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## ASSESSMENT ON EDUCATIONAL AND HEALTHCARE NEEDS OF INTERNALLY DISPLACED PERSONS IN MAIDUGURI METROPOLIS, BORNO STATE, NIGERIA

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**ABSTRACT:** This study examines educational and healthcare needs of Internally Displaced Persons camps in Maiduguri Metropolis of Borno state, Nigeria. The study was guided by two research objectives and corresponding research questions. The study was a survey research design with study population of 38,833 internally displaced persons (IDPs) from three IDPs camps in Maiduguri metropolis where 400 samples were drawn through proportionate simple random sampling technique. Researchers designed and validated questionnaire with fourteen (14) items was used as instrument for data collection. Collected data were analyzed using descriptive statistics of mean and standard deviation. The findings of the study revealed that IDPs educational needs are not significantly addressed. Finding also depicts that IDPs health care needs are not significantly delivered. Based on the findings it was recommended that the Government, Non-Governmental Agencies should improve in the provision of these services by deploying required facilities and professionals to offer the services at the internally displaced persons (IDPs) camps in Maiduguri Metropolis of Borno State.

### INTRODUCTION

In recent years forced displacement of civilians remains one of the most pressing humanitarian problems globally, Nigeria is not an exception. The displaced lose their social, legal and economic ties and thus suffer considerable physical, psychological and emotional problems. Borno state the epicenter of Boko Haram insurgency has recorded a large number of internally displaced persons (IDPs) due wanton destructions of communities. Communities in Borno state witness high rate of poverty, unemployment, malnutrition, poor healthcare provisions due to persistent attacked by the insurgents. Others are destructions of basic social services /facilities such as schools and hospital in addition to killing and kidnapping of teachers

and students leading to closure of schools as low enrolment, growing teacher/ pupil ratio have becomes cyclical as the attacked persist, hence the displacement of the communities. Internally displaced persons are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of customary residence, in particular as a result of war or in other to avoid the effects of armed conflict (Chimni, 2002). Ensuring the safety of the IDPs is the primary responsibility of government through provisions of designated camps. IDPs ought not to suffer from any attacks, harassment, intimidation and persecution or any other form of punitive act as they remain in the camps. IDP Camps are usually public buildings it could be schools, churches, mosques or any completed or abandoned government buildings. In some cases due to severity and increased influx of the IDPs non-governmental organizations and related bodies assist in opening camps to ease the hardships been experience by the IDPs. Hence their means of survival depends on public spirited individuals and groups, their basic needs comes as aids and assistance making life unbearable in most situations. Provision for other basic necessities of life in the camps are usually not sufficient and functional, government due to emergency nature of their flight usually give schools and open buildings which many of them if not all lack steady electricity, adequate portable water, adequate toilet facilities that can accommodate number of the IDPs.

In October 2009, the African Union Heads of state and Governments adopted the convention for the protection and assistance of internally displaced persons (IDPs) at a special summit on internally displaced persons (IDPs) held in Kampala, Uganda. The convention was revised in 2012, with the primary objective of providing sustainable solutions to the issue of internal displacement in Africa (Duchatellier and Phuong 2014). The convention stated that "at the minimum, regardless of the circumstances, and without discrimination, competent authorities shall provide internally displaced persons (IDPs) with safe access to: essential food and

potable water; basic shelter and housing, appropriate clothing and essential medical/ healthcare services, education and sanitation, while governments and international organizations view food, water, shelter and health care as basic necessities during emergencies, education does not usually receive similar level of attention, particularly in the emergency phase of the displacement cycle Eme, Azuakor and Mba (2018).

The insurgency in the North East has weakened the already fragile system of education in the region, pushing many children out of school. Also Basic literacy education for youth and adults is a critical area of need among displaced communities which is largely affected. It has been argued that, United Nation (UN) guiding principles on Education no; 23, as Mooney and Wyndham (2010) emphasized, "Is not confined to formal schooling but also extends to general educational programmes and training as well". Right to Education in displacement is not limited to children, but it should be extended to youths and Adults. It might not to be out of place to state that education and training needed by youth and adults to help them initiate the recovery process and move towards self-sufficiency need not to be emphasized. Vital educational programmes should be available to all who have not yet completed their basic learning needs. It should not be limited by age or gender, but rather extend to include children, youth and adults, including older persons. Be as it may Adult literacy services are not a luxury, but rather is an overdue human rights requirement for better wellbeing. Moreover, Biao (2012) maintain that, the acquisition of 40% literacy rate by a society has been said to be capable of bringing about the expediting of the flow of general knowledge (relating to best practices in health, nutrition and information seeking) among members of society. Despite the highlighted significance of education, many internally displaced persons children and adult have lost the chances of acquiring basic literacy due to the insurgency. The insurgency affected almost 65 percent of schools and learning centres in Borno state (Monguno, Abdullahi and Aji 2018).

An estimated 80 percent of children in camps were believed to have been primary schools pupils prior to insurgency; in addition to weak provision of non-formal education that does not reach the target populations. The need to educate the IDPs on personal hygiene and sanitation of the new environment especially the overcrowding of the camps with few toilet and bathroom facilities could result in to disease outbreak with its attendant consequences. Also the IDPs also need to be educated on sex education, the need to avoid sexually transmitted diseases (STD), unwanted pregnancy (UP) etc. Moreover, reported cases of high disease prevalence in the camps are associated with poor water supply, dirty environment, overcrowding and low level of health education this underscores the need to provide efficient education and healthcare services to the IDPs. Researches (Faronbi, Akinyoola, Faronbi, Adegbola, and Bello (2019); Shuaibu, Birukila, Usman, Mohammed, Galway, Corkum and Vertefeuille (2016); Ngwa, Wondimagegnehu, Okudo, Owili, Ugochukwu, Clement and Winch 2020). Reveal cases of common health problems such as communicable disease, others are malaria, cold and catarrh, heart diseases and diarrhea this has led to poor health conditions of the IDPs.

The United Nations guiding principles on internal displacement stipulates that, government should make provision of appropriate and efficient health care to; 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 IDPs shall have access to psychological and social welfare services, as some of the IDPs may have been managing various health conditions before their displacement. Psychological impact of displacement might have led to undiagnosed and undocumented cases of depression, post traumas' stress disorder which is showing among some IDPs. Special attention should be paid to the health needs of women and children,

including access to reproductive health care, as well as appropriate counseling for victims of sexual and other abuses, special attention should also be given to the prevention of contagious and infectious diseases, including AIDS, among IDPs (Odo, Musa and Oladugba (2020). The IDPs after losing all their property and means of livelihoods need the physiological, safety, social and self-esteem in order to continue with their life. The camps which now serve as their new homes are to provide the need of food, water, cloth and sleep (physiological). Their safety needs in the camp should include provision of medical services and facilities, protection from outbreak of diseases such as malaria, cholera, measles and malnutrition, starvation in the camps, protection from any harm or attack, provision of financial security through, training, (education, vocational and skills acquisitions training). Hence Providing IDPs social welfare needs offered them sense of love and belonging in the new community (camps).

In view of the above, quality of provision of education and healthcare needs to IDPs during emergency need not to be emphasized. Rhodes (2010) stressed that education provides physical, psychosocial and cognitive protection that can be both lifesaving and life-sustaining. Education offers safe spaces for learning, as well as the ability to identify and provide support for affected individuals, particularly children and adolescents. Education mitigates the psychosocial impact of conflict and disasters by giving a sense of normality, stability, structure and hope during a time of crisis, and provides essential building blocks for social reconstruction and future economic stability. In addition to the emotional impacts, other interpersonal impacts have been observed. Oftentimes IDPs may deal with higher levels of distrust, segregation, hostility, and violence as a result of the conflict and resulting displacement. The classroom setting creates a space which allows students to process their emotions and begin to restore relationships just as primary education is useful in creating routine and stability in the recovery process, so too youth and adult education programs can be beneficial for the



enrollees. Such programs offer individuals both a centralized focus and a renewed sense of hope for the future.

Beyond giving students an individualized sense of hope and direction, education can also play a vital role in the community as a whole. Relevant and adequate educational service provision could offer avenue to engage and empower displaced communities. It can serve as a catalyst for community dialogue and healing, it can plant the seeds for future civil society development, be it during displacement or following resettlement of IDPs.

Given the prolonged state of insurgency where there are large numbers of IDPs, this may be the first introduction for some young people to concepts such as democracy and the role of civil society. Educators can use this opportunity to go beyond simply providing classroom instruction to laying the groundwork for promoting economic and social justice, respect for human rights, and civil society. In order to realize these benefits, a high quality of educational programmes that conforms to human rights principles of equality and non-discrimination is essential human needs that should be taking in to cognizance. This is no doubt requires application of not formal education, but non formal and informal educational programmes to meet the educational needs of the IDPs which this paper attempt to popularized. Moreover, needs is something that is necessary for an individual to live a healthy Life, it could be objective or physical, such as the needs for food, or psychological and subjective such as the needs for self-esteem. Human beings have different types of needs that can be categorized into five (5) levels from the lowest to the highest as physiological needs, safety needs, love/belonging needs, esteem needs and self-actualization needs (Maslow, 1943). The sense of belonging and acceptability would enable the IDPs to develop self-esteem and dignity, they might no longer feel isolated and depressed from their past. Thus, education could provide the avenue as opine by Rhodes (2010) it can enable them express themselves among friends, peer groups in the new

community that is camps. Despite various treaties and conventions advocating for the welfare and safety of the IDPs, In spite efforts by governmental and non-governmental organization to improve the flight of the IDPs in Maiduguri Metropolis by addressing most of their needs there seems to be many challenges affecting the IDPs, their vulnerability tends to be increased by barriers to accessing healthcare services, education, employment, economic activities and information for participation in the decision making affecting their lives, thus government spending and responsibilities equally increased, therefore this situation is worrisome and call for empirical study to establish what are the specific needs of the IDPs with particular reference to educational and health needs. Also literatures reveal paucity in the areas of educational and healthcare needs of the IDPs especially in the context of displacement in the Northeast region and particularly, Maiduguri Metropolis of Borno state. In view of above, it is not out of context to ascertain the educational and healthcare needs of the IDPs with the view to provide empirical position which would be relevant for policy direction to government and other aid agencies working towards addressing the flight of the IDPs and equally contributes to existing knowledge in the provision of social welfare needs during emergencies. Hence, the following research objectives were established to guide the research.

### **OBJECTIVES OF THE STUDY**

The objectives of this study are to determine.

1. Specific educational needs of the IDPs in the camps.
2. Specific health care needs of the IDPs in the camps.

### **RESEARCH QUESTIONS**

The following research questions will be answered;

1. What are the specific Educational needs of IDPs in the camps?
2. What are the specific Health care needs of IDPs in the camps?

## EDUCATIONAL NEEDS OF THE IDPS

Provision of equal and quality educational access to all victims of arm conflict while in IDPs camp is not a secondary option, education is a fundamental human right. Legally, every individual across the world is entitled to a free elementary education. Education is essential for strengthening all other human rights, promotes individual wellbeing and empowerment, and is a basis for important economic and social welfares (Alobo and Obaji 2016). Education in emergencies can protect against exploitation and harm, offers stability and hope at the time of crisis; promote the acquisition of skills for life, and support conflict resolution and peace building process in IDP camps. Accordingly, special efforts should be made to ensure full and equal participation of adults in educational programmes, particularly vocational skills facilities shall be made available to internally displaced persons as soon as conditions permit (Benhura and Naidu 2019). During both the insurgency and post insurgency era, education can serve to facilitate intercultural understanding and interaction. Human rights education can also play a vital role in informing IDPs of their rights and identifying rights violations. Curriculum should seek to include conflict resolution skills, gender training, and human rights education. It is important to note that "any substantial progress in peace-building and social development has to be inclusive and allow for participatory processes (Rhodes, 2010). This is suggestive to say that, a literacy skill is one of the prerequisite. Though not guaranteed, the classroom usually offers the most effective arena in which these concepts can be introduced to conflict-affected communities such as the IDP camps. Learners replicate outside the classroom/learning centres what they are taught. Be as it is both educational and vocational programming should incorporate such relevant, peace-building information.

According to the National Emergency Management Agency, cited in Salleh, Ahmad and Jamil (2018), revealed that, there exist an alarming number of children among the IDPs whom education was truncated by their displacement and a number of them are



unaccompanied due to the death of their parents or separation during the conflict. The breakdown of the system of education in northeast Nigeria was accelerated by the destruction of schools, killing and kidnapping of students and teachers by the insurgents. Besides, the usage of school buildings by the displaced population as shelter further affects IDPs education. Moreover, in some camps and communities where the displaced children are accessing education, the quality is poor and far below the standard due to the absence of a conducive environment for teaching and learning and the absence of teaching materials. In most cases, the teaching is done by incompetent volunteer teachers (Adamu and Abdullahi 2019).

Accordingly Tomaševski, the first UN Special Rapporteur on the Right to education cited in Rhodes (2010) states that, the right to education should embody the following four elements: availability, accessibility, acceptability and adaptability. This agenda is grounded in international human rights law and provides a standard by which to assess education. Tomaševski asserts that "a review of education in all its dimensions by the human rights yardstick" is necessary to determine whether it fulfills the right to education under international law. Unfortunately, education for IDPs frequently does not meet these four requirements. Bađau and Abdurashheed (2015) examine access to resources, curriculum activities, coordination of capacity building in managing emergency peace education programmes for IDPs in Yola Camp of Adamawa State Nigeria, shows most of the children of displace persons had no access to emergency peace education, resources were not provided for emergency peace education, curriculum activities were not supported and coordination of capacity building were not carried out by Governments, Non-Governmental Organizations (NGOs), international and donor agencies. Through offering an integrated, highly relevant curriculum, education in IDP communities can improve the quality of life and indeed save lives. Following displacement, new daily risks exist where they did not exist previously. Increased health and environmental concerns and coping strategies often emerge within IDP

communities. Certainly the relevance of specific subjects will vary among IDP, populations from different areas, but the benefit of incorporating such vital information into the curriculum offers a great return on investment. Extant researches indicate that, IDPs needs have not received the attention that it deserves, (Ajayi and Awodiji (2016); Tajudeen and Adebayo (2013) states that, women and children who constitute large portion of IDPs suffered from human right violation, also Durosaro and Ajiboye (2011) assess IDPs coping strategies within Jos metropolis and concluded that emotional problems and excessive fear due to trauma is affecting their livelihood. Aujaara (2017) stated that, IDPs living in most of the camps in Maiduguri require vocational education as coping strategy to uplift their standard of living. Further reveal that, high prevalence of illiteracy among IDPs in Borno state could be traceable to associated neglect of the educational needs of the rural folks by successive administration. Corroborating Aji, Kalli and Sakir (2019) asserts that most of IDPs are from rural areas where illiteracy had been an issue of concern even before the insurgency due to inadequate provision of educational needs by government, however, IDPs acknowledged that, literacy skills of basic, post and functional literacy impact positively to their wellbeing and it is a need that is central to attainment of sustainable livelihood. Ajayi and Awodiji (2016), describe as disturbing how forceful displacement of people has badly affected educational sector most especially in the insurgency affected communities. The educational needs of the IDPs are being neglected on a large scale, they opine that library services, trained teachers and other educational materials for the IDPs were highly needed thus, intervention programmes such as access to disaster risk reduction education, life skills building programmes such as trade skills, access to HIV/AIDS prevention education and provision of support services for vocational apprentices for youths and adults in the camps were not adequately provided in addition to provisions of qualified teachers, pre-primary, primary and secondary school education which were grossly inadequate among others.

## HEALTH CARE NEEDS OF THE IDPS

The issue of ineffective healthcare services is one of the major problems faced by most Nigerians. Most people in our communities even before emergencies are ignorant of diseases and infections and their causes while some cannot even avoid being exposed to such illnesses because of their environmental condition and level of awareness. Aloba and Obaji (2016) asserts that, things are made worse by the fact that access to health care in Nigeria generally and the North East in particular is severely constrained for both the IDPs and host communities as a result of the destruction of health care facilities and health care workers. Outbreak of disease has increased in areas affected by dislocation. There is also the case of lack of access to vaccinations. The number of cholera cases among IDPs was said to have been recurring decimals. More sicknesses are undiagnosed as there is irregular health checks carried out in these camps. According to united nation guiding principles on internal displacement it is the responsibility of the government to help during displacement. Principle 19 specifically addresses the provision of appropriate health care services to address health challenges such as Malnutrition, communicable diseases, diarrhoea, parasitic diseases and sexually transmitted diseases which are often associated with overcrowding and poor hygiene which are indicators of the extreme fragility of IDP living conditions. The IDPs are facing severe food insecurity and nutrition problems with global acute malnutrition (GAM) level of 27.3%. Studies also reveals that, most of the medical infrastructural facilities have been destroyed or closed due to the absence of doctors and other paramedics and clinical staffs who fled for security reasons, scarcity of drugs and medical equipment (Shuaibu, Birukila, Usman, Mohammed, Galway, Corkum and Vertefeuille, 2016). IDPs sometimes, in order to get treated of their ailments access traditional means which is not always the best. Reports showed that endemic malaria, acute respiratory infections and diarrhea are critical health concern of the IDPs; with malaria featuring in 50% of all the health-related cases in the camp (Kaiser, Ticao, Boglosa, Minto,

Chikwiramađara, Tucker and Kohrt, 2020). This worrisome condition need to be reverse through health talks and education. Relevant health topics within IDP communities which include education on HIV/AIDS, maternal health, nutrition, disease prevention, and basic sanitation might also assist in addressing some of the challenges. Due to reported high instances of rape in insurgency affected areas and some designated camps, awareness on HIV/AIDS is particularly important. Education on the prevalence and nature of sexually transmitted diseases (STDs) and ways in which they are transmitted is critical to combat HIV/AIDS. Maternal health is also highly relevant as estimates suggest as many as 25 percent of women and girls of reproductive age living in camps are pregnant (Sherman, 2018). Such education not only decreases the rate of mother and infant mortality, it also results in healthier babies and fewer pregnancies over the course of a lifetime (Rhodes, 2010). Many existing shelters in the camps have been ill-equipped and unhygienic resulting in health challenges such as malaria, typhoid, cholera and high blood pressure. Polio and measles are still endemic and a major public health concern for children in the affected communities. More ailments are undiagnosed as there is no health checks carried out in some camps which are attributed to lack of adequate health personnel and associated attacked on the health personnel by insurgents. This explains the regularity of hygiene based epidemics in camps. The situation Mohammed (2020) describe as vicious, unhealthy, and dangerous. Furthermore, compounding to the health crisis is the problem of water, sanitation and hygiene (WASH). As a result of the trooping of IDPs in camps, the available water and sanitation facilities and structures became inadequate to cater for the basic needs of the IDPs. This lack of WASH increases the risk of the spread of diseases, dehydration and other related ailments (Finger 2011). Accordingly findings of Faronbi, Akinyoola, Faronbi, Adegbola and Bello (2019) which assessed the common health problems, health needs and health seeking behaviours of IDPs in Nigeria, reveals that access of IDPs to potable water, insecticide-treated nets (ITN), blankets and health care facility, as well as waste

disposal, were grossly inadequate and miserable. Hence concluded that common health problems among the IDPs were malaria, cold and catarrh, heart diseases and diarrhea and their health needs include lack of access to potable water and inadequate health care services. Additional education on fundamental subjects such as nutrition, disease prevention, and basic sanitation result in healthier behaviors and a general increase in standard of living, especially among displaced populations where large numbers of people are living closely together. Environmental education may include topics such as landmines, resource scarcity, and safety in emergencies.

## METHODOLOGY

This study adopted a descriptive survey research design. This design sought to collect information from the subjects without the manipulation of any variable. The study was carried out from three different IDPs camps in Maiduguri metropolis of Borno state as at 3<sup>rd</sup> – 20<sup>th</sup> June 2017 (SEMA 2017). The targeted populations from the three camps were 38,833 IDPs. The researchers used Krejcie and Morgan (2016) sample size estimation to select 400 IDPs as samples using proportionate simple random sampling technique based on balloting and IDPs' consent. Researchers developed questionnaire, with 14 items in four point Likert type scale. The weightings of the responses were; Strongly Agree (SA) = 4 points; Agree (A) = 3 points; Disagree (SD) = 2 points and Strongly Disagree (SD) = 1 divided in to two (2) sections was used to collect data for this study. Section; A, assesses educational needs while section B, assesses Health care needs. To ease decision making, the response options were sum up and divided by the weight responses that is  $4+3+2+1 = 10/4 = 2.50$  hence regarded as the level of acceptable mean, while means below 2.50 is not accepted. The questionnaire was validated by 2 experts in the field of measurement and evaluation and adult education all from the University of Maiduguri. In accordance with the validation report received the instrument was modified for some incorrect statement, completeness, suitability and relevance to set objectives of the study. The instrument was pilot tested on 40 IDPs from Teachers village



IDPs camp which were not part of the sample, though have similar characteristics with the sampled respondents. A Cronbach's Alpha coefficient of .876 was obtained which indicate that the instrument is reliable. The researchers after obtaining permission from the camp official, administered copies of the validated questionnaire titled Assessment of Educational and Healthcare Needs of Internally Displace Persons (**AEHCANIDPER**) to the respondents. However, due to low level of literacy and in most instance illiterates IDPs are involved as samples, the researchers transform the questionnaire to Kanuri or Hausa language by reading and interpreting the questions and the options to the respondents to decide on. The administration and retrieval of the questionnaires lasted for 3 weeks, out of 400 questionnaires administered, 358 were found valid and usable for analysis, and this indicates an overall return rate of (90%). The data collected were analyzed using Mean and standard deviation.

## RESULTS

The presentations of the results were according to the research questions in table 1 and 2.

**Research Question One:** What are the specific educational needs of Internally Displaced Persons in Maiduguri, Borno state, Nigeria?

**Table1: Mean and Standard Deviation of specific Educational Needs of Internally Displace persons in Maiduguri, Borno state, Nigeria**

S/N	Items on Specific Educational Needs of Internally Displaced persons	Mean	SD	Rank
1	Need for equitable access to primary and secondary schools in camps.	3.5	0.78	1
2	Need for regular access to HIV/AIDS prevention awareness programmes and activities	3.4	0.74	8
3	Need for provision of adequate and qualified educational instructors in learning centres.	3.41	0.73	7
4	Need for provisions of literacy centers in IDPs camps	3.45	0.78	4
5	Need for adequate instructional materials in the learning centers.	3.46	0.77	3
6	Need for establishment of vocational skills training	3.42	0.73	6

7	programmes at Camps Need for life skills building programmes such as: trade skills	3.45	0.77	5
8	Need for library service for displaced students		0.73	2
		3.49		

**Key: Mean=M, Standard Deviation = SD**

Table 1, shows specific educational needs reported among the participants are all accepted. Significant among the needs in their order of ranking includes- need for equitable access to primary and secondary schools in camps which was ranked first with the highest mean value of (M=3.5; SD =0.78), need for library service (M=3.49;SD =0.73,); need for adequate instructional materials in the learning centers (M= 3.46; SD =0.77); need for provisions of literacy centers in IDPs camps (M= 3.45; SD =0.78); need for life skills building programmes such as: trade skills (M= 3.45; SD =0.77); need for establishment of vocational skills training programmes at Camps (M= 3.42; SD =0.73); need for provision of adequate and qualified educational instructors in learning centres(M= 3.41; SD =0.73) while need for regular access to HIV/AIDS and environmental hygiene prevention and awareness programmes was ranked the least with a mean value of (M=3.4; SD=0.74).In summary, it can be inferred that IDPs educational needs are not significantly addressed to enable them participate and derive significant impact.

**Research Question Two:** What are the specific health care needs of Internally Displaced Persons in Maiduguri, Borno state, Nigeria?

**Table2: Mean and Standard Deviation of specific Healthcare Needs of Internally Displace persons in Maiduguri, Borno state, Nigeria**

S/N	Items on Specific Healthcare Needs of Internally Displaced persons	Mean	SD	Rank
1	Needs for adequate free drugs in the camps	3.31	0.81	3
2	Needs for adequate provisions of portable water in the Camps	3.33	0.81	1
3	Need for adequate health care centers in the camps	3.32	0.80	2
4	Need for adequate qualified Doctors and Nurses in	3.21	0.87	5

	the IDPS Camps			
5	Needs for provision of adequate free treated mosquitoes nets in the camps	3.2	0.83	6
6	Need for regular basic awareness basic sanitation and disease prevention.	3.24	0.88	4

**Key: Mean=M, Standard Deviation = SD**

Table 2, shows specific Health needs among the IDPs are all vividly accepted, significant among the needs in their order of ranking includes- needs for adequate provisions of portable water in the Camps which was ranked first with the highest mean value of (M=3.33; SD =0.81); need for adequate health care centers in the camps (M=3.32;SD =0.80); needs for adequate free drugs in the camps (M= 3.31; SD =0.81); need for regular basic awareness basic sanitation and disease prevention. (M= 3.24; SD =0.88); need for adequate qualified Doctors and Nurses in the IDPS Camps (M= 3.21; SD =0.87); needs for provision of adequate free treated mosquitoes nets in the camps was ranked the least with a mean value of (M= 3.2; SD =0.83). In summary, it inferred that IDPs health care needs are not significantly delivered.

## DISCUSSIONS OF RESULTS

The study revealed that educational needs of the IDPs are not appropriately met; there is obvious gap between the expressed needs and available educational needs. It is vividly observed that most of the respondents indicated the need for equitable access to primary and secondary schools, need for library service, need for adequate instructional materials in the learning centers, need for provisions of literacy centers in IDPs camps, need for life skills building programmes such as: trade skills, need for establishment of vocational skills training programmes at Camps, need for provision of adequate and qualified educational instructors in learning centres and need for regular access to HIV/AIDS and environmental hygiene prevention and awareness programmes. Though, the overall needs were moderately reported, the finding reveals that there is agreement among the respondents on the need for the provision of adequate

educational needs in the camps. This findings is in agreement with assertion of Rhodes (2010) which maintain that, much need to be done to ensure the provision of quality education to IDPs during displacement, further opined that, education should be all encompassing not only for children but for youth and adults as well; the failure to incorporate youth and adult education and vocational training as a standard component during displacement is a detrimental omission in the quest to secure sustainable peace and initiate long-term development. Also the findings corroborate with the position of Gbenga and Adewale (2016) which indicates that library services, trained teachers and other educational materials for the IDPs were highly needed thus, intervention programmes such as access to disaster risk reduction education, life skills building programmes such as trade skills, access to HIV/AIDS prevention education and Provision of support services for vocational apprentices for youths and adults in the camps were not adequately provided in addition provisions of teachers, pre-primary, primary and secondary school education were highly inadequate among others. Finding also elucidates lack of resources directed toward the implementation of youth and adult education and vocational training options to accommodate the needs of different groups in the IDPs camp. This is also in agreement with the finding made of Auḡara (2017) that, IDPs living in most of the camps in Maiduguri require vocational education as coping strategy to uplift their standard of living.

The finding In Table 2, reveal that, in the health sector, most of the medical facilities have been in adequate to meet the IDPs needs, scarcity of free drugs have been a concern to IDPs this position was in line with (Faronbi, Akinyoola, Faronbi, Adegbola, and Bello (2019); Kaiser, Ticao, Boglosa, Minto, Chikwiramadara, Tucker and Kohrt, 2020). This suggests much has not been achieved in addressing health needs of the IDPs. Also Reports showed that endemic malaria, acute respiratory infections and watery diarrhea are critical health concern bedeviling the IDPs; with malaria featuring in 50% of all the health-related cases in the camps. Furthermore, compounding to the

health crisis is the problem of water, sanitation and hygiene (WASH). As a result of the trooping of IDPs in camps, the available water and sanitation facilities and structures became inadequate to cater for the basic needs of the IDPs. This lack of WASH increases the risk of the spread of diseases, dehydration and other related ailments. Result of this study indicated that there is needs in the area of health of the IDPs in the camp most especially in; availability of drugs, portable water, treated mosquitoes nets, and qualified Doctors and Nurses, this finding also concur with that of Faronbi, Akinyoola, Faronbi, Adegbola and Bello (2019) which reveals that access of IDPs to potable water, insecticide-treated nets (ITN), blankets and health care facility, as well as waste disposal, were grossly inadequate and miserable. Hence concluded that common health problems among the IDPs were malaria, cold and catarrh, heart diseases and diarrhea and their health needs include lack of access to potable water and inadequate health care services, from the empirical justifications therefore, it can be concluded that the IDPs healthcare needs in the camps remain a source of concern as not much benefits are derived by the beneficiaries.

## CONCLUSION

On the bases of the findings, the study concluded that, despite numerous interventions, not much was achieve in the area of addressing the basic education and health needs of the IDPs in the Maiduguri camps, hence their right to education remains an unfulfilled promise for the vast majority of IDPs throughout if adequate steps are not put in place to address the anomaly. Also the healths needs of IDPs proof to be a major and persistent challenge and one of the main barriers to healthy wellbeing in the camps. Displaced persons face precarious health conditions and have poor access to health services.

## RECOMMENDATIONS

The following recommendation were made base on the findings of study:



The ministry of education and humanitarian agencies involved in the education of the IDPs should formulate inclusive educational policy catering for specific educational needs of the IDPs in emergencies taking in to account that it is a human right enshrined in international law and as a component of the peace-building process. Since education for internally displaced persons is essential and primary vehicle by which economically and socially marginalized adults and children can lift themselves out of poverty and obtain the means to participate fully in issues affecting their communities. Government through the ministry of health's should constitute multi-sectorial response committee to cater for health's needs in emergencies to promptly coordinate and respond to the IDPs health's needs which are in most cases contagious. Equally, health education components of the response should feature regularly in the camps addressing relevant topics and issues affecting healthy wellbeing most especially preventive healthcare to create the much needed awareness.

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