2019).

The major items supplied to the IDPs were foodstuff, soap and detergents, clothing materials, and drugs. The findings from the different groups of beneficiaries both from the quantitative and qualitative data confirmed the relevance of the project to their needs in the IDP camps. The needs for the services provided by the project was needed on their arrival at the camps. The interviews with the IDPs confirmed that they received the commodities allocated to the different IDP camps. Over 90% of the people no longer felt the effects of insurgency as a result of the full protection they had in the IDP camps thus confirming the relevance and effectiveness of the services of the project.

The majority of the IPDs affirmed that their situation has significantly improved as compared to their arrival in the camp though 2.3% rated their current situations unbearable. This implies that there is still a lot to be done. The IPDs need continuous assistance, both from the NGOs and the government. The majority of the IDPs were trained on tailoring, cream-making, knitting and bead making but they stated lack of finance and inability to earn a living with their skills because they could not provide services to those that would pay for the services.

## Conclusion

This study enumerated the challenges of IDPs in various camps of three states of North-East, Nigeria. The study found that the major challenges during the implementation were the issues of health Facility that were destroyed by the insurgents which make the available ones overstretched. Message on SGBV was not structured to suit the socio-cultural norms of the community. All rape cases were not

reported on time except detected at health facilities in the course of other ailment or pregnancy. Mothers were not sufficiently aware of the dangers of rape.

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