

**THE CHALLENGES OF HUMANITARIAN  
INTERVENTION IN MANAGING THE HEALTH  
CHALLENGES OF INTERNALLY DISPLACED PERSONS  
IN NIGERIA, 2010 – 2022**

**Akposeimokumo Tounaregha**

*akpos.tounaregha@uat.edu.ng*

Department of History and International Studies, Faculty of Arts  
an Education, University of Africa, Toru-Orua,  
Bayelsa State

**ABSTRACT**

*The paper explored the challenges of humanitarian intervention in managing internally displaced persons in Nigeria. Data for the study was collected through secondary sources. It found out that, Post-traumatic stress disorder, lack of food, poor shelter, spread of diseases, gender based violence among other are the challenges faced by internally displaced persons in Nigeria. Inaccessibility of IDP camps, corruption of camp officials, insecurity, and diversion of relief materials are the challenges of humanitarian intervention of IDPS by humanitarian organizations in Nigeria. It recommended that state government that have internally displaced people's camps should not discriminate humanitarian organizations, providing help for IDPS should be based on the nature of the body. States with IDPs camps should make sure they complement the efforts of humanitarian organization such as Amnesty International, International Society of the Red Cross in the provision of enough relief materials for IDPs and cases of corruption in IDPs camps should not be treated with levity.*

**Keywords:** Internally Displaced Persons, Health Challenges, Humanitarian intervention, Insecurity



## **Background**

The displacement of people in Africa is often protracted which is also sometimes responsible for the spread of diseases in the continent. Displaced persons in Africa are by nature, prey to climates of violence that damages their mental health deeply and may lead to Post Traumatic Stress Disorder (PTSD) which is often overlooked by humanitarian agencies while attending to their immediate physical needs such as food, clothing and shelter. Displaced women do not have access to basic health care or education including reproductive health information; children are usually targets of physical and sexual abuse and hazardous labour conditions.

Nigeria acclaimed to be the giant of Africa has the largest population of persons displaced in Africa. Most of the cases of internal displacement in Nigeria are as a result of violent conflicts with ethnic, religious and political undertones. Annually, thousands are internally displaced as a result of natural disasters including flooding in the North and Western parts of the country. Several factors have contributed to the displacement of people in Nigeria, such as inter communal conflicts, flooding, the government through demolition of houses without providing alternative for the affected population, human right abuses and Boko Haram insurgency which has become a global threat to peace and security because it constitutes the highest contributor to humanitarian crisis as it has led to tremendous rise in internally displaced persons, refugees, human casualties and spread of various diseases. According to the Global Report (2014), Nigeria contributes 10 % of displaced persons in the world with a total of 3.3 million IDPs and it is ranked behind Syria with 6.5 million IDPs and Columbia with 5.7 million IDPs. The health, general living conditions and health care in Nigeria are poor and highly deplorable making a vast majority of IDPs majority of whom are women and children face several threats to their health and physical safety. Since the IDP camps are ill equipped and



unhygienic, malaria, typhoid, measles, cholera, HIV and even sexually transmitted diseases is said to be rampant in the camps.

The United Nations Guiding Principles on internal displacement (1998:1) defines internally displaced persons as “persons or group of persons who have been forced or obliged to flee or leave their homes or places of habitual residence in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human made disasters and who have not crossed an international recognized state borders”. The Internally Displaced Monitoring Centre (IDMC, 2016) estimated that 92% of IDPs in Nigeria were displaced by Boko Haram insurgency composing of 53% women and 47% men majority of whom come from Borno, Adamawa and Yobe (International Organisation for Migration, 2015).

Several factors in Nigeria have generated an alarming number of internally displaced persons in the country; these factors responsible for this steady increase are inter-communal conflicts, religious violence, natural disasters such as flood, forced eviction by the government, political violence, violation of human right and competition for resources, Boko Haram attacks and counter insurgency efforts in Northern Nigeria. The displaced persons are at the mercies of the government and donor agencies for meeting their basic needs of survival, the government through her agencies and the support of humanitarian agencies both national and international such as National Emergency Management Agency (NEMA), State Emergency Management Agency (SEMA), World Health Organisation, International Committee of Red Cross (ICRC), International Organisation for Migration (IOM), Internal Displacement Monitoring Centre (IDMC), United Nations Children’s Emergency Fund (UNICEF) have been providing relief materials and services to people worst hit by the insurgency; but these agencies do not have an enabling mandate that addresses the real needs of the IDPs in terms of hygiene, health, security,



sanitation, education and child protection. Under the international law, it is the responsibility of the government concerned to provide assistance and protection for the IDPs in their country, but the government at the federal, state and local levels do not have a national legislation and adequate machinery in place to comprehensively address the problems of IDPs which has led to constrained national response to the problems of IDPs.

While Nigeria generates large numbers of internally displaced persons, nothing is done to resettle and integrate them, that is why the numbers of IDPs continue to grow because nothing is done to address their long term needs; IDPs which are not supposed to last six to eight months in camps usually end up staying in camps for a year or more.

People in distress immediately needs food, clothing and shelter, but some victims are left without such basic needs which could result in frustration and make them prone to violence. Those who are displaced are being given temporary homes within their country in which the conditions in such places is no different from the conditions which they fled from as it is short of expectations, usually over -crowded and in poor conditions which makes many of the camp residents especially children suffer from serious health issues such as malnutrition and outbreak of diseases such as malaria, diarrhea, pneumonia and measles which increases the death toll among the internally displaced persons. Apart from the poor living conditions in the camps, there are reported cases of rape, abuse, neglect and child trafficking. It is against this background that this work investigates the challenges of humanitarian intervention in managing the health challenges of internally displaced persons in Nigeria from 2010 – 2022.

### **Statement of the problem**

Internally displaced persons in Nigeria face daily challenges to their health. While attention is being paid to the physical health of



IDPs, their psychological health is often overlooked which has more devastating effect. Their experience is usually a traumatic one with memories of how family members were killed or raped, this leads to depression and post- traumatic stress disorder which forces many of them to commit suicide; poor housing, feeding, sexual violence, disruption of livelihood and displacement contributes to the mental health burden of IDPs. The camps set up for them contribute to the challenges they face. Nigerian Pilot (2016) described the camp as poorly secured and furnished that does not readily meet the minimal expectations of IDPs. Therefore, they are mere structures put in place to fulfill all righteousness. The IDPs usually face heightened protection risk such as abuse while fleeing for safety, family separation, unaccompanied children, sexual and gender based violence, arbitrary deprivation of land, homes and other properties displacement into unfriendly environment where they suffer stigmas, marginalization, discrimination or harassment; which such risks, IDPs have no other choice than to demonstrate a remarkable degree of strength, resilience and draw on their own capacities to develop basic support mechanisms and seek protection (Global Protection Cluster Working Group, 2012:1).

### **Objectives of the Study**

The aim of this paper is to investigate the health challenges of the internally displaced persons in camps and the challenges of humanitarian intervention in Nigeria.

### **Literature Review**

Due to the controversies emanating from the issue of internally displaced persons in Nigeria, opinions have been raising relating to the problem. For example, David Carter *et al* (2021) observed that IDPs have worse health outcomes than other conflict affected populations across a range of health issues, for then this is due to the particularly vulnerable situation of IDPs relative to these other population including reduced health services. A study conducted



by Eme *et al* found that globally, over 140 million people were displaced as a result of wars and violence due to religious and ethnic conflicts in 2015, while 19.2 million were displaced by natural disasters such as famine and floods.

In Africa, they observed, 12 million people were displaced by armed conflict and violence while there were hundreds of thousands of people displaced by natural disaster. Identifying the health problems of IDPs they listed the following; malaria and fever 85% in children; malnutrition in children (stunting 52%) malnutrition in adult males (24%) diarrhoea (62%) and acute respiratory infections (45%). The prevalent mental health problems were post-traumatic stress disorder (range 42%-54%) and depression (21%-67%). Nonetheless most of the studies reviewed focused on mental health problems.

His findings revealed that displaced persons face serious health challenges such as acute malnutrition and general poor and inadequate health care provision. Women and children were found to be the most affected.

### **Health Challenges of IDPs in Nigeria**

When people are displaced as a result of protracted conflict or natural disaster, they become distressed. This is often due to the mental trauma of either their homes being burnt down, the insecurity which they face and perhaps loss of loved ones, etc. They move away not knowing exactly where they are going, yet sure of the fact that they are moving away from calamity. It is in the consciousness of this that governments of different nations across the globe make deliberate attempt to alleviate the plight of internally displaced persons. The essence for such is to provide security, shelter, provide health care facilities and services, attend to the psychological needs of these displaced persons and care for them in a manner that resembles what these people enjoyed at home before their sudden displacement. This is the ideal behind IDPs



camps, it is unfortunate that this is not the case with IDPs camps in Nigeria, the reverse is the case. IDPs camps in Nigeria are faced with a lot of health related challenges which are lack of food and water, outbreak of diseases, lack of shelter, gender based violence, trauma and post-traumatic stress disorder.

### **Lack of food and water**

Food and water are of basic human needs. IDPs who are forced from their homes face specific forms of deprivation among which is the lack of food and water. Reports reveal that food scarcity has forced people displaced by *Boko Haram* attacks to leave their host families for IDP camps as their farmlands and produce which is their main source of food have been destroyed. The humanitarian situation in Nigeria is further deteriorating due to lack of access to rural areas where IDPs are due to indiscriminate violence; this has made it difficult for humanitarian organisations to respond to the needs of IDPs leaving them with limited access to food, clean water or other health challenges (IRIN, 2014: 14). On July 29<sup>th</sup>, 2016, United Nations officials were attacked by *Boko Haram* insurgents while delivering humanitarian aids to IDPs in North East which left some officials wounded and as a result, UN has temporarily suspended humanitarian assistance missions in the North East pending review of the security situations (Omonobi, 2016:32).The transportation of food aid from the government or humanitarian agencies to IDP camps in most cases is usually hampered as the means of transporting food items presents a target to the insurgent.

Corruption is another factor responsible for food scarcity in IDP camps. Camp officials usually inflate the numbers of IDPs and when the relief materials are delivered, the food allocated to the IDPs is usually reduced by officials and carted away by the camp officials after inspection by government officials; the relief materials provided are not handed over to those who rightly need them (Ogundamisi, 2015:4)



Majority of the IDPs living in camps complain about the food they are being served as they are insufficient, poorly prepared and do not meet the requirement for proper growth and development of young children or sustenance of adults; many of the IDPs would rather dry the food in the sun and go out to sell them to get small amount they could use to buy something to eat; and this exposes them to sexual violence Food scarcity in camps could drive people to desperate measures including selling their possessions and body for food. Lack of food or food not containing balanced diet has caused malnutrition outbreak in IDP camps in Nigeria which makes the IDPs highly susceptible to diseases thereby increasing the mortality rate among IDPs majority of who are children. For example, about 450 children died in Borno IDP camp in 2015, 6,444 severe cases of malnutrition was recorded in the camp (Vanguard, 2016:23).

### **Outbreak of diseases**

Diseases such as malaria, diarrhea, pneumonia, scabies, chicken pox, measles, cholera, HIV/AIDS etc. are among the health challenges IDPs have to deal with. Several factors are attributed to the outbreak of diseases in IDP camps such as lack of clean food and water, lack of proper hygiene, daily movement and influx of IDPs into various camps and host communities, poor sanitation, lack of basic health knowledge and lack of toilet facilities and these factors have made the IDPs susceptible to diseases resulting in high mortality rates. (Spiegel et al: 32) opined that displacement increases mortality rate to at least double. These diseases in most cases spread to the host community resulting in high mortality rate. Apart from the above listed factors, the poor state of the health facilities in IDP camps and inadequate health personnel contributes to the rapid spread of diseases. Majority of the IDP camps in Nigeria do not have enough medical personnel for immediate treatment of cases and the health facilities are usually ill equipped due to lack of steady supply of drugs and medicament to respond to emergency cases and this in the long run could lead to high





mortality rates. Poor toilet facilities have infected many women with urinary tract infections (Nsofor, 2015:8). According to a medical officer, “the camps were not kept clean and with all sort of waste all over informed the outbreak and encouraged its wild fire spread”

### **Lack of shelter**

Shelter is a key protection priority; every individual has the right to protection. The right to shelter involves both access to adequate shelter and sustained ability to enjoy an adequate standard of shelter. Internally displaced persons are being deprived of shelter which is a basic human need. After being forced to leave their homes, they have to walk miles to find safety and solace. Many of the IDPs end up in uncompleted buildings, semi-permanent and detached houses, secondary schools etc. where there is no running water, mosquito nets and security. The camps are usually overcrowded as a result of a large influx of displaced persons daily making the living conditions unhealthy, fearful and dangerous; this makes it easy to contact diseases. According to Kasali (2015:3), temporary camps provided to IDPs only accommodate 8% of the population of internally displaced persons. Lack of proper shelter for IDPs exposes them to protection risks such as trafficking, various forms of abuse, diseases and violence or exploitation (Ogundamisi, 2015:5). The increasing number of IDPs has been putting pressure on existing facilities, negatively affecting living conditions and causing avoidable ill health amongst the people.

### **Gender based violence**

In situations of armed conflict, everybody affected becomes vulnerable, men, women and children but women and girls are at risks in all settings whether in the home, during flight or in camps where they fled for safety because of their physical makeup. According to a senior UN relief official Kyung-Wha Kang, “crisis exacerbates gender inequalities”. Even once they are settled in displacement camps, their individual insecurity often increases due



to a number of factors such as breakdown of family and community ties, denial of fundamental freedom, shifting gender roles and limited access to resources (Freccero, 2015:55). The most common form of gender based violence against women and children in IDP camps include rape perpetrated by strangers, security operatives or camp officials, child sexual abuse, defilement and incest perpetrated by uncles, friends or soldiers and physical assault perpetrated by intimate friends, security personnel, strangers or spouses. It is so unfortunate that majority of gender based violence in IDP camps are perpetrated by security officials who are supposed to be protecting IDPs from such acts.

Gender based violence have significant effect on the emotional and mental health of their victims as they have higher level of anxiety, depression, psychological problems which hinders the emotional development of their victim; their physical health is also affected as they are faced with physical injuries, mutilation, prostitution, unwanted pregnancy, forced abortion, sexually transmitted diseases, early marriages etc. which leads to exclusion, stigmatization and suicide.

#### **Trauma and Post Traumatic Stress Disorder**

The experience witnessed by IDPs usually leaves them in a traumatic condition because many of them witness the killing of family members, relatives and a whole community, kidnapping of parents or siblings, some are raped or being compelled to rape a family member, the destruction of their properties or means of livelihood; this often in most cases leads to mental illness, depression, low self- esteem, drug addiction, phobias, post -traumatic stress disorder, anxiety disorder, panic disorder, isolation and even suicide. The stress of displacement as they have to travel long distance without food and water may add to the effects of previous trauma therefore leading to additional mental health risk (Samantha & Stuart, 2004:121). The trauma not only affects the direct victims but affects relations or friends close to



them. In the case of Chibok girls for example, some of the girls who escaped from *Boko Haram* were traumatised and parents of the girls were also affected as a result of psychological trauma that led to their death as the situation became unbearable for them (Terwase et al 2015:522). Some of the parents whom their daughters were abducted by the *Boko Haram* on the 14<sup>th</sup> of April, 2014 such as Mrs. Mary Paul Lalai who could not bear the incidence that took place. She went through psychological trauma and that affected her to an extent that she could not survive but later died of heart attack without seeing her daughter; another parent Mutai Hona died of heart failure as a result of the kidnap of his two daughters, who were in the hands of *Boko Haram* after he watched a video that was released by the *Boko Haram* on a note that the girls would be married out without the consent of their parents and some of the girls who were Christians were converted to Islam by the insurgents (Terwase et al 2015:523).

### **Challenges of Humanitarian Intervention on IDPs in Nigeria**

With the reduction of inter-state wars and conflict since 1991, there has been significant increase of internal conflicts in the world, the causes of these wars varies, some are caused by human actions such as acts of terrorism, greed, resources location of industries, among others.

With the proliferation of small and light weapons, the effect of conflicts in civilian population is unimaginable, as such sovereign states cannot single-handedly manage the consequences of both man-made and natural disasters globally. When such disasters occur, residents of those places are automatically displaced, due to the threat on their lives. It is the responsibility of states to protect their citizens in times of insecurity, but the seemingly incapacity of states to protect and secure citizens has allowed non-states actors to play even more roles in the protection of citizens of states globally.



Based on existing realities, one would agree that humanitarian intervention have in no small way reduced the effects of conflicts in the world. International Non-governmental organizations such as Amnesty International, International Society of the Red Cross and International Organizations such as the United Nations organizations through her various agencies attempts to reduce the stress of victims of Internal Conflicts. War prone zones like Syria; have enjoyed significant support from international bodies involved in providing humanitarian interventions. What they do basically in some areas, depending on the nature of relief required include, provision of food items, medical facilities, shelter, clothes, Mattress, among others. The motive behind such actions is geared towards helping distress people to recover from the psychological trauma.

In Nigeria, for example, IDP camps are established in nearly all six geo-political zones of Nigeria i.e. South-South, North-east, North-west, South-east, and North-central. The reasons for this is not unconnected with the causes of conflicts in Nigeria. In the north, the Boko Haram sect through their campaign of Islamisation has rendered many families in the area homeless, this is on account of their quest to have total control of the places and establish a caliphate. When the government makes serious attempt to dislodge sect members, there is a clash, this clash would lead to loss of lives and destruction of properties and moreso, the entire region becomes unsafe for habitation therefore, IDP camps are built for the survival of the people.

While the Boko Haram and their activities remaina major contributory factor to IDPs in the north, there are other groups adding to the efforts of the deadly sect, such as the unknown gunmen, Herdsmen, killing and maiming people, attacking villages that frown at what the damage they cause to peoples farm lands. The sacking of villages by Herdsmen contributed meaningfully to people's displacement in Nigeria.



It is observed that intend of IDPs to reduce, the revenge is the case, because the government has failed to protect its citizen and incapable of punishing the people responsible for such bastards acts in the country. Some persons due to this had argued that may be the insecurity of that region of Nigeria is politically motivated. The focus of the paper is to investigate the challenges of humanitarian intervention in Nigeria no doubt the federal government of Nigeria is doing her best to ending the insecurity in the country although has not succeeded. In the midst of the effort, the government could even attend to these displaced persons on the basis of needs, this creates the room for international bodies to play a major role basing the support on the Responsibility to Protect (R2P).

Meanwhile, while international bodies are donating relief materials to IDP camps, they are faced with lots of challenges in delivering their objectives. The following are some challenges faced by humanitarian intervention bodies in Nigeria. Attacks by insurgent groups on the IDPS camps, corruption of camp officials, hasty closure of camps by state government. According to Eivang, “Nigerian authorities should recognize that hasty closure of camps is sabotaging efforts to improve the lives of displaced persons”. The people affected by camp closure are living in worse accommodation than they had in the camps. While in the camps, many had lived in tarpaulin tents set up by humanitarian organizations or occupied singlerooms in house built on the premises before they became campsites (Human Rights Watch, 2022)

IDPS are suffering not because of shortage of food and other relief materials/items, but due to endemic corruption. Internally Displaced People especially in Northern camps such as the Bami camp in Borno had experienced inhumane experiences; people are maltreated by officials leading to malnutrition of displaced people. The reason for the malnutrition is due to the diversion of relief



items. Often than not, relief are diverted by camp officials due to the corruption in the National Emergency Management Agency which receive and distribute donations (Samuel, 2016). Items such as grains, bottle water, tomatoes, and noodles are being diverted. In the north for example, there are several organizations working but there is no co-ordination of their activities.

Another problem is that the state government prefers to work with UN agencies rather than International NGOs. Because it feels the UN agencies bring more money, while NGO prefer working directly with IDP camps and this has not gone well with government officials who create unnecessary bitterness for non-governmental bodies. In some instances, the government is aware of diversion of relief, yet nothing is done to salvage the situation, the least that is done is setting up of committees to investigate such cases, beyond this nothing is heard about relief diversion.

Another challenge humanitarian organizations, especially the Non-governmental category face in their attempt to assist IDP is the issue of inaccessibility of camps. The location of some camps is very far from the urban centres, basically some do not have road networks. In addition is the complication brought to bear by the attacks carried out by some insurgent groups. In Northern Nigeria, specifically in Bama camp at Borno State. The activities of Boko Haram sect have compounded the problem of accessibility. The attacks are so frequent that, officials could not reach those in need of intervention.

It is worthy of note however that most of the displaced persons in that region is not as a result of natural disaster but the various activities of terrorist groups terrorizing that part of the country. Mention must be made also that the different regions of Nigeria, pose different challenges to humanitarian bodies. Like in the South-South region, the issue of incessant attacks on IDPs is nearly



absent, yet there are camp designed for Internally Displaced Persons, like the camp in Edo State.

It is observed that, attacks carried out by terrorist groups, such as the Bandit, Fulani herdsmen, unknown gunmen in the northern areas creates an atmosphere of violence for people living around that region, (terrorist activities creates fears for both the old and young, women and children alike) same could be said for humanitarian groups. The situation is so bad that, one cannot freely travel to visit or deliver relief materials required for the welfare of displaced persons. The situation of insecurity further discourage potential humanitarian organizations from wanting to intervene even though they ordinarily would want to assist in alleviating the plight of the affected persons.

### **Conclusion**

From the foregoing one could deduce that IDPs in Nigeria experience a whole lot of health challenges which range from post-conflict trauma, lack of shelter, means of livelihood, hunger and starvation. These challenges explains why humanitarian organizations of international relevance have put in time and resources to reduce the pain and burden of internally displaced people living in camps in Nigeria. As they are aware of the agony and the feeling of homelessness.

While these international organizations make donations to assist displaced persons living in camps, the organizations efforts are impeded by some challenges which are clog on the wheel of their activities. For example, humanitarian organizations that are willing to provide support for IDPs are further restrained by the inaccessibility of the camps due in part to the constant attacks carried out by the insurgent groups and similar organizations, relief diversion, completion of camp officials, state government preference of aids coming of international organizations such as



the United Nations Organisations and its agencies and non-governmental organization.

Against this backdrop, this paper concludes that humanitarian intervention in Nigeria is hindered by several factors which does not encourage humanitarian intervention in Nigeria.

Based on the findings, the paper recommends the following;  
State governments that have internally displaced people camps should not discriminate bodies providing help based on the nature of the body.

State governments with IDPs camps should make sure they complement the efforts of humanitarian organization such as Amnesty International, International Society of the Red Cross in the provision of enough relief materials.

Cases of corruption in IDPs camps should not be treated with levity, persons found wanting should be made to face the law.





## REFERENCES

- Abubakar, Yakubu Abbairi (2021). An Examination of the Health Challenge of Internally Displaced Persons in North-East Nigeria Research Gate.
- David Canter Et al. (2021) Understanding the Health Needs of Internally Displaced Persons in North-East Nigeria Research Gate.
- Eme T. Owoaje et al (2016) A review of the Health problems of internally displaced persons in North-East Nigeria Research Gate.
- Freccero, J. 2015. *Sheltering displaced persons from sexual and gender based violence*. Forced Migration Review Global Overview. 2014. *People internally displaced by conflict and violence*. Available at: <http://www.naij.com/66928.html>. Accessed on March 3<sup>rd</sup>, 2023
- Global Protection Cluster Working Group. 2012. Handbook for the protection of IDPs.
- Human Rights Watch. 2014. *Nigeria: Boko Haram attacks cause humanitarian crisis*. Available at: <http://www.hrw.org>. Accessed on January 12, 2023.
- Internal Displacement Monitoring Centre. 2005. *Internal displacement in Nigeria: A hidden crisis*. Available at: <http://www.reliefweb.int/nigeria>. Accessed on February 15, 2023
- Internal Displacement Monitoring Centre. 2015. *Causes of internal displacement in and around Nigeria*. Available at: <http://www.reliefweb.int/map/nigeria/causes-internal-displacement-and-around-nigeria-april-2015>. Accessed on 11<sup>th</sup> February, 2023
- International Committee of the Red Cross. 2009. *The ICRC: its mission and work*. Available at: <http://www.icrc.org>. Accessed on December, 2023
- International Committee of the Red Cross. 2015. *Nigeria: facts and figures 2015*. Available at: <http://www.icrc.org/en/document/nigeria-facts-and-figures-2015>. Accessed on January 13, 2023



- International Organization for Migration. 2016. 92% of IDPs live in host community. *The Guardian*, Thursday, July 14, 2016, p. 39
- IRIN Africa. 2012. *Nigeria: worst flooding in decades*. Available at: <http://www.irinnews.org/news/2012/10/10-0> Accessed on July 22, 2016
- Medical dictionary (2003). *Health*. Retrieved from <http://www.thefreedictionary.com/health> on 13<sup>th</sup> February, 2023
- National Emergency Management Agency. 2014. Nigeria now has 743,062 IDPs. *Premium Times*, October 23, 2014. Available at: <http://www.allafrica.com> Accessed on February 23, 2023.
- Nigerian Pilot. 2016. *Challenges of IDPs*. Friday, January 1, 2016, p.10
- Ogundamisi, K. 2015. Exploitation of internally displaced persons in Nigeria. *Premium Times* Sunday, July 12, 2015, p.4
- Persons in Africa. National Library of Medicine.  
Persons: A scoping review. National Library of Medicine.
- Samantha, L.T. and Stuart, D.T. 2004. *Displacement and health*. *British Medical Bulletin* 69(1), pp. 115- 127.
- Speigel, P, Skiek, M, Gotway-Crawford, C and Salama, P. Health programmes and policies associated with decreased mortality in displaced people in post emergency phase camps: a retrospective study.
- The Global Protection Cluster Working Group. 2006. *Handbook for the protection of IDPs*. Available at <http://www.unhcr.org/protection/idps/50f94dcc9/handbook-protection-internally-displaced-persons-global-protection-cluster.html>. Accessed on February 13, 2023
- United Nations. 2016. *World refugee day*. Available at: <http://www.un.org/en/events/refugeeday/> Accessed on February 29, 2023
- Weiss, T.G. 2003. Whither international efforts for internally displaced persons? *Journal of Peace Research*, 36(3), pp.363-373



- World Health Organisation constitution. 1946. *Constitution of WHO: principles*. Retrieved 12<sup>th</sup>February, 2023 from <http://www.who.int/about/mission/en/>
- World Health Organisation. 2007. *Towards health security*. A discussion paper on recent health crises in the WHO European region.
- World Health Organisation. 2016. *Displaced people*. Available at: <http://www.who.int/campaigns/world-health-day/2016-en>. Accessed on March 8, 2023
- World Health Organisation. 2016. *The African regional health report: the health of the people*. Available at: <http://www.who.int/bulletin/africanhealth/en/>-. Accessed on March 9, 2023

