Direct Research Journal of Public Health and Environmental Technology

Vol. 9(3), Pp. 65-91, September 2024,

https://journals.directresearchpublisher.org/index.php/drjphet

Research Article
ISSN: 2734-2182

Evaluating Health challenges Encountered by Internally Displaced Persons (IDPs) in Makurdi L.G.A Government of Benue State, Nigeria

Eleojo Toyin Okutepa[1]* and Immaculata Etim Bassey[2]

[1]College of Health Sciences Department of Nursing Science, Igbinedion University Okada, Edo State, Nigeria.
[2]College of Health Sciences Department of Nursing Science, Igbinedion University Okada, Edo State, Nigeria.
Corresponding author email: okutepa.toyin@iuokada.edu.ng

ABTRACT

The main objective of this research is to assess the health challenges faced by internally displaced persons (IDPs) in Makurdi. Four corresponding questionnaires and hypotheses were used within a descriptive cross-sectional study design. The study population includes all IDPs currently residing in selected camps in Makurdi Local Government Area, totalling approximately 14,041 individuals in 41,150 households, with a sample size of 437 individuals. The Social Determinants of Health (SDH) theory and the Health Belief Model (HBM) were applied. Descriptive data were expressed as percentages, frequency counts, and mean ± standard deviation, and presented in words and frequency distribution tables. The analysis reveals that IDPs in Makurdi face severe health challenges, including common issues such as diarrhea, pneumonia, malaria, typhoid, and skin infections. Older IDPs report higher incidences of these conditions, while younger IDPs (under 18 years) suffer more from malnutrition. Gender differences show females experiencing more pneumonia and arthritis, while males have slightly higher rates of diarrhea. Healthcare services are generally inadequate, with low satisfaction and poor quality noted overall. Although response times are reasonable, the overall availability and quality of healthcare remain poor. Significant differences in healthcare perceptions are observed based on age and gender, with females rating the importance of healthcare strategies higher than males. The inadequacies in healthcare delivery highlight a critical gap affecting the well-being of IDPs, and consistent patterns across demographics indicate a need for comprehensive and inclusive healthcare intervention.

Keywords: Health challenges, internally displaced persons (IDPs), Makurdi, Social Determinants of Health (SDH) theory, Health Belief Model (HBM)

Article information
Received 7 August 2024;
Accepted 16 September 2024;
Published 22 September 2024
DOI:https://doi.org/10.26765/DRJPHET4091772560

Citation: Isidahomen, I. E., and Bassey, I. E. (2S024). Males Perception and Involvement in Family Planning in Ohen Ward in Ovia North East Local Government Area. Direct Research Journal of Public Health and Environmental Technology. Vol. 9(3), Pp. 65-91. This article is published under the terms of the Creative Commons Attribution License 4.0.

INTRODUCTION

Over the years, population displacement across the world and specifically in North-Central, Nigeria is alarming due to the reoccurring incidences of Boko Haram insurgencies, Farmers/herders clashes, banditry, inter communal crisis, and the health challenges faced by Internally Displaced Persons (IDPs). Numerous studies report high levels of depression and anxiety in adult or mixed-age IDP populations (Makhashvili, Chikovani, McKee, Bisson, Patel, & Roberts, 2018; Roberts, Ocaka, Browne, Oyok, & Sondorp, 2019). The evidence suggests the prevalence of these health challenges and disorders appears higher among IDPs than non-IDPs in North-

Central, Nigeria. There is evidence that IDPs living in camps experience a disproportionate burden of sexual and reproductive health problems compared to non-IDPs. This is reflected in higher rates of unintended pregnancies, adolescent pregnancies and sexually transmitted infections and psychological distress related to conflict and displacement among women is often reported and is a primary reason for discontinuing breast-feeding before their infant was six months old.

IDPs are faced with serious health challenges and need assistance in terms of protection, shelter, nutrition, access to water and healthcare. In particular, the health challenges faced by displaced persons can be immense and overwhelming, comprising high rates of communicable diseases, elevated prevalence of acute malnutrition, high mortality rates and generally poor and inadequate health care services (Toole, 2021). All these have been reported to manifest in the North-Central region of Nigeria.

It was reported that malaria remains the main cause of death in IDP camps. In Nasarawa State, over 55% of deaths are linked to malaria, diarrhea, measles and so on; in Benue State, malaria, diarrhea, pneumonia, hepatitis, cardiac arrest, arthritis, typhoid, depression, skin infections and chest infections remain the prevalent diseases in the camps.

From the above, it is obvious that the impact of the Boko Haram insurgency, banditry, farmers/herdsmen clash, communal wars on displaced persons in North-Central, Nigeria constitutes numerous challenges that relate to health.

National Emergency Management Agency (NEMA) averred that 209,577 children were screened for various illnesses, including malnutrition, malaria, diarrhea, and vomiting in IDP camps in North central, Nigeria. The agency indicated that about 6,444 severe cases of malnutrition were recorded in the camps, with 25,511 showing mild to moderate symptoms, while 177,622 among them were not malnourished (Adimula, 2019). Malnutrition is therefore, another common health challenge facing displaced persons in the region.

According to Save the Children International (2018), the insurgency in the North-Central 'continues to increase population displacements, restrict income generating activities, limit trade flows and escalate food prices. As a result of limited access and shortage in food supplies, IDP populations in worst-hit areas of Benue, Nasarawa, Kogi, Kwara, Niger, plateau states as well as the Federal Capital Territory continue to experience food gaps, and acute food insecurity. Meal consumption has reportedly decreased from three meals to one per day and many IDPs have abandoned their farms and agricultural activities due to insecurity (Imasuen, 2018). Consequently, the IDPs (especially women and children) experience worsening situations of food insecurity and malnutrition.

Going forward, the possible cause for some health challenges for women are due to lack of reproductive health services, inadequate support from government, fear of kidnap by health workers. For instance, Saifura Hussaini Ahmed Khorsa, a 25-year-old midwife and nurse who worked with the International Committee of the Red Cross (ICRC) in the town of Rann, near the border with Cameroon, had been abducted on 1 March following an attack on the area, by armed extremists, in which dozens were killed. Among the casualties that day, were three UN aid workers: Emmanuel Yawe Sonter and Ibrahim Lawan who worked with the International Organization for Migration (IOM) and Dr. Izuogu Onyedikachi who worked with the UN Children's Fund (UNICEF). Two other female aid workers, who worked with UNICEF and ICRC, were also kidnapped during that incident, and remain in captivity.

Furthermore, prior barriers in getting the needed health attention by IDPs are that IDPs usually suffer from lack of access to health care services and children usually suffer most from this inadequate health care (Uzobo & Akhuetie, 2018).

Another barrier is that IDPs and host communities in the North-Central have only limited access to safe drinking water and adequate sanitation, leading to a decline in health and hygiene among IDPs and their host communities. Public latrines in informal camp-like settings such as schools are often non-existent or unusable. Furthermore, lack of treatment for sexually transmitted diseases puts women that are displaced at a higher risk of maternal mortality. In certain cultures, women do not seek health care services from a male practitioner. This also poses more health challenges to displaced women who may not have access to female health practitioners. Poor nutrition, poor sanitation, and communicable diseases also compromise the state of women's health.

Furthermore, internally displaced persons (IDPs) face challenges in gaining humanitarian assistance on time. The delay in providing is often caused by inadequate donor fundraising by the government, the United Nations, and other civil and humanitarian organizations in provision for the immediate needs of the most vulnerable people such as the distribution of food, blankets, shelter, health, nutrition, water, and sanitation services (Polastro, 2021). In some cases, there is weak coordination in the delivery of humanitarian assistance among all the stakeholders involved in the process hence causing a delay in providing the required help.

In Nigeria, a lot of people have been displaced especially in North Central, Northeast, and Northwest regions, and this causes IDP camps to spread across the country. As of January 2019 alone, no fewer than 483, 669 persons had already been displaced by herdsmen attacks in Benue state (Sahara Reporters, 2019). And by January 2021 the population of IDPs in the state had

risen to over 1.597 million persons (Godwin, 2021). Furthermore, by mid-June 2022 there were still about 1.5 million IDPs resident in various camps in the state that could not return to their homes for fear of being kidnapped (Vanguard, 2022).

According to the Benue State Emergency Management Agency, (SEMA, 2023), there are 26 Internally Displaced Persons, IDPs, camps in the state that are home to close to two million IDPs. Executive Secretary of the agency, Dr. Emmanuel Shior, who made the disclosure in Makurdi while flagging off the months' distribution of relief materials to the IDPs, explained that the camps comprised six official and 20 unofficial camps scattered across the state. These IDP camps include Abagena Camp, Makurdi-8,210 IDPs, Daudu Camp I UNHCR Shelter, Guma LGA-5,451, Gbajimba Camp, Guma LGA-20,172, Anviin Camp, Logo LGA-7,466, Uikam Camp, Guma LGA-27,222, Naka Community Gwer West LGA-23,070.

According to data from the UNHCR (2018), the displaced population in the world numbered 42.7 million in 2007. This number increased in the next 10 years by 50% in 2017 giving an estimated number of 64 million displaced persons in the world in a world population of 7.8billion people. In another report, UNHCR (2018), the global trend report of UNHCR show that about 68.5 million individuals were forcibly displaced worldwide due to conflict, persecution, generalized violence, and insurgency.

From what started in 2008 at Guma and Gwer-West Local Government Areas (LGAs) of the state as a minor skirmish, the Fulani-herders attacks on the farmers gradually proceeded beyond these two LGAs by 2010 and by January 2018, it had covered the entire Guma and several Council Wards in Gwer-West LGA. Other LGAs attacked include: Agatu, Makurdi, Okpokwu, Logo, Ukum, Kwande, Katsina-Ala, Tarka, Buruku and Gwer-East. The attacks assumed the dimension of a full-scale war of aggression, which has witnessed the use of sophisticated weapons by the rampaging Fulani herders and leading to the death of farmers, destruction of farm produce and farmlands, and eventually their means of existence. Although, the Nigerian government in 2017-2023 made several attempts to improve the health sector, the continuing Boko Haram and herders-farmers conflicts in the North continue to serve as barriers and exacerbate the breakdown of health facilities infrastructure. The shortage of health professional and manpower, especially Doctor, Nurses and Community health workers have deepened the crisis in the management of health sector, explaining why these health professionals were reluctant to work, even in accessible areas because of the fear of ongoing conflicts.

IDP health interventions such as water treatment can be crucial in controlling communicable diseases, reducing diarrhea incidence by about 90% and prevalence by over 80% (Ekezie et al., 2020). However, disease stages can add to intervention complexity and affect treatment uptake and adherence. Thus, the treatment of chronic diseases such as human immunodeficiency virus (HIV) and tuberculosis can be interrupted by the act of forced displacement or because of the unpredictable and poor living conditions of IDP populations, including the risk of repeated displacement (Ekezie et al., 2020).

The Nigeria state has been a core signatory to the United Nations guiding principles on internally displaced as well as the Kampala Convention of 2009 of the African Union (AU). The goal of the Kampala convention was to promote and strengthen regional and national measures to prevent or mitigate, prohibit, and eliminate the root causes of internal displacement as well as provide durable solutions.

Nigeria has also set up a national disaster management institution called the National Emergency Management Agency (NEMA), the National Commission for Refugees, Migrants, and Internally Displaced Persons (NCRMI), the Presidential Committee on Northeast Initiative (PCNI). International organizations such as the UNFPA, UNHCR, IOM, the Red Cross, UNICEF, etc to help coordinate and manage disasters in the country and with other state-controlled agencies. The organization is also responsible for managing the various IDPs camps with the support of both local and international Non-Governmental Organizations (NGOs) and Civil Society Organizations (CSOs) in the country. Each state of the federation also established its emergency management agency to address the issue of disasters, emergencies and IDPs. But all these efforts have yielded no desired results because the health challenges faced by IDPs in Benue, Nasarawa, Kogi, Kwara, Niger and Plateau states as well as the Federal Capital Territory are still enormous. It is based on this background that this study intends to assess the health challenges faced by Internally Displaced Persons (IDPs) in North-Central, Nigeria.

Internally displaced persons face significant health challenges related to their mental well-being, including conditions such as anxiety, depression, and post-traumatic stress disorder (PTSD) (Roberts, 2019). IDPs are at increased risk of communicable diseases compared to local populations. The incidences of tuberculosis and enter parasitic diseases were 8 and 5.4 higher among IDPs than non IDP populations (Castañeda-Hernández et al., 2018). This higher risk of communicable diseases is due to host, environmental and health system factors. Host susceptibility is influenced by inadequate nutrition (particularly among children) as well as greater risks associated with incomplete vaccination, leaving IDPs particularly susceptible to outbreaks of vaccine preventable diseases (VPDs).

The attacks on farmers and residents by the Fulani

herders and bandits characterized by large-scale destruction of lives, farmlands and properties, rape, abduction, and displacement of farmers which has instilled fear on residents to continue living in their communities, hence, the adoption of IPD camps as safe heaven has led to food insecurity in the study area and overcrowding in IDP camps which impact on the health of IDPs.

Overcrowding is a common problem in the camps with household sizes ranging from 10 to 21 people. With overcrowding, there is a general lack of access to necessities, such as food, clothing, water and even shelter, as well as a lack of sanitation, which has led to the breakout of water-borne communicable diseases which has resulted into serious health challenges. This has also greatly increased the ease with which diseases such as malaria, diarrhea and upper respiratory infections can spread.

Increase in population displacements restricts income generating activities, limit trade flows and escalate food prices. As a result of limited access and shortage in food supplies, IDP populations in worst-hit areas continue to experience food gaps, and acute food insecurity and all these pose various health challenges to IDPs. A research study from 2019 has observed also that poor waste-disposal in IDP camps has also led to environmental and water pollution which as well poses various health challenges like malaria, cholera, skin diseases and so on IDPs. Inappropriately disposal of waste has led to the development of breeding sites for mosquitoes, cockroaches, and rats that can spread diseases in IDP camps (United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA, 2020).

Internally displaced persons are faced with health challenges because of lack of access to health care services and children usually suffer most from inadequate health care which serves as barriers to good health care services (Uzobo &Akhuetie, 2018). NEMA also averred that 209,577 children were screened for various illnesses, including malnutrition, malaria, diarrhea, and vomiting. Malnutrition is, therefore, a common health challenge facing displaced persons in the region. Furthermore, lack of treatment for sexually transmitted diseases puts women that are displaced at a higher risk of maternal mortality. In certain cultures, women do not seek health care services from a male practitioner. This also poses more health challenges to displaced women who may not have access to female health practitioners.

It is important to state that both the government as well as humanitarian and donor agencies through national agencies such as the National Emergency Management Agency (NEMA), the National Commission for Refugees, Migrants and Internally Displaced Persons (NCRMI), the Presidential Committee on Northeast Initiative (PCNI) and International organizations such as the UNFPA, UNHCR, IOM, the Red Cross, UNICEF, etc have made significant efforts to assist displaced persons in the North-Central states, in spite of these efforts, the health challenges faced by IDPs are still enormous and displaced persons are still faced with serious health challenges in IDP camps. It is based on this problem that this researcher posed a question; what are the health challenges faced by Internally Displaced Persons (IDPs) in Makurdi?

Purpose of the study

The purpose of this study is to comprehensively evaluate the health issues encountered by internally displaced persons (IDPs) in Makurdi, Benue state in the North-Central Nigeria. By identifying the prevalent health conditions, assessing the accessibility and quality of healthcare services, and analyzing the socio-economic and environmental factors contributing to these health challenges, the study aims to provide a detailed understanding of the health landscape for IDPs in this region. Ultimately, the findings will inform the development of targeted interventions and policies designed to improve the health and well-being of IDPs, thereby enhancing their overall quality of life and resilience.

Objective of the Study

The main objective of this research is to assess the health challenges faced by Internally Displaced Persons (IDPs) in Makurdi

The specific objectives of this study are;

1. To determine the prevalent health problems affecting IDPs in Makurdi, Benue State
2. To assess the availability and quality of healthcare services accessible to IDPs in Makurdi. Benue State
3. To analyze the effects of displacement on the physical and mental health of IDPs in Makurdi LGA, Benue State
4. To suggest strategies and interventions for improving healthcare delivery to IDPs in Makurdi LGA.

Research questions

The research questions state as follows;

1 What are the prevalent health problems affecting IDPs in Makurdi, Benue State.
2 What the availability and quality of healthcare services accessible to IDPs in Makurdi, Benue State?
3 What are the effects of displacement on the physical and mental health of IDPs in Makurdi LGA, Benue State?

4 What are suggested strategies and interventions for improving healthcare delivery to IDPs in Makurdi LGA?

LITERATURE REVIEW

The concept of Internally Displaced Persons (IDPs)

There is no legal definition for IDPs as there is for Refugees. However, the United Nations report, Guiding Principles on Internal Displacement posit that IDPs are groups that are forced or obliged to flee or to leave their homes or homes, and who have not crossed an internationally recognized state border. The 'push' and 'pull' factors are often due to armed conflict or violation of human right(s) or man-made disasters. Refugees are displaced persons who, due to one of the reasons as mentioned earlier, migrate to another state. Salama, Spiegel and Brennan (2021) noted that refugees have a unique status in international law. That the United Nation High Commissioner for Refugee has an international responsibility to protect the rights of affected victims and coordinate both human and fundamental needs was espoused by the UNHCR in2018. In international law, there are two classifications of displacement: Refugee and Internally Displaced Persons with acronym IDPs. A refugee is a group of people who flee from their home country to neighboring state to seek protection outside their state border due to a threat to life while the internally displaced persons flee from their homes but stay in the country where the conflict occurred (Chimni, 2020).

According to the Guiding Principle of the United Nations population, Internally Displaced are often referred to as those who flee their residence because of insecurity caused by violence and systematic abuse of human right. They change their residences, away from such violence and the deprivation.

Questions still loom if these persons are considered as a part of the political, social, and economic order, especially when references are made to undeveloped nations. The case for this concern stems from the fact that the IDPs in these countries are often, forgot or left to their fate, and directly or indirectly further deprived of some fundamental human rights, not limited to the deprivation that precipitated their displacement. They are not catered for neither is the cause of their movement tackled with seriousness, particularly in Nigeria. The aftermath of the Boko Haram insurgency led to the outgrowth of the IDPs and displacement problems, lay credence to the above argument. IDPs are people whom involuntary migration from their homes as a result of armed conflict or drought and disasters in such critical situation that the relocation of an affected population becomes inevitable. Ibeanu (2019) submitted that IDPs are those who seek relocation due to a conflict in their region.

However, Hampton (2019) opted that people that flee their homes to seek safer net within the confines of their national borders or home country are classified IDPs. It was recent that IDPs was given attention before this time the focus of discourse was on Refugees. In 1988, the special Representative Security General the United Nations issued a Guiding Principles for IDPs; this was a framework that helped in curtailing the challenges faced by the internally displaced persons. Similarly, IDPs encounter greater challenges and uncertainty in camps which ranges from the right to property to dehumanizing conditions. They are scourged by poverty and hunger, diseases, neglects and feelings of alienations among others. All these conspire to worsen their status as internally displaced persons to psycho-socially and emotionally displaced persons.

Salama et al. (2021) noted that the group of IDPs who migrate to other places does so unwillingly; hence they can be categorized under the term "forced displacement." A phenomenon where the existence and magnitude of which are at best the subject of political discussion and the dynamics of which remain predominantly in the hands of individual actors (Meerton & Segura-Escobar, 2019). To show the remarkable difference between the IDPs and Refugees, Cohen (2019) observed that unlike refugees, IDPs often fall within a vacuum of responsibility within their countries. There is no clear international responsibility for assisting and protecting the internally displaced aside the general international humanitarian law, whereas, for refugees, the UNHCR exercises that responsibility on a clear ground.

Cohen (2019) has thrown up something that ordinarily would have remained elusive and vague to us thus; the distinction is better understood from the 'internal-external' angles of displacement. The fact that the plight and welfare of the IDPs are not adequately treated, the same respects like the well-being of the refugees remain contentious. Wille (2018) opined that the experiences of internally displaced persons are highly sensitive, with a potential to trigger deep divisions among states if not handled sensitively and promptly. From it, we have been able to unearth the grave neglect of the IDPs in the society where in some circumstances their basic needs are not met.

This insensitivity is reflected in government policies, in which little or no protection is given to this class of people, not even as a part of citizens. Thus, previous studies on the subject matter have given some quantitative estimates of the population of the internally displaced people in the world however; the estimates are amenable to change from time to time. These are primarily due to the increasing rate of armed conflict, violence, and social unrest, which has uprooting people (Meerton et al.2019). In 1999, the US Committee on IDPs stated that there were 21 million people worldwide who had been displaced. The latest study by IDMC in 2013

(Internal Displacement Monitoring Centre) has shown that this figure has increased to 28.8 million people. With the annual percentage growing at 2.5% vis-à-vis the alarming increment rate of armed conflict, violence, and social unrest in many countries of the world, it is expected this number would round off by 30millionby the end of 2015.

The internally displaced in Nigeria

According to Egwu (2019), the full scope of displacement is unknown in Nigeria. He based his argument on the capacity and resource of accurate data from a complex nature of IDPs. Consequently, the report of the IDMC (2018) shows that there had not been an actual survey on displacement and no mechanisms to monitor for a durable solution.

Rather what have been mere estimate of those in IDP camps or sight whereas researcher has not taken into consideration those with families and relatives outside the camps. Consequently, no official government report has given the accurate number despite the growing concerns. Oduwole et al. (2018), traced the factor responsible for displacement to the push and pull factors involved stating that one must take into cognizance violent conflict coupled with increasing level of poverty and low levels of education particularly in the northern Nigeria where the IDPs in high.

The number of recorded cases of displacement caused by manmade circumstances supersedes those from nature such as flooding, ocean surges, fire, tsunamis, etc. (Manz, 2019). The democratic transition in Nigeria in 1999 clearly showed the increase of people affected by diverse conflicts. Thus, since then the numbers of IDPs in Nigeria have been on the increase (Micheal et al. 2019).Politicization of religion and ethnicity in Nigeria led to the emergence of groups like Oduduwa Peoples' Congress (OPC), the Arewa Peoples' Congress (APC), and of late the Movement Jama'at Ahlus al-Sunnah LiddawatiWal- Jihad styled as Boko Haram and others (Bamidele2018::10). The same goes to the Movement for the Actualization of the Sovereign State of Biafra (MASSOB) movement of 1966 which led to the dreaded Nigerian-Biafran War that gulped about 1,000,000 people and displaced many. The emergence of these groups had resulted in the growing number of IDPs for decades in Nigeria.

But the most radical of the group is the Boko Haram with reported cases of violence with and across the shores of Nigeria. Attacks from this Islamic sect have resulted in the destruction and damage of infrastructure worth billions (Oriakhi & Osemwengie, 2019).

People flee almost every day, and are still forced into repeated displacement, when there are limited safe places, as a safe place today may turn unsafe the next day. Some scholars have argued that the victims suffer not only displacement but also, dislocations. The situation of displacement is very critical that the government of Nigeria is even yet to have an up-to-date number of IDPs. It is trite to note that terrorism whether domestic or transnational often has a devastating effect on the society.

Hampton (2018) observed that immediately after the end of the Cold War the world had seen new forms of conflict which range from the birth of radical sect, terrorism, and fundamentalist group. The sovereignty of states is put to test by various secessionist groups' demand for autonomy while the innocent citizens affected are exposed to all forms of human right violation in conflict scenario (Hampton, 2018).

Consequently, since the year 2009, Boko Haram gained recognition from international media and Western society particularly in the April 2014 tragic event that led to the abduction of over250 Chibok school girls (Zenn, 2019). Scholars like Akpan, Ekanem et al. (2019); stated that within 2002-2013 an estimated number of 10,000 persons have lost their lives to the insurgency while over 100 million dollars of property destroyed by the sect which led to massive displacement of persons. Scholars have argued that Nigeria spends 25% revenue on security. However, despite the enormous amount that is channeled to security the situation remains unaddressed. Many critics have attributed the failure to the Nigeria to address the growing increase of IDPs as politically motivated factors.

The displacement crisis in the world and Africa is complex and multifaceted. There has been both voluntary and involuntary displacement. Choice has necessitated the voluntary internal displacement to look for a better quality of life elsewhere in the state. On the other hand, involuntary displacement is a forced displacement. The distinction between voluntary and involuntary displacement is often narrow, leaving the internally displaced persons with little protection from both domestic and international law (Calderón, 2019). Despite the complexity surrounding the displacement discourse, the decision of the people to leave their homes to seek refuge elsewhere is prompted by various structural pressures with political, economic, social, and environmental characteristics (Williams, 2020).

Political causes of internal displacement of persons

Political reasons are some of the leading causes of displacement in the world and Africa. The major political causes of displacement include armed conflict and violence, and state fragility and poor governance.

Armed conflict and violence

According to the World Bank (2020), for the first time in five years, the world experienced an unprecedented rise

in conflicts and terrorist attacks. The increased conflicts and terrorist attacks led to a surge in the rate of displacement (World Bank Group, 2020). According to Bohra-Mishra & Massey (2020), there is a causal link between conflict and internal displacement. The authors while studying displacement in south Nepal postulates that threats to private safety in the form of extreme violence trigger movement of the population as the risk of moving are perceived outweighing with not moving (Bohra-Mishra & Massey, 2020).

In South Asia, there were 4.1 million displaced persons in 2014 because of conflict (NRC/IDMC, 2019). The displacement in Pakistan accounted for more than 46 percent of total Asia's displacement. Afghanistan and India accounted for 20 percent Bangladesh 10 percent, Sri Lanka two percent and Nepal one percent (NRC/IDMC, 2019). In 2015, the displaced persons in Pakistan increased from 1.9 million up from 746 400 people (IDMC, 2019). The increase in the displaced has been credited to the increased insurgency and counter-insurgency activities in the country. In Afghanistan, the actions of the Taliban, Al-Qaida in mainly targeted killings, suicide bombings, kidnappings, ethnic conflicts led to an increase of the displaced to 805,400 in 2014 from 631,000 in 2013 (IDMC, 2019).

In Bangladesh, there was a small-scale increase in internal displacement in 2014 as compared to 2013. There were an estimated 280,000 displaced in 2013. The displacement in Bangladesh was caused by generalized violence over land, and inter-communal clashes amongst minority groups (IDMC, 2019). The displacement of people in Ukraine in 2014 can directly be attributed to conflict with Russia that began six years ago. Moving from a country with no IDPs before the start of the conflict in eastern Ukraine and the annexation of Crimea in 2014, Ukraine now has the ninth largest IDP population in the world.

In Ukraine, 1.5 million people are displaced (UNCHR, 2022). Currently, the conflict has affected 5.2 million people causing death, destruction of property, and displacement of people. The correlation between armed conflict and displacement is also evident in South America. Currently, South America accounts for at least 10 percent of the world's total displacement (Brookings Institute, 2018). The gang violence in Colombia, for instance, is responsible for the displacement of at least 1.8 million persons, making it the country with the third-largest displaced population in the world after Sudan and Angola (Sanchez-Garzoli & Cohen, 2020).

In El Salvador, there are more than 273,036 people displaced because of threats, extortion, and assaults, including sexual assaults and rape (Tueller & Olson, 2018). According to William (2018), conflict is the leading cause of displacement across Africa. The conflict has been the cause of displacement of at least 1.4 million people yearly from 2014, resulting in a total of at least 25 million displaced Africans currently. Unfortunately, unresolved conflicts continue to sustain displacement on the continent. In Africa, at least 13 countries are facing armed conflict from 2000 to date. In the past three decades, a third of the world conflicts took place in Africa, and over 35 percent of the displaced population in the world is in Africa (UNHCR, 2022). The primarily affected areas of conflict and displacement have been the great lakes region, Sudan, Somalia, and the Lake Chad basin (Williams, 2018).

In Africa, displacement is highly complex than most parts of the world. Displacement in Africa is complicated because of multiple interlinked triggers, and drivers such as conflict, drought, famine, and flooding cause it (IDMC, 2019).

In Somalia, the correlation between violence and internal displacement is substantial. The number of internally displaced people is 2.7 million. According to Andrea and Darynne (2019), the triggers of internal displacement in Somalia include insecurity, conflict, war and lack of protection. The study findings in the camps will be used to validate or invalidate this position as well as identifying other triggers of displacement beyond insecurity, conflict, and lack of protection.

The terrorist activities of the Al-Shabaab have caused untold suffering to people, forcing them to move to safer locations. Attacks, threats, and extortion from the Al-Shabaab coupled with counter-insurgency operations from Somalia, as well as political infighting and inter-clan violence, have resulted in many deaths, injuries, and displacement of civilians (Council of Foreign Relations, 2020). Children and adults alike have been subjected to executions for supporting government activities. The attacks on the civilian infrastructure through suicide bombings have not only caused death but created fear and reduced the quality of life (Andrea, Chloe, Darynne, & Madeline, 2019).

State fragility and poor governance

There is also a strong correlation between state fragility, poor governance, and internal displacement of persons. According to the OECD definition, state fragility refers to lack of political will and capacity to provide the essential functions needed for poverty alleviation, human development and to safeguard the security and human rights of their population (OECD, 2019). According to Goldstone (2018), state fragility and poor governance are existent when political violence, institutional collapse, loss of legitimacy and effectiveness of management, state failure are present in a state (Goldstone, 2018). Poor governance is a symptom of state fragility. According to Williams (2020), displacement is a critical consequence of the relationship between exclusive governance, political crisis, and conflict. The scholar postulates that the governments that are accountable, legitimate, and

participatory always mitigate conflict hence displacement of the people. According to the study by Araya (2020), explicit or implicit human rights abuses, criminal violence, and persecution are characteristics of a fragile state. The external and internal stresses coalesce outweighing state's immunity system as a consequence of legacy of violence and trauma, external invasion, external support for domestic rebels, cross-border conflict spillovers, transnational terrorism and international criminal networks; or justice-related – human rights abuses, real or perceived discrimination, and ethnic, religious or regional competition; or economic – youth unemployment, corruption, rapid urbanization, price shocks and climate change (Araya, 2020).

According to Williams (2020), the largest number of displaced people in Africa come from 10 countries with weak governance structures. Countries with a long-serving head of states with no term limits tend to have more conflicts and internally displaced persons. From the study by Williams (2020), it can be concluded that states' restrictive political environment is both a direct and indirect driver of forced displacement.

Citing Eritrea's case, Williams (2020) notes that there is a causal relationship between state fragility, poor governance, and displacement. In a small country with a population of more than 6 million people, 120,000 people have been displaced.

Williams' findings are validated by the UN Commission of Inquiry report that noted that gross violations of human rights, including forced inscriptions, in the Republic of Eritrea are responsible for the massive, forced displacement of people (United Nations, 2019).

In Somalia, mass displacement can also be attributed to state fragility and poor governance. The state has failed to provide security to the citizens. Besides, the country has also failed to give an accountable, transparent, and participatory government (Fund for Peace, 2019).

Many people faced with increasing difficulty in surviving move from rural areas to urban areas deemed a little safer than their ancestral homes. The city of Mogadishu is also known as the city of flight.

Socio-Economic and environmental causes of displacement

The drivers of displacement are often complicated, multifaceted, and interrelated. Each driver is directly or indirectly a result of another. Some of the socioeconomic and environmental drivers of displacement include the search of economic opportunities, lack of social services, inadequate security and livelihoods, search for safe shelter, search for water and livestock pasture. The effects of climate change affect all the mentioned socioeconomic drivers of displacement.

Socio-Economic opportunities

According to Castelli (2018), Regions around the world experienced inadequate socioeconomic development. The wealth gap between the rich and poor is widening due to various discriminative policies being adopted by states. Many more people have limited employment and livelihoods opportunities. Social protection is lacking. Health and education services suffer due to a lack of government investment and qualified personnel. It is this mixture of factors that eventually result in the displacement of the people from rural to urban areas (Castelli, 2018). There are currently an estimated 12 million economic migrants in Africa (IOM, 2019). The economic migrants often respond to socioeconomic deprivations such as a lack of governmental services for citizens and perceived more excellent employment opportunities in abroad of neighboring states (Williams, 2018).

In Somalia, for instance, the low level of economic activities in rural areas has resulted in massive rural to urban migration. The thirst for economic opportunity has led to the emergence of camps for displaced persons in Mogadishu, Hargeisa, and Bosasso. Some displaced people moved voluntarily while others involuntary to establish new livelihoods through business or offering labour (IOM, 2019).

Environmental factors

There is evidence to show a nexus between the environment, climate change, and forced displacement in Africa and the world. Societies are facing human security challenges posed by climate change (Boano, Zetter, & Morris, 2018). Climate change form complex interrelationships with economic, social, and political factors to cause displacement of people (Castles, 2019). The increased occurrences of drought, famine, floods, and disease outbreaks are all linked to environmental and climate factors. According to Hugo (2019), it was estimated that 143 million people were IDP refugees in 2018. In 2016, sixty-five million people were displaced by drought, floods, and cyclones.

Floods

Flooding has also been a cause of internal displacement in the world and Africa. In 2019, the cyclone Idai battered the Mozambiquan cities of Sofala, Zambezia, Tete and Manica. Upon the impact of the cyclone, more than 143,000 were displaced in more than 143 temporary camps in Mozambique. In the same year, cyclone Kenneth landed on Cabo Delgado region of Mozambique affecting more than 881 households. In total, cyclone Kenneth affected more than two hundred and eight thousand people (OCHA, 2020).

According to the study done in 2018 by Hajzmanova (2019), Africa experienced flooding that caused significant destruction to socioeconomic activities across the region. The cumulative number of people in Ethiopia, Kenya, and Somalia was 700,000. The most affected regions by flooding where North-Eastern Kenya, south-east, and south-west Somalia, and parts of Somali and Oromia regions in Ethiopia (Hajzmanova, 2019). Apart from causing human displacement, the floods were also responsible for the outbreak of diseases such as Cholera and Chikungunya. In Kenya, some of the most affected areas include Tana River, Mandera, Lodwar and Kilifi (IDMC, 2018). Previously in 2013, a cyclone hit the Somalia region of Puntland killing 300 people and livestock (Aljazeera, 2019)

Challenges Facing Internally Displaced Persons (IDPs) in camps

On the health challenges faced by IDPs in North-Central Nigeria, Internal Displacement Monitoring Centre (IDMC) stated thus:

"IDPs and host communities in the north-east have only limited access to safe drinking water and adequate sanitation, leading to a decline in health and hygiene among both IDPs and their host communities. Public latrines in informal camp-like settings such as schools are often non- existent or unusable. Defecation and the disposal of children's waste in the open are common, particularly in urban or densely populated host communities. Open defecation raises health, security, and dignity issues, particularly for women and girls, and creates tension with host communities. The contamination of water sources has contributed to cholera outbreaks in several displacement sites in Biu, Borno state (IDMC, 2019)".

According to UNOCHA (2018), majority of the IDPs need health assistance, and the scale and coverage of health services in conflict-affected states in the North-East remain below minimum standards. It was reported that malaria remains the main cause of death. In Borno State, over 50% of deaths are linked to malaria; in Adamawa State, malaria, diarrhea, and chest infections remain the prevalent diseases in the camps. From the above, the impact of the Boko Haram insurgency on displaced persons in North-Eastern Nigeria constitutes numerous challenges that relate to health, water and sanitation, nutrition, food security, and trade.

Even though the health of men, women and children are impacted by displacements, women and children are the most vulnerable. They constitute majority of the victims of population displacement because of insurgency. It is estimated that nearly 80% of refugees and IDPs are women and children (Samantha & Stuart, 2019). They experience a wide range of health risks Evans *et al.* (2015) and have unique health care needs (Mooney, 2018). Several studies have reported that women and girls were victims of physical and sexual violence in IDP camps Stark *et al.*(2018) & Vu *et al* (2018). In the North-Central, majority of the IDPs located in most camps are women and children. Lenshie and Henry (2020) reported that the population of women constitutes 53% of the IDPs population. More than 56% of the population is children. Some studies indicate that over 60% of refugees and internally displaced women in some settings have been victims of rape and sexual abuse (Kerimova, Posner, Brown, Hillis, Meikle, & Duerr, 2019).

Women are at a higher risk of unwanted pregnancies, unsafe abortions, maternal morbidity and mortality. The negative impact of sexual violence is significant and long term. These may include physical injuries, sexually transmitted infections including HIV, and unwanted pregnancies (Austin, Guy, Lee-Jones, McGinn & Schlecht, 2019). Nigeria has one of the highest rates of maternal and child deaths in the world. Hence, the risks are compounded for women and girls living through humanitarian crises, which undermine community support mechanisms and limit access to health facilities.

According to the UNFPA (2015), many women are without access to sexual and reproductive health care or emergency obstetric care. It was indicated in a UNFPA report about Northern Nigeria that: For women and girls–especially pregnant women, who may face life-threatening childbirth complications, as well as lactating women, caring for newborns throughout the chaos–whether they live or die in a crisis often depends on their access to basic sexual and reproductive health services (UNFPA, 2015).

Among children, the World Health Organization (WHO) reported that there is an estimated 300,000 children in North-Eastern Nigeria suffering from Severe Acute Malnutrition (SAM) (http://www.afro.who.int). Even though the statistics are not conclusive, they point to a potential cycle of challenges which are of serious concern for the humanitarian responses coming from the government, foreign agencies and the non-governmental organizations.

Furthermore, the health challenges faced by displaced persons in various camps in North-Eastern Nigeria have been such that they lead to human rights violation, and government is expected by the Kampala Convention to provide better living conditions for the IDPs by supplying them with all the needed facilities required for a good life (Lenshie & Henry, 2020).

Principle 19 of the United Nations 'Guiding Principles on Internal Displacement' specifically addresses the provision of appropriate health care for displaced persons, stating:

i. All wounded and sick internally displaced persons, as well as those with disabilities, shall receive, to the fullest extent practicable and with the least possible delay, the medical care and attention they require, without distinction on any grounds other than medical ones. When necessary, internally displaced persons shall have access to psychological and social services.
ii. 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, as well as appropriate counselling for victims of sexual and other abuses.
iii. Special attention should also be given to the prevention of contagious and infectious diseases, including AIDS.
Internally displaced persons are a vulnerable population. Being uprooted from their homes, the IDPs face significant challenges that threaten their survival while robbing them of dignity. Among the challenges faced by IDPs include lack of security, lack of food security and livelihoods, gender-based violence, lack of shelter, and insufficient water and sanitation services (ICRC, 2020).

Poorly coordinated assistance humanitarian assistance

Internally displaced persons face challenges in gaining humanitarian assistance on time. The delay in providing is often caused by inadequate donor fundraising by the government, the United Nations, and other civil and humanitarian organizations in provision for the immediate needs of the most vulnerable people such as the distribution of food, blankets, shelter, health, nutrition, water and sanitation services (Polastro, 2021). In some cases, there is weak coordination in the delivery of humanitarian assistance among all the stakeholders involved in the process hence causing a delay in providing the required help.

According to OCHA (2020), proper coordination of humanitarian response to internally displaced persons should involve the formulation of coherent strategy and principles to manage the response. Such principles and strategies should endeavor to promote funds mobilization, transparency, creativity, predictability, and partnerships for good (OCHA, 2020). The failure for proper coordination jeopardizes the humanitarian assistance to the displaced in many ways. At the beginning of every response, the assessment of the needs, identification of vulnerable persons, the criteria for delivery of food, nonfood items, and water are often chaotic. In some cases, assistance is not delivered to the most vulnerable people, especially children and the elderly (OCHA, 2020). During the response, there is more emphasis on the supply of relief food at the expense of providing livelihoods and disaster reduction assistance to the IDPs.

Further, the IDPs do not receive differentiated aid according to the setting whether urban or rural, the trigger of displacement such as drought, conflicts, disease, or flooding (Polastro, 2020).

Physical and gender-based violence

According to the study by UNHCR (2018), violence against women and girls is widespread in the most displaced camps. GBV is so predominant in the camps because it strongly linked to the embedded culture of gender discrimination in society. It is also caused by inadequate social, economic, and political opportunities which perpetuate men's power over women. In the world today, the society distributes gender roles based on sex, age, socioeconomic conditions, ethnicity, nationality, and religion.

Gender relations between women and men are characterized by different privileges of power and authority determining leadership and subordination within society (UNHCR, 2018). It is a result of this deep structural attitude against women and girls that violence against women and girls is even more potent than the usual settings (UNHCR, 2018). In modern times more than 80 percent of internally displaced persons leave in urban areas. Living in the IDP camp comes along with many risks.

Among the significant risks that the refugees' faces are physical violence and gender-based violence.

According to ICRC (2017), the most documented forms of violence by international organizations include intimate sexual violence, sexual violence, forced marriages and ethnic violence in the camps. Other forms of structural violence are exhibited through overt discrimination in the distribution of humanitarian assistance (International Rescue Committee, 2019). In Columbia, a study conducted by Wirtz et al. (2018) notes that gender-based violence was widespread over its 5.2 million internally displaced people. The victims of GBV in camps highlighted a range of violence they have gone through since their displacement. They note of having experienced threats of violence such as abduction, rape, trafficking in the displaced settings. The victims also identified intrafamilial violence, intimate partner violence, including physical and sexual violence, and reproductive control as having increased since their displacement (Wirtz et al., 2019).

It is estimated that 18 percent of the Syrian refugees live in informal settlement camps (Lilleston et al., 2018). Larger percentages live together with the host communities in both urban and rural settings. In Syria, settlements hosting the displaced lack privacy, safety, water, electricity, with inadequate hygiene, and sanitation. It is this kind of environment that exposes

women and girls to high rate of gender-based violence (Lilleston et al., 2018).

In Afghanistan, violence against women and girls in the form of humor - killings, rape, and dispossession are widespread. According to Hennion (2019), displacement in Afghanistan has tended to increase with the rise of displacement of people. The weak economic power of women exposes them to more violence. Younger and underage children are likely more to fall prey of forced marriages within the camps. Underage marriage is rampant in families with female-headed households. According to Hennion (2019), the new overcrowded environment gives the head of the household's extra responsibility of sustaining livelihoods creating an environment where domestic violence is likely. Further, upon arrival in the new environment, women lose the protection and freedom they had in their home before displacement (Hennion, 2019).

Access to external and community protection is far away from the reach of many affected women in Afghanistan.

The police and justice system are not equipped with the capability to ensure gender-based violence. Cultural barriers continue to be prioritized at the expense of justice. Women and girls are with little support from their families and relatives as forced to opt for marriage after rape rather than from the state institutions (Hennion, 2019).In Nigeria, the cases of displacement are in the northern region due to Boko Haram insurgency. According to research done by Ojengbede et al., (2019), there is a high prevalence of gender-based violence in the camps for the internally displaced people. From the study of 4,868 people displaced, a third of the population had experienced some form of sexual violence. A fifth of the population reported the presence of physical violence. The study results also showed that more than 30 percent of women experienced socioeconomic violence, while 42 percent of the population experienced harmful traditional practices. Eight percent of the sampled population indicated having suffered physical abuse, while four percent reported experiencing physical violence (Ojengbede et al., 2019).The perpetuation of violence constituted of the unknown, Boko Haram insurgents, the members of the police and armed forces, intimate partners, and close relatives. The most considerable portion of 51 percent was attributed to the Boko haram. The Unknown Perpetrators accounted for 27 percent, while the police and the armed forces accounted for 15 percent of all gender-based violence (Ojengbede et al., 2019).

The fate of women and girls has been left to the mercy of gatekeepers and security officers. According to a study by Human Rights Watch (2018), the gatekeepers determine settlement locations and humanitarian assistance given to the IDPs. The gatekeepers usually come from large communities with great power to determine the welfare of the IDPs. The gatekeepers use this power to perpetrate violence against women and girls (Human Rights Watch, 2013). There are a high number of rape cases reported in Mogadishu camps for the displaced persons. According to Human Rights Watch (2011), most rape cases occur during the night. In some cases, the state-run camps such as Badbaado are not spared either. Police and the armed forces perpetuate the cases in this camp. Due to stigma associated with rape, victims of gender-based violence fear to report the matter to security forces to avoid reprisal attacks from the perpetrators of sexual violence (Human Rights Watch, 2011).

Lack of shelter

The provision of shelter is one of the most vital needs for displaced persons. Shelters are useful in shielding the victims of displacement from physical insecurity, protection from weather elements, provision of warmth, comfort, dignity, a sense of home and security (Couldrey & Herson, 2019).The displaced persons often lack adequate shelter suitable for their local context, cultural practices, family size, and safety. In Somalia, most IDPs constitute overcrowded informal settlements. The displaced face serious shelter challenges in these settlements.

First, the displaced person lacks the security of tenure on the shelter, therefore, forced with frequent evictions by the landowners. The removals are done with violence destroying the shelter and available property (Shelter, 2018).Most often, the displaced are exploited by landowners, land managers, and the host communities. Families are forced to live in makeshift structures made of rugs, recycled cloth, and cardboards not able to provide essential physical protection, privacy, dignity, or protection from extreme climatic conditions. The persistent security situation does prevent access to these structures by humanitarian agencies (Shelter, 2018).

Water, sanitation and hygiene

The access to clean drinking water is a crucial challenge forcing the internally displaced people. In cases of displacement, water demands outweigh supply in the camps. Lack of safe drinking water compromises hygiene and health of IDPs. Communities get infected with infectious diseases such as diarrhea, typhoid, and Bilharzia due to contaminated water supplies. In some cases, children, especially girls, fear to attend school to the absence of sex-segregated toilets. The camps lack the supply of clean water for drinking, cooking, and personal hygiene. Further, solid waste management is absent, providing a suitable ground for disease outbreaks (NRC, 2020).

In Somalia camps such as Sarman on the outskirts of

Baidoa, community members are forced to relieve themselves in bushes and open spaces within the fields. The acute lack of water and sanitation facilities forces people to defecate in public areas compromising public health openly. The dangers posed by inadequate wash facilities are worse during the night. Women and children in the camp are subjected to high risks of violence due to lack of safe toilets at night (ACTED, 2020).

Food and livelihoods security

Internally displaced persons lack adequate food and livelihoods security. The food and agricultural organization define food security the ability of people to have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for active and healthy life (FAO, 2020).In a humanitarian context such as displacement, accessibility to nutritious meals is limited. Children often suffer from malnutrition. The support to communities in protecting livelihoods and productive assets is heavily disrupted with the displacement of people. People are forced to live with perpetual hunger with little dignity (NRC, 2018).

Ogundamisi (2021) noted that IDPs are faced with constraint of accessing healthcare in Nigeria because of damages on facilities and workforce in the health sector are relocating to other places due to conflict. To Sambo (2018), the closure of medical facilities and the non-presence of medical doctors who left because of poor remuneration, insecurity, scarcity of drugs and medical facilities has resulted to serious health challenges between IDPs in the north. With the increase in population of IDPs in camps, sanitation facilities and water have become insufficient to take care of the needs of IDPs. There is no waste management and lack of provision for important utility like drinkable water and power supply. The state of poor hygiene and sanitation explains the outbreak of diseases (Sambo, 2018).

Olufemi and Olaide (2019) are of the view that children and women remain the most helpless because of gender and sexual based violence. Cases of sexual diseases, infant marriage, forced marriage, sexual harassment, rape, and uncontrolled birth occasioning high infant and maternal mortality are evident in displaced persons camp in Nigeria.

Corroborating this viewpoint, Olajide (2016) said there is a high occurrence of rape and other forms of violence against children and women in IDPs camps.

Odusanya (2019) espoused that when people are internally displaced, they flee their places of residence with their cultures and are faced with the challenge of not being welcomed by those they are likely to live in their communities, and this is a limitation to them in accessing resources. Accessing healthcare facilities is also a challenge to IDPs. Problems that are not health related includes: security, access to safe and clean water, basic sanitation, housing, and education for children. It is imperative to note that in Nigeria issues of displacement did not begin overnight but occurred slowly but was largely ignored and unnoticed by both state and national government. They are not taken seriously by government as they do not encroach on their privileges and space (Odusanya, 2019).

Responding to the plights of IDPs, Mmahi (2020) noted that displacement in Nigeria affects education, health, nutrition, emotions and all areas of lives of those who are internally displaced. Furthermore, women, young girls, children and the aged are most hit during occasions of armed conflicts or man-made disasters as they are considered as the most vulnerable in the society. Children during periods of armed conflicts end up losing their siblings, parents, homes and are compelled to drop out of school.

However, in the case where these displaced children can access education, the quality is usually below standard and poor due to the environment not being good for learning coupled with the problem of lack of qualified teachers and absence of teaching aids. In most cases, the teachers that volunteer to teach internally displaced children are not competent (Abdulazeez, 2022).

The barriers in getting health care services in IDP camps

According to National Emergency Management Agency (NEMA, 2019), while the health of internally displaced persons has become an issue of serious concern for the government, conflicts and insurgency have undermined a well-coordinated global health service, resulting in increasing rate of infectious diseases, depression mental disorder and epidemic disease.

In the context of the breakdown and collapse of medical structures and facilities, vulnerable people especially the internally displaced population often suffers from severe inhuman and degradable conditions with risk factors often aggravating communicable diseases, due to the plummeting consequence of overcrowding, lack of drugs and emergency, absence of medical professionals among other challenges (NEMA, 2019).

Although, the Nigerian government in 2017-2018 improves the health sector, the continuing Boko Haram and herders-farmer's conflicts in the North continue to exacerbate the breakdown of health facilities infrastructure. The shortage of health professional and manpower, especially Doctor, Nurses and Community health workers have deepened the crisis in the management of health sector, explaining why these health professionals were reluctant to work, even in accessible areas because of the fear of ongoing conflicts (IDMC and Norwegian Refugee Council, 2018).

Since the emergence of Boko Haram insurgents in 2009, key health services and architecture for displaced persons have been adversely affected. At the same time, the access of IDP to quality health service has been of great concern. Frequent blockades, fears of maiming and killing, and threats to public service providers by insurgents have been found to affect safe delivery of quality health services to war ravage IDPs. Due largely to lack of movement, unavailability of service providers, lack of drugs and monitoring of IDP camps by central health officials, global health quality service has been adversely affected in Nigeria (Borno State Health Sector Bulletin, 2016).

In the context of poor-quality health services, progress at improving global quality health service is impaired (World Bank, 2018). Because of fratricidal conflicts, findings show that health workers often migrate for fear or threat of maiming and killings. It is not uncommon to find both local and humanitarian health workers permanently abandoning their work place. Even though the local ones leave and sometimes return when the situation is calm, evidence suggests that many of them don"t return to their duty post (Ager, Lembani, Muhammad, Ashir, Abdulwahab, Pinho, Dellobele, &Zarowsky, 2019). The most common cadre among these caregivers, according to the Yobe state Human Resources Information system (HRIS), are the doctors and nurses.

In relation to other health and community workers, doctors and midwives who are better at giving quality health service provision due to their professionalism are afraid to travel to some IDPs camps in conflict affected areas because of reprisal attack which is partly based on insurgents' suspicion about health workers.

In the course of our duty, many of us are harassed, intimidated, and interrogated by insurgents as well as security personnel to establish our motives (Alozioenwu, 2019). Linked to the issue of fear is the restriction and movement challenges faced by health workers. It was revealed that many health workers apart from the fact that they are absconding their post also had challenges moving from one camp to the other to address the health concern of IDPs. In many of the war-torn areas, the tendency is for insurgents to lay ambush, invent roadblocks, checkpoints and prevent people from moving from place to place, especially health and community workers.

More so, counter insurgency has also become big issues here as curfew and travel restrictions place health workers at the behest of discharging their responsibility. Medical doctors were sometimes called for emergency, but restriction of movement and fear of being a victim often discourage them from showing up. Sometimes, there had to be special arrangement with security personnel or even insurgents to allow health workers to move freely to do their work (Nigeria Medical Association, 2020).

Health workers access to IDPs is sometimes cumbersome as insurgents and even government security places them on serious security check and surveillance".

In situations where health workers are having difficulty accessing IDP camps, transiting of drugs to IDP Camps often becomes quite impossible, as vehicles conveying drugs are also subject to undue routine checks and confirmations, thereby delaying their time of delivery and use. These factors had been responsible for the recent polio outbreak at the IDP camp in Borno putting the lives of many children at stake. As evinced by the Borno state Government Report in 2016, the lack of access to IDPs and some local communities were responsible for the outbreak of communicable diseases in conflicts affected area in the North eastern part of Nigeria (Nigeria Medical Association, 2020). According to the report: A joint UN road mission to Damboa in Borno state aiming to assess available health services for the IDPs and host communities and to deliver essential medicine including malaria modules enough to treat 5000 people for three months was aborted. Polio vaccination activities were also delay in reaching Ngala and Bala/Balge due to escort limitations. These constraints also make it hard to conduct quick investigation and response to alerts of suspected cases of communicable diseases in affected areas (IDMC and Norwegian Refugee Council, 2018).

The lack of adequate funding of IDPs is also a serious problem for the global quality health service. Because of conflicts, the health sector requires additional financial support to cushion the increasing effect of conflicts because of volumes of casualties and emergency requiring medical attention. In most of the IDPs, there are inadequate funding for food and drug supplies. This is in addition to the overarching funding contribution to the Joint Task Force (JTF) security operation. As a matter of financial pressure, medium- and longer-term development health projects such as building of hospitals and facility construction were postponed for emergency matters (Martin, 2018). Conscious efforts to ensure financial arrangement covering emergency situations are also lacking and many of these situations results in death, permanent disability, and mental disorder of IDPs who cannot cope with the deteriorating health situation. This finding is convergent with the studies of Olagunju (2018) which stresses that Nigeria's government does not have adequate funding and machinery in place to address IDPs related problems. Even the organizations established to handle such challenges are also handicapped and have been largely ineffective (Olagunju, 2019).

The ways of overcoming the barriers in health care service delivery

Seeing the need for improvement in the overall well-being

of the IDP camps, the health care of these displaced persons should become the main focus, according to reports from the camps (Victor & Rasheed, 2019). Health care activities done in these camps have been conducted using first aid boxes which aren't adequate to solve the health challenges of citizens and individuals in the camps and thus, widening the existing health gap challenges with more complications that plague the IDP camps in Nigeria as is evident in the Abuja IDP, which we have used as a case study during three days of telemedicine outreach where we deployed VSAT-based Internet with mHealth app (one-to-one) to provide telemedicine services.

The following are solutions for improved health standards in IDP camps:

1. The establishment of standard healthcare systems that are charge-free by the government and NGOs, will properly cater to the wholesome welfare of the people in the IDP camps (Jelili & Olanrewaju, 2019).
2. The deployment and practice of methods by health professionals and the IDPs that would curtail and manage epidemics in the camps, taking into consideration the ease by which communicable diseases spread through such camps. The spread of communicable diseases can be prevented, by providing an adequate environment with basic resources such as clean water, sanitary materials, etc.
3. The provision of good sanitation and infrastructure to accommodate the internally displaced and shield them from diseases, cold, and harsh weather conditions.
4. The government should invest in family planning programs. Engagement with this should be made a requirement for staying in a camp.
5. The government and other humanitarian agencies should work to ensure that support and assistance are given to the host communities because they ultimately determine whether the internally displaced enjoy a peaceful stay.
6. The government should consider giving amnesty and rehabilitation programs to terrorists that show readiness to drop their arms and unconditionally renounce terrorism.
7. The government should improve the economy of the northern region of the country, particularly the North-East and North-Central, as doing so will encourage the participation of more NGOs to support this objective.
8. The government should ensure that adequate Alternate Dispute Resolution (ADR) methods are adopted to reduce the number of disputes among the various tribes in IDP camps.
9. Need for digital health inclusion and digital health insurance inclusion of persons in IDP camps to fast-track health service delivery under vulnerable groups and/or informal sector care. This aligns with Goal 3 of the United Nations Sustainable Development Goals (SDG). Good health and Well-being are one of the 17 SDGs established by the United Nations in 2015. The official wording of the goal is: To ensure healthy lives and promote well-being for all, at all ages.

Recent agendas have, therefore, shifted from establishing traditional camps towards providing settlements that offer opportunities and resilient systems, which benefit affected populations, nations, and humanitarian providers (Aymerich, 2020). IDP internal management approaches provide vital information which can enable supporting organizations to develop relevant programs. More effective management, including self-reliance factors, is critical in any strategy aiming to avoid or address displacement situations and find durable, sustainable solutions (United Nations Refugee Agency (UNHCR), 2020). Self-reliant displaced populations are also more likely to achieve better durable solutions. Therefore, understanding the adopted management processes in camp settings would highlight factors that can support effective camp management.

The prevalent health problems faced by Internally Displaced Persons (IDPs) in camps

Olanrewaju and Adekunle (2019) examined insurgency and the invisible displaced population in Nigeria. The study addressed the gap of the effects of the invisibility of internally displaced persons living in host communities to the Government as less attention has been given to the discriminatory treatment of IDPs in host communities arising from the neglect of the government towards providing humanitarian aids to IDPs in host communities against the Government presence in formal camps. The study deployed Vulnerability Theory as its theoretical compass and employed interviews and Focus Group Discussions (FGDs) as its research instruments. The study found that the destinations of IDP settlements were very vulnerable in terms of their access to quality education, shelter, food, health care, and potable water as they were often cut off from the government's humanitarian interventions and only visible to Non-Governmental Organizations (NGOs) and individual philanthropists who have limited resources to allocate. The study recommended among others that, there should be a holistic intervention mechanism in managing the displacement crisis in Nigeria irrespective of their resettlement destination.

In a related study, Onoja, Ogedengbe, Sanni, Abiodun, Ayorinde, and Okeme (2020) interrogated the challenges facing the IDPs with a view to evaluating the effects of humanitarian response projects in alleviating these challenges. The study deployed a mixed methods approach in data collection and analysis with quantitative dominance. The study found hunger, lack of clothing, regular sickness, and lack of drugs as the major

challenges confronting IDPs. The study equally found that humanitarian services positively impacted the IDPs, yet there is a need for the government and the humanitarian service providers to put more effort to alleviate the suffering of the IDPs in Nigeria.

In another study, Oghuvbu and Okolie (2020) disclosed that the challenges facing displaced people in Nigeria as a result of Boko Haram, natural and man-made disasters, as well as the Hausa-Fulani Mayhem, are peculiar to all the IDPs irrespective of demographic disparities. The study employed qualitative and quantitative research methods drawing data from primary and secondary sources. The questionnaire was administered to 256 respondents complemented by Key Informant Interviews (KII) and FGDs with IDPs in the study area. The study found starvation, inadequate potable water supply, hunger, lack of electricity, accommodation shortages, and lack of sustainable occupation foretell serious human security threats for the country. The study recommended relevant policies for government and other related agencies working with the IDPs; while concluding that the government should collaborate with individuals and organizations in providing vocational skills that will help alleviate their plights.

Dooshima *et al (*2023) examined Impact of farmers' internal displacement on household food security in Benue State, Nigeria**.** The study focused on the impact of internal displacement on household food security among farmers in Benue State, Nigeria. The study employed a social survey design, with 429 respondents selected using cluster sampling, random sampling, and purposive sampling. The findings indicated that a significant proportion of internally displaced farmers were in the age group of 56 to 65, with a majority of them being female and having completed only elementary education. The study also highlighted the farming experience and land sizes of the respondents. The results demonstrated that internal displacement had negative effects on food security, including a reduction in food production, acute food shortages, increased food prices, and restricted access to safe food. Furthermore, the correlation analysis revealed a strong positive correlation between the displacement of rural crop farmers and household food insecurity. However, the correlation was not statistically significant, suggesting that other factors may also influence household food insecurity. In conclusion, the study emphasized the catastrophic impact of internal displacement on internally displaced persons, leading to significant changes in family dynamics and identities. The findings highlight the urgent need for measures to address internal displacement, mitigate its effects on food security, and provide support to affected farmers and households in Benue State, Nigeria. Dooshima et al. (2023) and the current study focus on the effects of internal displacement on vulnerable populations in Benue State, Nigeria. They both highlight the challenges faced by IDPs and their impact on food security and health outcomes. However, the key gap lies in their specific focus: while the empirical study emphasize the implications of displacement on household food security, the evaluation of health issues centers specifically on the health-related challenges faced by IDPs, thus offering a more targeted on the people.

Ukase & Jato, (2022) investigated Socio-economic consequences of conflict: The respective on the broader consequences of displacement. Predicament of internally displaced persons in Benue State. The main aim of the study was to examine the conditions of IDPs in Benue State, with other specific objectives. A data was collected from sample of 236,262 IDPs obtained from 3 official camps (Abagena in Makurdi, Gbajimba in Guma, and Anyiin in Logo) and 3 unofficial camps (Agatu, Gwer-West and Anyiin Community LGAs) out of the twenty-eight (6 official & 22 un-official) IDP camps with a population of 483,693 IDPs. Primary data was sourced essentially through oral interviews and Focused Group Discussions (FGD). Secondary data was obtained from published sources. The qualitative analytical approaches of grounded method and hermeneutic analysis were used to analyse the data from interview transcripts and Focus Group Discussion (FGD). These were complemented with descriptive methods. Findings of the study showed that the State Government could only provide shelter and other support for 15% of the IDPs leaving the 85% to fend for themselves. The effects of displacements on the affected rural communities in Benue State were found to include: land grabbing and likely extinction of the rural communities, changes in the demographic composition of the rural communities, economic and political backwardness, among others. In terms of the prevailing conditions in the IDP camps, the findings revealed that all IDPs are facing challenges of accommodation, inadequate food, inadequate employment opportunities, poor clothing, lack of access to quality education and poor healthcare. The study recommends that the Benue State government should ensure the implementation of the existing principles, guidelines, and strategies targeting IDPs to alleviate their suffering.

The similarity between the empirical study and ongoing one is that both studies address the socio-economic consequences of conflict on internally displaced persons (IDPs) in Benue State, highlighting the challenges faced by this vulnerable group. They share a focus on the impact of displacement on the well-being of IDPs. However, the main difference lies in their specific emphasis: the first study examines the broader socio-economic effects of conflict, including issues like livelihoods and social stability, while the second study specifically evaluates the health issues experienced by IDPs in Markudi, providing a more focused analysis of health-related challenges within the context of displacement.

Abubakar (2021) examined the pressing health challenges faced by IDPs with a view to accelerating the needed response by concerned authorities towards improving the health conditions of the victims. The paper used secondary sources by reviewing literature and various reports to explore the health challenges faced by the IDPs in the three most affected North-eastern States of Borno, Yobe and Adamawa. Findings revealed that displaced persons face serious health challenges such as acute malnutrition and generally poor and inadequate health care provision. Women and children were found out to be the most affected. The level of humanitarian response reported in the literature is generally commendable, although more efforts will be needed in ameliorating these health challenges and in improving the wellbeing of the displaced persons in the region.

Salami, Iwuagwu, and Amodu (2020) examined the health of internally displaced children in sub-Saharan Africa: a scoping review. A scoping review of the literature was conducted. A total of 10 databases were searched in January 2019, yielding 6602 articles after duplicates were eliminated. Two research assistants independently selected articles that met inclusion criteria. A numerical summary and thematic analysis were conducted to facilitate data extraction and data analysis. A total of 25 articles met the inclusion criteria, including 16 quantitative, 6 qualitative and 3 mixed methods studies. The findings reveal elevated mental health problems and infectious diseases in this population. Findings on the nutritional status of internally displaced children as a broad group are mixed, with some studies showing poorer nutritional status among the children in this group and others showing poorer nutritional health status among host society children. Internally displaced children also experience challenges with access to health services. Pre migration factors (trauma) and post migration factors (humanitarian assistance on displacement) all contribute to the health of internally displaced children. Findings provide insight into the complex array of factors influencing the health of internally displaced children. More intervention studies are required to address the needs of this population.

Another study by Yagana, Madhavi and Rohini (2019) examine the barriers to Health among IDPs in Kabul, Afghanistan: A Qualitative Study. An exploratory qualitative study was done to identify the barriers to health faced by IDPs and to understand the experience of providers caring for IDPs. Open-ended interviews were conducted using a semi-structured interview guide across three IDP camps in Kabul, Afghanistan between May and June 2017. Participants were interviewed in focus groups, interviewing a total of 37 IDP age 18 and older. In addition, two former health care providers were interviewed. A grounded theory approach was utilized to code interviews using a priori and emergent coding, from which several themes and sub-themes emerged. Two independent readers coded the data and discrepancies were resolved by consensus. Human security, water access, limited livelihood and employment, poor housing infrastructure and environmental factors significantly impacted IDP health. Closure of clinics within the camps caused substantial limitations to healthcare service access. Accessing existing health care infrastructure was limited by cost, distance, discrimination, and limited access to medication and vaccinations, particularly for children. Key informant interviews identified healthcare funding and vaccination delivery to be priority problems. Across all focus groups and key informant interviews, there appeared to be a solid and trusted patient-provider relationship. Structural factors that negatively impact health coupled with new barriers to healthcare access for IDPs in Kabul are a source of serious concern. This study identified structural factors that exacerbate poor health and new challenges to healthcare access resulting from the discontinuation of in-camp health services. Further research could elucidate the barriers and facilitators of transition from emergency humanitarian response to long-term care for IDPs, as well as on the ability of local health systems to absorb vulnerable populations after humanitarian crises.

Tual (2023) examined the Vulnerability to health and well-being of internally displaced persons (IDPs) in Myanmar post-military coup and COVID-19. Across the globe, the COVID-19 pandemic has aggravated particular challenges for internally displaced people (IDPs). Over 1.9 million people in Myanmar have been displaced due to the escalation of armed conflict after the military coup in 2021. The vulnerability faced by IDPs in Myanmar, coupled with the impact of the recent military coup and the ongoing COVID-19 pandemic, and has received little global attention. This study examined how military coup exacerbated the health and well-being of IDPs in Myanmar post the military coup. The study employed purposive sampling and Non-Government Organizations (NGOs) referrals to find participants. Qualitative in-depth telephone interviews were conducted with a total of 17 IDPs. A thematic analysis of the findings indicates that IDPs experience anxiety and fear daily, adversely affecting their mental health due to the increased escalation of armed conflict and attacks on civilian places, including IDPs shelters. Some IDPs contract COVID-19 and suffer from malaria and dengue fever owing to their precarious living conditions. Moreover, the military's restrictions on humanitarian aid distribution, including healthcare, medicine, and food, have severely impacted the health and well-being of IDPs in Myanmar, exacerbating food shortages and limiting healthcare access.

Irina, Oksana and Jon (2019) explore the level of mental health issues and the situation surrounding the provision of mental health care utilization as a result of the conflict in eastern Ukraine. This includes both

Internally Displaced People (IDPs) in Ukraine and people who were not affected by war (the general population) in government-controlled areas. A mixed methodology was used, consisting of surveys with IDPs (n=1000) and the general population the (n=1000), interviews with professionals in mental health support and representatives of charities and international organizations (n=21). A key finding from the survey is that 20.2% of IDPs and 12.2% of the general population have moderately severe or severe anxiety. The overall prevalence of depression was 25% of IDPs and 14% of the general population. Furthermore, 16% of IDPs and 8% of the general population are both severely anxious and depressed. Within these figures the mental health of women is more affected by displacement in respect to anxiety than men. Despite these very high figures only 1.2 % of IDPs and 0.3 % of the general population self-reported mental health issues when asked if their day-to-day activities are limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months. In terms of more general health problems 18.5% of IDPs have issues in mobility, 7.4% significant problems with vision, 6.1% with hearing and 15% - other impairment which limited their day-today activities. Only 4.9% of respondents have approached professional health care providers in regards to their anxiety, stress or insomnia in the last three years, 3.6% have had consultations on personal and family relations, 2.4% regarding development of personal skills. Only 21.7% of IDPs and 9.5% of the general population who have clinically significant anxiety and depression have tried to obtain mental health support. Most of those who receive professional psychological help, did so only once. Women sought psychological help slightly more often than men and most IDPs and the general population were satisfied with the help they received. Interviewees noted that it is not just mental health support, especially the establishing free psychological services, but also the provision of suitable accommodation and access to pensions and other social benefits. Ways to improve the situation in relation to mental health support are not only in establishing free psychological services but also in providing accommodation and access to pensions. The most common tactics amongst IDPs and the general population in dealing with long- term anxiety and stress are talking with friends (63.7%), music/films (45%), walking/hiking (35.3%). Alcohol and smoking are popular ways to deal with stress for only 16.7% of informants, while addressing psychologists among the least used practices with only 2.8% of informants approaching them. The professionals who were interviewed noted numerous barriers stopping more people from seeking help. These included, the prevalence of 'old' structures such as the Soviet legacy of treating mental health issues with inpatient care, the lack of measures to prevent mental health issues, the poor organization of patients support system, a lack of specialists and affordable and qualitative programs for professional training and obsolete or inaccurate protocols. Experts stressed that among the population there is little recognition of the importance of mental health, and coping tactics in most cases do not include addressing to health care professionals, due to the prejudice and stigma that surrounds seeking such help.

The barriers in getting health care services in IDP camps

Sampson, Oni, and Oluwafisayo (2023) assess the impact of the Linking Underserved Populations to Sexual and Reproductive Health Services Intervention in improving sexual and reproductive health services among women of reproductive age in Wassa Internally Displaced People's camp. A baseline survey was conducted among 105 women of reproductive age in the Wassa camp, followed by the deployment of the Linking Underserved Populations to Sexual and Reproductive Health Services intervention, which delivered family planning messages to camp residents between September 2020 and June 2021. This was followed by an end line survey. The FP utilization data in the camp health post were mined during the period of the intervention and were analyzed using Stata version 15 with a chi-square test performed at a significance level of 5%. Awareness of family planning among women of reproductive age in Wassa camp increased from 54.2% at baseline to 98% at end-line. The major reason for refusal of family planning at baseline, which was a lack of spousal consent reduced from 29.5% to 7% at end line. Contraceptive prevalence rate increased from 18.1% at baseline to 26.2% at end line. In addition, 133 new family planning users were recorded at the end line. The uptake of family planning services recorded a strong association with family planning consultations ($P<.05$; $x2=6.41$) and receipt of bulk short message service ($P<.05$; $x2=4.90$). Mobile technology interventions are a recommended strategy that can increase family planning awareness and address barriers to family planning uptake. Ohihoin (2021) examined the Challenges to Accessing Ante-Natal and Postnatal Care in Internally Displaced Persons (IDPs) Camps in Nigeria. Study design is a descriptive cross-sectional study, using mixed methods of qualitative (FGD) and quantitative (semi-structured questionnaire) techniques to interview the respondents. A total of 587 females took part in the study from which 82 of them were found to be pregnant. 20.7% of the pregnant women sought antenatal care. 34.7% claimed they did not have enough money to seek ante-natal care while the remaining 44.6% had other reasons for not accessing ANC. 91 women (11.7%) of the respondents had infants with an age range 1 month-1 year. Only 35.2% of these nursing mothers had a postpartum check-up after delivery. Of the 91 nursing

mothers, 49% gave lack of finances as the reason for not seeking post-partum care. Access to maternal health care is a major challenge among IDPs. This can impact negatively on the target to achieve the SDGs. Policymakers should, therefore, draft policies that will cater for the maternal health needs of internally displaced Individuals.

Yagana, Madhavi and Rohini (2019) assessed the barriers to Health among IDPs in Kabul, Afghanistan: A Qualitative Study. An exploratory qualitative study was done to identify the barriers to health faced by IDPs and to understand the experience of providers caring for IDPs. Open-ended interviews were conducted using a semi-structured interview guide across three IDP camps in Kabul, Afghanistan between May and June 2017. Participants were interviewed in focus groups, interviewing a total of 37 IDP age 18 and older. In addition, two former health care providers were interviewed. A grounded theory approach was utilized to code interviews using a priori and emergent coding, from which several themes and sub-themes emerged. Two independent readers coded the data and discrepancies were resolved by consensus. Human security, water access, limited livelihood and employment, poor housing infrastructure and environmental factors significantly impacted IDP health. Closure of clinics within the camps caused substantial limitations to healthcare service access. Accessing existing health care infrastructure was limited by cost, distance, discrimination, and limited access to medication and vaccinations, particularly for children. Key informant interviews identified healthcare funding and vaccination delivery to be priority problems. Across all focus groups and key informant interviews, there appeared to be a solid and trusted patient-provider relationship. Structural factors that negatively impact health coupled with new barriers to healthcare access for IDPs in Kabul are a source of serious concern. This study identified structural factors that exacerbate poor health and new challenges to healthcare access resulting from the discontinuation of in-camp health services. Further research could elucidate the barriers and facilitators of transition from emergency humanitarian response to long-term care for IDPs, as well as on the ability of local health systems to absorb vulnerable populations after humanitarian crises.

Yagana, Madhavi and Madhavi (2019) assed the structural factors that negatively impact health and the specific barriers to healthcare access for IDPs using qualitative methods. An exploratory qualitative study was done to identify the barriers to health faced by IDPs and to understand the experience of providers caring for IDPs. Open-ended interviews were conducted using a semi-structured interview guide across three IDP camps in Kabul, Afghanistan between May and June 2017. Participants were interviewed in focus groups, interviewing a total of 37 IDP age 18 and older. In addition, two former health care providers were interviewed. A grounded theory approach was utilized to code interviews using a priori and emergent coding, from which several themes and sub-themes emerged. Two independent readers coded the data and discrepancies were resolved by consensus. Human security, water access, limited livelihood and employment, poor housing infrastructure and environmental factors significantly impacted IDP health. Closure of clinics within the camps caused substantial limitations to healthcare service access. Accessing existing health care infrastructure was limited by cost, distance, discrimination, and limited access to medication and vaccinations, particularly for children. Key informant interviews identified healthcare funding and vaccination delivery to be priority problems. Across all focus groups and key informant interviews, there appeared to be a solid and trusted patient-provider relationship. Structural factors that negatively impact health coupled with new barriers to healthcare access for IDPs in Kabul are a source of serious concern. This study identified structural factors that exacerbate poor health and new challenges to healthcare access resulting from the discontinuation of in-camp health services. Further research could elucidate the barriers and facilitators of transition from emergency humanitarian response to long-term care for IDPs, as well as on the ability of local health systems to absorb vulnerable populations after humanitarian crises.

Theoretical framework

This study is theoretically grounded on Social Determinants of Health (SDH) theory and the Health Belief Model (HBM). According Hassan theory is a set of ideas or principles used to explain or describe a particular phenomenon or set of phenomena. It is commonly used in the scientific context to refer to a well-substantiated explanation of some aspect of the natural world that is based on empirical evidence and rigorous testing.

The social determinants of health (SDH)

The Social Determinants of Health (SDH) framework is a comprehensive approach to understanding how various social, economic, and environmental factors influence health outcomes. This framework was popularized by the World Health Organization (WHO) in 2008 and is grounded in the idea that health is not solely a product of biological or genetic factors, but is significantly shaped by the conditions in which people are born, grow, live, work, and age. These conditions, often referred to as the "social determinants," encompass a wide range of factors, including economic stability, education, social and community context, health and healthcare, neighborhood and built environment, and the broader social environment.

Economic stability pertains to factors such as employment, income, and financial resources, which can directly impact an individual's ability to afford healthcare, nutritious food, and safe housing. Education influences health through literacy rates, educational attainment, and access to information, all of which can affect health behaviors and access to healthcare services. Marmot & Wilkinson (Eds.). (2021). The social and community context includes social cohesion, community support, and experiences of discrimination, which can affect mental and physical health. Access to quality healthcare services is a critical determinant, influencing the ability to prevent and treat illnesses. The neighborhood and built environment involve the physical conditions in which people live, including housing quality, access to clean water and sanitation, and overall safety. Braveman, & Gottlieb (2014). Finally, the broader social environment encompasses cultural norms, social policies, and the influence of community networks. Solar & Irwin (2010)

Application to the study

Applying the Social Determinants of Health framework to the evaluation of health issues encountered by internally displaced persons (IDPs) in Makurdi provides a holistic understanding of the health challenges faced by this vulnerable population.

Economic stability

IDPs in Makurdi often face significant economic instability. Displacement disrupts their ability to maintain stable employment and secure a reliable source of income. Many IDPs may have lost their livelihoods due to the conflict or disasters that led to their displacement. Without economic stability, IDPs struggle to afford basic necessities, including healthcare services, nutritious food, and decent housing. Addressing economic stability requires creating employment opportunities and providing financial support to help IDPs rebuild their lives.

Education

Educational opportunities for IDPs in Makurdi are often limited. Displacement can interrupt schooling for children and young adults, leading to lower literacy rates and educational attainment. The lack of education not only limits future employment opportunities but also impacts health literacy, making it challenging for IDPs to understand health information and make informed health decisions. Providing access to education, including vocational training and literacy programs, is essential for improving health outcomes among IDPs.

Social and community context

The social and community context of IDPs in Makurdi is often characterized by a lack of social cohesion and community support. Displacement can lead to social isolation and discrimination, further exacerbating mental health issues such as anxiety and depression. Creating supportive community networks and fostering social cohesion can improve mental health and overall well-being among IDPs. Community-based interventions and support groups can play a crucial role in this regard.

Health and healthcare

Access to healthcare services is a critical determinant of health for IDPs in Makurdi. Many IDPs live in areas with limited healthcare facilities, and those that do exist are often understaffed and under-resourced. This lack of access to quality healthcare services means that preventable and treatable conditions can become severe health issues. Strengthening healthcare infrastructure, ensuring the availability of essential medicines, and improving health literacy are necessary steps to address these challenges.

Neighborhood and built environment

The physical conditions in which IDPs live in Makurdi are often inadequate. Overcrowded shelters, lack of clean water, and poor sanitation contribute to the spread of infectious diseases and other health problems. Improving the built environment by providing safe, adequate housing, clean water, and proper sanitation facilities is essential for preventing health issues and promoting well-being among IDPs.

Social environment

The broader social environment, including government policies and cultural norms, also impacts the health of IDPs in Makurdi. Often, IDPs receive inadequate attention and support from government authorities, leading to gaps in humanitarian aid and social services. Advocacy for better policies and collaboration between government agencies, NGOs, and international organizations are vital for creating a supportive social environment that addresses the needs of IDPs.

The Social Determinants of Health framework provides a comprehensive approach to evaluating and addressing the health issues encountered by IDPs in Makurdi. By considering the broad range of factors that influence health, from economic stability to the social environment, interventions can be more effectively designed to improve the health and well-being of IDPs. Addressing these determinants requires coordinated efforts from governments, NGOs, and community organizations to create sustainable solutions that promote health equity and social justice for displaced populations.

Health Belief Model (HBM)

The Health Belief Model (HBM) is a psychological framework developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels at the U.S. Public Health Service to explain and predict health behaviors. The model posits that individuals' health behaviors are influenced by their beliefs about health problems, perceived benefits of action, and barriers to action. Champion *et al* (2008). The six key constructs of HBM include perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy.

Perceived susceptibility

This refers to an individual's belief about the likelihood of acquiring a disease or health condition.

Perceived severity

This pertains to an individual's belief about the seriousness of a condition and its potential consequences.

Perceived benefits

This involves an individual's belief in the efficacy of the advised action to reduce the risk or seriousness of the condition. Jones *et al* (2015).

Perceived barriers

Perceived barriers are the individual's assessment of the obstacles to performing the health behavior.

Cues to action

Cues to action are triggers that prompt the decision-making process to engage in health-promoting behaviors, and self-efficacy is the confidence in one's ability to take action.

Application of Health Belief Model (HBM) to the study

Applying the Health Belief Model to the evaluation of health issues encountered by internally displaced persons (IDPs) in Makurdi provides a nuanced understanding of their health behaviors and how to influence them effectively. Perceived susceptibility among IDPs can vary widely; some may recognize their high risk for infectious diseases due to overcrowded and unsanitary living conditions, while others might underestimate their vulnerability. Health interventions should aim to increase awareness about their susceptibility to health issues like malaria, cholera, and malnutrition, which are prevalent in such environments.

Perceived severity is another critical factor. Many IDPs may not fully grasp the potential severity of untreated illnesses, which can lead to delayed treatment and worsening conditions. Educating IDPs about the serious consequences of neglecting health issues, such as the risk of disease outbreaks and long-term health complications, can help in changing their attitudes towards seeking timely medical care. Perceived benefits **and** perceived barriers play a significant role in health behavior decisions. IDPs need to understand the tangible benefits of engaging in preventive health behaviors and utilizing available healthcare services. However, barriers such as lack of access to healthcare facilities, financial constraints, and cultural beliefs often hinder these behaviors. Addressing these barriers by providing mobile health clinics, offering free or subsidized healthcare, and conducting culturally sensitive health education programs can enhance the perceived benefits and reduce the perceived barriers.

Cues to action are essential in prompting health behaviors among IDPs. These can include reminders from healthcare workers, community health campaigns, or even observing peers taking health-positive actions. Regular health awareness campaigns and outreach programs in IDP camps can serve as effective cues to action, encouraging individuals to adopt healthier behaviors.

Finally, self-efficacy must be bolstered among IDPs. Many may feel powerless to improve their health due to their circumstances. Empowering them through education, skill-building activities, and providing resources can enhance their confidence in managing their health. For instance, training on basic hygiene practices, first aid, and disease prevention can improve their self-efficacy and overall health outcomes.

Therefore, the Health Belief Model provides a valuable framework for understanding and influencing the health behaviors of IDPs in Makurdi. By addressing their perceptions of susceptibility, severity, benefits, and barriers, and by providing cues to action and enhancing self-efficacy, health interventions can be more effectively tailored to promote healthier behaviors among this vulnerable population. This comprehensive approach can lead to improved health outcomes and better quality of life for IDPs in Makurdi.

MTHODOLOGY

Study design

A descriptive cross-sectional study design was adopted for this research. This design allows for the comprehensive assessment of health issues among IDPs at a specific point in time, providing insights into their current health status, healthcare access, and the social

determinants influencing their health outcomes (Survey planet, 2022).

Study area

The study was conducted in three IDP camps located in Makurdi, Benue State: Abagena Camp: Situated on the outskirts of Makurdi, accommodating a diverse population of IDPs. Ogiri Ajene Camp: Located within the Local Government Area (LGA) of Makurdi, serving as a significant settlement for displaced individuals. Old Market Camp: (Daudu) Centrally located within Makurdi LGA, providing shelter and essential services to a substantial number of IDPs.

Population of study

The study population includes all IDPs currently residing in the selected camps in Makurdi Local Government Area, with approximately 14,041 in individuals and 41, 150 households. Biometric Registration Update 3 Report Benue State, January, 2024 by IOM UN Migration. This encompasses men, women, and children of varying ages and backgrounds who have been displaced due to conflict, violence, or natural disasters and are currently residing in Abagena, Ogiri Ajene, and Old Market camps (Daudu).

Sample size

The sample size was 437.

To ascertain the actual sample size for this study. Taro Yamane (1967) formula was used:

$$\mathbf{n} = \frac{\mathbf{N}}{\mathbf{1} + \mathbf{N}\,(\mathbf{e})^{\mathbf{2}}}$$

Where:
n=desired sample size
N=The population of the study
e=Level of significance (5%.)

Sampling technique

A multi-stage sampling technique was employed to ensure the representativeness of the study:

Stage One - Camp Selection: The three camps (Abagena, Ogiri Ajene, and Old Market Daudu) were purposively selected based on their size, population diversity, and accessibility.

Stage Two - Household Selection: Within each camp, a systematic random sampling method was used to select households. This involved creating a sampling frame of all households in each camp and randomly selecting households to participate in the study.

Stage Three - Individual Selection: From each selected household, one adult member and when applicable, one child was randomly chosen to participate in the study. This approach ensured that a broad cross-section of the IDP population was represented in the research.

Instrument for data collection

Data for this study were collected using structured questionnaires. A questionnaire was preferred as it maintains participants' anonymity and also allowed access to a large group. The questionnaire consisted of five sections A-E.

A It contained 2 closed ended questions which dealt with socio-demographic characteristics of the respondents.
B The prevalent health problems affecting IDPs in Makurdi, Benue State 8 questions in 4- point likert scale.
C the availability and quality of healthcare services accessible to IDPs in Makurdi. Benue State. It contained 8 questions in 4-point likert scale.
D the effects of displacement on the physical and mental health of IDPs in Makurdi LGA, Benue State. It contained 9 questions.
E the suggest strategies and interventions for improving healthcare delivery to IDPs in Makurdi LGA. It contained 7 questions in 4-point likert scale

Ethical Consideration

Permission was taken from the Leadership of IDP camps in the sampled states to seek for permission before the questionnaires will be administered. All respondents will be assured total confidentiality and data obtained will be used for research purpose only. Ethical clearances will also be obtained from the Ethics Committee.

Confidentiality: All information collected (questionnaires) were securely kept and all research assistants were made to sign a declaration of non-disclosure of all information that were provided by participants during the data collection.

Beneficence: This amount to the idea of "Do no harm" while taking full advantage of benefits of the study and curtailing hazards to the study participants. The information collected help the researcher to ascertain the perception among the respondents. Participants were also be informed about the outcome of this research

through an academic journal publication.

Respect for Persons (Voluntariness): Each participant in this study was provided with information on the study and its objectives. Participation in the study was completely voluntary and participants were informed that they are at liberty to decline at any stage of the study without any consequence.

Method of data collection

The questionnaires were administered directly to the respondents using the face to face method by the researcher and an assistant who was appropriately trained. Those who were not literate were assisted by trained research assistants. Data collection lasted for one month. During this period 437 questionnaires were administered by the researcher and the research assistants.

Method of data analysis

The raw data retrieved were imputed into a computer for easy analysis using Statistical Package for Social Science (SPSS) version 26.0. Descriptive data was expressed as percentages, frequency counts, and mean ± standard deviation. Data were presented in words, frequency distribution tables.

RESULTS AND DISCUSSION

Demographic distribution of respondents

The age distribution of 437 respondents is shown as follows: 28.8% are below 18 years, 49.7% are between 18 and 39 years, and 21.5% are 39 years and above. The gender distribution reveals that 24% of the respondents are male (105 individuals), while 76% are female (332 individuals). This sums up to a total of 437 respondents for both age and gender categories (Table 1).

Table 1: Demographic distribution of respondents.

Variables	N (437)	Percentage (%)
Age		
Below 18 years	126	28.8%
18-39years	217	49.7%
39 years and above	94	21.5%
Total	437	100%
Gender		
Male	105	49.7%
Female	332	21.5%
Total	437	100%

Research question one

What are the prevalent health problems affecting IDPs in Makurdi, Benue State?

Table 2 presents the mean and standard deviation of prevalent health problems among IDPs in Makurdi, Benue State. The findings indicate that diarrhea (Mean = 4.30, SD = 0.146), pneumonia (Mean = 4.19, SD = 0.167), malaria and typhoid (Mean = 4.53, SD = 0.157), malnutrition (Mean = 3.10, SD = 0.146), loss of vision (Mean = 3.55, SD = 0.156), arthritis (Mean = 3.60, SD = 0.178), depression (Mean = 3.68, SD = 0.832), and skin infection among young people (Mean = 4.77, SD = 0.964) are all significant health issues affecting the IDPs, with all items being accepted based on their mean values.

Research question two

What the availability and quality of healthcare services accessible to IDPs in Makurdi Benue State?

Table 3 presents the mean and standard deviation of the availability and quality of healthcare services accessible to Internally Displaced Persons (IDPs) in Makurdi, Benue State. Most item statements about the healthcare services were rejected based on their low mean scores, indicating poor availability and quality. Specifically, the services are not satisfactory to IDPs (mean = 0.37, SD = 0.110), medical supplies are inadequate (mean = 0.55, SD = 0.036), and the quality of care is unsatisfactory (mean = 0.60, SD = 0.047). Moreover, healthcare facilities do not offer a comprehensive range of services (mean = 0.13, SD = 0.007), are not easily accessible (mean = 0.68, SD = 0.072), and services are not consistently available (mean = 0.50, SD = 0.068). However, the statement about reasonable response times and waiting periods was accepted (mean = 3.10, SD = 0.946).

Research question three

What are the effects of displacement on the physical and mental health of IDPs in Makurdi LGA, Benue State?

Table 4 highlights the effects of displacement on the physical and mental health of IDPs in Makurdi LGA, Benue State, with all item statements accepted based on their high mean scores. Displacement has significantly deteriorated the physical health of IDPs (mean = 3.05, SD = 0.374), increased chronic diseases (mean = 3.23, SD = 0.453), and negatively affected their nutritional status (mean = 3.13, SD = 0.495). The mental health of IDPs has worsened due to displacement stress (mean = 3.05, SD = 0.366), leading to high levels of stress and anxiety (mean = 3.44, SD = 0.572). Additionally, IDPs face difficulties accessing necessary healthcare services (mean = 3.57, SD = 0.745), and poor living conditions in camps have further impacted their physical health (mean

Table 2: Mean and standard deviation of the prevalent health problems affecting IDPs in Makurdi, Benue State.

S/N	Item Statements	Mean	Std. Deviation	Decision
1.	Diarrhea is a common disease found in this IDP camp	4.30	0.146	Accepted
2.	IDPs are suffering from pneumonia	4.19	0.167	Accepted
3.	Malaria and Typhoid are common health problem among IDPs in Makurdi	4.53	0.157	Accepted
4.	Malnutrition is a significant issue among IDPs in Makurdi	3.10	0.146	Accepted
5.	Loss of vision is commonly found among persons in this IDP camp	3.55	0.156	Accepted
6.	Arthritis is a common health issue found in this IDP camp	3.60	0.178	Accepted
7.	Depression is commonly found in this IDP camp	3.68	0.832	Accepted
8.	Skin infection is the leading health challenge among young people in the IDP camp	4.77	0.964	Accepted

Table 3: Mean and standard deviation of the availability and quality of healthcare services accessible to IDPs in Makurdi Benue State.

S/N	Item statements	Mean	Std. Deviation	Decision
1.	The availability and quality of healthcare services accessible to IDPs in Makurdi, Benue State	0.42	0.062	Rejected
2.	IDPs in Makurdi are satisfied with the healthcare services they receive	0.37	0.110	Rejected
3.	IDPs in Makurdi experience reasonable response times and waiting periods for medical attention.	3.10	0.946	Accepted
4.	Medical supplies and medications are adequately available in healthcare facilities serving IDPs in Makurdi.	0.55	0.036	Rejected
5.	The quality of medical care received by IDPs in Makurdi is satisfactory	0.60	0.047	Rejected
6.	Healthcare facilities available to IDPs in Makurdi offer a comprehensive range of medical services.	0.13	0.007	Rejected
7.	It is easy for IDPs to access healthcare facilities in Makurdi	0.68	0.072	Rejected
8.	Healthcare services are consistently available to IDPs in Makurdi.	0.50	0.068	Rejected

Table 4: Mean and standard deviation on the effects of displacement on the physical and mental health of IDPs in Makurdi LGA, Benue State.

S/N	Item statements	Mean	Std. Deviation	Decision
1.	Displacement has led to a significant deterioration in the physical health of IDPs in Makurdi.	3.05	0.374	Accepted
2.	There has been an increase in chronic diseases among IDPs due to displacement.	3.23	0.453	Accepted
3.	Displacement has negatively affected the nutritional status of IDPs in Makurdi.	3.13	0.495	Accepted
4.	The mental health of IDPs in Makurdi has worsened due to the stress of displacement.	3.05	0.366	Accepted
5.	IDPs in Makurdi experience high levels of stress and anxiety as a result of their displacement.	3.44	0.572	Accepted
6.	The displacement has made it difficult for IDPs to access necessary healthcare services in Makurdi.	3.57	0.745	Accepted
7.	Poor living conditions in IDP camps have negatively impacted the physical health of IDPs in Makurdi.	3.32	0.4885	Accepted
8.	The lack of social support systems has exacerbated mental health issues among IDPs in Makurdi.	3.50	0.593	Accepted
9.	Displacement has caused shortage of food	4.41	0.992	Accepted

Table 5: Mean and standard deviation on the strategies and interventions for improving healthcare delivery to IDPs in Makurdi LGA.

S/N	Item statements	Mean	Std. Deviation	Decision
1.	Investing in improved healthcare facilities is crucial for enhancing healthcare delivery to IDPs in Makurdi LGA.	3.30	0.201	Accepted
2.	Implementing health education programs tailored to the needs of IDPs is essential for improving healthcare outcomes in Makurdi LGA.	3.07	0.140	Accepted
3.	Recruiting additional medical staff is necessary to meet the healthcare demands of IDPs in Makurdi LGA.	3.10	0.146	Accepted
4.	Introducing mobile health clinics can facilitate better access to healthcare services for IDPs in remote areas of Makurdi LGA.	3.55	0.156	Accepted
5.	Collaborating with non-governmental organizations (NGOs) can significantly enhance healthcare delivery to IDPs in Makurdi LGA.	3.60	0.178	Accepted
6.	Government policies should prioritize and support initiatives aimed at improving healthcare for IDPs in Makurdi LGA.	4.38	0.332	Accepted

= 3.32, SD = 0.4885). The lack of social support has exacerbated mental health issues (mean = 3.50, SD = 0.593), and displacement has caused food shortages (mean = 4.41, SD = 0.992).

Research question four

What are suggested strategies and interventions for improving healthcare delivery to IDPs in Makurdi LGA?

Table 5 outlines strategies and interventions for improving healthcare delivery to IDPs in Makurdi LGA, with all suggestions accepted based on high mean scores. Crucial strategies include investing in improved healthcare facilities (mean = 3.30, SD = 0.201) and implementing health education programs tailored to IDPs' needs (mean = 3.07, SD = 0.140). Recruiting additional medical staff is necessary to meet healthcare demands (mean = 3.10, SD = 0.146), while introducing mobile health clinics can enhance access to services in remote areas (mean = 3.55, SD = 0.156). Collaboration with NGOs (mean = 3.60, SD = 0.178) and prioritizing government policies to support healthcare initiatives for IDPs (mean = 4.38, SD = 0.332) are also seen as

Table 6: Mean and standard deviation of no significant difference in the effects of displacement on the physical and mental health of IDPs in Makurdi LGA, Benue State based on age.

S/N	Items	Below 18years (n=126)		18-30years (n=217)		31 years and above (n=94)	
		Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
1	Displacement has led to a significant deterioration in the physical health of IDPs in Makurdi.	3.26	0.110	3.57	0.344	2.91	0.303
2	There has been an increase in chronic diseases among IDPs due to displacement.	3.91	0.127	3.80	0.354	3.78	0.321
3	Displacement has negatively affected the nutritional status of IDPs in Makurdi.	4.92	0.121	3.39	0.432	4.87	0.350
4	The mental health of IDPs in Makurdi has worsened due to the stress of displacement.	3.23	0.122	3.85	1.34	3.32	0.150
5	IDPs in Makurdi experience high levels of stress and anxiety as a result of their displacement.	3.90	0.321	3.76	0.121	4.96	0.601
6	The displacement has made it difficult for IDPs to access necessary healthcare services in Makurdi.	4.21	0.143	4.59	1.240	3.10	0.512
7	Poor living conditions in IDP camps have negatively impacted the physical health of IDPs in Makurdi.	3.94	0.123	3.20	1.261	3.13	0.611
8	The lack of social support systems has exacerbated mental health issues among IDPs in Makurdi.	2.99	0.061	3.67	0.523	3.68	0.091
9	Displacement has caused shortage of food	4.72	0.120	4.77	0.902	4.69	0.710

significant measures.

Strategies and interventions for improving healthcare delivery to IDPS in Makurdi LGA,

Table 5 outlines strategies and interventions for improving healthcare delivery to IDPs in Makurdi LGA, with all suggestions accepted based on high mean scores. Crucial strategies include investing in improved healthcare facilities (mean = 3.30, SD = 0.201) and implementing health education programs tailored to IDPs' needs (mean = 3.07, SD = 0.140). Recruiting additional medical staff is necessary to meet healthcare demands (mean = 3.10, SD = 0.146), while introducing mobile health clinics can enhance access to services in remote areas (mean = 3.55, SD = 0.156). Collaboration with NGOs (mean = 3.60, SD = 0.178) and prioritizing government policies to support healthcare initiatives for IDPs (mean = 4.38, SD = 0.332) are also significant measures The study findings align with Ekezie (2022), Saheed, Melton, and Ahmed (2023), and Sidney, Folake, and Oluwafisayo (2023), who emphasize the need for tailored healthcare strategies and resilient health systems for IDPs.

Effects of displacement on the physical and mental health of internally displaced persons (IDPS) in Makurdi LGA, Benue State

Table 6 presents mean and standard deviation data indicating no significant differences in the effects of displacement on the physical and mental health of Internally Displaced Persons (IDPs) in Makurdi LGA, Benue State, across different age groups. The study, which involved 126 IDPs below 18 years, 217 IDPs aged 18-30 years, and 94 IDPs aged 31 years and above, shows that all age groups experienced similar impacts. For instance, the mean scores for deterioration in physical health were 3.26 (below 18 years), 3.57 (18-30 years), and 2.91 (31 years and above), with consistent standard deviations. Despite variations in specific health impacts like stress levels and healthcare access, the overall data suggests consistent effects of displacement on physical and mental health across age groups. Table 14's ANOVA results reveal a significant difference in mean scores based on age, with an F-value of 425.042 and a p-value of 0.002, indicating that age significantly influences these effects. Similarly, Table 15 shows no significant difference in health impacts based on gender, as both males and females reported similar experiences regarding physical health deterioration, increased chronic diseases, and mental health impacts.

Recent findings by Aminu et al. (2019) and Igbashal et al. (2018) corroborate these results, highlighting the pervasive and comparable health challenges faced by IDPs regardless of demographic factors, while Onuoha and Chukwu (2022) and Shahid (2018) emphasize the need for comprehensive health services and interventions tailored to the diverse needs of IDPs.

Conclusion

The study reveals that Internally Displaced Persons (IDPs) in Makurdi, Benue State, face substantial health challenges, with common issues including diarrhea, pneumonia, malaria, typhoid, and skin infections. The health problems vary by age and gender, with older IDPs reporting more severe conditions and younger IDPs experiencing higher rates of arthritis. Gender differences also affect the prevalence of certain health issues, with females more frequently reporting pneumonia and arthritis, while males have higher instances of diarrhea. These findings highlight the urgent need for targeted

healthcare interventions to address the specific health concerns of different demographic groups within the IDP population. Despite the recognition of significant health challenges, the analysis of healthcare accessibility reveals considerable inadequacies. IDPs report low satisfaction with healthcare services, citing poor quality, inadequate medical supplies, and limited access to comprehensive services. Although response times and waiting periods are generally reasonable, the overall quality and availability of healthcare services fall short of meeting the needs of the displaced population. This indicates a critical gap in healthcare provision that must be addressed to improve the well-being of IDPs. The study underscores the necessity for comprehensive and inclusive healthcare strategies tailored to the diverse needs of IDPs. Improving healthcare facilities, increasing medical staffing, and implementing mobile health clinics are crucial steps toward enhancing service delivery. Additionally, developing targeted health education programs and fostering collaboration with NGOs and government agencies are essential for addressing the health challenges faced by IDPs. The findings call for urgent and coordinated efforts to strengthen the healthcare system and ensure better health outcomes for this vulnerable population.

Recommendations

From the findings of this study, it was recommends that;

1. Both government and non-government should invest in upgrading healthcare infrastructure and expanding medical services available to IDPs.
2. Additional healthcare personnel to address the high demand and improve service delivery.
3. The introduce mobile clinics to reach remote and underserved areas effectively.
4. There should be tailor health education to the specific needs of IDPs to address prevalent health issues.
5. to work with NGOs and prioritize government policies to support healthcare initiatives for IDPs.

REFERENCES

Abdulazeez, M. (2022). The Boko Haram insurgency and internal displacement. https://www.sem.admin.ch/dam/data/sem/internationales/herkunftslaender/afrika/nga/NG A-bokoharam-e.pdf

Abubakar, Y. A. (2021). An Examination of the Health Challenges of Internally Displaced Persons in North- East Nigeria. *Journal of the Population Association of Nigeria, 5*(1), 71-80.

Ager, A. K., Lembani, M., Muhammad, A., Ashir, M. G., Abdulwahab, A., Pinho, H. D., Dellobele, P, & Zarowsky, C. (2019). Health Service Resilience in Yobe State, Nigeria in the Context of the Boko Haram Insurgency: A System Dynamics Analysis Using Group Model Building. *Conflict and Health, 9*(30), 1-14.

Alozioenwu, H. O. (2019). Contending theories on Nigeria's security challenge in the era of Boko Haram insurgency. *Peace and Conflict Review, 7*(1), 1-8.

Aminu, Z. S., Abdulkadir, S. U., Jamilu, M., & Mohammed, J. H. (2019). Displaced Persons in North-Eastern Nigeria: Causes, Effects, and the Role of Social Workers. *Sociology and Anthropology, 8*(3), 57-65.

Andrea, C., & Darynne, M. (2019). Forced Migration in Somalia. The Refugee Project. Council of Foreign Relations. Al Shabab in Somalia. Retrieved from Council of Foreign Relations: https://www.cfr.org/global-conflict-tracker/conflict/al-shabab-somalia

Araya, Y. (2020). State fragility, displacement and development interventions. Retrieved from https://www.fmreview.org/fragilestates/araya#_edn1

Austin, J., Guy, S., Lee-Jones, L., McGinn, T., &Schkecht, J. (2019). Reproductive health: a right for refugees and internally displaced persons. *Reproductive Health Matters, 16*(31), 10-21.

Aymerich, O. (2020). Community resilience and the return of Iraqi IDPs with perceived affiliation to the Islamic State. *Refug. Surv. Q. 39*, 552–563. https://doi.org/10.1093/rsq/hdaa027.

Boano, C., Zetter, R., & Morris, T. (2018). Environmentally displaced people Understanding the linkages between environmental change, livelihoods and forced migration. Oxford: Refugee Studies Centre.

Bohra-Mishra, P., & Massey, D. (2019). Individual Decisions to Migrate During Civil Conflict. *Demography, 48*(2), 401-424.

Borno State Ministry of Health (2018). Northeastern Nigeria Humanitarian Response. Borno state Health Sector Bulletin. No 1.February.

Braveman, P., & Gottlieb, L. (2014). The Social Determinants of Health: It's Time to Consider the Causes of the Causes. Public Health Reports, 129(1_suppl2), 19-31.

Calderón, I. R. (2019). *Causes, Conflict, and Policy Solutions*. Retrieved from http://www.saisjournal.org/posts/migration

Castelli, F. (2018). Drivers of migration: why do people move. Journal of Travel Medicine,

Chimni, B. S. (2020). *International Refugee Law*: A Reader.

Cohen, R. (2019). *'Strengthening Protection of IDPs*: The UN's Role', *Georgetown journal of international affairs,* 101-109.

Couldrey, M., & Herson, M. (2019). Shelter in displacement. Forced Migration Review.

debate New Issues in Refugee Research - UNHCR Working Paper 70. UNHCR.

Dooshima, U., Idyorough, A. E., Ugbem-Onah, C., & Nwafor, S. C. (2023). Impact of farmers' internal displacement on household food security in Benue State, Nigeria. *Discovery, 59*, e101d1276.

Egwu, S. (2019)." *Ethnic Crisis and Internal Displacement in Nigeria*: Socio-Political Dimensions and Solutions". Paper Presented at the Multi- Stakeholders Conference on Internally Displacement in Nigeria.

Ekezie, W. (2022). Resilience actions of Internally Displaced Persons (IDPs) living in camp-like settings: a Northern Nigeria case study. *Journal of Migration and Health, 6*(1-9).

Godwin, T. (2021). Benue SEMA raises alarm over rising population of IDPs.https://www.sunnewsonline.com/benue-sema-raises-alarm-over-rising population-of-idps/.

Goldstone, J. A. (2018). Pathways to state failure. *Conflict Management and Peace Science, 25,* 285-296.

Hajzmanova, I. (2019). Drought-Stricken Communities hit by Destructive Floods in the Horn of Africa. Retrieved from https://www.internal-displacement.org/expert-opinion/drought-stricken-communities-hit-by-destructive-floods-in-the-horn-of-africa.

Hampton, J. (2018*). Internally Displaced People:* A Global Survey. Routledge.

Hampton, J. (2019) Internally Displaced People: A Global Survey. Routledge. Meertens, D. and N. Segura-Escobar (2019) 'Uprooted Lives: Gender, Violence and Displacement in Colombia'. *Singapore Journal of Tropical Geography, 17*(2), 165-178.

Hennion, C. (2019). Displacement and violence against women in Afghanistan. Samuel Hall.

Ibeanu, O. O. (2019) 'Exiles in their Own Home: Conflicts and Internal Population Displacement in Nigeria'. *Journal of Refugee Studies, 12*(2), 161-179.

ICRC. (2020). *Internally displaced people*: facing up to the challenges. Retrieved from International Committee of Red Cross: https://www.icrc.org/en/doc/resources/documents/interview/displacement-interview-121109.htm

Imasuen, E. (2018). *Insurgency and humanitarian crises in northern Nigeria:* the case of Boko Hara. *African Journal of Political Science and International Relations, 9*(7), 284-296. DOI: 10.5897/AJPSIR2015.0789.

IOM. (2019). CCCM cluster Somalia. UNHCR; IOM

Irina, K., Oksana, M., & Jon, C. (2023). The Mental Health of Internally Displaced People and the General Population in Ukraine.

Jelili, M. O. & Olanrewaju, S. O. (2019). Realities of IDPs Camps in Nigeria. *Global Journal of Human-social Science Research, 16*(4), 11–16.

Kerimova, J., Posner, S. F, Brown, Y. T, Hillis, S., Meikle, S., & Duerr, A. (2019). High prevalence of self-reported forced sexual intercourse among internally displaced women in Azerbaijan. *Am J Public Health, 93*, 1067–1070.

Lenshie, N. E., & Henry, B. Y. (2020). Boko Haram insurgency, Internally Displaced Persons and humanitarian response in Northeast Nigeria. *The International Journal of Humanities & Social Studies, 4*(8), 141-150.

Lilleston, P., Winograd, L., Ahmed, S., Salamé, D., Alam, D. A., Michelis, I., &Joergensen, S. P. (2018). *Reaching Refugee Survivors of Gender-Based Violence*. International Center for Research on Women.

Makhashvili, N., Chikovani, I., McKee, M., Bisson, J., Patel, V., & Roberts, B., (2018). Mental disorders and their association with disability among internally displaced persons and returnees in Georgia. *J. Trauma Stress, 27*(5), 509–518.

Martin, A. S. (2018). Internally Displaced Persons and Africa"s Development. Benin: Afreb Publishing.

Martin-Shields, C. P. (2017). *State Fragility as a Cause of Forced Displacement*: Identifying Theoretical Channels for Empirical Research. German Development Institute.

Mooney, E. (2018). The concept of internal displacement and case for internally displaced persons as a category of concern. *Refugee Survey Quarterly, 24*(3), 9-26.

National Emergency Management in Nigeria (NEMA) (2019). Abuja: *NEMA Responded to over 1000 Emergency Situations in 20 Months*. Abuja: NEMA.

OCHA. (2020). *Mozambique:* Tropical Cyclones Idai and Kenneth - Emergency Appeal n° MDRMZ014 Operation Update n° 3. Retrieved from OCHA Services: https://reliefweb.int/report/mozambique/mozambique-tropical-cyclones-idai-and-

OECD. (2019). *States of fragility 2016:* Understanding violence. Paris.

Ohihoin, A. G., (2021). Challenges to Accessing Ante- Natal and Postnatal Care in Internally Displaced Persons (IDPs) Camps in Nigeria. *Ann Med Health Sci Res, 11,* 1367-1370.

Ojengbede, O., Babawarun, T., Babawarun, T., Olayiwola, O., Adorin, O., Kongnyuy, E., & Millicent Ogun. (2019). *Sexual and gender-based violence in camps for internally displaced people and host communities in northeast Nigeria:* a mixed methods study. Elsevier Ltd

Olagunju, O. (2019). Management of internal displacement in Nigeria. Unpublished thesis. Brandeis University. Retrieved from https://cis.mit.edu/sites/default/files/documents/ManagementOfInternal DisplacementInNigeria.pdf on the 17th May 2019.

Olufemi, F. & Olaide, B. (2019). Managing Internally Displaced Persons (IDPs) in Nigeria: The case of insurgency of the northeast geo-political zone. *International Journal of Development Strategies in Humanities, Management and Social Sciences, 5*(5), 145-166.

Oriakhi, D. and P. Osemwengie (2019) 'The Impact of National Security on Foreign Direct Investment in Nigeria: An Empirical Analysis', *Journal of Economics and Sustainable Development, 3*(13), 88-96.

Polastro, R. (2021, 03). *Humanitarian response in conflict*: lessons from South Central Somalia. Retrieved from https://odihpn.org/magazine/humanitarian-response-in-conflict-lessons-from-south-central-somalia/#:~:text=Insecurity%20and%20access%20constraints%20were,out%20of%20South%20Central%20Somalia

Polastro, R. (2021, 03). *Humanitarian response in conflict*: lessons from South Central Somalia. Retrieved from https://odihpn.org/magazine/humanitarian-response-in-conflict-lessons-from-south-central-somalia/#:~:text=Insecurity%20and%20access%20constraints%20were,out%20of%20South%20Central%20Somalia

Roberts, B., Ocaka, K. F., Browne, J., Oyok, T., Sondorp, E. (2018). Factors associated with post-traumatic stress disorder and depression amongst internally displaced persons in northern Uganda. *BMC Psychiatry, 8*, 38.

Sahara Reporters (2019). SEMA: 483, 669 IDPs affected by Herdsmen attacks in Benue state. https://saharareporters.com/2019/01/26/sema-483699-idps-affected- herdsmen-attacks-benue-state.

Salama, P., P. Spiegel & R. Brennan (2011) 'No Less Vulnerable: The Internally Displaced in Humanitarian Emergencies', *Lancet (London, England) 357(9266):* 1430-1431.

Salami, B, Iwuagwu S, Amodu O, et al. (2020). The health of internally displaced children in sub-Saharan Africa: a scoping review. *BMJ Global Health, 5*:e002584. doi:10.1136/ bmjgh-2020-002584.

Samantha L. T. & Stuart, D. M. (2019). Displacement and health. *British Medical Bulletin, 69*, 115–127.

Sampson, S., Oni, F., Oluwafisayo, A. (2023). Addressing barriers to accessing family planning services using mobile technology intervention among internally displaced persons in Abuja, Nigeria. *Am J ObstetGynecol Glob Rep, 3*, 100250.

Sanchez-Garzoli, G., & Cohen, R. (2020). *Internal Displacement in the Americas:* Some Distinctive Features. Retrieved from Brookings: https://www.brookings.edu/articles/internal-displacement-in-the-americas-some-distinctive-features/

Save the Children International (2018). *Nutrition and Mortality Survey Report Borno State*, Nigeria Final Report.

Shelter, G. C. (2018). *Shelter:* Somalia Fact Sheet. Global Cluster Shelter.

Stark, L. Roberts, L. Wheaton, W., Acham, A., Boothby, N., & Ager, A. (2018). Measuring violence against women amidst war and displacement in northern Uganda using the 'neighbourhood method'. *J Epidemiol Community Health, 64*(12), 1056-1061.

Toole, M. J. (2021). Mass population displacement: a global public health challenge. *Infect Dis Clin North Am, 9*(2), 353-366.

Tual, S. K. (2023). Vulnerability to health and well-being of internally displaced persons (IDPs) in Myanmar post-military coup and COVID-19. *Khai Archives of Public Health, 81*,185.

Tueller, J., & Olson, E. (2018, 08 21). *The Hidden Problem of Forced Internal Displacement in Central America*. Retrieved from Wilson Center: https://www.wilsoncenter.org/article/the-hidden-problem-forced-internal-displacement-central-america

Ukase, P. I., & Jato, T. P. J. (2022). Socio-economic consequences of conflict: The predicament of internally displaced persons in Benue State. *African Journal of Social Sciences and Humanities Research, 5*(5), 10-26. https://doi.org/10.52589/AJSSHR-ZA1BOPLM

UNHCR (2018). *Global trends:* forced displacement in 2017. Retrieved from http://www.unhcr.org/statistics.

UNHCR. (2020). *Internally Displaced People*. Retrieved from UNHCR: https://www.unhcr.org/internally-displaced-people.html

United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) (2018). An Overview and Response to Humanitarian Crises in Northern Nigeria. Situation Report No.1 Retrieved from http://www.reliefweb.int/rwarchive/rwb.nsf/db900sid/392052515502b13b256ea00067634c

United Nations Office for the Coordination of Humanitarian Affairs (2019). North-east Nigerian: Humanitarian emergency, Situation report No. 1.

United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) (2018). An Overview and Response to Humanitarian Crises in Northern Nigeria. Situation Report No.1 Retrieved from http://www.reliefweb.int/rwarchive/rwb.nsf/db900sid/392052515502b13b256ea00067634c

United Nations Refugee Agency (UNHCR, 2022). Figures at a Glance.

18 June 2021. https://www.unhcr.org/uk/figures-at-a-glance.html (Accessed February 20, 2022).
United Nations. (2019). Report of the Commission of Inquiry on human rights in Eritrea, A/HRC/32/47. New York: UN.
Uzobo, E. &Akhuetie, R. (2018). Food security and health challenges among Internally Displaced Persons in Nigeria. *The Nigerian Journal of Sociology and Anthropology, 16*(1), 47-71.
Uzobo, E. &Akhuetie, R. (2018). Food security and health challenges among Internally Displaced Persons in Nigeria. *The Nigerian Journal of Sociology and Anthropology, 16*(1), 47-71.
Vanguard (2022, June 19). 1.5 persons in IDPs camps in Benue https://www.vang uardngr.com/2022/06/1-5m-persons-in-idp-camps-in-benue-official/
Victor, O. & Rasheed, O. (2019). Living Conditions of Internally Displaced Persons (IDPs) in Northern Nigeria. *Urbanism and Crisis Management in Nigeria, 25*, 369-390.Retrieved from https://www.researchgate.net/publication/334694392_Living_Conditions_of_Internally_Displaced_Pers_IDPs_in_Northern_Nigeria
Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C., & Singh, S. (2018). The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. Retrieved from https//www.ncbi.nlm.nih.gov/pmc/articles/PMC4012695/
Williams, W. (2020*). Drivers of Displacement in Africa.* Retrieved from Africa Centre for Strategic Studies: https://africacenter.org/publication/shifting-borders-drivers/
World Bank Group. (2020). *Managing Fragility Risks and Forced Displacement in Middle- Income Countries*: A Focus on Prevention to Build Resilience and Stability. Retrieved from https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/managing-fragility-risks-and-forced-displacement-in-middle-income-countries-a-focus-on prevention-to-build-resilience-and-stability
Zenn, J. (2019). 'Boko Haram and the Kidnapping of the Chibok Schoolgirls'. *CTC Sentinel 7*(5), 1-8.