

Effect of national emergency management agency (NEMA) humanitarian services on internally displaced person's (IDP's) in Borno State, Nigeria

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Abstract

The National Emergency Management Agency has acted as the primary responder to the plight of the IDPs by providing relief materials, food, housing, and security in accordance with the backing legislation, such as human capital development, education/enlightenment, and humanitarian management, rehabilitation, and resettlement packages. This study assesses the National Emergency Management Agency in the Provision of Food Water and Sanitation to Internally Displaced Persons in Borno State, Nigeria. Structural-functionalism was adopted as theoretical framework. Descriptive survey and documentary research design was employed for the study. The population of this study consists of Internally Displaced Persons (IDPs). A sample of 400 was taken from the entire population of 1,100,000 IDPs in the 13 IDPs camps in Borno State. The returned questionnaire of 394 was use to analyze the primary data. Findings from the study shows that, NEMA have provided foods items to the IDPs in Borno State, North East Nigeria. Finding from the study also shows that NEMA has significantly provided water and Sanitation to the IDPs in North East Nigeria. The study recommends; NEMA should work with other agencies to provide emergency food assistance to IDPs in all the IDPs in Borno State North eastern Nigeria. NEMA should partner to provide access to clean water and hygiene facilities, such as toilets and hand washing stations.

Keyword: National Emergency Management Agency (NEMA), Humanitarian Services Management, Internally Displaced Persons (IDPs), Food, Water and Sanitation.

Introduction

The issue of displaced people around the world has grown into a severe global burden with far-reaching consequences for human progress, including starvation, insecurity, and death, among other major humanitarian disasters.



One of the most significant direct repercussions of insecurity in North East is an increase in the number of Internally Displaced Persons (IDPs)¹. Since 2009, the internal displacement crisis is predominant in North-eastern Nigeria, which comprises of six states: Borno, Adamawa, Yobe, Bauchi, Gombe, and Taraba due to Boko Haram insurgency. According to Mba² community violence displaced 13.33 percent of the IDPs in the area, natural catastrophes displaced 0.99 percent, and the Boko Haram insurgency displaced 85.68 percent.

The numbers demonstrate that insurgency has been a major cause of substantial internal displacement, particularly in Borno state the epicenter of insurgent activity in North-eastern Nigeria since 2009. The crisis is marked by bombing, kidnapping, and the loss of lives and property, and it is related to bad government and religious extremism. Apart from enormous internal displacement, the violence has resulted in 177,000 refugees in neighboring Cameroon, Chad, and Niger Republic.³ Thus, the North-eastern States have witnessed extraordinary detrimental impact of the Boko Haram insurgency from 2009 to date, culminating in Former President Goodluck Jonathan's declaration of a State of Emergency (SOE) in the three most afflicted states of Borno in 2013.

According to UN Humanitarian Responses⁴ across Borno State in north-east Nigeria, an estimated 53 per cent of the total population of 13.4 million people require humanitarian assistance in 2019 that were affected by insurgency attacks, which have resulted in the collapse of many families' survival structures, the virtual extermination of communities, the destruction of social infrastructure, the intense destruction of the economy's supply chain process, and the dispersal of a larger portion of citizens in the affected states.⁵

Many Local Government Areas in Borno State were overrun by militants, including but not limited to Dikwa, Marte, Bama, Gamboru, Ngala, and Gwoza. Chibok, AskiraUba, Kala Balge, Kukawa, and Abadan are among the other LGAs targeted by the insurgents⁶. Residents of these areas were forced to flee to the Maiduguri metropolis, where they were crammed together in camps as IDPs, while others squatted amongst many poor host families in the city under precarious conditions devoid of privacy, basic hygiene, and conveniences. The National Emergency Management Agency (NEMA) has primarily been responsible for the coordination and curtailment of the plights of the IDPs in

¹Internal Displacement Monitoring Centre <https://www.internal-displacement.org/>

²Raji, Shittu, Folashade Arinola Adekayaoja, Emmanuel Ayila Agaku, James Akujobi, and Ade Ayinde Hamzat. "North-eastern Nigeria: assessing the response capacity of National Emergency Management Agency to the plights of internally displaced persons." *Heliyon* 7, no. 6 (2021).

³Reliefweb, Lake Chad Basin: Humanitarian Snapshot. The violence has resulted in 177,000 refugees in neighboring Cameroon, Chad, and Niger Republic. 2020

⁴UN Humanitarian Responses (2020). An estimated 53 per cent of the total population of 13.4

million people require humanitarian assistance in 2019.

<https://reliefweb.int/report/nigeria/north-east-nigeria-borno-adamawa-and-yobe-states-humanitarian-dashboard-january-june-2022>

⁵National Bureau of Statistics: <https://www.nigerianstat.gov.ng/>

⁶Reliefweb Ibid, 75

North-eastern Nigeria since 2009⁷. The agency was charged with the primary responsibilities of formulating and implementing federal government policies on activities relating to disaster management in Nigeria, including the management of the IDPs crisis, and the coordination of programs of actions for efficient implementation of the resettlement programs, and security for the IDPs⁸. This study will seek to assess Humanitarian Services Management of the Internally Displaced Persons in North East Nigerian by National Emergency Management Agency.

The National Emergency Management Agency has acted as the primary responder to the plight of the IDPs by providing relief materials, food, housing, and security in accordance with the backing legislation, such as human capital development, education/enlightenment, and humanitarian management, rehabilitation, and resettlement packages. Despite these efforts, the living conditions of IDPs in the North-east remain precarious; leading to the conclusion that NEMA is likewise beset by internal responder issues in appropriately responding to the situation of IDPs. Despite its central responsibilities of NEMA to IDPs, no critical studies from the available literature reviewed on humanitarian management of IDPs in North East Nigeria have been conducted. For instance, Report of Displacement Tracking Matrix (DTM) assessments carried out by the International Organization for Migration (IOM), aims to improve the understanding of the scope of internal displacement, the plight of returnees and the needs of the displacement affected populations in north-east Nigeria only reflects the trends from the six states in Nigeria's north-east geopolitical zone.

Aside from the physical trauma of being experience in most towns in North-eastern Nigeria, the displaced are more exposed in the camp to risks such as shortages of vital products, instability, psychological depression, and low self-esteem, among other things. Many stakeholders, including the federal government through NEMA and state governments through various state emergency agencies, as well as local and international donor agencies, have worked together to address the plight of the IDPs through humanitarian services, including the provision of food and non-food items, within available resources⁹. Despite these efforts, the IDP camp in North East Nigeria continues surge.

The lack of comprehensive research on NEMA's operational capacity to adequately respond to the demands of IDPs, despite the agency's major significance to the provision of humanitarian assistance to the displaced is a significant policy and academic gap that this study aims to fill. In the first instance, NEMA is the only federal government body tasked with coordinating the care of IDPs as well as other disaster-related tasks, other responders to the

⁷ Durable Solutions For IDPs Protracted Situations; Three Case Studies, Paper For The Arc/Austcare Symposium, Enhancing Protection Of Civilians In Protracted Conflicts, Canberra, United Nations Office For The Coordination Of Humanitarian Affairs, Guiding Principles On Internally Displacement. UN Publications, Geneva, 1998. Peace, Recovery and Development Plan. <http://www.prdp.org.ug>. 2018

⁸ Reliefweb supra cit.

⁹ Displacement Tracking Matrix (DTM) (2018). Assessment by the International Organization for Migration (IOM). DTM Round 23 Report 2020.

plight of the IDPs, like as security agencies, state emergency management agencies, and international donor organizations. Studies conducted by¹⁰¹¹¹²¹³¹⁴ only shows how internally displaced persons in North-eastern Nigeria are facing an existential crisis and survival issues. Study by International Review of the¹⁵ only reviewed the number of displaced in the Northeast, with 120,000 Nigerians fleeing to neighbouring countries such as Cameroon, Chad, and Niger. Study by¹⁶ shows the estimated number of 2, 118,550 internally displaced persons in the Northeast states of Borno, Yobe, Adamawa, Gombe, Bauchi, and Taraba, spread across 436,058 homes. This study is therefore carryout to fill the research gap.

The broad objective of this study is to investigate the impact of National Emergency Management Agency (NEMA) humanitarian services on the health quality of Internally Displaced Persons in Borno State, Nigeria while the specific objectives are to;

- i. Examine the extent to which the food items provided by NEMA have improved the health quality of IDPs in North East Nigeria.
- ii. To investigate the extent to which the water and Sanitation provided by NEMA has improved the health quality of IDPs in North East Nigeria.

In order to empirically achieve the objective of the research, the following null hypotheses would be formulated.

H₀₁: Food supplies by NEMA have not significantly improved the health quality of IDPs in Borno State

H₀₂: Water and Sanitation supplies by NEMA have not significantly improve health quality of IDPs in Borno State.

Literature Review

Humanitarian Services and Management

Humanitarianism is an active belief in the value of human life, whereby humans practice benevolent treatment and provide assistance to other humans to reduce suffering and improve the conditions of humanity for moral, altruistic, and emotional reasons. One aspect involves voluntary emergency aid overlapping with human rights advocacy, actions taken by governments, development assistance, and domestic philanthropy. Other critical issues include correlation with religious beliefs, motivation of aid between altruism and social control, market affinity, imperialism and neo-

¹⁰Anthony, I., & Nwobashi Humphrey, N. (2017). Understanding the root causes of social conflicts in Nigeria: insights from Ezza - Ezillo/Ezillo communal conflict in Ebonyi State. *World Applied Sciences Journal*, 35(4), 635-647

¹¹International Committee on Red Cross (ICRC, 2016). Report on internally displaced persons in North-eastern Nigeria are facing an existential crisis. <https://www.icrc.org/en/document/annual-report-2016>.

¹²International Committee on Red Cross (ICRC) Ibid

¹³Displacement Tracking Matrix (DTM) Ibid

¹⁴Reliefweb supra cit

¹⁵International Committee on Red Cross (ICRC) supra cit

¹⁶Displacement Tracking Matrix (DTM) supra cit

colonialism, gender, and class relations and humanitarian agencies¹⁷. A practitioner is known as a humanitarian.

Humanitarian Services Management is the supervision of assistants such as; goods, services, and other contributions made to victims of disasters or internally displaced persons. Humanitarian Services is to relief materials given to the victims of disasters or internally displaced persons, to foster self-reliance for families of all nationalities and religions, and to provide opportunities for service. A secondary purpose of Humanitarian Services is to help bring the victims of disasters or internally displaced persons out of obscurity¹⁸. All humanitarian activities are made possible by generous donations of money, goods, and time from governments, UN, EU, ECOWAS, AU, NGOs, individual's members of the society and others. All donations to the victims of disasters or internally displaced persons Humanitarian Aid Fund go directly to support approved relief and development projects throughout the world¹⁹.

Humanitarian aid is material and logistic assistance to people who need help. It is usually short-term help until the long-term help by the government and other institutions replaces it. Among the people in need are the homeless, refugees, and victims of natural disasters, wars, and famines. Humanitarian relief efforts are provided for humanitarian purposes and include natural disasters and man-made disasters. The primary objective of humanitarian aid is to save lives, alleviate suffering, and maintain human dignity. It may, therefore, be distinguished from development aid, which seeks to address the underlying socioeconomic factors which may have led to a crisis or emergency. There is a debate on linking humanitarian aid and development efforts, which was reinforced by the World Humanitarian Summit in 2016. However, the conflation is viewed critically by practitioners²⁰.

Humanitarian aid is seen as "a fundamental expression of the universal value of solidarity between people and a moral imperative"²¹. Humanitarian aid can come from either local or international communities. In reaching out to international communities, the Office for the Coordination of Humanitarian Affairs (OCHA) of the United Nations (UN) is responsible for coordination responses to emergencies (UN, 2018; OCHA, 2018). It taps to the various members of Inter-Agency Standing Committee, whose members are responsible for providing emergency relief. The four UN entities that have primary roles in delivering humanitarian aid are United Nations Development

¹⁷Götz, Norbert, Georgina Brewis, and Steffen Werther. *Humanitarianism in the modern world: The moral economy of famine relief*. Cambridge University Press, 2020.

¹⁸Sadiq, Yahaya Abubakar, and Musa Zakari. "External Interventions and the Rehabilitations of Internally Displaced Persons in Adamawa State: the role of International Non-Governmental Organizations." (2019).

¹⁹Sadiq, Yahaya Abubakar, and Musa Zakari 2019 ib

²⁰Al-Sid-Cheikh, Maya, Steve J. Rowland, Karen Stevenson, Claude Rouleau, Theodore B. Henry, and Richard C. Thompson. "Uptake, whole-body distribution, and depuration of nanoplastics by the scallop *Pecten maximus* at environmentally realistic concentrations." *Environmental science & technology* 52, no. 24 (2018): 14480-14486.

²¹Pusterla, Francesca, and Elia Pusterla. "the 2015 migrant crisis and EU Member States: the relation between state fragility and solidarity." *European Political Science* 17 (2018): 535-550.

Programme (UNDP), the United Nations Refugee Agency (UNHCR), the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP)²².

Securing access to humanitarian aid in post-disasters, conflicts, and complex emergencies is a major concern for humanitarian actors. To win assent for interventions, aid agencies often espouse the principles of humanitarian impartiality and neutrality. However, gaining secure access often involves negotiation and the practice of humanitarian diplomacy which is ostensibly used by humanitarian actors to try to persuade decision makers and leaders to act, at all times and in all circumstances, in the interest of vulnerable people and with full respect for fundamental humanitarian principles ²³.

The UN implements a multifaceted humanitarian approach to assist migrants and refugees throughout their relocation process ²⁴. This includes the integration of their children into local education systems, maintenance of food security at the familial level, and provision of access to health services, humanitarian transportation, the goal of which is to ensure migrants and refugees retain access to basic goods/services and the labor market ²⁵. The Basic needs, including access to shelter, clean water, and child protection are supplemented by the UN's efforts to facilitate social integration and legal regularization for displaced individuals ²⁶.

Traditionally, humanitarian organizations have concentrated their efforts in the delivery of human, medical, food, shelter and water sanitation and hygiene resources during humanitarian emergencies. Nevertheless, since the 2010 Haiti Earthquake, the institutional and operational focus of humanitarian aid has been on leveraging technology to enhance humanitarian action, ensuring that more formal relationships are established, and improving the interaction between formal humanitarian organizations such as the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) and informal volunteer and technological communities known as digital humanitarians²⁷.

Humanitarian Service and relief

Since at least the mid-nineteenth century, humanitarian Service and relief has spread worldwide to become a global salvific narrative. Today, this is captured

²²UNHCR. Global Trends Forced Displacement in 2017. 2017. Available online: <https://www.unhcr.org/globaltrends2017/> (accessed on 26 January 2020).

²³Browning, Matthew HEM, Lincoln R. Larson, Iryna Sharaievska, Alessandro Rigolon, Olivia McAnirlin, Lauren Mullenbach, Scott Cloutier et al. "Psychological impacts from COVID-19 among university students: Risk factors across seven states in the United States." *PloS one* 16, no. 1 (2021): e0245327.

²⁴de Paula Eduardo, Fernanda, Luciana Corrêa, Debora Heller, Carlo Amorin Daep, Carlos Benitez, Zilson Malheiros, Bernal Stewart et al. "Salivary SARS-CoV-2 load reduction with mouthwash use: A randomized pilot clinical trial." *Heliyon* 7, no. 6 (2021).

²⁵de Paula Eduardo, Fernanda, Luciana Corrêa 2021. ib

²⁶UNHCR. Global Trends Forced Displacement in 2017 ib

²⁷Zhao, Chun-Mei, Yoku Hayakawa, Yosuke Kodama, Sureshkumar Muthupalani, Christoph B. Westphalen, Gøran T. Andersen, Arnar Flatberg et al. "Denervation suppresses gastric tumorigenesis." *Science translational medicine* 6, no. 250 (2014): 250ra115-250ra115.

in the notion of “humanitarianism” in which the suffix “ism” embodies a whole set of beliefs, practices, recognizable as “humanitarian.” Humanitarianism is manifested in a plurality of actions, movements, and ethics that are different in their implementation and expression and yet are coherent in their idealistic intentions. While these intentions build on core humanitarian principles such as “neutrality,” “independence,” “humanity,” and “impartiality”, they go beyond these to define a modern redemptory attitude that is expressed in forms of compassion and government. Indeed, humanitarianism is not simply a reaction to crisis but a vast, articulated, evolving, and multi-scale mesh of different actors, politics, and structures. It is a modality of intervention (with the aim of improving the world), a global ethos that is driven by a call to address human needs in extraordinary, unbalanced, or unequal circumstances. As such, it constitutes a consistent and important feature of modernity, and its history is intertwined with ideas and practices of salvation and liberation²⁸.

Providing ongoing access to humanitarian aid during conflict and complex emergencies has always been a major concern for policymakers and humanitarian actors. Thus, humanitarian negotiations have historically been conducted in situations of extreme insecurity and unstable political conditions in order to secure access, assistance, and protection for civilians²⁹. The implicit, sometimes even concealed, practices of humanitarian negotiations³⁰ led to the concept of humanitarian diplomacy, which started to circulate more consistently in the early 2000s (although there are uses of this expression long before). Humanitarian diplomacy is generally defined as persuading decision-makers and opinion leaders to act at all times and in all circumstances in the interest of vulnerable people and with full respect for fundamental humanitarian principles. It encompasses activities carried out by humanitarian actors to obtain a space from political and military authorities within which they can function with integrity. These activities include arranging for the presence of humanitarian organizations in a given country, negotiating access to civilian populations in need of assistance and protection, monitoring assistance programs, promoting respect for international law and norms, and engaging in advocacy at a variety of levels in support of humanitarian objectives³¹. In this scenario, humanitarian is understood as a means to reach the most vulnerable people. Indeed, the commitment to “leave no one behind” has been a key feature of discussions about Sustainable Development Goals, and there is a growing political consensus that operationalizing this aim is a crucial element of the 2030 Agenda (Transforming our World: the 2030 Agenda for Sustainable Development) issued by the United Nations (UN). However, a significant tension is embedded in humanitarian diplomacy. Diplomacy is essentially about the representation of one polity vis-à-vis another polity, while humanitarianism is about advocating for and helping people in need. Therefore, diplomacy is characterized by compromise and pragmatic dealings, whereas the public image of humanitarian action (which often contradicts what happens in

²⁸De Lauri, Antonio. *Humanitarianism: Keywords*. Brill, 2020.

²⁹De Lauri, Antonio. "Diplomacy." In *Humanitarianism: Keywords*, pp. 44-46. Brill, 2020.

³⁰Magone, Claire, Michaël Neuman, and Fabrice Weissman. "Agir à tout prix." *Négociations humanitaires: l'expérience de Médecins sans frontières*. Paris: La Découverte 341 (2011).

³¹Smith, Hazel Anne, and Larry Minear. *Humanitarian diplomacy: Practitioners and their craft*. United Nations University Press, 2007.

practice) is the opposite: it is about working for ideals and universal principles regardless of the interests of specific political actors.

While some practitioners defend a political stance of humanitarianism, scholars have largely contested this claim, pointing out that humanitarianism cannot be considered outside its operational contexts, which are always political and imbricated in a variety of diplomatic practices. Analytically, understanding humanitarian diplomacy through its practices facilitates its conceptualization in the framework of the broader pluralization of diplomacy³². Indeed, the use and conceptualization of diplomatic practices has extended far beyond the Westphalian state system. Understanding diplomacy only in its traditional sense as monopolized by states and international institutions such as the UN and the European Union does not adequately reflect the reality of today's diplomatic practices and infrastructures. Clearly, the idea that diplomacy is exclusive to sovereignty and statecraft is incorrect and misleading. The complexity of global challenges, such as conflicts, environmental catastrophes and refugee flows, cannot be simply reduced to the concern of state actors to which traditional diplomacy could cater³³. Diplomacy is a plural business within networks of different actors with diverse interests, identities, and understandings of what the world is (or how it should be) and how it works³⁴.

Humanitarianism and Civil Society.

The concept of civil society originates in Cicero's notion of *societascivilis*, itself a development of Aristotle's idea of *koinoniapolitike* (political community). The contemporary use of the term can be directly linked to modern European thought and refers to a dense network of groups, communities, networks, and ties that stand between the individual and the modern state³⁵. It is commonly understood as the "third sector" of society, distinct from the state and market. According to the World Health Organization, civil society refers to the arena of collective action around common interests, purposes, and values. Although its institutional forms are normally described as distinct from those of the state, family, and market, the boundaries between these and civil society are always blurred and negotiated. Civil society includes different spaces, actors, and institutional forms, varying in their degree of formality, autonomy, and power. Civil society includes organizations such as registered charities, non-governmental organizations, community groups, women's organizations, faith-based organizations, professional associations, trade unions, self-help groups, social movements, business associations, coalitions, and advocacy groups³⁶. The UN considers partnerships with civil society crucial for advancing the

³²Birk, Sebastian, Daniel Chapman, Laurence Carvalho, Bryan M. Spears, Hans Estrup Andersen, Christine Argillier, Stefan Auer et al. "Impacts of multiple stressors on freshwater biota across spatial scales and ecosystems." *Nature Ecology & Evolution* 4, no. 8 (2020): 1060-1068.

³³Smith, Hazel Anne, and Larry Minear. *Humanitarian diplomacy* ib

³⁴Turunen, Salla. "Humanitarian Diplomatic Practices." *The Hague Journal of Diplomacy* 15, no. 4 (2020): 459-487.

³⁵Kenny, Sue. "Reconstruction in Aceh: Building whose capacity?." *Community development journal* 42, no. 2 (2007): 206-221.

³⁶World Health Organization (WHO, 2020). Rehabilitation of child, adult, or older person <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>.

organization's ideals and supporting its work (www.un.org). However, this view reflects a general attitude in the humanitarian sector to use the notion of civil society in a vague sense. While considered strategic when implementing grounded interventions via local partners, the notion of civil society is often mobilized by international humanitarian actors as a way to gain legitimacy rather than to enhance local ownership.

The "third sector" has grown rapidly since the 1990s. What many defined as the global associational revolution of the aid industry was linked to at least three main elements: a widespread crisis of the state in providing welfare and protection; the growth in number and scale of organized private and voluntary actors (stimulated by new information and communication possibilities); and the impact of neoliberalism (Salamon et al. 1999). Notwithstanding this rapid growth and the consolidation of the idea of a global civil society, the very notion of civil society continues to bear a certain degree of ambiguity and remains open to questions regarding its proper definition and the different ways in which it has been applied at various times and numerous places (Foley and Edwards 1996). Civil society has been used, for example, to promote political and economic transition in former communist countries as well as to promote democracy and human rights in fragile states (Roy 2005). Critiques also emphasize the ways in which global civil society increasingly represents a retreat from universal rights and reinforces official donor government policies that discipline populations (Pupavac 2005).

Another key question is whether it makes sense to distinguish civil from political society. Different groups in civil society, from interest groups to religious organizations, are constantly mobilized for political goals. A rigid distinction between political and civil groups can be misleading. Therefore, the notion of civil society is intrinsically ambivalent as it does not make it clear when civil becomes political (Foley and Edwards 1996). Beyond semantics, some see civil society, or global civil society, as a humanitarian actor itself, which is essential in order to claim a right to humanitarian assistance (Miglinaité 2015); while others remain sceptical about the universalistic nature of the term, especially because of its propensity to make the roles and intentions of different social groups, organizations, and other collectives involved in humanitarian settings less evident.

Concept of Internally Displaced Persons

Internally Displaced Persons (IDPs) are a group of people who have been forced to leave their homes. As a result of violent conflicts or natural disasters, their means of livelihood, such as agriculture and trade, are wiped out, causing people to endure a variety of effects (Ladan, 2011). As a result of being relocated from their source of income, such IDPs frequently face increased food shortages and malnutrition. Internally Displaced Persons are defined as "persons or groups 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, natural or human-made disasters, and who have not crossed an internationally recognized state border" by the United Nations

Guiding Principles ³⁷These and other circumstances necessitate a humanitarian reaction. The African Union's Convention on the Protection and Assistance of African Internally Displaced Persons. Internally Displaced Persons were also defined in the Kampala ³⁸, in accordance with the United Nations Guiding Principles. Internally Displaced Persons (IDPs) are citizens of a country who have been displaced within the country's territory due to natural calamities such as erosion/flooding, desertification, and so on. People may be displaced as a result of man-made calamities such as civil war, internal armed conflict, terrorism, and so on, like in Nigeria's situation.

Concept of Rehabilitation

The term "rehabilitation" refers to "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment" ³⁹. According to the World Health Organization ⁴⁰, rehabilitation enables a child, adult, or older person to be as independent as possible in daily activities and to participate in education, work, recreation, and meaningful life roles such as family caregiving. It accomplishes this by addressing underlying conditions (such as pain) and improving an individual's daily functioning, assisting them in overcoming difficulties with thinking, seeing, hearing, communicating, eating, or moving around. Anyone may require rehabilitation at some point in their lives, whether as a result of an injury, surgery, disease, or illness, or because their functioning has deteriorated with age.

Rehabilitation is highly person-centered ⁴¹, which means that the interventions and approaches chosen for each individual are determined by their goals and preferences. Rehabilitation can be provided in a variety of settings, including inpatient or outpatient hospital settings, private clinics, and community settings such as a person's home. The rehabilitation workforce is made up of different health workers, including but not limited to physiotherapists, occupational therapists, speech and language therapists and audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses. According to Mills et al, ⁴², it was opined that within the context of emergencies, which could be in a form of natural hazards such as earthquakes or disease outbreaks and human induced hazards including conflict, terrorism or industrial accidents, it can generate

³⁷Sumita, Benita. "Examining the dynamic cascading of international norms through cluster genealogies. 1998 UN Guiding Principles on Internal Displacement and Other Cases." PhD diss., University of Bradford, 2016.

³⁸Groth, Lauren. "Engendering protection: An analysis of the 2009 Kampala Convention and its provisions for internally displaced women." *International Journal of Refugee Law* 23, no. 2 (2011): 221-251.

³⁹Albers, Gregory W., Michael P. Marks, Stephanie Kemp, Soren Christensen, Jenny P. Tsai, Santiago Ortega-Gutierrez, Ryan A. McTaggart et al. "Thrombectomy for stroke at 6 to 16 hours with selection by perfusion imaging." *New England Journal of Medicine* 378, no. 8 (2018): 708-718.

⁴⁰World Health Organization (WHO, 2020) ib

⁴¹World Health Organization (WHO, 2020) supra cit

⁴²Cook, W. R., and M. Kibler. "Behavioural assessment of pain in 66 horses, with and without a bit." *Equine Veterinary Education* 31, no. 10 (2019): 551-560.

overwhelming rehabilitation needs as a result of injury or illness. They also have the greatest impact on the most vulnerable populations and the weakest health systems while simultaneously disrupting existing services. While clinical and humanitarian guidelines recognize the importance of rehabilitation in emergencies, it is rarely considered as part of health system preparedness and early response ⁴³. As a result, pre-existing limitations in rehabilitation services are exacerbated, health-care delivery is less efficient, and people directly affected face increased impairment and disability.

Concept of Resettlement

The meanings of resettlement, rehabilitation, and reintegration are not ambiguous, but they must be emphasized in order to properly appreciate and assess whether what the state and non-state actors of IDP management are doing in North Eastern Nigeria constitutes an effective and transparent IDP management strategy. IDP resettlement is a state in which all individuals who have been displaced from their homes due to violence are given the option of returning to their homes in a voluntary, safe, and dignified manner or being resettled into new homes and communities ⁴⁴. The issue of resettling internally Displaced Persons (IDPs) in Nigeria has become a global concern, with the UN Leader of Delegation to the Country and UN Special Rapporteur on the Sale of Children for Prostitution and Child Trafficking, Maud de Boer-Buquiccho, and her counterpart on the Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, Dainius Puras, warning that the country is in danger if it fails to properly resett ⁴⁵. One crucial characteristic of resettlement is the ability of IDP returns to seek fair compensation and integration in order to rebuild their livelihood activities and contribute to the region's long-term economic and political growth. Returnee IDPs can constitute very vital and essential human resources towards the development of the region and nation at large if IDPs are properly supported in the resettlement process. Return and resettlement of internally Displaced Persons (IDPs) frequently signify a visible end to violent conflict, legitimize the new political order, and restore normalcy to the conflict-affected population ⁴⁶.

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⁴³Cook, W. R., and M. Kibler ib

⁴⁴Udo, Uduakobonge E., Edidiong E. Usip, and Christian F. Asuquo. "Effect of lack of adequate attention to safety measures on construction sites in Akwa Ibom State, Nigeria." *Journal of Earth Sciences and Geotechnical Engineering* 6, no. 1 (2016): 113-121.

⁴⁵Niyi-Odumosu, F. A., O. A. Bello, S. A. Biliaminu, B. V. Owoyele, T. O. Abu, and O. L. Dominic. "Resting serum concentration of high-sensitivity C-reactive protein (hs-CRP) in sportsmen and untrained male adults." *Nigerian Journal of Physiological Sciences* 31, no. 2 (2016): 177-181.

⁴⁶Udo, Uduakobonge E., Edidiong E. Usip, and Christian F. Asuquo. "Effect of lack of adequate attention to safety measures on construction sites in Akwa Ibom State, Nigeria." *Journal of Earth Sciences and Geotechnical Engineering* 6, no. 1 (2016): 113-121.

homes and communities ⁴⁷. One critical aspect of resettlement is that IDP returnees have access to sufficient compensation and integration in order to rebuild their livelihood activities and contribute to the region's long-term economic and political growth. Returnee IDPs can constitute very vital and essential human resources towards the development of the region and nation at large if IDPs are properly supported in the resettlement process. Return and resettlement of internally Displaced Persons (IDPs) frequently signify a visible end to violent conflict, legitimize the new political order, and restore normal living for the conflict-affected people ⁴⁸, as stated in ⁴⁹.

The Role of NEMA in Disaster Management

Beginning in 2009, the Boko Haram insurgency initiated a series of attacks and destructions in Borno State, resulting in thousands of deaths and massive population displacement. The insurgency triggered a humanitarian crisis in Nigeria unseen since the end of the Nigeria-Biafra war. This tragic scenario caused national and international humanitarian interventionist agencies all over the world to voice worry over the plight of the state's internally displaced persons (IDPs) ⁵⁰. One of the interventionist entities that supported the IDPs was the National Emergency Management Agency (NEMA). The National Emergency Management Agency's (NEMA) response and/or operations in response to the humanitarian disaster in Borno State began rather late. Indeed, the agency did not arrive in Borno State until the crisis reached a tipping point in 2014. The question is, given the scale of the refugee crisis, why did NEMA, a Federal Government agency, wait so long to commence operations in Borno State. It is probable that the agency acted in accordance with the Federal Government's laissez faire stance regarding the state of Borno ⁵¹. It is also acceptable to argue that because the agency is a government progeny, it cannot move beyond the whims and caprices of the current administration. NEMA, on the other hand, leapt into action alongside other State donor agencies.

The National Emergency Management Agency was founded in Nigeria by Act No. 12 as amended by Act 50 of 1990 to manage disasters. It is in charge of coordinating resources in Nigeria for efficient and effective disaster prevention, preparedness, mitigation, reaction, and response⁵². NEMA provided a variety of relief, rescue, and support services to afflicted areas of the North East, primarily

⁴⁷Ikwuyatum, G. O.(2018). The Politics of Resettlement, Rehabilitation and Reintegration of Internally Displaced Persons (IDPs) in North Eastern Region of Nigeria. Being a Conference Paper Presented at the University of Ibadan, Nigeria.

⁴⁸Udo, Uduakobonge E., Edidiong E. Usip, and Christian F. Asuquo. 2016 ib

⁴⁹Ikwuyatum, G. O.(2018) ib

⁵⁰Osisioma, Onyinye, Mrinal Chakraborty, Bruce S. Ault, and Anna D. Gudmundsdottir.

"Wavelength-dependent photochemistry of 2-azidovinylbenzene and 2-phenyl-2H-azirine." *Journal of Molecular Structure* 1172 (2018): 94-101.

⁵¹Chidume, C. G., Nwosumba, V. C., & N Osisioma, U. S. (2018). The Humanitarian Response to the Victims of Boko Haram Insurgency in Borno State, Nigeria: A Case the National Emergency Management Agency (NEMA) and United Nations Children's Fund (UNICEF) 2014-2015. *IOSR Journal of Humanities and Social Science (IOSR- JHSS)*, 23(8).

⁵²Lemine, B. J., C. J. Albertus, and T. Kanyerere. "Wading into the debate on section 2 (4)(r) of the National Environmental Management Act 107/1998 and its impact on policy formulation for the protection of South African wetlands." *Journal for Juridical Science* (2022).

in the three states of Borno, Adamawa, and Yobe, in compliance with its mandate. When the agency arrived in Borno State during the height of the crisis in 2014, it first identified the places of origin of the displaced people in order to obtain full and authentic data on those affected. Based on this information, NEMA was able to identify the individuals and evacuate them to their various states of origin, including Kano, Kebbi, Sokoto, and Zamfara⁵³. IDPs in Borno and the other four recognized states were given relief items such as blankets, mats, mattresses, soap, cooking utensils, and so on. In the meantime, these items provided significant relief to IDPs⁵⁴.

As a result, saying that NEMA's efforts, particularly in terms of relief material distribution in Borno State, were much lower as compared to Boko Haram-free states in the North East, such as Adamawa and Yobe, is pointless⁵⁵. In addition to distributing humanitarian supplies to internally displaced individuals, the organization trained about 140 Youth Corps members in Borno State alone in 2014. Members of the Corps were trained to be Emergency Management Vanguard, which required them to have the skills essential to manage situations (EMV). Because of the sporadic nature of Boko Haram assaults, crises or calamities might strike at any time, so society must be prepared⁵⁶. As a result, the Agency started a series of Disaster Risk Reduction (DRR) awareness initiatives among secondary school students and other young people throughout the state. As a result, DRR clubs were founded in a few selected secondary schools in Borno State, and in other north eastern states in general. As a result, NEMA held a number of seminars and workshops to sensitize and/or raise public knowledge about disaster management. This and similar activities are usually carried out in collaboration with stakeholders such as State Government agencies, Local Governments, community organizations, Non-Governmental Organizations, and sister agencies⁵⁷.

NEMA's mandate as a humanitarian organization has grown far too complex. In actuality, NEMA leadership and employees made multiple sympathy visits and courtesy calls to crisis areas, IDP camps, bereaved persons, traditional and local leaders of impacted communities, and bereaved people in order to provide psychosocial support to a profoundly traumatized population. In the aftermath of bomb attacks, the Agency was instrumental in the prompt hospitalization of casualties in disaster zones. A committee was constituted to handle the responsibility of swift evacuation assignment, and it operated 24 hours a day, seven days a week⁵⁸. Along with this committee, another organization is in charge of maintaining monitoring through "Operation Eagle Eye." The

⁵³Chidume, C. G., Nwosumba, V. C., & N Osisioma, U. S. (2018) ib

⁵⁴Nema, Shubham, Whidul Hasan, Anamika Bhargava, and Yogesh Bhargava. "A novel method for automated tracking and quantification of adult zebrafish behaviour during anxiety." *Journal of neuroscience methods* 271 (2016): 65-75.

⁵⁵Mohammed, EL-Yakub Fatima, Robert T. Kever, Sarah D. Martins, Oladayo Afolabi, and Kellu U. Bulama. "Knowledge, attitudes and practices of nurses on Prevention of Mother-to-Child Transmission (PMTCT) of Human Immuno-deficiency Virus (HIV) in state specialist hospital, Maiduguri, Borno State." *International Journal of Nursing and Midwifery* 8, no. 2 (2016): 12-17.

⁵⁶NEMA, (2016). Durable Solutions For IDPs Protracted Situations

⁵⁷NEMA, (2016). Durable Solutions For IDPs Protracted Situations ib

⁵⁸NEMA, (2016). Durable Solutions For IDPs Protracted Situations supra cit

surveillance body was designed to prevent all forms of insurgent attacks⁵⁹. In general, the Agency visits disaster-affected areas and IDP camps to undertake assessments. NEMA compiled up-to-date data on fatalities, casualties, and devastation, as well as locations and occurrence dates in Borno State, as part of the evaluation process, up to 2014.

By the end of 2015, NEMA was obligated to focus on the distribution of food and building materials to diverse individuals and communities affected and harmed by the insurgency. The focus of NEMA was possibly not unrelated to the outpouring of public fury over the Federal Government's in general, and NEMA in particular, lack of care for the plight of the people of Borno State in the face of the Boko Haram insurgency⁶⁰. These criticisms were led by elders and other opinion leaders in Borno State. Based on these circumstances, NEMA distributed tons of various food items to affected individuals both inside and outside of the State's IDP Camps. The Agency boosted its presence and intervention in all of Maiduguri's camps, as well as in a number of camps outside of Maiduguri, including Biu, Bama, Askira, and Dikwa. According to NEMA data, Borno State had 402, 039 IDPs as of December 2014.

When the Borno State Government announced its plan to relocate IDPs occupying schools, NEMA's operations escalated significantly. This is meant to reopen schools so that teaching and learning can resume. The Agency supplied 1000 kits of various commodities to 1,000 moving IDP households between January and February of this year. The kits included mattresses, blankets, mosquito nets, mats, cooking utensils, and clothing. In addition to these 500 tents, 500 tents were provided and erected as part of the IDPs' lodging at the Dalori I, Dalori II, and Bakasi camps⁶¹.

Empirical Review

In this part, prior scholars' research will be reviewed. Finally, the investigation will identify empirical gaps that the current study will fill. Listed below are a number of works that are roughly related to the humanitarian management of internally displaced people:⁶². Quality Assessment of the Water Sources in the IDP Camps Borno State. The research sought to analyze the quality of water (physical, chemical, and bacteriological) of the water, its availability/source, and the ease of getting the water in the camps. It was conducted with the use of a structured questionnaire distributed in 12 out of the 16 official IDP camps studied with a sample of water taken and analyzed in the Maiduguri NAFDAC

⁵⁹Chidume, C. G., Nwosumba, V. C., & N Osisioma, U. S. (2018). The Humanitarian Response to the Victims of Boko Haram Insurgency in Borno State, Nigeria: A Case the National Emergency Management Agency (NEMA) and United Nations Children's Fund (UNICEF) 2014-2015. IOSR Journal of Humanities and Social Science (IOSR- JHSS), 23(8).

⁶⁰Chidume, C. G., Nwosumba, V. C., & N Osisioma, U. S. (2018) *ibid*, 43.

⁶¹Chidume, C. G., Nwosumba, V. C., & N Osisioma, U. S. (2018). The Humanitarian Response to the Victims of Boko Haram Insurgency in Borno State, Nigeria: A Case the National Emergency Management Agency (NEMA) and United Nations Children's Fund (UNICEF) 2014-2015. IOSR Journal of Humanities and Social Science (IOSR- JHSS), 23(8).

⁶²Ifeanyichukwu, N.E., Asabe, H.M., James, O.C., Ugonna, I.A., & Chima, O.A. (2022). Quality Assessment of the Water Sources in the IDP Camps a Case Study of IDP Camp in Borno Nigeria. *Journal of Energy Research and Reviews*

office. The research revealed among others that water provision is inadequate for the IDPs as observed in the camps visited. Also, the distance traveled, and time spent at a fetching point is none conforming to both SPHERE and UNHCR standards. The laboratory finding for waterquality assessment indicates that there is the presence of physical, biological, and chemical contaminants harmful to health. The research findings from the camp defy the standard provisions for IDPs in both UNHCR and SPHERE. The research recommends that the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development needs to enforce strict compliance with the humanitarian standards in the Nigerian national policy on internally displaced persons in Nigeria to enhance better life of the IDPs in the formal and informal camps.

Nnadi, Ezeani, and Nnadi ⁶³ investigate the primary difficulties that have hampered NEMA's successful management of IDPs. The survey (personal interview) and documentary data gathering methods were used in the study. The content analysis method was used to analyze the data. The study discovered that NEMA's inadequate record keeping on the progressive growth in the number of displaced people in Northeast Nigeria accounted for serious accommodation shortages in the area's IDP camps. The report also discovered that NEMA's failure to properly coordinate the delivery and distribution of relief goods from various assistance groups was to blame for food scarcity and poor health conditions in IDP camps in northeast Nigeria. To that end, the report suggests that the Nigerian government, through NEMA, improve its data monitoring procedures for IDPs in Northeast Nigeria in order to assure the availability of reliable statistics on IDPs in camps and host communities.

Bhoopathy, et al. ⁶⁴. This study aimed to assess food security and access to cooking fuel and water within an internally displaced persons' (IDP) camp in Kenya. It was designed as a descriptive, qualitative study involving semi-structured interviews with members of households residing in the IDP camp. Participants were recruited through respondent-driven sampling using a network of coupons. Semi-structured interviews were utilised to determine key issues associated with the attainment of food security, access to cooking fuel and water among resident IDPs, targeting male household heads. Interview structure was based on framework for assessment of food security provided by the International Federation of the Red Cross. Recorded interviews then underwent thematic analysis using NVivo 10 (QSR International, Melbourne, Victoria). A total of 15 semi-structured interviews were completed with men at the camp, aged between 18 and 53. Thematic analysis shows that key elicited concerns regarding food security included lack of capital for agriculture, lack of dietary diversity, seasonal insecurity and anxiety about the future. Access to water was limited to a single borehole located within the camp. Few reliable and safe sources could be identified for cooking fuel. Thus, internally displaced persons residing at this camp continue to experience significant food insecurity.

⁶³Nnadi, G. O., Ezeani, O. E., &Nnadi, H. C. (2020).The National Emergency Management Agency (NEMA) and the challenge of effective management of internally displaced persons in north eastern Nigeria. IOSR Journal of Humanities and Social Science (IOSR-JHSS), 25(5), 1-14.

⁶⁴Bhoopathy, S., Richmond, R., & Singh, K.N. (2017). Short Communication a Qualitative Assessment of Food Security in an Internally Displaced Persons Camp in Kenya

Despite being allocated land for agriculture, they lack capital for investment in agriculture and access to local food markets. Access to water and cooking fuel is limited and a source of significant concern. Initiatives to improve food security delivered through government and non-government programs are necessary to minimize the significant impact of such food insecurity on mental health and disease profiles as reported in other IDP settings.

Chidume, Nwosumba, and Osisioma ⁶⁵ investigate the involvement of NEMA and UNICEF in assisting victims of the Boko Haram insurgency in Borno State, particularly in the provision of food, non-food goods, and education. The study used a qualitative research strategy that included the utilization of primary and secondary sources that were critically reviewed. However, the analysis exposes information about Boko Haram attacks on particular areas in Borno State, when they got assistance from the humanitarian organizations under consideration, and the nature of such interventions throughout the time period under consideration.

Emmanuelar ⁶⁶ examines the impact of the Boko Haram insurgency on humanitarian issues in Northern Nigeria, focusing on the states of Borno, Yobe, and Adamawa. It also illustrates how Boko Haram's increased activity continues to have catastrophic humanitarian ramifications for the North East region, Nigerian society, and neighboring nations at large. The study used the State Fragility theoretical framework as well as a survey method incorporating questionnaires (the regression technique) and in-depth interviews (index matrix and table methodology) to analyze three internally displaced camps in the region. The empirical findings show that when variables such as impact on human casualties (IHC), food insecurity (FI), and internally displaced persons (IDP's) are held constant, there is a significant relationship between Boko Haram insurgency and humanitarian crises, but no significant relationship exists when variables such as loss of livelihood (LoL) and government response (GR) are held constant. The study recommends that the Nigerian government focus more on reducing human casualties, loss of livelihood, and food insecurity, as well as more on reintegrating internally displaced people into society, in order to nip the threats emanating from humanitarian crises and the Boko Haram insurgency in the region in the bud.

Olagunju ⁶⁷ investigated IDP (internally displaced individuals) management in Nigeria using the February/May 2000 communal strife in Kaduna, Northern Nigeria. He created two questionnaire sets. One was for internally Displaced Persons. The other was for government agencies and non-governmental organizations. They were based on the United Nations Internal Displacement

⁶⁵Chidume, C. G., Nwosumba, V. C., & N Osisioma, U. S. (2018). The Humanitarian Response to the Victims of Boko Haram Insurgency in Borno State, Nigeria: A Case the National Emergency Management Agency (NEMA) and United Nations Children's Fund (UNICEF) 2014-2015. IOSR Journal of Humanities and Social Science (IOSR- JHSS), 23(8)

⁶⁶Emmanuelar, I. (2015). Insurgency and humanitarian crises in Northern Nigeria: The case of Boko Haram. African Journal of Political Science and International Relations, 9(7), 284-296.

⁶⁷Olagunju, O. (2006). Management of internal displacement in Nigeria <https://visakhaspca.org/ex/1RWZuQXat5SZjFGczR2LvoDc0/handle/1721.1/97626>

Guidelines. The obstacles faced by IDPs and the various government institutions and non-governmental organizations (NGOs) involved in responding to the needs of IDPs were reviewed, documented, compared, and analysed. Recommendations for better responses to IDP needs management were made for the use of relevant governmental and non-governmental organizations.

Theoretical Framework

Structural-functionalism was adopted as theoretical framework. Structural-functionalism is an early form of systems thinking that emerged in the 1800s out of the works of French and British sociological philosophers Comte, Spencer and Durkheim who explored and developed the application of the biological metaphor to understand society⁶⁸. Their work was particularly focussed on explaining order and stability of social systems, emphasizing concepts of systemic needs, interdependency and socialisation⁶⁹. Parsons' structural-functionalism, which predominantly emphasizes manifest functions. Political scientists also introduced structural-functionalism into the policy sciences in the 1960s as a means of comparing different political systems⁷⁰. Almond and Powell⁷¹ describe their approach as probabilistic functionalism and emphasise that structures within political systems are highly interdependent but not necessarily intended to exist at equilibrium as purported by early structural-functionalists. The political science application of structural-functionalism, however, provides particularly good insight into how structural-functionalism might be applied to describe the structures and functions of complex planning systems. Although structural-functionalism has been used in the policy sciences to analyse the performance of public organization in relations to the functions. It is also use to practical analysis or evaluation the functionality or health governance.

Structural-functionalism conceptualises society as a system of interacting parts that promote stability or transformation through their interactions. This conceptual approach suggests that, to understand social systems, we must look at the parts of the system that substantiate particular activities and their interrelations⁷². Hence, some of the overarching core (and most useful) assumptions underpinning structural functionalism include the following:

- i. Society consists of both structures and functions that are interconnected and interdependent, and ultimately focused on maintaining or mediating societal equilibrium⁷³ and or necessary transformation⁷⁴;

⁶⁸Barton J, Emery M, Flood R, et al. (2004) A maturing of systems thinking? Evidence from three perspectives. *Systemic Practice and Action Research* 17(1): 3–12.

⁶⁹Harper, Kyle. *Slavery in the late Roman world, AD 275–425*. Cambridge University Press, 2011.

⁷⁰Almond G and Powell GB (1966). *Comparative Politics: A Developmental Approach*. Boston, MA: Little, Brown and Company

⁷¹Almond G and Powell GB (1966). ib

⁷²Chilcott J.(1998) Structural-functionalism as a Heuristic Device. *Anthropology and Education Quarterly* 29(1): 103–111. Dale A (2013) *Governance Challenges for Northern Australia*. Cairns, QLD, Australia: The Cairns Institute

⁷³Radcliffe-Brown A (1935) On the concept of function in social science. *American Anthropologist* 37(3): 394–402

- ii. Social systems consist of both structures and functions that are necessary for the ongoing health or survival of that system ⁷⁵;
- iii. Structures exist to meet the functional needs of a system ⁷⁶;
- iv. Systemic functionality (i.e. how parts of the system work) across and within structures serves to reinforce and maintain the stability of the system's structures in the context of an ever-changing, complex and unpredictable system

According to the theory, while political, economic, and social factors play a role in human displacement, structural factors such as conflictive inter-group politics, a lack of social justice, weak state institutions, and discriminatory political institutions, bitter religious and inter-tribal acrimonies, and inter-group fragmentation are largely to blame. National security issues, internal and cross-border criminality, and insurgency are all structural elements that contribute to mass displacement. Environmental pollution, deforestation, drought, and natural catastrophes were also recognized as important drivers for human displacement by the author. Overpopulation, natural disasters, poor economic possibilities, and non-integrated social institutions are also factors of demographic-induced displacement, putting strain on human settlement. As Rose ⁷⁷ points out, some of these factors, particularly violent political competition, natural calamities such as famine and drought, inter-tribal acrimony, internal and cross-border criminality, among others, frequently lead to forced displacement, whereas socioeconomic factors, particularly low employment opportunities and overpopulation, may lead to voluntary displacement. There is a weak structural relationship between the government, the governed, and socio-political and economic institutional structures put in place to achieve citizens' personal and group development aspirations, focusing specifically on the structural politico-economic and power relations factors for insurgent-induced internal displacement.

And that the ongoing conflict prevents conflict victims, particularly the internally displaced, from receiving the maximum amount of relief assistance from disaster responders, who are sometimes attacked by belligerent fighters via land and air strikes, leading to more epidemic disasters, including diseases, as a result of overcrowded conditions in IDP camps. The structural theory is appropriate and relevant for this study because the Boko Haram insurgency, which has resulted in a continued rise in the number of IDPs in North-eastern Nigeria, is a byproduct of poor governance and religious extremism, both of which are largely unregulated by the government. The theory provides in-depth understanding of the interconnected elements that perpetuate insurgency and IDPs in Northern Nigeria.

⁷⁴Dale A (2013) Governance Challenges for Northern Australia. Cairns, QLD, Australia: The Cairns Institute

⁷⁵Chilcott J.(1998) ib

⁷⁶Merton R (1949) Social Theory and Social Structure. Glencoe, IL: The Free Press

⁷⁷Rose, G. (1998). Neoclassical realism and theories of foreign policy. World politics, 51(1), 144-172.

Research Methodology

Descriptive survey and documentary research design was employed for the study; survey was used because opinions of the respondents were sought. Survey research design involves the use of questionnaires to generate data in order to answer the research question(s) and/or analyse specific hypothesis. Documentary design is an existing data collected for research purposes or non-research purposes. The population of this study consists of the Internally Displaced Persons (IDPs). The study population covered only Borno state because it has the highest numbers of IDPs.

Total estimated number of IDPs in the 32 IDPs camps in Borno State is 1,100,000 according to Reliefweb ⁷⁸. A sample of 400 populations was taken from the 1,100,000 using Taro Yamane statistical formula. The statistical formula is given as follows;

Where n =sample size

N =total population size

1 is constant

e = the assume error margin or tolerable error which is taken as 5% (0.05)

$$n = \frac{N}{1 + N(e)^2} = \frac{1,100,000}{1 + 1,100,000(0.05)^2} = \frac{1,100,000}{100,000(0.0025) + 1} = 400$$

400 (sample size).

In order to account for attrition bias, 10% of the sample size (40) will be calculated and added to the sample size $40+400= 440$ questionnaires will be administered, as adopted by Israel (2013) and Singh and Masuku (2014).

The sources of data for this study were both primary and secondary sources. Questionnaire instrument constitutes the primary source while journal articles and materials, textbooks and the internet constitute secondary sources. The data collection instrument was a five-point structured Likert questionnaire. The codes are as follows: Strongly Agree (5), Agree (4), Undecided (3), Disagree (2) and Strongly Disagree (1). Data were collected using questionnaires from a group of respondents consists of residents of the conflict hit areas.

The reliability test, was conducted using Cronbach's Alpha test and collinearity analysis will be conducted using Variance Inflation Factor (VIF) and Tolerance. while face validity was adopted while checking for the validity of the research instrument. The Data collected was analyzed using the SPSS version 26.0 software in measuring the correlation between the variables and regression analysis. The techniques for the data analysis are; descriptive statistics, Pearson

⁷⁸Rahmat, Zainab Syeeda, Zarmina Islam, Parvathy Mohanan, Diana Mutasem Kokash, Mohammad Yasir Essar, Mohammad Mehedi Hasan, Hashim Talib Hashim, and Ashraf Fhed Mohammed Basalilah. "Food insecurity during COVID-19 in Yemen." *The American journal of tropical medicine and hygiene* 106, no. 6 (2022): 1589.

Correlation Coefficient and Multiple regression models. The regression outcome will be used to either accept or reject the hypothesis of the study. Regression p-value of more than 0.005 significance level will lead to rejecting the null hypothesis and a p-value below 0.005 will indicate the acceptance of the alternate hypothesis. From the foregoing analysis, the model can be written in its functional form as follows;

$$HQ = f(FOD, WAS)$$

Where:

HQ = Health Quality

FOD = Food Supply

WAS = Water and Sanitation Supply

Expanding the model into a linear mathematical relationship, we have;

$$HQ = \beta_0 + \beta_1 FOD + \beta_2 WAS \dots\dots\dots 1$$

However, our econometric model is yet complete. We complete the econometric model by including the stochastic term (et). Thus, our model becomes;

$$HQ = \beta_0 + \beta_1 FOD + \beta_2 WAS + e \dots\dots\dots 2$$

The apriori expectation are; Food supply = + & $P < 0.05$, Water and Sanitation = + & $P < 0.05$

Where: β_0 is the intercept depicting health quality when the explanatory variables are equal to zero. β_1, β_2 are the coefficients or parameters attached to the explanatory variables. The inclusion of the stochastic or error term (et) in the above model is to capture the impact of other variables that are not included in the models.

Result and Discussion of Findings

Table 1 Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.705	.652	12

SPSS ver 26 computations

From the table 1, the Cronbach's Alpha reliability test shows that the dataset is 70% reliable for use as it is within the acceptable minimum test value of 0.6-0.7 (good data reliability)

Multicollinearity Test

Multicollinearity is a statistical marvel in which two or more independent variables in a Multiple Regression Model are highly interrelated which is capable of misleading the outcome of the study. The commonly used technique in determining the presence of multicollinearity is Variance Inflation Factor (VIF). The rule is that VIF of more than 10 in dictates the presences of Multicollinearity and if tolerance is less than 0.1 (Kurawa and Kabara, 2014).

Table 2 Collinearity Statistics		
	Tolerance	VIF
Food	0.764	1.310
Water	0.764	1.310

SPSS v26 Computation

The result from the Regression Models in table 2 showed that the Variance Inflation Factor (VIF) of all the models is less than 10 (1.310 and 1.310) which indicates the absence of Multicollinearity. Also, the Tolerance which is more than 0.1 (0.764 and 0.764) indicates the absence of Multicollinearity.

Demography of the Respondents

The respondent's demography will be analyzed in this section.

Table 3: AGE

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 15-19	88	20.0	20.0	20.0
20-24	155	35.2	35.2	55.2
25-29	90	20.5	20.5	75.7
30-34	48	10.9	10.9	86.6
35-anove	59	13.4	13.4	100.0
Total	440	100.0	100.0	

Distribution of Respondents by Age, Sex and Marital Status Spss ver. 26 computation

According to table 3, 20.0% of the respondents are between the age of 22-27 years, 35.2% of the respondents are between the age of 28-33 years, 20.5% of the respondents are between the age of 34-39 years, 10.9% are between the age of 40-45 years, while, 13.4% are between the age of 46 years and above. This implies that majority of the indigenes affected are within the age bracket of 28-33 years.

Table 4: SEX

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	266	62.5	63.0	63.0
Male	154	37.5	37.0	100.0

Total	420	100.0	100.0
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Spss ver. 26 computation

Table 4 shows that 62.5% of the respondents are female while 37.5% are male.

Table 5: MARITAL STATUS

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Single	53	12.0	12.0	12.0
Married	173	39.3	39.3	51.4
Widows	84	19.1	19.1	70.5
Divorce	61	13.9	13.9	84.3
Undecided	69	15.7	15.7	100.0
Total	440	100.0	100.0	

Spss ver. 26 computation

As shown in table 5 above, 12.0% of the people in the IDPs are single, 39.3% are married which is the highest in the frequency distribution, 19.1 separated from their marriage, 13.9% are widowers while 15.7% are widows.

Analysis of the mean responses to the questionnaire**Table 6: Food Supply**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agreed	5	1.1	1.1	1.1
Agreed	93	21.2	21.2	22.3
Disagreed	80	18.2	18.2	40.5
Strongly Disagreed	262	59.5	59.5	100.0
Total	440	100.0	100.0	

Spss ver. 26 computation

As indicated in table 6 above, 1.1% of the respondents disagree that the food supply from NEMA has improved the health quality of the IDPs in Borno State, 21.2% are undecided on the impact of the NEMA food supplies on the IDPs in Borno State, 18.2% agree that NEMA food supplies have significantly improved the health quality of IDPs in Borno State, however, 59.5% strongly agree that the NEMA food supplies have improved the health quality of IDPs in Borno State.

Table 7: Water and Sanitation

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agreed	7	1.6	1.6	.5
Agreed	125	28.3	28.3	30.0
Disagreed	308	70.0	70.0	100.0
Total	440	100.0	100.0	

Spss ver. 26 computation

According to table 7, 1.6% of the internally displaced persons are undecided on the impact of NEMA water and sanitation supplies on the health quality of IDPs in Borno State, 28.3% agree that NEMA water and sanitation supplies have improved the health quality of IDPs in Nigeria while 70% strongly agree that the health quality of IDPs have improved due to NEMA water and sanitation supplies.

Table 8: Health Quality

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agreed	3	.7	.7	.7
	Agreed	111	25.2	25.2	25.9
	Disagreed	326	74.1	74.1	100.0
	Strongly Disagreed				
	Total	440	100.0	100.0	

Spss ver. 26 computation

As indicated in table 8 above, 0.7% of the respondents are undecided about the impact of NEMA water and sanitation supplies to the IDPs in Borno State, 25.2% of the respondents agree that NEMA water and sanitation supplies have improved health quality of IDPs in Nigeria

Descriptive Statistics**Table 9: Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
Health	440	3.00	5.00	4.5722	.41132	-.851	.116	.004	.232
Food	440	2.25	5.00	4.2733	.85670	-.854	.116	-.742	.232
Water	440	3.00	5.00	4.5278	.40101	-1.081	.116	1.106	.232
Valid N	440								

Spss ver. 26 computation

Table 9, summarizes the raw data used in the analysis. The mean quality of health as provided by the respondents is 4.5722, the average food supply by NEMA is 4.2733, while the average water and sanitation supply by NEMA to the IDPs in Borno State is 4.5278. the variation from the mean are 0.41132 for Health quality, 0.85670 for food supply and 0.40101 for water and sanitation

supply. The minimum and maximum for health quality is 3.00 and 5.00, for food supply is 2.25 and 5.00 and for water and sanitation is 3.00 and 5.00. The normality test which is evidence by skewness statistics indicates that the dataset is negatively skewed to the left hand side, so no concern for excessive skewness. However, the Kurtosis statistics suggest that the dataset is Platykurtic which shows that the data set is less than 3.0 normal kurtosis distribution.

Table 10: Correlations

		Health	Food	Water
Health	Pearson Correlation	1		
	Sig. (2-tailed)			
Food	Pearson Correlation	.223**	1	
	Sig. (2-tailed)	.000		
Water	Pearson Correlation	.362**	.486**	1
	Sig. (2-tailed)	.000	.000	

** . Correlation is significant at the 0.01 level (2-tailed).

Spss ver. 26 computation

As shown in table 10 above quality of health of the IDPs in Borno State have a positive and significant relationship with NEMA food supplies and NEMA water and sanitation supplies in Borno State within the period under review. The implication of this finding is that an increase in NEMA food, water and sanitation supplies will result to an increase in the health quality of IDPs in Borno State. Also, NEMA food supplies have a positive correlation with NEMA water and sanitation supplies.

Regression Analysis

The result of the multiple regression analysis is presented in the table below and will be used to accept or reject the hypotheses of this study.

Table 11: Summary of Regression Model

	Coefficient	Std. Error	T-Statistics	Sig/Pro	Remark
Constant	2.902	0.208	13.966	0.000	
Food	0.030	0.024	1.215	0.225	Not Sig P>0.5
Water	0.341	0.052	6.523	0.00	Sig P<0.05
R Square= 0.134 Adjusted R Square= 0.130 Model fitness = 0.000					

Spss ver. 26 computation

Accordingly, table 11 shows that the adjusted R^2 (0.13) indicates that the model possess a relatively moderate explanatory power as 13% of the variance of the dependent variable (Health) is explained by the independent variables in the study, while the remaining is explained by other variables not captured in the study. The model fitness (ANOVA) is 0.000 which is well within the study 0.05 significance level, this implies that the model is statistically adequate for the analysis.

Test of Hypothesis**Hypothesis One**

H₀₁: Food supplies by NEMA have not significantly improved the health quality of IDPs in Borno State

Table 12 Impact of NEMA Food Supplies on IDPs Health Quality

	Coefficient	Std. Error	T-Statistics	Sig/Pro	Remark
Constant	2.902	0.208	13.966	0.000	
Food	0.030	0.024	1.215	0.225	Not Sig P>0.5

Spss ver. 26 computation

From the regression analysis in table 12, it suggests that food supplies have a positive coefficient (0.030) and insignificant p-value (0.225). This implies that NEMA food supplies has no significant impact on the health quality of IDPs in Borno State. So therefore, the null hypothesis "Food supplies by NEMA have not significantly improved the health quality of IDPs in Borno State" will be accepted since $P > 0.05$ and the alternative hypothesis "Food supplies by NEMA have significantly improved the health quality of IDPs in Borno State" will be rejected.

Hypothesis Two

H₀₂: Water and Sanitation supplies by NEMA have not significantly improve health quality of IDPs in Borno State

Table 13. Impact of NEMA water and Sanitation Supplies on IDPs Health Quality

	Coefficient	Std. Error	T-Statistics	Sig/Pro	Remark
Constant	2.902	0.208	13.966	0.000	
Water	0.341	0.052	6.523	0.000	Sig $P < 0.05$

Spss ver. 26 computation

As indicated in table 13, water and sanitation supply has a positive coefficient (0.341) and a significant p-value (0.000). This implies that for any percent increase in water and sanitation supplies, the health quality of the IDPs will witness a 0.341% increase in health quality of the IDPs in Borno State. So therefore, the null hypothesis "Water and Sanitation supplies by NEMA have not significantly improve health quality of IDPs in Borno State" will be rejected and the alternative hypothesis "Water and Sanitation supplies by NEMA have significantly improve health quality of IDPs in Borno State" will be accepted.

Discussion of Findings

The objective of this study is to investigate the impact of National Emergency Management Agency (NEMA) humanitarian services on the health quality of Internally Displaced Persons (IDP) in Borno State, Nigeria.

From the table 1, the Cronbach's Alpha reliability test shows that the dataset is 70% reliable for use as it is within the acceptable minimum test value of 0.6-0.7 (good data reliability)

The result from the Regression Models in table 2 showed that the Variance Inflation Factor (VIF) of all the models is less than 10 (1.310 and 1.310) which indicates the absence of Multicollinearity. Also, the Tolerance which is more than 0.1 (0.764 and 0.764) indicates the absence of Multicollinearity. The correlation analysis suggests that the quality of health of the IDPs in Borno State have a positive and significant relationship with NEMA food supplies and NEMA water and sanitation supplies in Borno State within the period under review. The implication of this finding is that an increase in NEMA food, water and sanitation supplies will result to an increase in the health quality of IDPs in Borno State. Also, NEMA food supplies have a positive correlation with NEMA water and sanitation supplies

Accordingly, table 11 shows that the adjusted R² (0.13) indicates that the model possess a relatively moderate explanatory power as 13% of the variance of the dependent variable (Health) is explained by the independent variables in the study, while the remaining is explained by other variables not captured in the study. The model fitness (ANOVA) is 0.000 which is well within the study 0.05 significance level, this implies that the model is statistically adequate for the analysis.

Impact of NEMA Food Supplies on Health quality of IDPs

the regression analysis reveals that NEMA food supplies has a positive and insignificant impact on the health quality in the IDPs, this is evidenced by a positive coefficient (0.030) and insignificant p-value (0.225). This implies that NEMA food supplies has no significant impact on the health quality of IDPs in Borno State. This could be as result of the quality or quantity of food that is being distributed by NEMA in IDPs camps. This finding is in tandem with the finding of Bhoopathy, et al. ⁷⁹. This study aimed to assess food security and access to cooking fuel and water within an internally displaced persons' (IDP) camp in Kenya. Thematic analysis shows that key elicited concerns regarding food security included lack of capital for agriculture, lack of dietary diversity, seasonal insecurity and anxiety about the future. Access to water was limited to a single borehole located within the camp. Few reliable and safe sources could be identified for cooking fuel. Thus, internally displaced persons residing at this camp continue to experience significant food insecurity. Despite being allocated land for agriculture, they lack capital for investment in agriculture and access to local food markets. Access to water and cooking fuel is limited and a source of significant concern. Initiatives to improve food security delivered through government and non-government programs are necessary to minimize the significant impact of such food insecurity on mental health and disease profiles as reported in other IDP settings.

⁷⁹Bhoopathy, S., Richmond, R., & Singh, K.N. (2017). Surpra cit

Impact of NEMA Water and Sanitation Supplies on Health quality of IDPs

As indicated in table 13, water and sanitation supply by NEMA has a positive and significant impact on the health quality of IDPs in Borno State this is confirmed by a positive coefficient (0.341) and a significant p-value (0.000). This implies that for any percent increase in water and sanitation supplies, the health quality of the IDPs will witness a 0.341% increase in health quality of the IDPs in Borno State. This finding is in tandem with the finding of Ifeanyichukwu, et al ⁸⁰ who carried out a Quality Assessment of the Water Sources in the IDP Camps Borno State. The research sought to analyse the quality of water (physical, chemical, and bacteriological) of the water, its availability/source, and the ease of getting the water in the camps. The laboratory finding for water quality assessment indicates that there is the presence of physical, biological, and chemical contaminants harmful to health. The research findings from the camp defy the standard provisions for IDPs in both UNHCR and SPHERE. The research recommends that the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development needs to enforce strict compliance with the humanitarian standards in the Nigerian national policy on internally displaced persons in Nigeria to enhance better life of the IDPs in the formal and informal camps.

Conclusion

The well-being and quality of health of Internally Displaced Persons (IDPs) in Borno State, Nigeria, is intimately tied to their access to basic needs, most notably food supply, clean water, and sanitation. In Borno State, where displacement due to Boko Haram, Bandits, Flooding and other challenges is prevalent, ensuring these essentials is both an immediate necessity and a long-term investment in the future health of the affected population. Food supply is pivotal because, without consistent access to nutritious food, IDPs become vulnerable to malnutrition and associated diseases, hampering their physical growth, cognitive development, and ability to fight off infections. A compromised nutritional state further predisposes them to a host of other health challenges. Clean water and sanitation are equally critical. In environments where access to clean water is limited, waterborne diseases like cholera, dysentery, and typhoid become rampant. Moreover, without proper sanitation, the risk of these diseases, as well as others like hepatitis A and parasitic infections, increases exponentially. Many of these conditions are preventable and treatable, but in the absence of basic amenities, they can lead to significant morbidity and mortality.

In summary, for IDPs in Borno State, the intersection of food security, clean water, and sanitation isn't just a matter of quality of life it's a matter of life itself. Addressing these areas is not only a moral imperative but also a strategic approach to laying the foundation for the long-term health, stability, and resilience of a highly vulnerable population.

⁸⁰Ifeanyichukwu, N.E., Asabe, H.M., James, O.C., Ugonna, I.A., & Chima, O.A. (2022). ib

Recommendations

Collaborate with international and local NGOs to establish consistent food aid pipelines, also, the government should prioritize the provision of balanced diets to combat malnutrition and community-based farming initiatives within IDP camps to foster food security and self-sufficiency. Develop boreholes and wells equipped with water purification systems. While also, distributing water purification tablets and portable water filters to households. Install and regularly maintain toilet facilities in IDP camps to prevent open defecation and ensure adequate waste disposal systems to limit disease spread.