

Internally Displaced Persons (IDPs) and the Health Challenges in North-eastern Nigeria, 1999-2014

By
Paul, Ilesanmi Akanmidu Ph.D.
Department of History and International Studies

Ondo State University Akungba

Ondo State Nigeria

Paulakanmidu@gmail.com

&

Nasir Taofiq Olaide Ph.D

Department of Theatre and Media Arts Federal University Oye-Ekiti

Ekiti State, Nigeria

taofiq.nasir@fuoye.edu.ng

Abstract

The period between 1999 and 2014 was regarded as turbulent years in the chequered political history of Nigeria. It saw the emergence of Boko Haram insurgency that displaced thousands of people from their native homes to become Internally Displaced Persons (IDPs) in North-eastern Nigeria. Other researchers and commentators have evaluated the environmental conditions and economic challenges the displaced persons experienced during the period but not much attention was focused on the health challenges. This study therefore uses historical framework of analysis to explore the healthcare related matters and challenges the displaced persons witnessed despite the efforts and interventions of the Federal and State governments in conjunction with the non-governmental and international organizations.

Keywords: Internally, Displaced, Boko Haram, insurgency, North-eastern, Nigeria

Introduction

Nigeria has witnessed numerous displacements in varying dimensions since its independence. This was engendered by political, religious and communal conflicts (Osaghae and Suberu, 2005). Within this context however, two major factors can be used to explain this phenomenon - the natural disasters and artificially engendered factors. Natural phenomena such as flood, draught, and desert encroachment among others are known factors that had displaced people from their places of settlements in Nigeria. For example, people in the Sahel Savanna zone of Nigeria had suffered desert encroachments that largely displaced them from their primary place of settlements. In addition, flood had displaced several millions of Nigerians along the rivers Niger and Benue. On the other hands, artificially engendered factors are man-made in nature (Ikelegbe, 2010; Bartolotta, 2012). They include war, invasion, colonialism and communal clashes among others. The latter are among other crucial factors that had displaced Nigerians over time. Thus, this research focuses on the latter. The first major displacement in Nigeria after independence was Western Nigerian crisis, which was occasioned by ideological breakdown between Chief Obafemi Awolowo and Ladoke Akintola in Action Group (AG) (Dulley, 1973; Falola, 1988, Coleman, 1963). The Nigerian civil war (1967-1970), the Maitatsine religious crisis of late 1970 and early 1980, which was led by Muhammed Marwa and Boko Haram insurgency in the North-eastern Nigeria lately are among major artificially engendered phenomena that had displaced Nigerians from their natural habitations (Falola and Dare, 1988; Falola, 1991). It has been argued that when human beings are displaced from their habitats, psychologically and sociologically, they are affected, which in return affect their health balances (Hughes, 2012; Paul, 2016).

In this study, attention is focused on the North-eastern part of Nigeria, which was a hotspot for Boko Haram insurgencies. Towards the end of the opening decade of twenty-first century, there emerged a sudden Islamic religion fundamentalist whose major agenda initially was to reject western education. They perceived western education as the major cause of anti-social behavior in Nigerian society and therefore campaigned for its rejection by the masses. They gathered several uninformed young people to their centers to indoctrinate/brainwash them about their religious ideological concepts. They perceived missions as the architect of western education and started launching attacks against churches and Christians in the North-east. The Nigeria's government was initially careful to call the attacks religious wars. The Christian's umbrella body, the Christians Association of Nigeria (CAN) was critical about the nonchalant attitude and sluggishness of the government in coming out openly to condemn what they (Christian body) perceived as religious wars against the Christians in the North-eastern part of Nigeria (The Nation, 2016: 86-87). It appears the scope of their agenda became

expanded as they began to attack Islamic adherents. Some commentators saw the development as a camouflage just to shift the attention of the international bodies/organizations from the outcry of the Christians Association of Nigeria who was calling the attacks, religiously wars. The dastard and gruesome act of killing and destruction of life and property engendered the displacement of many people from their homes (The Nation, ibid). It was partly for this many towns and villages were sacked by these feared religious fundamentalists. This displaced peoples suffered basic necessities of life such as food, water and shelter. The combination of the effects of these basic needs had multiple implications on the health of the displaced persons. Lack of accessibility to good water resulted in serious water borne diseases such as diarrhea, measles etc. Lack of good shelters exposed many of the displaced people to mosquito's infectious diseases such as malaria and fever (Sambo, 2017:). Lack of good food, also exposed the displaced persons to other related health dangers. Despite the governmental and non-governmental organizations' efforts, the large number of people displaced clustered in different designated camps. The unprecedented upsurge of the displaced made the available resources insufficient thereby constituting serious challenges to the government and non-governmental organizations. This study examines and evaluates the health condition of the displaced persons in the North-eastern Nigeria from 1999 to 2014.

Conceptual Clarification

It is germane to conceptualize major terms used in this study. Most of the concepts do not lend to a generally acceptable definitions among different scholars or commentators. However, it is needful to clarify their meanings as applicable in this study. For instance, Displaced Person, under International Law are persons who have been forced or obliged to flee or to have cause to leave their homes or place of habitual residence in particular as a result of generalized violence, violation of human rights or natural or human made disasters, and they must remain within their own national borders (as internally displaced persons) or they must have crossed an internationally recognized state border (refugees) Thus, we can argue that there are two categories of Displaced Persons. That is, those within their countries and those that crosses the borders of their countries. The former are referred to as Internally Displaced Persons (IDP) while the latter are known as refugees.

The Convention relating to the Status of Refugee (CRSR) of 1951 defined the term "refugees" as applying to any person who:

... as a result of events occurring before 1st January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion is outside the country of his (or her) nationality and is unable , or owing to such fear, is willing to avail himself (or herself) of the protection of that country; or who, not having

a nationality and being made outside the country of his own (or her) former habitual residence as a result of such events, is unable, or owing to such fear, is unwilling to return to it.

The OAU Convention of (1969), the Second Paragraph of article 1 states that:

... the term refugees shall also apply to every person who, owing to external aggression, occupation, foreign domination or event seriously disturbing public order in either part of the whole of his (or her) place of habitual residence in order to seek refuge in another place outside his (or her) country of origin or nationality.

Under Cartagena Declaration, the term “refugee” is defined as including “persons who have fled their countries because their lives, safety or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violations of human rights or other circumstances which have seriously disturbed public order.” From the above definitions, there is a clear distinction between Internally Displaced Persons and Refugees. For the purpose of this study, the people under this discussion fall under the first group.

The concept of insurgency is derived from the Latin word, meaning rising upon or against. According to Dowd and Drury (2017:136-152), insurgence could be defined as individual who rise in forcible opposition to lawful authority, especially when it engages in armed resistance to a government or to the execution of its law. Herskovits (2012:126) perceived insurgency as an organized resistant movement that uses subversion, sabotage, and armed conflict to achieve it aim. Insurgency according to Power and Abraham (2006), refers to a violent move by a person or group of persons to resist or oppose the enforcement of law or running of the government or revolt against constituted authority of the state or of taking part in the insurrection. Insurgency as defined above becomes violative of the constitution’s criminal law and the international treaty obligations of a nation in the following circumstances:

- When it constitutes an attack on defenseless citizens and other property resulting into injuries, loss of lives and properties as well as forced or massive internal displacement of people out of their habitual places of residence.
- When it drives business/investors away from an insecure area and when it constitutes domestic and international crimes punishable by law such as treasonable felony, terrorism, murder, crimes against humanity and genocide.

From the above insights, it is arguably possible to posit that Boko Haram activities in the North-eastern Nigeria are an insurgency. It embraces all the major attributes of what Powess and Abraham, Dowd and Drury had earlier on agued as being called insurgency. We can

therefore defined insurgency as a group of individuals who destabilize the development of a country by posing threat and aggression on other members of the society. They seek largely to overthrow an established government, and its autonomous national territory within the border of a state.

By health challenges, we mean the difficulties experienced by the displaced persons which have adverse effects on their balanced health. It could also mean the health impairments the displaced persons suffered as a result of their displacement from their natural or habitual states (Getanda EM, et al, 2015: 755) the concept of health differs from person to person and from one discipline to the other. The perception is a function of individual worldview and ideological underpinning. To a layman for example, being healthy means “freedom from diseases and sicknesses.” To the medical practitioners, being healthy means, having a physiological balance or freedom from mentally defined diseases and disability. In a wider perspective, health is basically a social concept. Apparently, perceptions of health and its definitions are shaped by peoples’ experience, knowledge, values and expectations as well as their view of what they are expected in their everyday lives, and the fitness they need to fulfill that role. The World Health Organization (WHO, 1978) defined health as a “state of complete physical, mental and social well-being, and not merely the absence of diseases and infirmity. The above definition of the World Health Organization (WHO) appears to be more illuminating especially on the subject in focus. Displaced persons are psychologically and mentally impaired in one way or the other.

North-eastern Nigeria and Boko Haram Activities

North-eastern Nigeria represents the states that fall within the geographical area of North-eastern part of Nigeria’s map, as indicated in the map below such as Borno, Yobe, Taraba, Bauchi, Gombe and Adamawa states. However, for the purpose of this study, attention is focused on Adamawa, Borno and Yobe. Thus, when we talk about North-eastern states in this study, we are referring to Adamawa, Borno and Yobe.

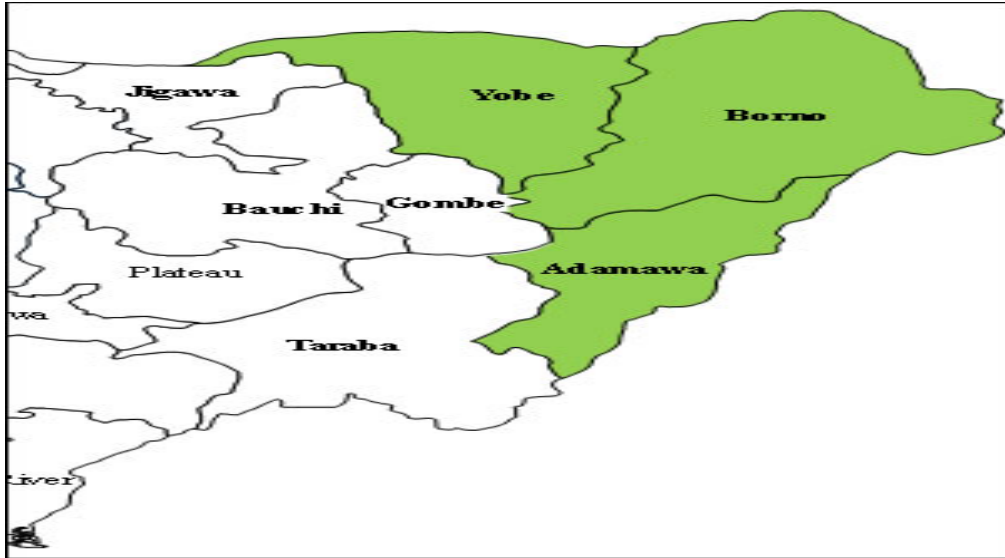


Fig. 1: The map of North-eastern Nigeria

Extracted from the Nigerian Geography, 2019

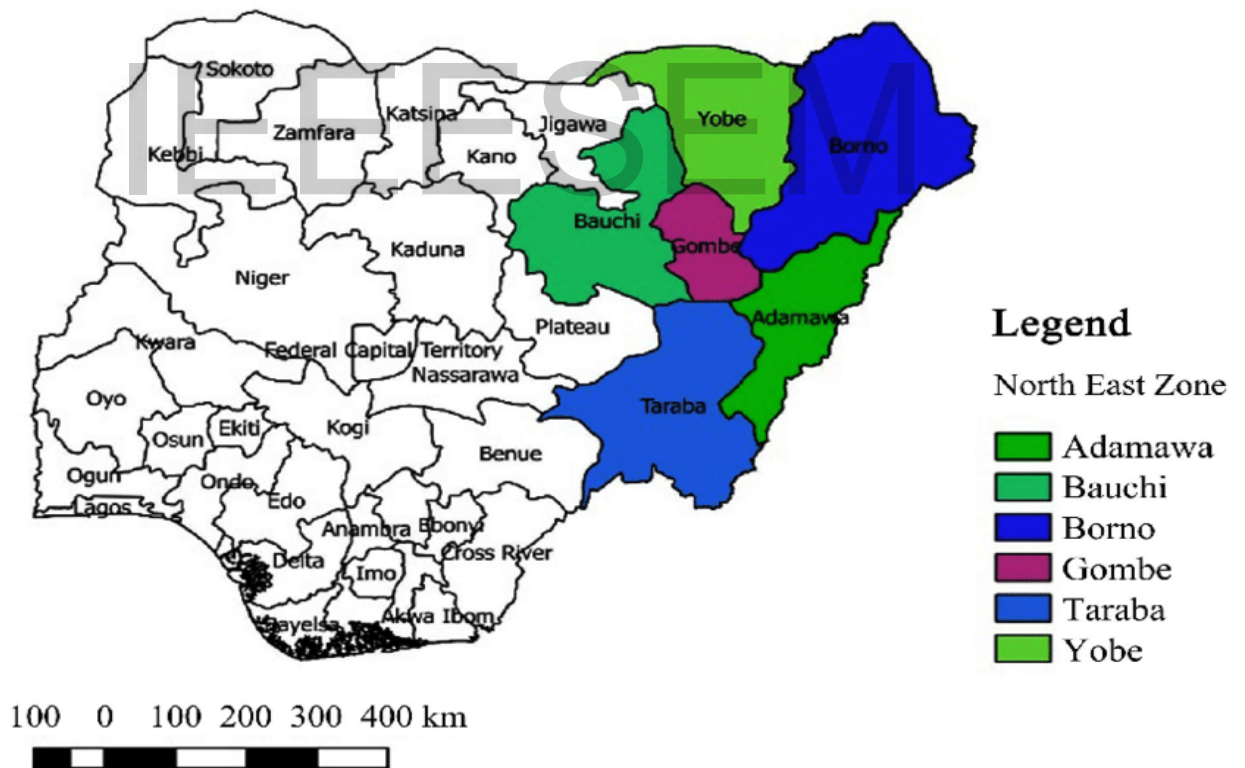


Fig. II: Complete Map of Nigeria Showing North-Eastern Zone of Nigeria.

Extracted from Nigerian Geographical Space, 2019

These states have become volatile zone since the upsurge of Boko Haram activities in 1999. Muhammad (2012) argued that Boko Haram started in Nigeria in the 1990s by Abubakar Lawan, an Islamic Extremist and later by Aminu Tashenlimi. Later on the leadership of the Sect fell on Mohammed Yusuf. The principal doctrine of the sect during this period was basically to oppose western education, which the group considered to be aiding corruption, poverty and unemployment. The group gathered momentum over the years until their excesses attracted government attention. There was an engagement of the government forces and the sect first in 2009. The encounter saw to the death of the sect leaders, Mohammad Yusuf and some of its members. The deputy Abubakar Biri Mohammad Shekau, then assumed the position of leadership of the sect in 2010 (Laqueur, 2004: 410-412). In attempt to retaliate their losses, they recruited more members across the states in the north. They also began to attack police stations and other security posts. The sect became more violent against people especially social gatherings, church meetings and schools. They used explosive devices to destroy lives and property. According to the report of Human Right Watch, Boko Haram insurgency has led to the high rate of human casualties, as thousands of deaths from 2009 up till now. According to Nigerian Security Tracker 2014, Boko Haram had carried out 64 incidences of terror attacks in North-eastern Nigeria between 2009 and 2014. Obasanjo (2004) noted:

Violence has reached unprecedented levels and hundreds have been killed with much more wounded or displaced from their homes on account of their ethnic or religious identification. Schooling for children has been disrupted and interrupted; businesses have lost billions of naira and property worth much more destroyed.



Fig. III: Internally Displaced Persons in Borno in the camp

Extracted from the official record of International Committee of the Red Cross (ICRC), December, 2016

[They went on armed attacks, bombing and explosion, midnight terror, mass murder or suicide raid, assassination and abduction.](#) These attacks claimed over two thousand, three hundred and twenty-nine lives in 2009; over three thousand in 2010; three thousand five hundred and sixty-six in 2011; three thousand seven hundred in 2012; four thousand four hundred and twenty-five in 2013 and over five thousand in 2014. The high spate of insecurity in the area had led to the displacement of thousands of people. The figure below represents estimate of displaced persons in the zone

January – March, 2014

Adamawa State

Local Government	Estimated Population of Local Government	Internally Displaced Population	% Caseload
Madagali	1,3514,2	31316	
Michika	1,5514,38	5772	
Mubi North	1,515,15	2152	
Mubi South	129,956	3586	
Gombi	114, 761	9389	
Yola North	196,197	5460	
Yola South	199,675	5346	
Fufore	363	363	
Lamurde	2339	2330	
Total	1,088186	66,826	6%

Tab. I: Adamawa State LGA indicating population of LGA and IDPs

Yobe State

<u>Damaturu</u>	<u>16281</u>	<u>16281</u>	
<u>Posticum</u>	<u>11988</u>	<u>11988</u>	
<u>Fune</u>	<u>4042</u>	<u>4042</u>	
<u>Fika</u>	<u>3659</u>	<u>3659</u>	
<u>Gujiba</u>	<u>15226</u>	<u>15226</u>	
<u>Tarmuwa</u>	<u>3540</u>	<u>3540</u>	
<u>Gashua</u>	<u>10172</u>	<u>10172</u>	
<u>Feidam</u>	<u>11446</u>	<u>11446</u>	
<u>Total</u>	<u>771368</u>	<u>76,354</u>	<u>9%</u>

Tab. II: Yobe State LGA indicating population of LGA and IDPs

Borno State

Gwoza	288446	16117	
Bama	2783353	13484	
Mobbar	116631	2350	
Damboa	249298	20540	
Kunduga	190951	35810	
MMC	4991	4991	
Kaga	3496	2086	
Mafa	3496	3496	
Biu	7040	7040	
Jere	51,720	1864	
Total	1,199,222	106, 098	11%

Tab. III: Borno State LGA indicating Average population of LGA and IDPs

May/June

Adamawa State

Local Government	Estimated Population of Local Government	Internally Displaced Population	
Fufore	253,209	32917	
Gombi	178,869	23253	
Madagali	164,697	21728	
Michika	189,708	24662	
Total	786483	102,560	15%

Tab. IV: Adamawa State LGA indicating Average population of LGA and IDPs

Yobe State

Local Government	Estimated Population of Local Government	Internally Displaced Population	
Damaturu	111,978	8958	
Gubja	168508	13241	
Fune	382,657	30613	
Potiskum	261,932	20955	
Total	922,025	76,354	17%

Tab. V: Yobe State LGA indicating Average population of LGA and IDPs

Borno State

Local Government	Estimated Population of Local Government	Internally Displaced Population	
Chibok	83537	17,543	
Kaga	113757	23,889	
Konduga	197850	41,549	
Maiduguri	659009	138,392	
Mobba	147416	36,321	
Total	1,201,569	257,694	21%

Tab. VI: Yobe State LGA indicating Average population of LGA and IDPs

Population Caseload of IDPs in Adamawa, Yobe and Borno State, Nigeria

Source: National Emergency Agency, 2014

The above was an estimated figure of the Internally Displaced People in the North-eastern states of Nigeria between 1999 and 2014. The displacement was due to various strategies employed by the Boko Haram to launch their attacks on unsuspecting victims. They engaged in armed attacks, such as, bombings and explosions, mass murder/suicides, midnight/terror attacks, raids, assassination/murder and abductions (Olafioye, 2013). In carrying out their attacks, the insurgents targeted churches, Mosques, government agencies, security apparatus, financial and international institutions. The adopted different techniques and methods of attacks. These include development of armed gunmen on motorcycle, suicide bombers, vehicles-borne improvised explosives (VBIEDS) etc. The high rate of casualties naturally caused tension and agitation in the region, resulting in the rising of internally Displaced Persons (IDPs). Similarly, the attacks also caused a large population to migrate to the neighboring states such as Bauchi, Gombe, Plateau and Abuja the Federal Capital of Nigeria. The table below shows that insurgency was prevalent in Adamawa, Borno and Yobe during the period of our study, which also explains the reason for the high number of Internally Displaced Persons.

Current Location	IDP Individual	IDP Household	IDP Average HHs size
Adamawa	220,159	25,807	8.5
Bauchi	60,555	9,881	6.1
Borno	672,714	76,842	8.8
Gombe	24,655	3,3335	7.4
Taraba	74,125	11, 599	6.4
Yobe	135,810	21,893	6.2

Total	1188018	149357	8.0
-------	---------	--------	-----

Tab. VII: IDPs Population of Boko Haram Insurgency by North-eastern States, Nigeria, 2008-2014

Source: UNICEF: Nigeria Humanitarian Reports, February, 2015, Available: <http://nigeria.iom.int/dt>

The migration of the displaced persons to neighboring towns increased tensions in those states. There were instances where Boko Haram launched attacks on the neighboring states such as Bauchi, Gombe, Plateau and Abuja (NEMA, 2015). Attacks were also launched against other states in the North Central such as Kano, Kaduna and Jigawa. All these created tension across Nigeria and the numbers of Internally Displaced Persons increased astronomically.

In addition, the attacks also resulted in the Nigerian refugees to neighboring countries such as, Niger, Chad and Cameroun (Mooney, 2005). The increased activities of the Boko Haram sect increased the influx of Nigerian refugees in neighboring nations over the years. It was estimated that there were over 30, 000 Nigerian refugees in Northern Cameroun, 1000 Nigerian refugees in Chad (on Lake Chad's Choua Island) and more than 50, 000 Nigerian refugees in the Diffa region of South-East Niger in 2013. It has been argued that the most vulnerable set of people were women, aged and children.

Healthcare Challenges and Effects on the Internally Displaced Persons in the North-eastern Nigeria

One of the fundamental areas, which constituted serious challenge to the internally displaced persons, was health. Majority of the displaced persons had challenges in having access to healthcare services. Most of the healthcare personnel were either not available or inaccessible due largely to the insecurity in the region at large. According to Mariam (2019), the most affected persons by the insurgencies in the northeastern were the pregnant women, children and the aged people. Because of the acute challenges of health, the lives of many of the displaced person were exposed to danger. For instance, during the period of our study, most of the pregnant women had serious complications. This arose from irregular or lack of medical attention such as pre-natal care as a result of insurgency. Also most of the IDP centers, lacked permanent medical personnel such as doctors and nurses leaving the pregnant women in risk of varying degrees. This problem resulted in different level of crises, such as miscarriage.

Apart from the above, the problem of food has been one of the major problems of the displaced persons in North-eastern Nigeria. Food is said to be one of the major sustainers of healthy life. As a result of Boko Haram insurgency, most of the farmers could not engage in

farming activities during the period of study (Nwolise, 2009: 245–289). Many of them had to abandon their homes to seek refuge in various camps, most especially schools because of the activities of the insurgents. Similarly, food supply from other states could hardly reach the zone because of the activities of Boko Haram. This left quite appreciable number of the victims with mal-nutrition, which had led to different type of diseases in the camps (Nigeria Medical Association, 2015). According to Abdullahi (2019), a medical doctor:

A great number of the diseases we witnessed in the camps of the internally displaced persons between 2009 and 2014 were caused mainly because of lack of inadequate good food or mal-nutrition. Although with the intervention of the Federal and State Governments, it reduced the problem drastically. There were also appreciable assistance from individual and group of individuals (philanthropists) and even non-governmental as well as an international organizations. The truth of the matter is, these food supplied were not sufficient because of the increased in the number of displaced persons.

Another acute problem, which is similar to food, is water. Water supply to various camps was largely insufficient. This had led to different types of water borne diseases in various camps (Olagunju, 2006). The problem of water supply and the inevitability of it had made the displaced persons sought for water at all cost. Most of the water available was not clean enough for human consumption. Consumption of bad water in various camps made people contact different diseases such as measles, diarrhea and skin diseases of varying degrees. As reiterated by Gambo (2019):

There was acute inadequate water supply in the various camps of the Internally Displaced Persons between 2009 and 2014. There was already inadequate water supply in the North-eastern before the emergence of insurgency. This incidence has only complicated the problem. The internally Displaced Persons had it badly with their host communities. The presence of the IDPs in most communities was perceived by some host communities as overstressing their insufficient amenities. This created bad relationship between some of the IDPs and the host communities.

The above observation validates the acute challenge of water supply in North-eastern Nigeria during our period of study. Apart from this, there was also the problem of environmental hygiene. In the camps, there were no adequate latrines or toilets where people could defecate. The displaced people chose the option of indiscriminate defecation of waste around the bushes, which were close to the camps. This portends two dangers. In the first place, it created dirty environment. This was more among the children who could not go far to the bush/forest to defecate. Many of the children made use of papers to defecate after which

they disposed them off. The implication of disposing these wastes indiscriminately in the bushes that were close to their camps caused unfavorable trenches, which often made the environment look bad and un-conducive for adaptation. Medical personnel and environmentalists decried this on Nigerians daily newspapers ().

More importantly, the problem of shelter constituted another serious health issue for the IDPs. The displaced persons who were scattered across the various camps in the North-eastern part of Nigeria were also exposed to the problem of shelter. Majority of people slept in the tents and huts which were improvised for them urgently. This exposed many of them to the bites of mosquitoes. This explains the justification for acute malaria cases in the camps. The children were mostly affected.

The effects of the insurgencies on the North-east Nigeria are multi-dimensional. In the first instance, it created poverty in the affected zone. Over 80% of the North-Eastern dweller engaged in farming. With the outbreak of insurgency, farmers could not go to their various farms. They were rather displaced and taken refuge in various camps. This inevitably increased the rate of poverty in the zone. As argued by Daramola (2019), where there is acute or excess poverty, the rate of disease there would be high. The rate of diseases and epidemic was high in North-eastern Nigeria during the period of study. This situation also had multiple effects on the availability of health personnel. Appreciable number of healthcare personnel, mostly Doctors and Nurses left the North-eastern Nigeria for other peaceful part of the country. Some of them migrated abroad to seek for employment. Most of the healthcare personnel were either not available or inaccessible due largely to insecurity in the region at large in various health centers.

Appraisal of Interventions

Internally Displaced Persons in North-eastern Nigeria during the period of our study attracted local and international interventions. In the first instance, both the State and Federal Governments embarked on different strategies to assist the displaced peoples (). Firstly, the Federal Government of Nigeria signing of African Union (AU) Internally Displaced Persons Convention in October 2009 in Uganda to protect and assist IDPs especially those around the North-eastern region of the country shows clearly the readiness of the Federal Government to render help to the affected persons. Also, the establishment of certain agencies such as the National Emergency Management Agency (NEMA) and the State Emergency Management Agency (SEMA) with the charged responsibilities of taking care of the victims including their health matters. They were to co-ordinate all the emergency relief operations to IDPs and the distribution of agricultural inputs to farmers to boost food security in North-eastern Nigeria.

Also, establishment of Strategic Response Plan by National Emergency Management Agency (NEMA) since 2013 at various communities in Borno, Yobe and Adamawa States to cater

for the humanitarian need such as food security, malnutrition and epidemic to displaced persons was another giant effort of the government in North-eastern Nigeria. The establishment of five years developmental plan from 2010 -2015 was another giant effort of the government to measure the performance of the government as well as its failure.

The International Organizations also intervened at different levels to ameliorate the suffering of the displaced people (NEMA, 2015). The roles of the International Committee of the Red Cross through strengthening of its field of operation in communities in Borno, Yobe and Adamawa states in the expansion of community-based first aid program as well as the mobilization of urgent water/sanitation initiative since 2011.

Similarly, the provision of medical aids, clean water, food and other essential household items to help meet the immediate needs of the displaced persons in various communities in Borno, Yobe and Adamawa. They also involved in the upgrading of water/sanitation infrastructure in various camps where IDPs were commonly sought refuge. They also help in the coordination of national/ state emergencies in various sexual and gender-based programs. The increase in the provision of supplies and services such as food, health, water, sanitation and hygiene (WASH) and nutrition to the growing influx of Nigerian refugees in Chad, Niger and Cameroon (International Committee, 2013)

Other international organizations such as United Nations, World Health Organization also intervened in supplying food and material needed to the people. Medical materials such as nets and drugs were also distributed to the displaced people. Despite the efforts of the above organizations in the distribution of these materials, it is noteworthy that the materials could not cover all the IDPs. This was because on daily basis the population of the IDPs was increasing and more camps were created. Not only that the state of insecurity generally in the North-eastern Nigeria as a result of insurgency prevented free movement of material from one point to the other. There was also the problem of material diversion by corrupt officials who were appointed or apportioned with the responsibility of distribution of some essential materials to the displaced persons. It is disheartening and incredibly ridiculous to note that some corrupt officials engaged in shoddy dealings by diverting materials meant for the displaced persons for financial gains. This constituted a serious problem to the flow of materials distribution in the North-eastern Nigeria during the period of study.

Conclusion

This study evaluated the challenges of the Internally Displaced Persons (IDPs) in North-eastern Nigeria during the period of our study. The researchers identified two major factors that have responsible for the displacement of Nigerians from their natural habitats. These are natural and artificial factors. However the focus of this study is on the latter i.e. artificial factor.

By artificial factors, we mean, humanly induced factors that have caused the displacement of peoples from their natural habitats. The emergence of insurgency in the North-eastern Nigeria from 1999 became a serious problem around 2011. The phenomenon has arguably responsible for the death of thousands of people while thousands were displaced from their natural habitats due largely to sporadic killings, abducting, kidnapping and harrying by the insurgents. This has created tension generally in the North-eastern Nigeria and in different part of Nigeria. As a result, thousands of people have been displaced due to security challenges, which exposed thousands of lives into healthcare dangers. The endangered persons were temporarily kept in various camps, mostly in government's schools. The concern of this study focuses on the healthcare challenges the displaced persons faced in various camps. Some of these problems include, lack/inadequate food and water supply, shelter, routine health checks among several other issues resulting to deaths and other related complications. Although the Federal and the State government intervened to render assistant to the displaced persons, it is obvious that the government efforts were no sufficient in combating the challenges. Other non-governmental (NGOs) and international organizations also intervened especially in the areas of food supply and water distribution. Some other needed materials such as clothing materials and deployment of medical health personnel such as doctors and nurses to assist in rendering medical healthcare services to the displaced persons were equally provided. It is clear that the needs of the people could not be met with all the efforts geared toward meeting the needs of the people. This was partly because the number of the displaced persons continued to increase on daily basis. Similarly, there was the problem of diversion of materials, which were meant for the displaced persons. There were reports that materials which were meant for the displaced persons were diverted for personal use by some of the officials in charge of the distributions.

Works Cited

- Abdullahi, K. (2019) Personal interview, Maiduguri, Nigeria
- Bartolotta, C. (2012). "Terrorism in Nigeria: the Rise of Boko Haram," *The Whitehead Journal of Diplomacy and International Relations*:<http://blogs.shu.edu/diplomacy/2011/09/terrorism-in-nigeria-the-rise-of-boko-haram/>
- Coleman, J.S. (1963) *Nigeria Background to Nationalism*, University of California Press
- Daramola, G. (2019) Personal interview, Abuja, Nigeria
- Dowd C, Drury A (2017). "Marginalisation, Insurgency and Civilian Insecurity: Boko Haram and the Lord's Resistance Army" *Journal of Peacebuilding* 5(2):136-152.

Dudley, B.F. (1973) *Instability and Political Order: Politics and Crisis in Nigeria*, Ibadan: University of Ibadan Press.

Emergency in Plateau State,” on Tuesday May 18, 2004. in *Daily Trust newspaper*, Abuja,
Falola, T and Heaton, M.M. (2008) *A History of Nigeria* Cambridge, Cambridge University Press

Falola, T, et al (1991) *History of Nigeria 3: Nigeria in the 20th Century*, Ibadan: Longman Group Limited

Falola, T. and Dare, L. (1988) (eds) *Nigeria since Independence*, ObafemiAwolowo University Press.

Fwatshak, S.U. and Larab, A. (2007).“Political Assassinations and Nigeria’s Political Quagmire: A Historical Anthology” *Sapha: Journal of Historical Studies* 1(2 & 3): 110 -120.

Gambo, U. (2019) Personal interview, Maiduguri, Nigeria

Getanda EM, et al (2015). The mental health, quality of life and life satisfaction of internally displaced persons living in Nakuru County. Kenya. *BMC Public Health* 15:755.

Gizo, M. (2019), Personal interview, Damaturu, Nigeria

Herskovits G (2012). *Conflicts and Boko Haram Insurgency in Nigeria*. London: James Currey.

Ikelegbe, A. (2010). “State, Ethnic Militias and Conflict in Nigeria”, *Canadian Journal of African Studies* 39(3):490-516.

Kilcullen ,D. (2006). “Counter-Insurgency Redux in Survival”: *United Kingdom*. IISS Q. 48(4).

Kirk-Green, A.H.M. (1971) *Crisis and Conflict in Nigeria: A Documentary Source Book, 1966-1970*. Oxford University Press

Laqueur, W. (2004). ‘Voices of Terror’ New York: Reed Press, pp.410-412.

Lieberman, E.S. and Singh, P. (2006) Measuring State Institution of Ethnic Categories across Time and Space, *Newsletter of the American Political Science Association Organized Section for Qualitative and Multi-Method Research*, 7(1): 29-35

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

Mooney, E. (2005). The Concept of Internal Displacement and the Case for Internally Displaced Persons as a Category of Concern. *The Refugee Survey* (24):9-26.

Muhammad ,A.M. (2012). *North East and the Paradox of Boko Haram*. Borno: Centrum Press.

Mujeeb, A .(2015). Mental Health of Internally Displaced Persons in Jalozai camp, Pakistan. *International Journal of Social Psychiatry* (61):653-659.

National Bureau of Statistics (NBS) (2017). *Nigeria’s Unemployment Rate*. Retrieved from <http://www.nigeriastat.gov.ng>

National Emergency Management in Nigeria (NEMA) (2015). *Abuja: NEMA Responded to over 1000 Emergency Situations in 20 Months*. Abuja: NEMA.

National Emergency Management in Nigeria (NEMA) (2016). *Borno Still has 32 IDP Camps Despite Returns of some Displaced Persons*. Abuja: NEMA.

NEMA (2015) Overview of Humanitarian Situation in Nigeria Presentation, January 2015
Nigeria Medical Association (NMA) (2015) Challenge of Medical Professional Medical Practitioner in the Northern Part of Nigeria. Lagos: Maltinex Publishing.
Nigeria Medical Association (NMA) (2015) Challenge of Medical Professional Medical Practitioner in the Northern Part of Nigeria, Lagos: Maltinex Publishing.

Norwegian Refugee Council (NRC) (2016). „More than 31 Million People displaced within their own country in 2016“. Geneva: IDMC global projects. Office of the High Commissioner for Human Rights. Internally Displaced People. Retrieved from <https://www.nrc.no/more-than-31-million-people-displaced-within-their-own-country-in-2016> on the 16th May 2019.

Nwolise, O.B. (2009). Peace and security. In I.O. Albert (Ed) *Praxis of Political Concepts and Cliches in Nigeria's Fourth Republic*, Essay in Honour of Dr.Mu'azu Babangida Aliyu, Bookcraft, Ibadan, pp. 245–289.

Obasanjo, O. (2004), “Text of Broadcast to the Nation on the Declaration of a State of Emergency”, Lagos, Nigeria.
Olafioye, O. (2013). Insurgency: Nigeria's Festering Scourge, the Sun News Insurgency: Nigeria's Festering Scourge, <http://sunnewsline.com.news/specials/icons/insurgency-nigerians-feste...> retrieved on 28/5/2013.

Olagunju, O. (2006). Management of internal displacement in Nigeria. Unpublished thesis. Brandeis University. Retrieved from <https://cis.mit.edu/sites/default/files/documents/ManagementOfInternalDisplacementInNigeria.pdf> on the 17th May 2019.

Osaghae, E.E, et al (eds) (2002) *The Nigerian Civil War and its Aftermath*, Ibadan: John Archer for the program on Ethnic and Federal Studies.

Oshaghae, E and Suberu, R. (2005) *A History of Identities, Violence and Stability in Nigeria*. CRISE Working Paper NO 6 Oxford: Centre for Research on Inequality, Human Security and Ethnicity. Retrieved from <http://r4d.dfid.gov.uk/PDF/Outputs/Inequality/wp6.pdf>

Paul, I.A. (2016) “A Phenomenological Impact and Legacy of the Military on Africa Democratitic Experiment: The Nigeria's Example since Independence.” In Munyaradzi Mawere and Ngonizashé Marongwe (eds) *Myths of Peace and Democracy: Towards Building Pillars of Hope, Unity and Transformation in Africa*, Cameroon, African Book Collective

Powell, C.H and Abraham, G. (2006) “Terrorism and International Humanitarian and Law” 1st African Yearbook of International Humanitarian Law 118/27

Sambo A (2017). Internally Displaced Persons and their Informational Needs. University of Nebraska, Lincoln 3 (7):1-15.

The Nation (2016). Internally Displace Persons and Emergency Response in Nigeria. June 25th.
United Nation office for the Coordination of Humanitarian Affairs (UNOCHA) (2007). Retrieved from https://www.unocha.org/sites/dms/Documents/OOM_InternalDisplacement_English.pdf, April 20th 2017.

United Nations (2014) High Commissioner for Refugees.

United Nations High Commission for Refugees (UNHCR) (2011). Global Overview: People Internally Displaced by Conflicts and Violence. Retrieved from <http://www.unhcr.org/50f95f7a9.html> on 10th June 2015.

United Nations Office for West Africa (UNOWA) (2007). Urbanization and Insecurity in West Africa. Population Movements, Mega Cities and Regional Stability Internethttp://www.un.org/unowa/unowa/studies/urbanization_and_insecurity_in_wa_en.pdf , 20 December 2018
Wednesday, May 19, 2004.

World Bank (2018). Delivery Quality Health Service: A Global Imperative for Universal Health Coverage. Retrieved from <https://www.worldbank.org/en/topic/universalhealthcoverage/publication/delivering-quality-health-services-a-global-imperative-for-universal-health-coverage>. 20 December 2018

World Health Organization (WHO) Constitution, Para. 2, 1948

IEEESEM