



Humanitarian Health Intervention of Non-Governmental Organizations to Stadium Internally Displaced Persons Camp in Maiduguri Borno State from 2018-2021

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How to cite this paper: Ngoshe, I.M., Mohammed, B., Mohammad, A.I. and Habu, F.N. (2022) Humanitarian Health Intervention of Non-Governmental Organizations to Stadium Internally Displaced Persons Camp in Maiduguri Borno State from 2018-2021. *Open Access Library Journal*, 9: e8506. <https://doi.org/10.4236/oalib.1108506>

Received: February 21, 2022

Accepted: July 25, 2022

Published: July 28, 2022

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Abstract

The study was undertaken to assess the Humanitarian health interventions of Non-Governmental Organizations (NGOs) to stadium internally displaced persons (IDPs) Camp in Maiduguri Borno State, from 2018-2021. The specific objectives of the study are to examine the major humanitarian health needs of the IDPs in Stadium camp Maiduguri, examine the roles of the NGOs in the provision of humanitarian health assistance to the IDPs in Maiduguri, and identify the type of health assistance rendered by NGOs to IDPs in Stadium camp Maiduguri. The study adopted a descriptive survey. The target population for this study consisted of all IDPs in Stadium IDP camp in Maiduguri Borno state. The study utilized both primary and secondary data through journals and the administration of a self-developed questionnaire to IDPs in Stadium Camp, in Maiduguri, Borno State. The sample size of the study was determined using the Taro Yemen simplified formula which gives 400 as the sample size. Data collected were analyzed using descriptive statistics and presented in tabular form. The finding of the study reveals that majority of the non-governmental organization focus on medication, food, and nutrition. The findings of the study further reveal that SGBV intervention, HIV/AIDS, Epidemiology and surveillance, water, sanitation and hygiene, health screening/promotion, and vaccination are the types of health interventions focused on by NGOs in stadium camp. It was concluded that despite the increasing number of IDPs in IDP camps across the country especially Borno state and the burden of various health problems in these populations. Non-governmental organizations continue to focus on various needs of the IDPs in the aspects of health interventions, coordination, food security and livelihood.

Subject Areas

Humanitarian

Keywords

Humanitarian Health Intervention, Non-Governmental Organization, Internally Displaced Persons, Camp, Insurgency

1. Introduction

Conflicts and disasters often result in mass displacement of people due to the destruction of homes as a result of religious, political, or economic necessity. Since 2009, as a result of Boko Haram Insurgency which emerge from the Northeastern part of Nigeria and led to violent attacks against civilians, about 3.2 million persons have been displaced and roughly 90 percent of the internally displaced persons (IDPs) live in harsh conditions with no or difficult access to healthcare, water and sanitation facilities (UNHCR, 2021) [1].

Displacement associated with conflict is increasingly recognized as an important issue in global health. According to Burns *et al.* (2018) [2], conflict-driven displacement has a great impact on both the physical and mental health of those displaced. Olabanji and Ese (2014) [3] asserted that given the negative effect of internal displacement on victims, such as trauma, health complications and sexual gender based violence. Internal displacement has significant effects on public health and the well-being of the affected populations. Scholars like Enwereji (2009) [4], has rightly observed that in conflict situation IDPs are exposed to different forms of vulnerability and needs. More worrisome is the trauma experienced by these victims who are not adequately protected by the state agencies. These impacts may be categorised as direct due to violence and injury or indirectly such as increased rates of infectious diseases and malnutrition. Women and children constitute over 70% of internally displaced populations, and they experience a wide range of health risks. They are extremely vulnerable to physical and mental health problems, and they also have unique health needs. According to Owoaje *et al.* (2016) [5] women and girls are mostly victims of physical and sexual violence in IDP camps with high risk of unwanted pregnancies, unsafe abortions, maternal morbidity, and mortality with significant and long-term effects which require serious health intervention. Similarly, epidemics of cholera, yellow fever and recently discovered hepatitis E have been reported in IDP and refugee camps across Africa.

According to World Health Organization (2014) [6], health intervention is an act performed for, with or on behalf of a person or population whose purpose is to assess, improve, maintain, promote, or modify health, functioning or health conditions. There is an urgent need for a stronger humanitarian health intervention in humanitarian crises. The majority of deaths in conflict settings are due to preventable communicable diseases and malnutrition, not violence (WHO, 2016)

[7]. Health intervention services contribute to reduction of avoidable morbidity and mortality resulting from a crisis, and alleviate the suffering of people by providing curative and preventive care. It is also crucial in preventing and treating malnutrition, and complement livelihoods support, food aid and health care provision. While similar studies have been carried out by Adekunle *et al.*, (2020) [8] on the effects of Boko Haram insurgency on the Internally Displaced Children in Nigeria, the study only focused on the effect of Boko Haram on internally displaced persons children and also by Lenshie (2016) [9] on Boko Haram Insurgency, Internally Displaced Persons and Humanitarian Response in Northeast Nigeria while this study looks at the general humanitarian response in the North-east there seems to be no particular focus on the interventions they rendered. No study has captured the Humanitarian Health Intervention of Non-Governmental Organizations to Stadium Internally Displaced Persons Camp in Maiduguri Borno state, important as the knowledge may be. It is on the basis of this that this study is conceived to fill the gap in the knowledge of Humanitarian Health Intervention of Non-Governmental Organizations to Stadium Internally Displaced Persons Camp in Maiduguri Borno State. The study seeks to achieve the following:

- Examine the major humanitarian health needs of the IDPs in Stadium camp Maiduguri;
- Examine the roles of the NGOs in the provision of humanitarian health assistance to the IDPs in Maiduguri and;
- Identify the type of health assistance rendered by NGOs to IDPs in Stadium camp Maiduguri.

2. Research Methodology

2.1. Study Design

The study adopted a descriptive analytical method, to assess the humanitarian health needs and health interventions in stadium internally displaced person's camp. The questionnaire was the study's main tool for collecting data. Descriptive analytical method is suitable for a study like this because it allows for a large population to be sampled within a single research and for many inferences (deductions) to be made. Oladuni (2005) [10] submitted that descriptive survey design explains and interprets current issues and existing conditions; identifies problems and prevailing practices; and makes comparison and evaluation for factual collection of information which tends to be economical for independent research. For this study, structured questionnaires were administered to the IDPs.

2.2. Selection of Respondents

The respondents provided written consent for literate respondents while oral consent was used for the illiterate respondents before commencing with the filling of the questionnaire. All information provided was treated with confidentiality. All respondents were selected from the IDP camp. The respondents included

both male and female internally displaced persons living in stadium IDP camp. According to the internal displacement monitoring center (IDMC, 2019) [11], stadium camp is estimated to be housing about 13,286 IDPs. The sample size of the study was determined using the Taro Yemen simplified formula:

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

n = the sample size,

N = population size,

e = the acceptable sample error.

Therefore

$$n = \frac{13286}{1 + 13286 \times (0.05)^2} = 388.30$$

Approximately 400 as the sample size.

2.3. Data Collection

Data was obtained through a structured questionnaire. In the structured questionnaire, alternative responses were given and respondents have to choose from the available options. The data samples include demographic data such as age, sex, marital status, level of education, and occupation, data on types of health interventions, humanitarian responses and challenges. According to Olaitan *et al.* (1999) [12], the questionnaire method is the most suitable tool for collecting data. It is more economical in terms of cost and time as compared to other methods. Questionnaires facilitate easy and quick responses within the shortest time and give respondents the freedom to express their opinions (400) questionnaires were distributed, and (350) were retrieved for analysis, the rate was (87.5%) of the distributed questionnaires.

2.4. Data Analysis

Data collected from respondents was analyzed through descriptive statistics. The process consisted of; editing which involved examination of raw data to detect errors and omissions in questionnaires and making corrections where possible; coding which involved assigning numerals to answers so that responses can be classified into a limited number of categories or classes appropriate to the research problem under consideration; classification which involved reducing the data into homogenous groups according to attributes or in class intervals and tabulation which consisted of displaying the data in compact form. Descriptive statistics analysis of the data after processing involved frequencies and percentages. The results were presented in frequency tables. Data analysis was done with the help of Statistical Package of Social Sciences (SPSS).

3. Results

Results from the analysis carried out on data from the assessment of Humanita-

rian health intervention of NGOs to Stadium IDP Camp in Maiduguri Borno State are discussed under this section. It is imperative to state here that a total of 400 questionnaires were administered to the respondents, out of which 350 were retrieved valid and was analyzed using descriptive statistics and frequency counts and presented in tables below.

Table 1 shows the socio demographical characteristics of the respondents. As

Table 1. Socio demographic characteristics of the respondents.

| Sex | Frequency | Percentage (%) |
|---------------------------|------------------|-----------------------|
| Male | 226 | 65% |
| Female | 124 | 35% |
| Total | 350 | 100% |
| Age Bracket | | |
| 15 - 25 | 70 | 20% |
| 26 - 35 | 96 | 27.4% |
| 36 - 45 | 108 | 30.9% |
| 46 and above | 76 | 21.7% |
| Total | 350 | 100% |
| Marital Status | | |
| Single | 74 | 21.1% |
| Married | 132 | 37.7% |
| Widow | 50 | 14.3% |
| Widower | 46 | 13.2% |
| Separated | 48 | 13.7% |
| Total | 350 | 100% |
| Level of education | | |
| Non-formal education | 50 | 14.3% |
| Primary | 70 | 20% |
| Secondary | 80 | 22.9% |
| OND/NCE | 90 | 25.7% |
| B.Sc/HND | 60 | 17.1% |
| Total | 350 | 100% |
| Occupation | | |
| Farmer | 70 | 20% |
| Civil servant | 100 | 28.6% |
| Business | 80 | 22.9% |
| Student | 60 | 17.1% |
| Others | 40 | 11.4% |
| Total | 350 | 100% |

Source: Field Survey, 2021.

can be seen in the table, majority of the respondents (65%) were male while 35% were female. The age distribution of the respondents indicates that, 20% were between the 15 - 25 years, 27.4% of them were between 26 - 35 years, 30% of them were between 36 - 45 years while 21.7% of them were between 46 and above years. The marital status shows that (37.7%) were married while 21.1% were single. However, 14.3% of them were window, 13.2% were widower and 13.7% were separated. This revealed that married people were mostly contacted in this study. Furthermore, the educational level of the respondents shows that (14.3%) attended non-formal education, 20% of them attended primary school as the highest level of their education, and 22.9% of them attended secondary. However, 25.7% of them obtained OND/NCE while 17.1% of them were B.Sc/HND holders. Notwithstanding, the occupational distribution of the respondents indicates that (20%) were farmers, 22.9% of them operate business, 28.6% of them were civil servants and 17.1% of them were students while 11.4% comes from other occupation that are not listed on the table.

Figure 1 shows the areas(s) of humanitarian response by NGOs in Borno state. With high priority given to medication with 28.6%, then food and nutrition with a frequency of 25.7% focusing on cash intervention and 15.7% on water, sanitation and hygiene while 7.5% of the response focus on child protection.

Figure 2 shows the types of health intervention by percentage in stadium camp, Borno state. With health screening and promotion having the highest percentage (25.7%) the outcome of finding on the areas(s) of humanitarian health intervention by NGOs in stadium camp. As can be seen the table, majority of the respondents (12.9%) indicated that they focus on SGBV intervention programme, (9.4%) of the NGOs focus on HIV/AIDS intervention programme in the camp. However, 17.1% said they focus on Epidemiology and surveillance intervention, 15.7% of respondents said they focus on water, sanitation and hygiene, 25.7% of the intervention focus on health screening/promotion while 19.1% focus on vaccination programme.

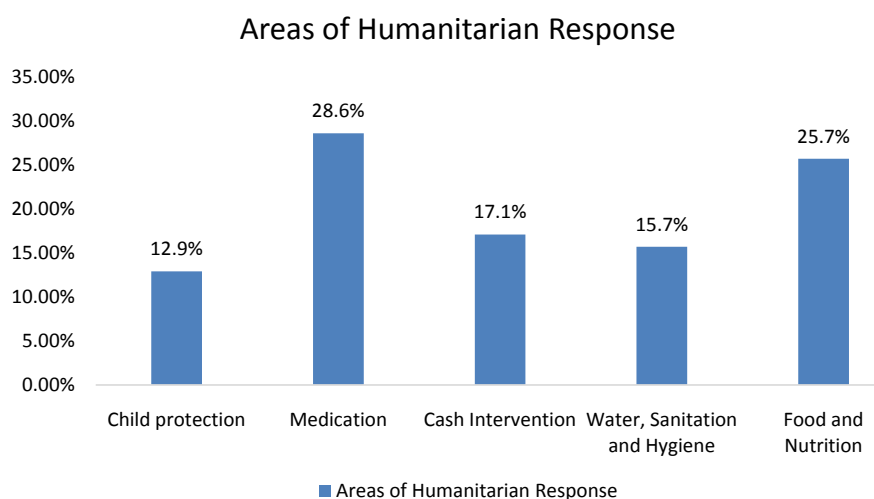


Figure 1. Areas of humanitarian response by NGOs in Borno State.

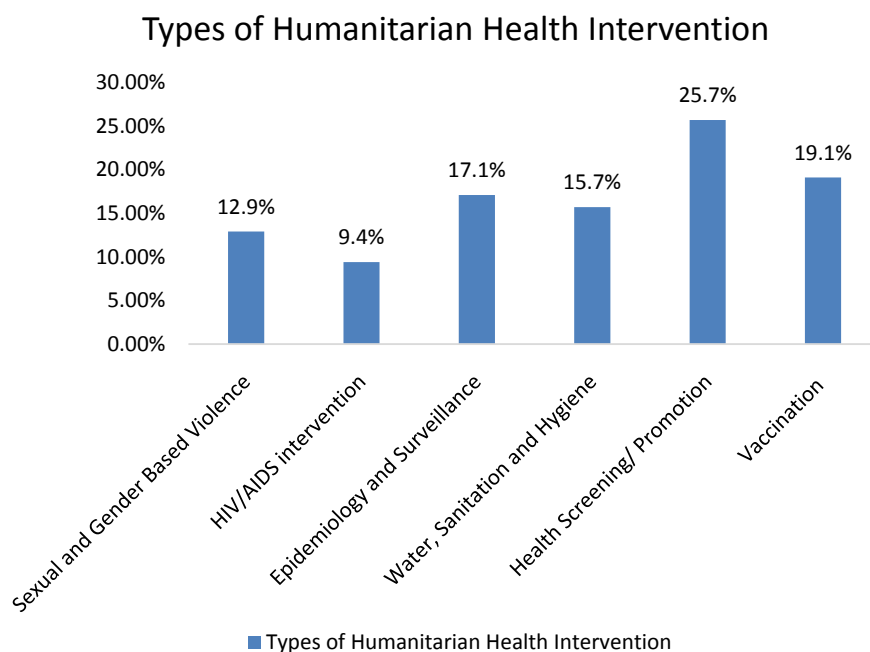


Figure 2. Types of humanitarian health intervention by NGOs in stadium camp, Borno State.

Table 2 shows the scope of the NGOs in Borno state. According to the finding, a significant percentage of the respondents 31.4% said to all population, 28.6% said to only victims of Boko Haram, 17.1% indicated that they intervene to protect children only while 22.9% of them said on women only.

Table 3 shows the major challenges faced by the NGOs in their humanitarian operation in Stadium camp, Borno state. Base on the responses gathered, majority of the respondents (31.4%) said insecurity, 22.9% said government policy, 20.6% of them said suspicious by the local people, 13.7% said language barrier while 11.4% are others.

Results in **Table 4** shows the major needs of IDPs in the camp in Maiduguri, as can be seen in the table, majority of the respondents (28.6%) indicated that food and nutrition are major needs of the IDPs in Maiduguri, (25.7%) indicates that health is the major need of the IDPs, 17.1% indicates that housing is the major need of the IDPs, 15.7% indicates that water and sanitation is the pressing need of the IDPs, while 28.6% indicate that protection is the major need of IDPs.

Discussion of the Findings

The findings of this study are discussed here under demographic characteristics of the respondents and the tropical issues. Out of the respondents that participated in the study, 65% were male while 35% were female. The age distribution of the respondents indicates that 20% were between 15 - 25 years, 27.4% of them were between 26 - 35 years, 30.9% of them were between 36 - 45 years while 21.7% of them were between 46 and above years. The marital status shows that (51%) were married while 22% were single. However, 14.3% of them were widow,

Table 2. Scope of health intervention by NGO in Borno State.

| Options | Frequency | Percentage (%) |
|----------------------------|------------|----------------|
| To all population | 110 | 31.4% |
| Only victims of Boko Haram | 100 | 28.6% |
| Children only | 60 | 17.1% |
| Women only | 80 | 22.9% |
| Total | 350 | 100% |

Source: Field Survey, 2021.

Table 3. The major challenges faced by NGOs in their operation in stadium camp, Borno state.

| Challenges | Frequency | Percentage (%) |
|--------------------------------|------------|----------------|
| Insecurity | 110 | 31.4% |
| Government Policy | 80 | 22.9% |
| Language Barrier | 48 | 13.7% |
| Suspicious by the local people | 72 | 20.6% |
| Lack of funding | 40 | 11.4% |
| Total | 350 | 100% |

Source: Field Survey, 2021.

Table 4. Major needs and challenges of IDPs in Maiduguri.

| Major Needs of IDPs | Frequency | Percentage (%) |
|-------------------------------|------------|----------------|
| Protection | 45 | 12.9% |
| Access to Healthcare | 90 | 25.7% |
| Housing | 60 | 17.1% |
| Water, Sanitation and Hygiene | 55 | 15.7% |
| Food and Nutrition | 100 | 28.6% |
| Total | 350 | 100% |

Source: Field Survey, 2021.

13.2% were widower and 13.7% were separated. This revealed that married people were mostly contracted in this study. Furthermore, the educational level of the respondents shows that (14.3%) attended non-formal education, 20% of them attended primary school as the highest level of their education, and 22.9% of them attended secondary. However, 25.7% of them obtained OND/NCE while 15% of them were B.Sc/HND holders. Notwithstanding, the occupational distribution of the respondents indicates that (20%) were farmers, 25% of the operate business, 35% of them were civil servants and 15% of them were students.

The findings of the study on the areas(s) of humanitarian response by NGOs in stadium camp Maiduguri revealed that majority of the non-governmental or-

ganization focus on medication, food and nutrition. This is consonance with the Nutrition and Food Security Surveillance (NFSS, 2019) who found out that the basic needs of IDPs in the North Eastern part of Nigeria are food, security and health intervention which is why most non-governmental organizations focus on these areas.

The finding of this study on humanitarian health intervention by NGOs in stadium camp reveals that SGBV intervention, HIV/AIDS, Epidemiology and surveillance, water, sanitation and hygiene, health screening/promotion and vaccination are the types of health interventions focused by NGOs in stadium camp. This finding is in line with WHO report (2016) which states that in partnership with the state government non-governmental organizations have restore delivery of basic education, health, food security through surveillance, water, sanitation and hygiene.

The finding of this study on scope of intervention by NGOs revealed that significant percentage of the intervention is only to victims of Boko Haram insurgency. The findings of this study on the extent to which NGOs have responded to the needs of the IDPs in stadium camp reveals that NGOs have responded to the need of IDPs to a large extent.

The finding of the study on the challenges faced by NGOs on delivering humanitarian health interventions revealed that insecurity, 22.9% said government policy, 20.6% of them said suspicious by the local people, 13.7% said language barrier while 11.4% are others. On the major needs of IDPs in the camp in Maiduguri, the findings of the study shows that majority of the respondents (28.6%) indicated that food and nutrition are major needs of the IDPs in Maiduguri, (25.7%) indicates that access to healthcare is the major need of the IDPs, 17.1% indicates that housing is the major need of the IDPs, 15.7% indicates that water and sanitation is the pressing need of the IDPs, while 28.6% indicate that protection is the major need of IDPs.

4. Conclusion

Despite the increasing number of IDPs in IDP camps across the country especially, Borno state and the burden of various health problems in these populations, non-governmental organizations continue to focus on various needs of the IDPs in the aspects of health interventions, coordination, food security, and livelihood. From the review, it is clear that health intervention relating to SGBV, HIV/AIDS, Epidemiology and surveillance, water, sanitation and hygiene, health screening/promotion, and vaccination are the main focus of NGOs within the IDP camp. It was recommended among others that non-governmental organizations should focus on accountability, in particular towards people in need, bearing in mind the necessity for a balanced and sufficient, including financial, needs-based response, the government should provide primary health care facilities in IDP camps to complement the existing ones provided by the non-governmental organizations. Technical skills training for the national staff of relief agencies is

clearly important and is acknowledged by most operational organizations. However, NGOs and the state emergency management agency should also work to improve the management and administrative skills of their staff. National health personnel should be involved at all levels of decision making, including management, so that the overall quality and competence of the health intervention can be improved and so that some relief operations can be maintained in case of a sudden crisis and international evacuation and lastly NGOs should consciously and strategically communicate and cooperate with the government and other health actors throughout an emergency as well as among themselves so that local organizations have a role as well as a responsibility in the relief effort. Increased communication and cooperation between international and indigenous structures may help to facilitate positive relationships between the various international and local actors in a complex emergency, improve humanitarian assistance to the affected population through the mutual exchange of knowledge and skills, and sustain relief operations in times of peak crisis and international evacuation.

Acknowledgements

I wish to acknowledge Dr Ibrahim Garba of University of Maiduguri, Dr Haruna Ayuba of University of Maiduguri, Ladi Ibrahim, Ibrahim Ibrahim, Hauwa Ibrahim and Daniel Abednego.

Conflicts of Interest

The authors declare no conflicts of interest.

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