

Alleviating the Material and Health Challenges of Young Internally Displaced People in North-East Nigeria: The Impact of Sexual and Reproductive Health Program

Ali Johnson Onoja¹, Chris Olusola Ogedengbe², Felix Olaniyi Sanni³, Paul Olaiya Abiodun⁴, Monday Okeme¹, Sheila Iye Onoja¹ & Ayorinde Samuel Lemah¹

¹ Research Department, African Health Project, Abuja, Nigeria

² Alpha Research and Development Centre Limited, Abuja, Nigeria

³ Department of West African Breast Cancer Study, Lagos State University Teaching Hospital, Ikeja, Lagos State, Nigeria

⁴ Department of National Integrated Specimen Referral Network, AXIOS International, Utako, FCT, Abuja, Nigeria

Correspondence: Ali Johnson Onoja, Research Department, African Health Project, Abuja, Nigeria. Tel: 234-805-679-3961. E-mail: onojaali@yahoo.com

Received: May 31, 2020; Accepted: June 12, 2020; Published: June 12, 2020

The research is financed by authors.

Abstract

The increasing rate of attack in the North-Eastern parts of Nigeria has caused the deaths of thousands and thereby forcing many of the residents, including children to abandon their comfort zones. This study assessed the material and health challenges of young IDPs and the impacts of sexual and reproductive health programs in improving the conditions of these young ones. The study was conducted in sixteen local governments of three states (Borno, Adamawa and Yobe) in the North-East of Nigeria using mixed methods. The quantitative data were obtained by the administration of a structured questionnaire to the young IDPs in the three states. The quantitative data were analyzed and were complemented by the qualitative data {Focus Group Discussions (FGDs)} that were obtained from the young IDPs. Data were analyzed using SPSS version 20. The majority (78.5%) of the young internally displaced persons (IDPs) were within the age group of 10-14 years with 51.8% males and 59.1% have attained primary. The major material challenges facing the young IDPs include lack of food (31.6%), clothing (28.7%), Soap/cream (19.8%) and medicine (13.1%). The most common health problems include Malaria (28.9%), cough 23.1%, diarrhea (18.3%) and cholera (13.1%). The IDPs confirmed that they were fully protected in the camp with no experience of rape. They affirmed that their needs were met by the intervention programs provided for them; 71.7% affirmed that their situation was "Good" since they came to the camps and more than half (55.2%) confirmed a better situation. The training in the IPD camps was mostly artisan related while only 31.7% were schooling. This study found that young IDPs are being faced with material and health-related challenges as well as the lack of proper training and education. However, the outcome of the SRH project is a manifestation of the efficient utilization of the resources of the project. More intervention programs to alleviate the challenges of IDPs are advocated.

Keywords: insurgency, challenges, internally displaced, boko haram

1. Introduction

1.1 Background

For almost three decades, a large number of people worldwide have been forced to abandon their homes and livelihoods due to civil conflict, insurgency, or other problems. Since these displaced people do not cross an international border, they are referred to as 'internally displaced persons' (IDPs) and not refugees (Hines & Balletto, 2002). It was estimated in 2016 that about fifty million persons have been displaced worldwide with the majority of these people in Africa and Asia (Obaji & Aloba, 2016). The increasing communal violence, internal armed conflicts and natural disasters have been the main reasons for internal displacement in Nigeria (Akuto, 2017).

The devastating impacts of insurgency are felt in all sectors in the North Eastern Nigeria and sub-regions in general. In 2014, a total of 19 out of the 65 Local Government Areas (LGAs) of the three states (Adamawa, Borno and Yobe), including 338 schools were destroyed. Also, 196 teachers, 314 learners were killed while over 276 learners were abducted in Borno, Yobe and Adamawa (Obaji & Alobo, 2016). The nature and pattern of the operation of insurgency, with attacks on health facilities and other social services, have forced health workers to flee the States.

1.2 Material and Health Needs of the IDPs

The IPDs, especially the young ones are faced with both the material and health challenges in the camps. Several studies have documented the various challenges being faced by the IDPs.

Findings of the inter-agency assessments indicate various humanitarian needs and the provision of essential health care was among the top priorities. There was also the need to put in place measures to ensure that survivors get the support and care needed to facilitate physical, mental and psychological recovery. A study conducted in 2018 in two IDP camps (Abuja and Yola) revealed that the IDPs are being faced lack of adequate care, freedom, family separation, financial challenges, and lack of proper education (Olanrewaju et al., 2018). Food and non-food items, water for washing and cooking, sanitations and hygiene, security, drinking water, medical services and shelter were also identified as major needs of IPDs in Nigeria in 2019 access to education for young IDPs was estimated as 50% (DTM NIGERIA, 2019). Several other studies have also documented the challenges being faced by IDPs including severe food insecurity and nutrition problems (Akuto, 2017; Olanrewaju et al., 2019; Prince et al., 2019), health challenges (Elfaituri, 2016; Olanrewaju et al., 2019; UNPFA, 2016), sexual exploitations, and violence against young women and girls (Borton et al., 2005; Gwadabe et al., 2018; Obaji & Alobo, 2016; OPARA, 2019; USAID, 2016), human trafficking (Gwadabe et al., 2018; Olanrewaju et al., 2019), family separation (Akuto, 2017; Gwadabe et al., 2018; Mohammed, 2017), rape and prostitution (Akuto, 2017; Borton et al., 2005; Prince et al., 2019; USAID, 2016), sexually transmitted diseases (Akuto, 2017; Prince et al., 2019; USAID, 2016), education challenges (Akuto, 2017) among other challenges.

Several studies have emphasized on the need for humanitarian assistance to alleviate the food and non-food, shelter, and health needs if the IPDs (Borton et al., 2005; Mohammed, 2017) and there have been efforts to improve the security, stabilization, health, education, financing and provide vocational training for the IDPs through collaboration between government and non-governmental organizations (NGOs). 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.

Several studies have highlighted the needs and challenges of IDPs but little attention has been given to the young IDPs in particular. This survey was carried out to identify the material and health challenges of young IDPs (age 10-24 years) in the three states most affected states in Nigeria (Adamawa, Borno, and Yobe) and to evaluate the impact of 'Strengthening Sexual and Reproductive Health Services (SRH) Provision in Conflict-Affected Communities Program' carried out in the IDP camps.

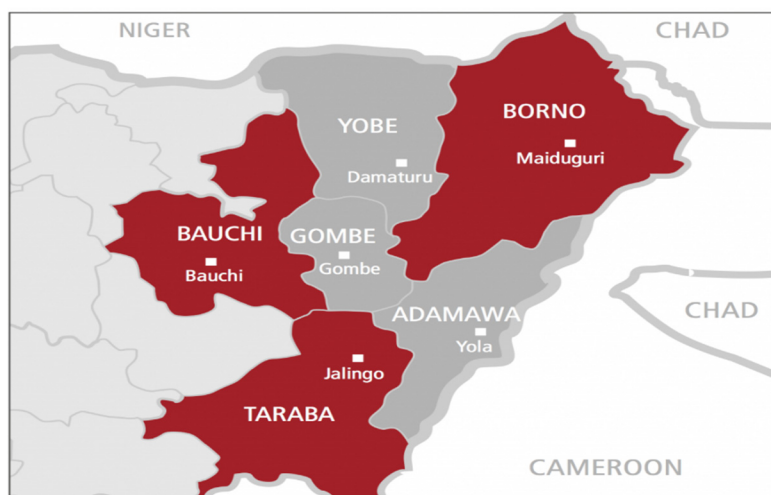


Figure 1. Map of North-eastern Nigeria showing the three states - Adamawa, Borno and Yobe

2. Method

2.1 Study Location

The study was conducted in three states (Borno, Adamawa and Yobe) in the North-East of Nigeria due to increased insurgency activities and the increased challenges faced by the population in these states since 2014. The project covered 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.

2.1 Study Design

The study was conducted by using qualitative and quantitative methods. The quantitative data were obtained by the administration of a structured questionnaire to the young IDPs in the three states. The quantitative data were analyzed and were complemented by the qualitative data {Focus Group Discussions (FGDs)} that were obtained from the young IDPs. The young people (10 - 24 years) were reached through the IDP Camps. The consultants were supported by a field supervisor and 18 Data collectors who were selected in the three states. Eight data collectors worked in Borno state while five data collectors worked in each of the other two states (Adamawa and Yobe) based on the distribution of IDP camps in each of the states.

2.2 Sample Size

The sample size of the young IDPs interviewed in the three states was estimated by using the assuming confidence interval of 95%, Margin of Error (ME) of 2.5% and that proportion of the population sampled is 7%. A sample size of was estimated 120 from each of the three states, giving an estimated total sample size of 360. However, 335 young people were successfully interviewed by data collectors, which represents 93.1% response rate.

2.3 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 young 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. Eight children were selected in each category from each camp in Adamawa and Yobe while 4 were selected in each category from Borno.

2.4 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.

3. Results

3.1 Socio-Demographic Characteristics of Young IDPs

The distribution of the sample of young people as shown in Table 1 indicated that over half (56.1%) of the sample of young people were interviewed in Adamawa state. The age distribution of the young people revealed that 42.1% were in the age group of 10-14 years and age 15-19 years constituted 36.4%.

The sex ratio of the young group is about 1:1 with the proportion of the males (51.9%) slightly higher than that of the females. Among the young over half (59.1%) of them attained primary school education while about a quarter (24.2%) had Qur'anic education. Almost all the young people (95.5%) were not married at the time of assessment.

Table 1. Socio-demographic Characteristics of Young People in the IDP Camps

Characteristics	Frequency	Percent (%)
State		
Adamawa	188	56.1
Borno	38	11.3
Yobe	109	32.5
Age category		
10-14	141	42.1
15-19	122	36.4
20-24	72	21.5

Gender		
Male	174	51.9
Female	161	48.1
Level of Education		
No Formal Education	26	7.8
Qur'anic Education	81	24.2
Primary Education	198	59.1
Secondary	30	9.0
Marital Status		
Single	320	95.5
Married	15	4.5
Total	335	100.0

3.2 Material and Health Challenges in IDP Camps

Table 2 shows the common material challenges in the IDP camps as enumerated by the young IDPs during the quantitative survey. The greatest need the young IDPs stated as the challenge was food (31.6%), followed by clothing (28.7%), Soap/cream (19.8%) and medicine (13.1%). The general challenges mentioned in FGD apart from the ones represented in Table 2 include lack adequate care, freedom and financial aid. Others include lack/poor education family disintegration.

The young IDPs who have acquired some basic skills for livelihood were also facing the challenge of lack of necessary equipment to carry out what they have learnt. Besides, they wanted to leave the camps (freedom) to enable them to earn their living and help others to acquire such skills in future. The males also complained that they were mostly marginalized while girls were being focused in most empowerment programs, so they needed more empowered initiatives to avoid idleness.

The most common health problems among young IDPs are shown in Table 2. Malaria (28.9%) was the highest, followed by cough 23.1%, diarrhea (18.3%) and cholera (13.1%).

Table 2. Material and health challenges of young IDPs

Challenge	Frequency	Percent
General/Material challenges		
Food	296	31.6
Clothing/Blankets	269	28.7
Soap/Cream	186	19.8
Medicine	123	13.1
Others	64	6.8
Total response	938	100
Health challenges of young IDPs		
Malaria	249	28.9
Cough	199	23.1
Diarrhea	158	18.3
Cholera	113	13.1
Catarrh	105	12.2
Others	38	4.4
Total response	862	100.0

3.3 Security in IDP Camp

During the focus group discussion, the young IDPs confirmed that they were fully protected in the camp. When asked about the activities of insurgence groups in the camp, they all echoed that there was none because they well fully protected by the security agents assigned to their camps.

3.4 Impacts of the Intervention in IDPs Camps

The respondents were asked to evaluate the relevancy of the intervention to the IDPs provided in the camps, they gave an affirmative response that their needs were met by the programs provided to them.

The young IDPs affirmed that there were not rape cases among them because the organizations taking care of them were always on the ground and working. *“If any of the IDPs is sick the NGOs responded by treating the person immediately and they also made a referral to bigger hospitals in case they were unable to handle the cases at the community clinic” - A young male discussant at FGD session.*

The young people were aware of the various donors that supported humanitarian support to the camps but neither identify the USAID funded program nor able to identify the specific organizations that brought the commodities. They could identify with the male safe space where there is provision for table tennis and other games. Participants’ capacity has been built on HIV/AIDs prevention and care. They affirmed that their conditions have an improvement in the past six months (Table 3) and that the NGOs in the camps have been so supportive. They did not know anyone infected with HIV but that if there is anyone that is HIV positive, they would not discriminate against them.

To find out from the beneficiaries their situation since they came into the camps, table 10 reflects their responses on the situation. Among the young people, over three quarters (71.7%) agreed that the situation was at least “Good” to the situation of IDPs since they came to the camps. However, one young respondent among young people indicated that the situation was unbearable which implies that there is still a need for improvement in the situation in the camps.

As a way of confirming if the situation in camps was improving, the survey asked respondents to compare the situation when they came to the camp with what obtained at the time of the survey. Over half (55.2%) of the young IDPs responded that their situations have greatly improved in the IDP camps but 5 (1.5%) indicated that the situation was deteriorating. This is an indication that there is room for improvement.

Table 3. Situation of young IDPs since they came to the Camp

Situation	Number	Percent
The situation of young IDPs since arrival in the Camp		
Excellent	94	28.1
Very Good.	99	29.6
Good.	47	14.0
Fair	54	16.1
Poor	23	6.9
Very Poor	17	5.1
Unbearable	1	0.3
Total	335	100.0
Compare the current situation with when arrived in the camp		
There is a great improvement	185	55.2
There is little improvement	114	34.0
There is no improvement	31	9.3
The situation is deteriorating	5	1.5
Total	335	100.0

3.5 Training Provided for Young IDPs

Table 4 shows the training provided for young people. Based on the responses received, the majority of the training in the IPDs were artisan related while schooling accounted for 31.7%.

Capacity building is key to sustainability as the skills acquired by the IDPs will go a long way in sustaining them when they eventually leave the camp. However, the finding from the FGD sessions revealed that most of the benefits of the intervention were tailored towards girl child at the detriments of boys. More importantly, the skill acquisition which is been implemented by Ministry of Women Affairs (MoWA) has relinquished the boy child to no importance.

Table 4. Training provided to IDPs as reported by young IDPs

Training	No. of response	Percent
Artisan	206	45.0
Schooling	145	31.7
Cream Making	60	13.2
Others	46	10.1
Total response	458	100.0

4. Discussion

The increasing rate of attack in the North-Eastern parts of Nigeria has caused the deaths of thousands and thereby forcing many of the residents, including children to abandon their comfort zones. This study assessed the material and health challenges of young IDPs and the impacts of sexual and reproductive health programs in improving the conditions of these young ones.

Age 10-19 years constituted the majority (78.5%) of the entire population of young people interviewed. This is a clear indication that the majority of children in this region were deprived of foundational education due to the insurgency that ravaged the regions. Besides, these young ones were being exposed to danger and life challenges bigger than their ages. This corroborates the fact that the majority of the young ones only attained primary education with those who attained secondary education accounted for only 9%. The proportion of 7.8% without a formal education is significant when compared with the situation in other parts of Nigeria. These findings are in agreement with previous studies that have documented the vulnerability of women and children to the challenges associated with insurgency (Borton et al., 2005; Gwadabe et al., 2018; Obaji & Aloba, 2016; Opara, 2019; USAID, 2016).

4.1 Challenges of Young IDPs

Food and clothing top the needs or material challenges facing the young IDPs while general challenges include lack of adequate care and resources, freedom and financial aid, lack/poor education, and separation from family. Similar challenges have been reported in previous studies (Akuto, 2017; Cohen, 2001; Hamzat, 2013; Olanrewaju et al., 2018). The most common health problems among young IDPs include Malaria fever, cough, diarrhea, and cholera. Previous studies have shown that malaria is the most common sickness among IDPs (DTM NIGERIA, 2019; Gwadabe et al., UNPFA, 2016; WHO, 2018). Malaria, cough, diarrhea and cholera are very common because of exposure to mosquito bites, lack of good water and unhygienic environment of the IDP camps. Similar finding has also been reported in Cameroun (Eweka & Olusegun, 2016). Some studies have also reported outbreak of cholera in some IDP camps in the North where nearly 100% of toilets were reportedly not good/hygienic (DTM NIGERIA, 2019; Eweka & Olusegun, 2016; Gwadabe et al., 2018; Prince et al., 2019).

4.2 Impacts of the Intervention in IDPs Camps

This study found that the NGOs through the SRH program were providing both the material and medical needs to the IDPs to alleviate the challenges being faced by the IDPs. Material such as food, clothing, soaps/creams, blankets, and medicines were being supplied to meet the need of the IDPs. Unlike some previous studies that have reported lack of security and high rates of rape in IDP camps (Akuto, 2017; Borton et al., 2005; Prince et al., 2019), the young IDPs confirmed that they were fully protected in the camp and did not experience any issue of rape. However, the young IDPs laid emphasis on their willingness to gain freedom and live their lives out of IDP camps. Previous studies have reported that regardless of tight security in IDP camps, they are deprived of their freedom of movement (Olanrewaju et al., 2018).

Comparing their conditions since the inception of the SRH program, the young IDPs affirmed that their conditions have improved due to the supports they have been getting from the NGOs in the camps. However, one young respondent among young people indicated that the situation was unbearable which implies that there is still a need for improvement in the situation in the camps. Few studies have reported occasional humanitarian interventions in some IDP camps in Nigeria and further called for regular intervention (Akuto, 2017; Mohammed, 2017; Olanrewaju et al., 2018; USAID, 2016).

Apart from security and improved conditions, the young IDPs were trained on some artisan skills such as sewing, knitting among others though a very few of them were attending schools. This was due to the high rate of killing of teachers in the region, so, no adequate number of teachers to teach the young IDPs. This finding is in agreement with a recent study that reported lack of teachers and terrible classrooms being experience in IDP camps (Olanrewaju et al., 2019). Also, killing and kidnapping of teachers and students by the insurgents have been

reportedly responsible for lack of teachers in schools which makes many young IDPs drop out of school and opt for vocational training (Gwadabe et al., 2018).

Capacity building is key to sustainability as the skills acquired by the IDPs will go a long way in sustaining them when they eventually leave the camp. However, the finding from the FGD sessions revealed that most of the benefits of the intervention were tailored towards girl child at the detriments of boys. More importantly, the skill acquisition which is been implemented by MoWA has relinquished the boy child to no importance. This finding reflects the recommendation from previous studies that evaluated the challenges of IDPs which highlighted the need for empowering the IDPs with vocational training and skill acquisition in order to avoid idleness (Akuto, 2017).

4.3 Conclusion

This study found that young IDPs are being faced with material and health-related challenges as well as the lack of proper training and education. However, the outcome of the SRH project as revealed by the group discussions with these young beneficiaries is a manifestation of the efficient utilization of the resources of the project. The young people interviewed submitted that UNFPA and MoWA had carried out lots of awareness activities in all the components areas of the intervention, namely, STI treatment and management, HIV/AIDS, Psychosocial supports, provision of dignity kits and safe space. The project has raised the awareness of the state Governments of the need for counterpart for the funding. Also, capacity building has been very effective during the implementation of the project and this will promote the sustainability of the project. The effects of the project were felt by all the young beneficiaries of the project in all the camps where the data were collected. On the issue of sustainability, the girls commended ministry of women affairs for the opportunity given them to acquire basics skill in the camp but stressed the need to increase the seed grant due to inflation rate in the country, but they were happy with the privilege since they are now self-reliant. More intervention programs to alleviate the challenges of IDP, especially the young ones are advocated to enable them to fulfil their dreams in life, regardless of the activities of the insurgency in the country.

References

- Akuto, G. (2017). Challenges of Internally Displaced Persons (IDPs) in Nigeria : Implications for Counselling and the Role of Key Stakeholders. *International Journal of Innovative Psychology & Social Development*, 5(2), 21-27. Retrieved from <http://seahipaj.org/journals-ci/june-2017/IJIPSD/full/IJIPSD-J-4-2017.pdf>
- Borton, J., Buchanan-Smith, M., & Otto, R. (2005). *Support to Internally Displaced Persons - Learning from Evaluations: Synthesis Report of a Joint Evaluation Programme*. Channel Research Ltd. Retrieved from http://www2.sida.se/shared/jsp/download.jsp?f=SIDA4587en_Learning.pdf&a=3435
- Cohen, R. (2001). New Challenges for Refugee Policy: Internally Displaced Persons. In *Brookings*. Retrieved from <https://www.brookings.edu/on-the-record/new-challenges-for-refugee-policy-internally-displaced-persons/>
- DTM NIGERIA. (2019). Baseline Assessment of Displacement. In *International Organization for Migration* (Issue August).
- Elfaituri, S. S. (2016). Skin diseases among internally displaced Tawerghans living in camps in Benghazi, Libya. *International Journal of Dermatology*, 55(9), 1000-1004. <https://doi.org/10.1111/ijd.13115>
- Eweka, O., & Olusegun, T. O. (2016). Management of Internally Displaced Persons in Africa: Comparing Nigeria and Cameroon. *African Research Review*, 10(1), 193. <https://doi.org/10.4314/afrrrev.v10i1.15>
- Gwadabe, N. M., Salleh, M. A., Ahmad, A. A., & Jamil, S. (2018). Forced Displacement and the Plight of Internally Displaced Persons in Northeast Nigeria. *Humanities and Social Science Research*, 1(1), p46. <https://doi.org/10.30560/hssr.v1n1p46>
- Hamzat, A. O. (2013). *Challenges of the internally displaced persons and the role of society*. Retrieved from <https://www.thenigerianvoice.com/news/113484/challenges-of-the-internally-displaced-persons-and-the-role.html>
- Hines, D., & Balletto, R. (2002). *Assessment of Needs of Internally Displaced Persons in Colombia. December*, 36. Retrieved from <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/2676.pdf>
- Mohammed, F. K. (2017). The Causes and Consequences of Internal Displacement in Nigeria and Related Governance Challenges. *Working Paper, April 2017*, 1-39. Retrieved from <http://www.swp-berlin.org/%0AAswp@swp-berlin.org>
- Obaji, S., & Alobo, E. (2016). Internal Displacement in Nigeria and the Case for Human Rights Protection of

- Displaced Persons. *Journal of Law, Policy and Globalization*, 51(0), 26-33. Retrieved from <http://www.iiste.org/Journals/index.php/JLPG/article/view/32031>
- Olanrewaju, F. O., Olanrewaju, A., Omotoso, F., Alabi, J. O., Amoo, E., Loromeke, E., & Ajayi, L. A. (2019). Insurgency and the Invisible Displaced Population in Nigeria: A Situational Analysis. *SAGE Open*, 9(2). <https://doi.org/10.1177/2158244019846207>
- Olanrewaju, F. O., Omotoso, F., & Alabi, J. O. (2018). Datasets on the challenges of forced displacement and coping strategies among displaced women in selected Internally Displaced Persons' (IDPs) camps in Nigeria. *Data in Brief*, 20, 152-158. <https://doi.org/10.1016/j.dib.2018.07.042>
- OPARA, E., & N. (2019). Enhancing protection of internally displaced persons through domestic law and policy. *Nnamdi Azikiwe University Journal of International Law and Jurisprudence*, 10(2), 77-84.
- Prince, C. E., Uzoma, C. O., & Ejimkaraonye, C. (2019). *Understanding the Challenges of Northern Forced Migrants: From Escape To Life in Internally Displaced Persons Camps, Abuja. May.*
- Release, P., Cluster, P., Group, W., Recovery, E., & Working, C. (2008). *Protection of Conflict-induced IDPs: Assessment for Action.*
- UNPFA. (2016). Ngala IDP Camp Quick Assessment Quick Assessment: Ngala IDP Camp Security and logistics. *United Nations Population Fund*, 1-9. Retrieved from <https://data2.unhcr.org/en/documents/download/53084>
- USAID. (2016). Strengthening Integrated Delivery of HIV/AIDS Services in IDP camps in Borno State. *Libraries as Places: Buildings for the 21st Century, May.* <https://doi.org/10.1515/9783110935622.3>
- WHO. (2018). Malaria campaign saving young lives in Nigeria. Retrieved from <http://www.who.int/malaria/news/2017/emergency-borno-state/en/>

Copyrights

Copyright for this article is retained by the author(s), with first publication rights granted to the journal.

This is an open-access article distributed under the terms and conditions of the Creative Commons Attribution license (<http://creativecommons.org/licenses/by/4.0/>).