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Provision of Health Services to the Internally Displaced Persons in Maiduguri, Borno State, Nigeria: Collaborative Approach

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Abstract

There is need to respond to the plight of the Internally Displaced Persons (IDPs) amidst the growing number of calls for concerted efforts and better management. This can be facilitated through collaboration among the agencies responsible for the management of IDPs. The government of Nigeria and indeed Borno state government lacked the capacity to wholly manage the IDPs, hence, the need for the NGOs to assist the government in that regard. The study assesses the effect of collaboration among agencies in the management of the IDPs in Borno state. The obligatory humanistic theory was used in the study. The study adopted survey method and both primary and secondary data were used. The questionnaire, Interview, and Focus Group Discussion were used to obtained primary data. The study population is 2018 consisting of government officials, NGOs, and IDPs. The sample size of the study was 349 respondents; 333 government officials and 16 NGOs. Multi-staged sampling technique was used in selecting the sample. Both descriptive and inferential statistics were used for analysis of the data obtained. ANOVA and chi-square were used to test the hypotheses. The study found out that inter-agency collaboration effort has significantly reduced the outbreak of disease in IDPs camps in Maiduguri. The IDPs have access to child and maternal cares services and all barriers to accessing quality healthcare services have been eliminated in camps in Maiduguri. The study concludes that inter-agency collaboration has been effective in the provision of healthcare services to IDPs in Borno state. The study, therefore, recommends among others that agencies should work out modality to ensure improved referral healthcare system.

Key words: Internally displaced persons; Childcare, maternal care; Provision; Outbreak of diseases

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INTRODUCTION

With more than 66 million Internally Displaced Persons (IDPs) in 31 countries as at the end of 2016, sub-Saharan Africa is the region worst affected by internal displacement caused by conflict and violence International Office of Migration (IOM), 2016). Since the beginning of the Syrian crisis, the number of IDPs in the region has reached a record of 12 million, almost five times the figure a decade ago (IOM, 2016). In addition, IOM (2016) point out that there were 40.8 million IDPs worldwide largely caused by conflict and violence at the end of 2015 - an increase of 28 million on 2014, and the highest figure ever recorded. In 2016 the number of IDPs has doubled in the Middle East as a result of the activities of ISIS. Just ten countries accounted for over two thirds of the total, or around 30 million people. Colombia, DRC, Iraq, Sudan and South Sudan have featured in the list of the ten largest internally displaced populations every year since 2003 (Bilak et al. 2016). The figure proves that Internal Displacement is inarguably a serious humanitarian crisis and it is fast engulfing nations all over the world especially in Africa as a result of terrorist activities.

The scenario depicted above has also been evident in Nigeria. The phenomenon has manifested in the attacks carried out by Boko Haram terrorist group which has

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attracted global attention. Nigeria has one of the highest numbers of displaced persons in Africa at 2016 and accounts for about 15 million internally displaced by conflict and generalised violence (Bilak et al, 2016). This does not include internal displacement induced by development projects that are regulated by states. Between July and October 2012, National Emergency Management Agency (NEMA) (2013) estimated that a total of 7.7 million people were affected by inter-communal conflicts and flooding across the federation. Out of the affected population 2.1 million people were internally displaced (IDPs) as a result of terrorist activities. Boko Haram terrorist group have been killing people and destroying homes, leading to the exodus of millions of internally-displaced persons who have turned Maiduguri into a congested capital. There are over 1.5 million IDPs that are displaced from about 18 local government areas of Borno state who were forced to leave the comfort of their homes to take refuge in the state capital as IDPs. NEMA (2013) reports that Boko Haram terrorists had forced residents of various communities in Borno State to take refuge in Maiduguri, Adamawa, Bauchi, Gombe, Taraba, Bauchi, Yobe and Abuja, but as at July 2016, about 1.5 million IDPs are being camped in various public school premises, newly-completed but yet-to-be-commissioned housing estates, as well as among host communities in Maiduguri..

Borno State is worst affected in the North eastern region of Nigeria by terrorist activities, hence it has the largest number of IDPs. There are about one million five hundred internally displaced persons in the state (Sidi, 2015). These IDPs live in easily identifiable camps; others seek shelter in spontaneously created camps or in churches, schools, and other public building, while others move into the homes of family or relatives in Maiduguri, the state capital. The federal government and indeed Borno State government lack the capacity to offer protection to all the displaced persons. The available health facilities and personnel in the state are not sufficient to cater for the health needs of IDPs and the capacity by the state government to provide health services to all the IDPs is lacking. NGOs (write NGOs in full hence it is appearing for the first time, you can subsequently use acronym) are available in Maiduguri to assist the government in the management of IDPs. The extent to which government and NGOs have provided health services to IDPs in Maiduguri has not been documented, hence, the need for this study. The following research questions were raised to guide this paper.

i. Has the intervention of Agencies helped to reduce the incidences of sexually Transmitted Diseases in Camps?

ii. How has collaboration among agencies enhanced access to healthcare services?

iii. What is the effort of government agencies and NGOs in the provision of childcare services to IDPs?

iv. Has the intervention of Agencies improves maternal care services in camps in Maiduguri?

The paper also set out to test the hypothesis that states that;

HO_1 Collaboration among agencies has not significantly reduced the outbreak of disease among IDPs in Borno state.

INTERNALLY DISPLACED PERSONS

The concept of Internally Displaced Persons is equally a new phenomenon in the field of social and management sciences. The concept gained currency only in the 1980’s as a result of changing dimension in conflict in nations. Hitherto, conflict was inter-states but this period witnessed a change to intra-state conflict. United Nation Guiding Principles on Internal Displacement (1998:1) states that IDPs are “Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised state border.” United Nations Human Commission for Refugees (UNHCR) describes internally displaced persons (IDPs) as “probably the largest group of vulnerable people in the world” (UN, 1998). This definition although universally accepted fails to recognised those who were displaced by the perceived feelings to threat. According to the UNHCR (2007), it has an interest in the protection and welfare of persons who have been displaced by persecution, situations of general violence, conflict or massive violations of human rights: in other words, all those, who, had they crossed an international frontier, would have had a claim to international protection. Notably, this description does not include IDPs displaced as a result of natural disasters or development activities. Nonetheless, the subsequent ‘overriding’ consensus is that these persons are also worthy of attention, since they can also be subject to discrimination and human rights violations in the course of their displacement.

The definition of IDPs provided above is the most widely used definitions. Accordingly Geoffroy (2007), defined two main elements; the coercive or otherwise involuntary character of movement; and, the fact that such movement takes place within national border. Geoffroy (2007) argues that in spite of all the studies and research done to reach satisfying definitions, there is often no neat and clear distinction between forced and economic migration when it comes to a protracted crises, asset depletion often comes before displacement and it becomes hard to tell who is to be considered as a direct victim of the conflict and who is to be considered as an indirect victim.

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PROVISION OF HEALTHCARE CARE SERVICES TO IDPS

Central to all the frameworks or principles on the management of IDPs is the health of IDPs which is a key component of humanitarian assistance and a priority in the management of their well-being. The health needs of the displaced persons is so important that it is regarded as a separate indicator for the management, which is partly touched when discussing on their quality of lives. IDPs like refugees should enjoy access to health services equivalent to that of the host population, while everyone has the right under international law to the highest standards of physical and mental health. Government plan their health care interventions based on needs, risks and vulnerabilities, which are determined as part of an inter-agency assessment by a competent health and nutrition partners to secure the IDPs. There are so many health challenges confronting the IDPs which ranges from malaria, malnutrition, measles, diarrhea, respiratory tract infections, maternal and child mortality, and HIV/AIDs.

One of the greatest challenges to meeting the health care needs of IDPs is the lack of coordination among agencies saddled with the responsibilities of providing humanitarian assistance to the IDPs. ECHO (2006) reported that basic humanitarian needs in form of health care are not systematically addressed in camps in northern Uganda. However, where there is collaboration among agencies, the health challenges of the IDPs are usually mitigated. For example, a report by ACAPS (2014), showed that 40% of the outbreak of cholera in Maiduguri were reported to be from IDP camps, this percentage decreased significantly due to the medical intervention by Medicine Sans Frontiers (MSF) and state ministry of health. The agency collaboration as required by the Guiding principles, Kampala convention and National Policy on IDPs are a sure means of improving the health status of IDPs.

Review of literature on provision of health services by Ndayako, Godwin and Ifatimehin (2017) showed that IDPs faces health challenges in camps. Shahid (2014) posits that the rate of mortality was much higher among children and pregnant women as compared to other age groups in the camp due to inappropriateness and irregularity of healthcare facilities, Yaqub (2014)pointed out that government health facilities are low as compared to the needs of the IDPS, IDMC (IDMC Internal Displacement Monitoring Centre) (2014), Assessment Committee Application Processing System (ACAPS) (2014) reports that population in northeastern Nigeria lack adequate access to health services. Rajput (2013) asserts that reproductive health services in the existing health facilities for IDPs are insufficient and there is a lack of gynecologists, anesthetists, and female medical officers. Enwereji (2011) asserts that there is poor health services provided to IDPs in Abia State Nigeria. Lee, Smith, Shwe, Scharschmidth, Whicard and Kler(2009), Hakamies, Geissler, and Borchert (2008) pointed out that IDPs have to be trained as health workrs to make up for the deficient health personnel in the camp. Chen, Von Roenne, Souare, von Roenne, Ekirapa, &Howard (2008) point out that the displaced nurses/midwives or lay health facilitators were more frequently used as health workers in the camp. Lawrence, Anastorio, and Lawry (2007) also point further that the health facilities in most IDP camps are overburdened. The review showed that IDPs' health care needs are not sufficiently met by their managers.

OBLIGATORY HUMANISTIC THEORY

Within anthropology and normative public administration, the origin of moral obligation in the assistance of others can be traced to the work of Carolyn Pope Edwards (1985) and Ronald Cohen (1989). In the first instance, Edwards (1985) creatively addressed the issue of ethical discourse. Couched within a discussion of ethical relativism, the author stressed the importance of understanding and comparing discourses associated with rights and morals. The author also was interested in the research methodologies that might be employed in assessing these. One key issue is the author's cogent statement of the following, 'Ethical discourse' which can be defined as a string of…arguments containing 'moral statements' (statements about *what* actions or attitudes are obligatory or virtuous) and/or 'ethical statements' (statements about *why* those actions or attitudes are morally right or wrong)". In the second instance, Cohen (1989) built his argument upon considerations of human rights and cross-cultural variations in their interpretation. It is irrelevant to assert and defend simplistic polarities of relativism versus universal moral imperatives, the answer to such questions [of what works and what should be done helping others] lies in the hurly-burly amid the blooming, buzzing confusion of real-world experience, where rights or a sense of what is just and fair emerged. Both these authors stressed early-on that the use of empirical, case-based data is essential.

This theory is relevant to this study in so many regards. In the first instance, when situated within the context of this study, the management of IDPs in Borno state requires economic, cultural, ethnic, psycho-social, and geopolitical boundary crossing in two regards. First, the prevailing security situation in Maiduguri is such that agencies in the management of IDPs most especially, for the NGOs most especially will not strive, however, the situation is different as both the government and NGOs have maintained contacts despite differences in culture, language, and geographical locations, with IDPs both in camps and outside the camps in Maiduguri. In the other instance, the financial commitment to people in need, buttress the point that the theory is simply in the right direction as far as the study is concerned.

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A key component of the theory that makes it more relevant to this study is that it sees the management of the vulnerable as more of a right than a privilege. Equally, the theory is more relevant to the study because it calls for the assessment of the needs of the IDPs and not just assumed needs of vulnerable. Finally, this theory is relevant to this study because of the requirement of inter-agency collaboration. There must be a web of humanitarian actors synergising to avoid repetition and waste to enhance the capacity of the IDPs. In the context of limited resources and a finite amount of infrastructure, understanding who has the capacity and the willingness to perform which tasks enables greater efficiency in resource distribution. In this regard, government and NGOs have been working together to ameliorate the plight of the displaced persons in camps and host in Maiduguri, Borno state.

Methodology

The study was conducted in eight official camps and three un-official camps. The study utilized primary source of data. The primary source was obtained through structured questionnaire and interview. The population of the study comprise of a governmental official, and NGOs. The first category of the population consists of a staff of NEMA, Borno SEMA, the staff of Ministries of health, and education, security personnel and civilian (Joint Task Force) totaling 1973. The second category of the population is 45 NGOs in Maiduguri. The total population of IDPs as at the time of data collection is 2018.

The sample size for the study is of 333 officials of government agencies (obtained using Yamane Formula) and 16 NGOs (purposively obtained). The sample is 349. A multistage sampling technique was adopted to select the sample. Simple random sampling technique and proportionate sampling techniques were applied to select 333 government officials of camps (both official and unofficial). Purposive sampling technique was used to select the NGOs that have been in Maiduguri since 2014 whose core competencies are within the scope of this study.

Taro Yamane (1967) formula was use to collect the sample as presented below:

$n=N/1+N(e)^2$

Where

n= sample size

N= finite Population

1= unity or constant

e= level of significance (5%)

Governmental officials:

$n= 1973/1 + 1973 (0.05)^2$

$n= 1973/1+ 1973 (0.0025)$

$n=1973/1+4.93$

$n=1973/5.93$

$n=333$

DATA PRESENTATION

Health care service is an essential ingredient for the management of IDPs as provided by all the principles and document as well as policies. This section provides an answer to question which centers on the provision of healthcare services to the IDPs. The questions state that; what is the effect of inter-agency collaboration in the provision of healthcare services to IDPs in Borno state? The answer to the question is provided for in the analysis that follows.

i. Reduction in the cases of Sexually Transmitted Diseases (STDs)

The researcher sought to know from the respondents whether there is a campaign by government and NGOs against Sexually Transmitted Disease (STDs) especially HIV/AIDs among IDPs in the camps.

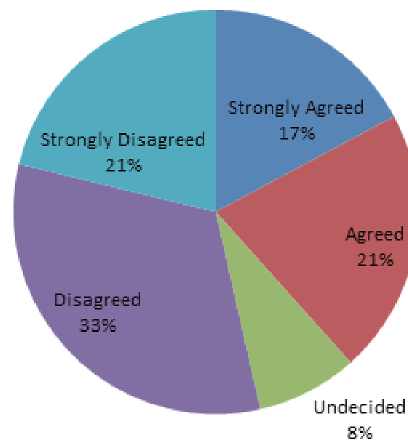

Figure 1
Reduction in the cases of STDs
Source: Field survey, 2017

Figure 1 reveals the effort of agencies in the campaign against STDs especially HIV/AIDs. The figure shows that 53(17%) and 64(21%) strongly agreed and agreed that there is a collaboration among agencies towards the campaign against STDs in the camps. Moreover, the figure shows that 99(32%) and 66(21%) disagreed and strongly disagreed respectively that there is a high level of the campaign by government and NGOs against STDs among IDPs. Analysis of the table shows that the level of campaign against STDs especially HIV/AIDs by the agencies is low given the figure from the Ministry of Health. The implication of the result is that there is lack of synergy in the campaign against HIV/AIDs in Borno state.

Interview 1: The findings of the study from the interview indicates that all the NGOs embarked on campaigns against the transmission of sexually transmitted disease especially HIV/AIDs. One of the interviewees pointed out that posters are placed in strategic positions and translated in Hausa and Kanuri languages. At the clinics located in each of the camps, patients are regularly empowered with knowledge about the mode of transmission and control of STDs. During

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registration according to the interviewees, it is mandatory that IDPs are screened for STDs especially HIV/AIDs. Those infected are provided with health anti-retroviral therapy. There is synergy among agencies in the camps in the case of the campaigns against HIV; this is because the control of the disease among the IDPs is of importance to the government most especially. The inference from the discussion showed that there is synergy among agencies in the campaign against the transmission and control of STDs especially HIV/AIDs in camps Borno sState. The implication of the study is that there is low prevalence of STDs especially HIV/AIDs in Maiduguri. as a result of compliance by the agencies to the principles and guidelines in the management of IDPs.

FGD1: The researcher sought to know from the participant of the FGD who are IDPs whether there was a campaign by government and NGOs against HIV/AIDs in the camps?. This is with the view to ascertain the effort of inter-agency collaboration at creating awareness among IDPs because of their vulnerability. The finding from the discussion shows that 354 (89%) of the IDPs pointed out that no form of enlightenment campaign exists in the camps for the creation of awareness. However, they are aware of the disease even before the displacement. Some of the IDPs pointed out that when you get to the clinic in camps sometimes you are told about the disease. The inference from the finding revealed that inter-agency collaboration has not helped in the creation of awareness about the mode of transmission and control of sexually transmitted disease especially HIV/AIDs among IDPs in camps. However, they are aware of it even before their displacement. The implication of this finding is that there is a level of awareness among the IDPs on the mode of HIV/AIDs infection in the camps.

Healthcare Services for IDPs

The IDPs are usually confronted by barriers to access to health care and it is the responsibility of the managers to remove these barriers. The researcher sought to know from the respondents whether inter-agency collaboration has removed the primary obstacle in accessing health care for many IDPs such as lack of resources, including paying of transport to the nearest facilities. The study also sought to know whether child care and ante-natal services is adequately enhanced by functional coordination among agencies

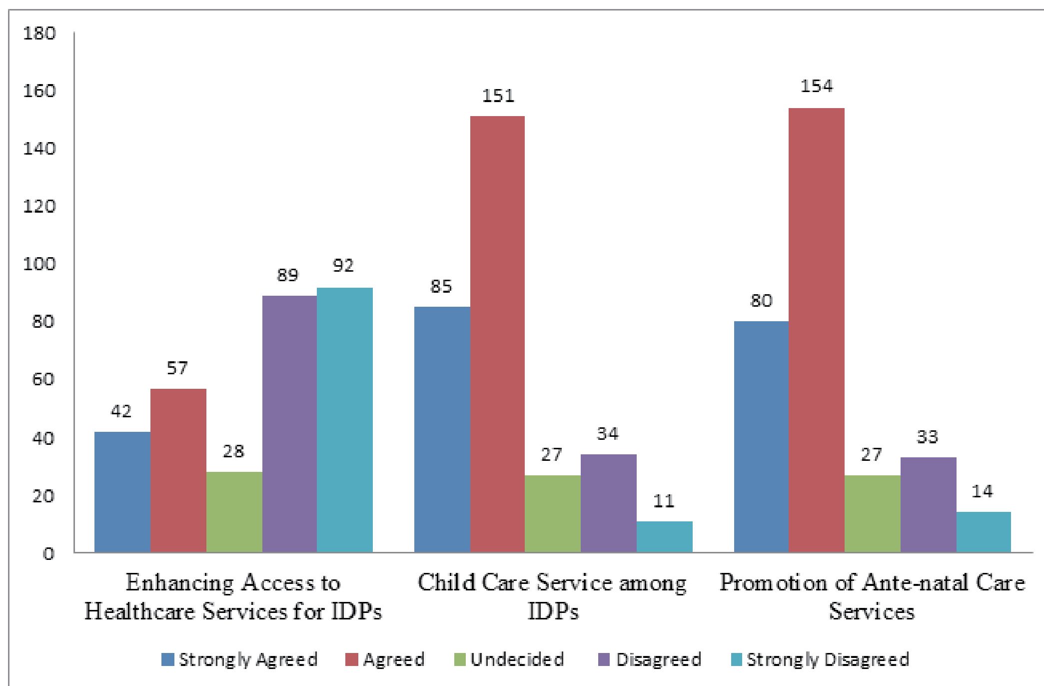

Figure 2
Healthcare services for IDPs
Source: Field survey, 2017

Access to Health Care Service

Figure 2 shows the effort of collaboration in the removal of barriers and obstacle to accessing healthcare services in Borno state. The figure reveals that 42(14%) and 92(30%) strongly agreed and agreed respectively that inter-agency collaboration has removed obstacle to healthcare. The figure also shows that 89(29%) and 57(17%) disagreed and strongly disagreed respectively that inter-agency collaboration has removed obstacle access to healthcare. Analysis of the figure shows that majority of the respondents posit that inter-agency collaboration has not removed the barrier to access to health care. Inter-agency collaboration has not enhanced access to healthcare services among IDPs.

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Interview 2: The finding of the research from the interview reveals that both the government and NGOs have done a lot to remove the barrier to accessing healthcare services among IDPs. The healthcare services provided by the agencies to the IDPs are free. Agencies have collaborated in ensuring that clinics are brought closer to the IDPs that they don't have to travel far to have access to health services. The only time the IDPs have to travel is when referrals are made. To ensure that these IDPs are not debarred by lack of transportation fare, SEMA and NEMA use their ambulances to convey the patients to the hospital, and where this was lacking, the IDPs are given transportation money. One of the NGOs pointed out the payment of 500 nairas as transport fare. In the area of referrals, there is functional coordination between and among agencies saddled with the responsibilities of providing health care to the IDPs in Maiduguri. The inference from the interview showed that the primary obstacle in accessing health care services for many IDPs is their lack of resources, including to pay for transport to the nearest facilities especially when referrals are made have been removed. The implication of the finding is that IDPs have access to healthcare services.

CHILDCARE SERVICE IN IDP CAMPS

Figure 2 also shows the effort of collaboration in the provision of childcare services to IDPs in Borno State. It also shows that 85(28%) and 151(49%) strongly agreed and agreed respectively that child care services is adequately enhanced by functional coordination among agencies. However, the figure shows that 34(11%) and 11(4%) disagreed and strongly disagreed respectively that child care services is adequately enhanced by functional coordination among agencies. Analysis of the figure revealed that child care services are adequately enhanced by functional coordination among agencies. The implication of the finding is that there is functional collaboration among agencies in the provision of child care services in the camps which has helped improved the health status of the children.

Interview 3: The finding of the interview reveals that in each of the official camps, there is the presence of both government health officials and NGOs providing child care services. However, only the presence of NGOs is recorded in un-official camps most especially UNICEF. There is a high level of collaboration among agencies in catering for the healthcare needs of the children. Collaboration occurs at the level of referrals from clinics maintained by NGOs to state specialist hospital, Umaru Shehu Ultra model hospital and the University of Maiduguri Teaching Hospital. The interview further revealed that MSF has established a hospital with facilities likened to that of secondary level of care, which is also referred by lower clinics in each of the camps. The inference from the interview showed that there is a high level of coordination among agencies in the provision of childcare services in camps in Maiduguri,. The implication of the finding is that there is functional coordination in childcare services which has improved the health status of IDPs children.

PROMOTING ANTENATAL CARE SERVICES

Furthermore, Fig. 2 shows the relationship between agency collaboration and the provision of antenatal care services in the camps. The study reveals that 80(26%) and 154(50%) strongly agreed and agreed respectively that there is coordination among agencies in terms of provision of antenatal care services. The figure also shows that 33(11%) and 14(5%) disagreed and strongly disagreed respectively that there is coordination among agencies in terms of provision of antenatal care services. The inference from the figure showed that there is strong coordination among agencies in terms of provision of antenatal care services. The implication of the result is that most of the IDP women have access to antenatal care in their various camps.

Interview 4: The interviewee pointed out that in each of the clinics in the camp (both official and un-official) there is a special unit dedicated to the provision of antenatal care services to pregnant women. All the necessary services are provided to the women in the clinics. When asked if this was done by different agencies, the interviewees were unanimous in saying that each of the NGOs maintains their individual clinics but collaborate whenever the need arises. Pregnant women are attended to by qualified health personnel provided by the respective agencies. According to the interviewee's government health officials are only found in official camps which equally enjoy the presence of NGOs, however, only NGOs provides antenatal services to pregnant women. The inference from the interview showed that there was coordination among agencies in the provision of antenatal care in official camps which was lacking in un-official camps. The implication of the finding is that IDPs in official camps receives more attention than those in unofficial camps. However, antenatal care services are adequate in the two types of camps.

TEST OF HYPOTHESIS

HO_1 Inter-agency collaboration has not significantly reduced the outbreak of disease among IDPs in Borno State.

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Table 1
Inter-Agency Collaboration and Outbreak of Disease (Contingency Table III)

Responses	Government Agencies	NGOs	IDPs	Total
Strongly agreed	111	3	172	286
Agreed	117	1	148	266
Undecided	24	0	24	48
Disagreed	43	0	30	73
Strongly disagreed	13	0	24	37
Total	308	4	398	710

Source: Field Survey, 2017

Table 1 is the contingency table which brings together responses of the officials of government, NGOs, and IDPs from tables 5.3, 5.8 and 5.13 respectively.

Table 2
ANOVA Summary on Collaboration and Outbreak of Disease

Source of variation	Sums of Square	DF	Means of squares	F	P
B/WSS	13633.2	2	3408.3	1.01	< 0.05
WSS	33684.5	12	3358.45		
TSS	47317.7	14			

Source: Field Survey, 2017

Decision: The calculated value is 1.01 while the critical (table) value 3.88. Therefore the calculated value is less than the table value so the null hypothesis is accepted and concludes that inter-agency collaboration has not significantly reduced the outbreak of disease among IDPs in Borno State. The implication of the findings is that it was not collaboration that stopped the outbreak of diseases among IDPs but the individual efforts of the various agencies.

DISCUSSION OF FINDINGS

The null hypothesis tested was accepted and a conclusion was drawn that inter-agency collaboration has not significantly reduced the outbreak of disease among IDPs in Borno State. The implication of the findings is that it was not a collaboration that stopped the outbreak of diseases among IDPs but the individual efforts of the various agencies. This is because there were only a few cases of outbreaks of diseases in the camp (NYSC outbreak of Cholera) which was responded and nib to the bud by all the concern authorities.

The IDPs given their vulnerability are exposed to contagious and infectious diseases. Principle 19(3) and Section on Right of IDPs to assistance (i) posits that Special attention should also be given to the prevention of contagious and infectious diseases, including AIDS, among internally displaced persons. The study examined the extent to which the agencies saddled with the responsibility of managing the IDPs have gone in the prevention of this disease through campaigns. The response of the government officials in figure 1 with 165(54%) showed that the level of the campaign against STDs especially HIV/AIDs is low. Similarly, the response of IDPs in FGD 1with 354 (89%) revealed that inter-agency collaboration has not helped in the creation of awareness about the mode of transmission and control of sexually transmitted disease especially HIV/AIDs among IDPs in camps. However, the response of NGOs in interview 1 found out that that there was synergy among agencies especially NGOs in the campaign against the transmission and control of STDs especially HIV/AIDs in camps in Borno state. The HIV/AIDs prevalence rate among the IDPs is low.

This study corroborated the finding of Spiegel (2004) and WFP (2004) that NGOs have provided anti-retroviral therapy and drugs, and advocated for the protection of the rights of IDPs. However, the study by UNHCR (2006) points out that government agencies have failed to address the HIV-related needs of IDPs which not only denies them their rights but undermines the effectiveness of HIV prevention and care efforts for surrounding communities, this was as a result of failure of coordinated roles between governmental agencies and NGOs in the management of the health of IDPs.

Children and unaccompanied minors are vulnerable groups. The healthcare need of children is enormous and hence article 9.2.c, of Kampala convention (2009) and Section on Right of IDP Children (f), of National Policy on IDPs (2012) pointed out internally displaced children shall be entitled to good medical care and immunization against diseases that may cause death, retard their growth or affect their general well-being. The study hence examined the adequacy of childcare services enhanced by collaboration among agencies in Borno State. The study found out from the response of the government officials in figure 5.2 with 179(58%) pointing out that child care services are adequately enhanced by functional coordination among agencies. This was supported by the response of NGOs in interview 5.2 that there is a high level of coordination among agencies in the provision of childcare services in camps in Maiduguri, Borno State.

Shahid, (2014) points out that health of IDPs is mostly addressed in perspective of reproductive health, malnutrition and immunization programs and their psychological needs remains mostly a neglected area. This presupposes that the finding of Shahid (2014) is not in agreement with this study given that child care services are adequately provided to the IDPs by the government and NGOs and there is no synergy in this effort, given the huge success recorded.?that children were affected the most during displacement by infections and diseases among many age groups while women in reproductive ages suffered more due to reproductive health issues as compared to men. The rate of mortality was also much

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higher among children and pregnant women as compared to other age groups in this study due to inappropriateness and irregularity of healthcare facilities. This study, therefore establishes that synergy among agencies has enhanced the provision of children healthcare services among IDPs in both official and unofficial camps.

Equally important to note is that women have given birth while fleeing and without access to natal healthcare. Now that these women are settled in camps attention must be given to the healthcare needs especially in northeast Nigeria where reproduction is high. According to Principle 19(2) of the UN Guiding principle (1998), special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care. The study found out from the response of government officials in figure 2 with 234 (76%) that there is strong coordination among agencies in terms of provision of functional antenatal care services. The response of NGOs corroborates that of government in interview 4 showed that there is coordination among agencies in the provision of antenatal care in official camps. However, their response differed in the sense that it pointed out that only the NGOs provided natal healthcare services to IDPs in un-official camp. There is a sharp contradiction of this work with the finding of the studies of Shahid (2014) and UNHCR (2007) where they posit that existing camp facilities, including for health services, are not sufficient to meet the needs of the displaced people including pregnant women.

Furthermore, the finding of Rajput (2013) asserts that reproductive health services in the existing health facilities are insufficient and there is a lack of gynecologists, anesthetists, and female medical officers. Essential reproductive health medicines are also needed. There were only four gynecologists in the health facilities that cater for the reproductive health needs of the district. Lawrence, Anastorio, and Lawry (2007) also point further that the health facilities in most IDP camps are overburdened. According to IDMC (2014) IDPs in Borno State often have only minimal access to health services, and their lack of access is of particular concern given that the overwhelming majorities are women and children. ACAPS (2014) reports that population in northeastern Nigeria lack adequate access to health services, only 37% of health facilities in the state of emergency states (Borno, Adamawa, Yobe) are functional. However, this study corroborates with the work of Red Cross (2006) that NGOs has provided drugs and other vital kits to women camps.

CONCLUSIONS

The activities of the humanitarian agencies have ensured unfettered access to healthcare service by the IDPs in Borno state. Make the conclusion a little more elaborate. This is unaccepted in academic research

Recommendations

It is commendable that women are given hygiene kits, but prevention is always better than cure. The toilets should not be left for the IDPs to maintain rather competent people should be employed and well monitored to help in the maintenance of the toilets, using disinfectant all the time.

Access to healthcare service has been provided to IDPs. However, what is still a problem is referrals. Most hospitals have begun to reject the IDPs because the government has failed to reimburse them as agreed. The government should show more commitment by introducing a community-based insurance scheme for the IDPs. The scheme should cover all the medical expenses for the IDPs for all ailments and at all levels of care.

REFERENCES

ACAPS (2014). *Briefing note: Cholera outbreak in Borno State.* Nigeria. Annual Report.

Bilak, A., Cardona-Fox, G., Ginnetti, J., Rushing, E. J., Scherer, I., Swain, M., Walicki, N., & Yonetani, M. (2016). *Global Report on Internal Displacement*. Published by Internal Displaced Monitoring Center and Norwegian Refugee Council.

Chen, M., Von Roenne, A., Souare, Y., von Roenne, F., Ekirapa, A., & Howard, N. (2008). Reproductive health for refugees by refugees in Guinea II: sexually transmitted infections. *Conflict Health, 3*(3).

Cropley, L. (2004). The eeffect of health iinterventions by NGOs on child Malaria treatment-Seeking Practices among Mmothers in Rrural Ddisplaced Vvillages in Belize, Central America. *Health Promotion International Journal, 8*(2), 2-7.

Enwereji, E. E. (2011). Assessing interventions available to internally displaced persons in Abia state, Nigeria.*Libyan Journal of Medicine*, *4*(1), 23-26.

Geoffroy, A. D. (2007). *From internal to international displacement in Sudan. The forced migration and refugee studies programme*. The American University in Cairo, Egypt.

Hakamies, N., Geissler P. W., & Borchert, M. (2008). Providing reproductive health care to internally displaced persons: Barriers experienced by humanitarian agencies. *An International Journal on Sexual and Reproductive Rights, 16*(31), 33-43.

IDMC (2014). *Global overview: People internally displaced by conflict and violence*. Norwegian Refugee Council, Chatelaine, Geneva.

Larrance, R., Anastario, M., & Lawry, L. (2007). Health status among internally displaced persons in Louisiana and Mississippi travel trailer parks. *International Journal of Public Administration and Management Research*, *2*(3), 7-12.

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National Emergency Management Agency. (2013). *Annual report*. Abuja: Yaliman press Ltd.

Ndayako, I. A., Godwin, O. E., & Ifatimehin, O. O. (2017). Assessment of the Role of National Emergency Management Agency (NEMA) in the provisions of relief materials for internally displaced persons in Borno state. *Environmental Watch Journal*, *10*(1), 321.

Rajput, S. G. (2013). *Issues and the challenges of the displaced Kashmiri Pandit community*. Thesis submitted to the School of Conflict Analysis and Resolution, George Mason University.

Shahid, K. (2014). Provision of health assistance to internally displaced persons of South Waziristan Agency in Camps. *Journal of Research Centre for Management and Social Studies, 2*(3), 84-97.

Sidi, M. M. (2015). *National Emergency Management Agency*. *Annual report*. Abuja: Yaliman Press Ltd.

Spiegel, P. (2004) HIV/AIDS among conflict-affected and displaced populations: Dispelling myths and taking action. *Disasters*, *28*(3), 322-339.

Tanaka, Y., Kunii, O., Okumura, J., & Wakai, S. (2004). Refugee participation in health relief services during the post-emergency phase in Tanzania. *Journal of Public Health*, *1*(2), 50-61.

UNHCR. (2006). *Right to water and protecting refugees*. Technical Support Section, Geneva, Switzerland.

World Food Programme. (2004). *Protracted relief and recovery operation - Senegal 10188.1: Post-conflict Relief and Rehabilitation in the Casamance.* Projects for Executive Board Approval, document WFP/EB.3/2004/8-B/1. (Rome: World Food Programme).

Yaqub, E. (2014). Collaboration between the state and NGOs. *E.A journal*, *1*(2), 22-41.

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