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Initiative for the Provision of Health Services to the Internally Displaced Persons

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Abstract: There is need to respond to the plight of the Internally Displaced Persons (IDPs) amidst the growing number of calls for concerted efforts and better management. This can be facilitated through collaboration among the agencies responsible for the management of IDPs. The government of nations has the primary responsibility to cater for the healthcare needs of IDPs, however, in most nations experiencing displacement, the government do not have the capacity to provide such services. Hence, NGOs mandated by the United Nations Guiding Principles (91998) most often intervene to mitigate on the sufferings of the IDPs. This paper provided a review of literature, which showed that most often the health needs of the IDPs are not well catered for, especially when interventions are done independently or by single organizations. The study hence recommended for a collaborative approach in the provision of health services to IDPs.

Keywords: Internally Displaced Persons, health services, provision

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I. INTRODUCTION

Globally, the growth and changing nature of governmental responsibilities as well as achange in the nature and extent of conflicts, and the need for aproactive response to the plight of those affected by conflicts has brought with it re-organisation. The political and economic pressures to reduce the size and scope of government responsibilities and to cut expenditures and the lack of capacities by most countries ravaged by these conflicts informed the restructuring. The need for collaboration as part of the restructuring has received serious attention,especially in human services. Collaboration is put in place to ensure more predictable funding, strengthening coordination mechanisms, adoption of better preparedness measures and improved common services in the response to humanitarian crisis.

With more than 66 million Internally Displaced Persons (IDPs) in 31 countries as at the end of 2016, sub-Saharan Africa is the region worst affected by internal displacement caused by conflict and violence International Office of Migration (IOM), 2016). Since the beginning of the Syrian crisis, the number of IDPs in the region has reached a record of 12 million, almost five times the figure a decade ago (International Office of Migration (IOM), 2016). IOM (2016) also points out there were 40.8 million IDPs worldwide due largely to conflict and violence at the end of 2015 – an increase of 28 million on 2014, and the highest figure ever recorded. In 2016 the number of IDPs has doubled in Middle East as result of the activities of ISIS. Just ten countries accounted for over two thirds of the total, or around 30 million people. Colombia, DRC, Iraq, Sudan and South Sudan have featured in the list of the ten largest internally displaced populations every year since 2003 (Bilak et al. 2016). The figure proves that Internal Displacement is inarguably a serious humanitarian crisis and it is fast engulfing nations all over the world especially in Africa as a result of terrorist activities.

Since internally displaced persons remain within the territorial jurisdiction of their own countries, the primary duty and responsibility for the management and humanitarian assistance to them without discrimination and in accordance with international human rights and humanitarian law lie with the National and Sub-National authorities concerned. However, global trends for the management of IDPs has called for restructuring in terms of collaborationalong with others to enhance cooperation between governmental agencies and Non-Governmental Organisations (NGOs) with shared responsibilities and overlapping jurisdictions.

The need for collaboration as earlier stated has received considerable attention in human service systems, as well as in the field of management of the displaced persons. The United Nations Guiding Principle (1998) as part of the implementation framework for restructuring the management of IDPs, provides for an institutional mechanism for collaboration, including the establishment of a collaborative and coordination framework, designation and strengthening of a lead internal displacement coordination institution, creation of

humanitarian coordination sectors and prescription of terms of reference for harmonious working relationship among the agencies. The principles recognised that states may work in tandem with NGOs in the management of IDPs especially in their efforts to provide protection and humanitarian assistance.

One of the major targets of the insurgents during conflict is the destruction or taken of the health facilities of the communities. More to that the people especially, children, women and the aged are exposed to various health challenges as a result of displacement. The available health facilities and personnel in most states ravaged by conflict leading to displacement are often insufficient to cater for the health needs of IDPs and the capacity by the state government to provide health services to all the IDPs is lacking. Therefore both the state and NGOs are involved in the provision of health care needs of IDPs. This paper therefore examines literature on the provision of health services to IDPs, as practiced in countries ravaged by this scourge.

Internally Displaced Persons

The concept of Internally Displaced Persons is equally a new phenomenon in the field of social and management sciences. The concept gained currency only in the 1980's as a result of changing dimension in conflict in nations. Hitherto, conflict was inter-states but this period witnessed a change to intra-state conflict. United Nation Guiding Principles on Internal Displacement (1998:1) states that IDPs are "Persons or groups of persons who have been forced or obliged to flee or to 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 generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised state border." United Nations Human Commission for Refugees (UNHCR) describes internally displaced persons (IDPs) as "probably the largest group of vulnerable people in the world" (UN, 1998). This definition although universally accepted fails to recognised those who were displaced by the perceived feelings to threat. According to the UNHCR (2007), it has an interest in the protection and welfare of persons who have been displaced by persecution, situations of general violence, conflict or massive violations of human rights: in other words, all those, who, had they crossed an international frontier, would have had a claim to international protection. Notably, this description does not include IDPs displaced as a result of natural disasters or development activities. Nonetheless, the subsequent 'overriding' consensus is that these persons are also worthy of attention, since they can also be subject to discrimination and human rights violations in the course of their displacement.

The definition of IDPs provided above is the most widely used definitions. Accordingly Geoffroy (2007), this definition has two main elements; the coercive or otherwise involuntary character of movement; and, the fact that such movement takes place within national border. Geoffroy (2007) argues that in spite of all the studies and research done to reach satisfying definitions, there is often no neat and clear distinction between forced and economic migration when it comes to a protracted crises, asset depletion often comes before displacement and it becomes heard to tell who is to be considered as a direct victim of the conflict and who is to be considered as an indirect victim.

Human Right Theory

The theory of human right stems from John Locke's "Natural Rights". Locke opined that every individual is endowed at birth with certain rights, by virtue of his status and dignity as a human being which cannot properly be denied him by any state under which he happens to live. In 1948, the United Nations Organizations (UNO) adopted the declaration of human right. Modern constitutions all over the world incorporates human rights (including Nigeria) and to violet them amounts to the bridge of the constitutions. However human right approach to displacement was developed by Francis Deng in 1998.

The right to development stipulates that development processes must lead to the empowerment of a people, that they must improve its choices, capabilities, opportunities and well-being. Where communities contribute to a development process by giving up their land, they have not only a right to just compensation but also to receive an equitable share of the benefits. States undertaking or enabling a development project are obliged to inform communities fully of its nature and consequences, to consult them adequately and effectively and to allow them to participate meaningfully in all parts of the process, including the planning phase, that are relevant to their lives. Most notably, states must obtain communities' free and informed consent in accordance with their customs and traditions if a development or investment project will have a major impact upon them.

The three human rights principles relevant to IDP interventions processes according to Guiding Principle (1998) are;

i. Accountability: Human rights protect the fundamental needs of human beings, as rights holders. States, as duty bearers, are responsible for the protection and fulfilment of those rights. This includes states' accountability to IDPs, and strengthens governance.
ii. Consultation and participation: Beneficiaries of development initiatives are responsible subjects who may have legitimate claims vis-a-vis states. The inclusion, consultation and participation of beneficiaries in the

design and implementation of programmes and projects is not an option, but is critical to their sustainability.

iii. Human rights consistency: Development initiatives must be carried out in ways that are consistent with human rights. In particular, they must reflect the principle of non-discrimination and the specific guarantees that protect women, children, the disabled, indigenous people and members of ethnic or religious minorities to avoid the unintended replication of marginalization or making existing vulnerabilities worse. Development initiatives that address needs protected by specific human rights should be framed by those rights. Housing projects, for instance, should provide for adequate housing as defined by human rights law.

The right to development is a collective right of "peoples… to their economic, social and cultural development with due regard to their freedom and identity and in the equal enjoyment of the common heritage of mankind" (Article 22 of the African Charter on Human and Peoples' Rights). This right, which exists only in Africa as a legally binding guarantee, is particularly relevant for those internally displaced communities that constitute a "people" on the basis of a common history, culture and religion.

As well as hosting the largest internally displaced population in the world, Africa has also done most to develop a sound normative framework to protect IDPs' rights. National and international development actors can play an important role in supporting states in fulfilling their obligations under the Kampala Convention.

National development actors are critical in supporting their governments – along with other relevant stakeholders – in establishing national instruments on internal displacement and ensuring they include a development angle. The implementation of such instruments requires concerted and robust efforts by a broad range of primarily national and local authorities. The support of national and international development actors is indispensable to ensure that challenges specific to displacement, such as the reconstruction of basic services in areas of return, are addressed. Such initiatives go a long way to meeting the MDGs in the countries concerned.
Non-governmental Organization especially International development organizations can also use their good offices and set incentives by offering donor support to states and ministries in charge of domesticating the convention, and helping to build national and local capacities to that end.Development actors play a crucial role in securing durable solutions for IDPs, but initiatives are equally important in preventing displacement and addressing IDPs' rights during their displacement, particularly when it becomes protracted.

Preventing displacement

Strengthening community resilience: Some communities are better equipped than others to cope with pressures to flee during armed conflict or in the context of environmental changes. Less resilient, and especially marginalized ones are more likely to flee if their situation becomes more difficult. Development initiatives can contribute to strengthening communities' resilience, for example by improving food security, livelihood opportunities, availability of drinking water, access to basic health and education services and local governance structures.

Reducing risks associated with natural disasters: Development actors have a recognised role to play in reducing risks related to natural disasters. Measures suggested in the 2005 Hyogo Framework for Action include the flood and hurricane-proofing of housing, roads and other infrastructure; the upgrading of drainage systems; the planting of riparian forest buffers; the construction of dams, sea walls and dykes; mangrove planting; beach stabilisation; the construction of buildings on elevated plots and other land planning measures, soil conservation and the improvement of livestock management.

During displacement

Strengthening coping and absorption capacities of host communities: The vast majority of IDPs in Africa do not live in camps or settlements, but stay with families or on their own in host communities, which also become affected by displacement. Support for such communities should not only focus on humanitarian aid, but also on development initiatives to strengthen basic infrastructure and services, and increase food security and the availability of shelter and housing – measures that would benefit host communities at the same time as helping IDPs.

Addressing protracted displacement: More than two-thirds of the world's IDPs live in situations of prolonged and protracted displacement. All too often, this breeds dependence among those receiving humanitarian assistance. The restoration or improvement of livelihood opportunities and attending to the lack of adequate housing, water, sanitation, health and education services in areas where IDPs live are development challenges. Addressing them helps IDPs to become self-sufficient again and, at the same time, increases the general level of development and reduces poverty in targeted areas.

Return and Resettlement of IDPs

Durable solutions that bring displacement to an end can be achieved through IDPs' sustainable return to their places of origin, integration in their places of refuge or settlement and integration in another part of the country. Durable solutions can, however, only be said to occur when specific conditions are met. The 2010 Inter-Agency Standing Committee (IASC) Framework on Durable Solutions stipulates that an adequate standard of living, including access to adequate food, water, housing, health care, basic education, employment and livelihood opportunities; and effective mechanisms to restore housing, land and property or provide compensation, are all necessary elements. The establishment of such conditions requires timely development initiatives that build on the achievements of humanitarian action and make them sustainable.

These processes have their equivalent in human rights guarantees as enshrined in international and African instruments. The processes leading from food insecurity and increased morbidity, for example, are directly linked to the human rights to adequate food and health. By applying these guarantees, the reversing processes become states' obligations as duty bearers towards IDPs as rights holders.

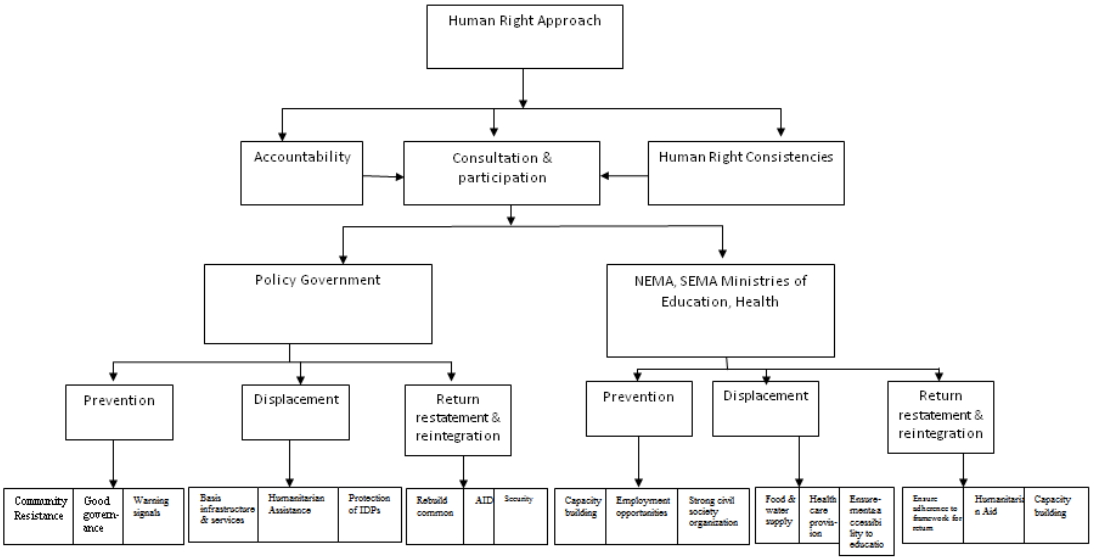

Fig. 2.1: Model of Human Right Approach to State Intervention in IDPs camps adapted from Deng 1998.

The application of the theory is portrayed by the model below:

As shown in fig. 2.1 the main elements of a right-based approach are; Attention to needs and rights of vulnerable groups, freedom of discrimination through consultation, participation, accountability, human right consistencies and progressive realization. The main effect of a human rights approach to IDPs is that it re-frames the basic needs rights. In other words, satisfying the needs of the IDPs and ensuring their safe return is regarded not merely assistance, but as a question of social justice and concrete government NGOs' obligations. The model views the management of IDPs not as a privilege but as a fundamental human right. Meaning that, it is legally sanctioned that every IDP has the right to access to protection from abuse, food and water, medical care, education and the right to voluntarily return home after all conditions that cause displacement have disappeared. Therefore policy makers on the other hand owe it a duty to ensure that they fulfill the constitutional obligation of protecting human rights which contrary in a violation of the law as pointed earlier.

The model ensues that governmental agencies through their development initiatives should contribute to strengthening communities' resilience, for example by improving food security, livelihood opportunities, availability of drinking water, access to basic health and education services and local governance structures in other to stop conflict as a pre-clouding to preventing displacement. The agencies should particular provide capacity building programs, employment opportunity through private sector driven economy and a strong civil society that can checkmate the government and should be able to provide warning signals for causes of displacement with the view to preventing displacement.

Similarly, the model pointed out the responsibility of government to as a matter of right to take care of the IDPs during displacement. Support for IDPs should not only focus on humanitarian aid, but also on development initiatives to strengthen basic infrastructure and services, the protection of the IDPs, and increase food security and water supply, the availability of healthcare that will cater for women and children, policies for the provision and accessibility of education by the IDPs. The agencies (NEMA, SEMA, and Ministry of Health would provide, health care facilities and services to the IDPs during displacement.

Finally, the model pointed out that agencies charged with the responsibility of catering for the need of the IDPs must as a matter of rights and not privileges strive to ensure durable solutions that will bring displacement to an end can be achieved through IDPs' sustainable return to their places of origin, integration in their host communities or settlement and integration in another part of the country. Durable solutions can be achieved when the cause of displacement in the first instance is removed. An adequate standard of living, including access to adequate food, water, health care, basic education, employment and livelihood opportunities; and effective mechanisms to restore housing, land and property or provide compensation, are all necessary elements. The establishment of such conditions requires timely development initiatives that build on the achievements of humanitarian action and make them sustainable. This therefore means that government must continue with humanitarian interventions until the IDPs are fully returned and settled, reintegrated and resettled. The human right approach will thus be adopted as the theoretical formulation for the collection, analysis and discussion of data because it mandates government to intervened in the welfare of IDPs.

Health Needs of Internally Displaced Persons (IDPs)

Internally displacement has significant effects on public health and the well-being of the affected population. This impact may be categorized as derived due to violence and injury or indirect such as increased rate of infectious diseases and malnutrition (Sphere Handbook, 2011). Several risk factors, which promote communicable disease, work in synergy during displacement. These factors include movement of Mass population and resettlement in temporary locations, overcrowding, economic and environmental degradation, poverty, inadequacy of safe water, poor sanitation and waste management. These conditions are further compounded by the absence of shelter, food shortage and poor access to health care. Depending on the location in Sub-Saharan Africa the combined effects of these factors result in increased risk of discussion such as acute respiratory infection (ARI) (4%) diarrheal diseases (18 – 22%) and scalars (77 – 85%) (Terry et al 2001).

Furthermore, malnutrition has been reported among under-five children. In the region, the spectrum include stunting (38.6%), underweight (24.4%) and westing (7.2%) (Turnip et al 2010) Dkrrhou discuss are major census of mobility and mortality among IDPs mainly result from substandard or inadequate sanitation facilities poor hygiene and scarcity of soap (Connolly et al 2004) .

The underlying assumption of organizational operation according to (Vincent and Sordenson, 2001) is that IDPs can be best cared for when they are settles in camps also does not support the real situation of IDPs in camps. These camps portray a picture of seclusion where a huge number of IDPs are kept in unhygienic and crowded places. In these first few days when IDPs issue is hot on media, health care facilities are provided to affected people but this health care support diminishes, very soon. Moreover while 'B and Aid' solution to existing health problems are useful in the short term, the need for long term public health intervention to enable displaced communities full access to and participate in their new 'host' communities is not insure (Vincet&Sundrop (2009).

According to Roberts, Damudu, Lomoro&Sundrop (2009) the health facilities in IDPs camps are not in line with the need and priorities of the internally displaced individuals. It is university accepted that war victim's health needs are more in line with mental problems like depression, anxiety, sleeplessness. In the view of Hamid and Musa (2010) in IDPs camps, it is the general health related facilities for medical care considers the diversity of age and gender, whereas in crises, the health of women, girls, boys, man and the elderly are affected differently (IASC, 2004).

Furthermore, during internal displaced, population bearing the brunt of the health related inadequacies are people in old age (Help Age, 2010). The higher mobility lunch in elderly is caused by bad environmental condition availability of appropriate health care facilities (Thomas & Thomas, 2014).

The UNHCR categories old aged people as the most vulnerable and considered them as apeopleworth specific needs, very little care is provided to them during displacement.

Similarly, the World Health Organization (WHO) assessment in 2000 of adolescent sexual and reproductive health (ASRH) activities in refugee camps in western Tanzania discovered major shortcoming among Young People. Compliment that service did not meet their needs, service providers were judgmental, waiting times were long and confidentially was non-existent. Lack of priority exposes them to the risk of being spotted by parent while visiting health centres. Given the strong cultural Taboos against premarital sex and child bearing outside marriage, youth were served of being seen as challenge traditional norms.

It is worthy to not that, internally displaced children on account of their young age, are more exposed to the difficulties and risk associated with displacement (Joop& Jong 2012) their health is mostly addressed in perceptive of malnutional and immunization programme and their psychological needs remain mostly a neglect arise (Betenconut&Khen, 2008). During armed conflict the emotional immunity results in post-traumatic stress for children or account of their little tolerance of violence (Kim, Turboy& Lowery, 2017).

Beiser et al (1995) observed that IDPs children are likely to be exposed to many of the risk factors for emotional and behavioural problems including trauma, loose change and social exclusion from prejudice, rates

of psychological morbidity as high as 40 to 50 percent have been found in IDPs children from the former Yugoslavia and Southeast Aisia living in the USa. Behavioural problems depression and post traumatic stress discordant common among IDPs children (Bersen et al 1995, Sale 1985). Depression problems are most common in girls, and conduct problems are formed more often in Boys Women and children constitute over 70% of internally displaced population, 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 (Mooney, 2015). A number of students have also reported that women and girls were victims of physical and sexual violence in IDPs camps. Women are at higher risk of unwanted pregnancies unsafe abortion, maternal morbidity and mortality. The negative impacts of sexual violence are significant and long term. These may include physical injuries, sexually transmitted infectious including HIV, unwanted pregnancies and mental health effects.

Yerima and Singh (2017) conducted a study on insurgency in Nigeria: the perspectives on the healthcare delivery to gender affected victims amongst IDP. To attain these objectives of the study, a questionnaire research method was adopted through which data were collected through documentary analysis. The study discovered that while the government and other non-governmental institution claimed to have provided some health care services for the gender victims in the camps. Some of the victims disbursed the claim.

Similarly, Khen (2014) carried out a study on the provision of health assistance to internally displaced persons of health Waziristan agency in camps. The research was designed to contribute to a policy or model to be developed to provide health care services for IDPs. The three objectives of the study were to investigate the prevalence of health related problems in IDPs living camps according to sex and age; to explore the senses of maturity in IDPs living in camps from their sex and age; indicate the current natural and range of health services availability to IDPs in camps according to their sex and ag. The research employed mixed methods survey and indepth interviews with IDPs. Respondents for survey were selected by applying systematic sampling techniques with a random starts. For this purpose 155HHS were selected for survey and 5 respondents for IDPs camp. This study found that children and old age people were affected the most by infectious and discussion among many age groups while women in reproductive ages suffered more due to reproductive health issues as component to men. The rate of mortality was also much higher among children and payment women as compared to other age groups in this study due reproductive health issues as compared to men. The rate of mortality was also much higher among children and pregnant women as compared to other age groups in the study done to inappropriate and irregular health facilities.

Olagunju (2006) studied the "Challenges faced by the Nigerian Government and NGO's in addressing the Problems of Internally Displaced Persons (IDPs). The research examined the management of IDPs (internally displaced persons) in Nigeria based on the February/May 2000 communal conflict at Kaduna, Northern Nigeria, as the focus of the study. The challenges faced by the IDP's and by the various government agencies and NGOs involved in responding to the needs of the IDPs were assessed, documented, compared and analysed. Two sets of questionnaires were administered to the IDPs, and government agencies and NGOs. In all 73 were sampled for the analysis, the study used the guiding principle to sharp the instrument of data collection. The study found out that government agencies and NGOs responded to the emergency of taken care of the IDPs. Similarly, the study found out that poor documentation and access to the IDPs in their times of need is the major challenged faced by the IDPs. IDPs lack access to food, water, basic shelter, and sanitation. Furthermore, the study revealed massive abuses and lack of protection of IDPs in camps. Finally, the study revealed that governments were quick to dismantling the camps without adequate resort to ending the conflict. The study recommends among others that better responses to the management of IDP needs should be given for the use of relevant governmental and NGO agencies.

Enwereji (2011) in a study titled, "Assessing interventions available to internally displaced persons in Abia state, Nigeria" examined the health interventions to internally displaced persons. Internally displaced persons are faced with several problems, such as sexual violence, and deserve appropriate intervention, especially in view of the increasing prevalence of HIV/AIDS and other infections in Nigeria. This study attempts to assess interventions offered by governmental authorities and NGOs to internally displaced persons and to identify gaps in services as well as to identify what needs to be strengthened. The author reviewed relevant published and unpublished documents and collected data by interviews with semi-structured questions. Twenty-five organisations and government and police departments and 55 internally displaced persons were interviewed. None of the organisations, including governmental institutions, provided social services or assistance in the prevention of HIV/AIDS to internally displaced persons. The main services provided by 17 (68%) organisations to 43 (78.2%) of internally displaced persons were the provision of food, clothing, and money, but these were provided on an ad hoc basis. Only 3 organisations (12%) included spiritual counseling and resolution of communal conflicts in their services**.** The fact that most organisations, including the government, do not have services for internally displaced persons indicates lack of support for internally displaced persons. The study recommends that government should include these people in most prevention

services, including HIV/AIDS prevention and treatment. This should help reduce the national prevalence of HIV/AIDS.

Larrance, Anastario, and Lawry (2007) conducted a study titled "Health Status among Internally Displaced Persons in Louisiana and Mississippi Travel Trailer Parks". The study used a global humanitarian aid perspective to assess basic needs, women's health, mental health, and opinions about the status of internally displaced persons living in travel trailer parks to inform recovery efforts for this population. The research was a systematic randomized survey of 366 internally displaced persons, conducted with structured questionnaires. The study setting was commercial and group travel trailer parks in Louisiana and Mississippi. Information was gathered about respondent demographics, food security, basic needs, domestic and sexual violence, security concerns, reproductive health, mental health, morbidity, mortality, health care assessment, substance use, and opinions about internally displaced persons and social status. Respondents were 45.9 (standard deviation 0.8) years of age on average and were mostly white (62%) in Mississippi and mostly black (65%) in Louisiana. Shelter, transportation, security, and lack of financial means were listed as the worst problems since displacement. Sixteen percent of respondents reported not having enough drinking water, and only 13% of those living in counties and parishes under boil orders were doing so. More than half of households reported an ill adult or child in the previous 2 months. The number of parents reporting problems getting health services more than tripled after displacement. Intimate partner violence rates post displacement was 3 times higher than US baseline rates. Fifty percent of respondents met criteria for major depression. Suicide completion rates after displacement were more than 14 times the baseline rates, and attempt rates were more than 78 times baseline. The health burdens identified present a formidable challenge for the health infrastructures in Louisiana and Mississippi without NGOs assistance. The study recommends that those planning and leading recovery efforts must understand internally displaced persons in a more global context that requires inter-agency collaboration for the effective management of IDPs.

Shahid (2014) conducted a study titled "Provision of Health Assistance to Internally Displaced Persons by South Waziristan Agency in Camps". The study posits that since 2009, South Waziristan Agency (SWA) has suffered a number of violent armed conflicts between security forces and Taliban causing massive destruction, several thousand deaths and creating over a half million displaced people. Due to the negligence of issues related to internal displacement in UN, international and national law, internally displaced persons (IDPs) were afforded very little health care help during displacement. The research was designed to contribute to a policy or model to be developed to provide health care services for IDPs. The research employed mixed methods in achieving the above objectives. It was conducted through surveys and in-depth interviews (IDIs) with IDPs. Respondents for surveys were selected by applying systematic sampling technique with a random start. For this purpose, 155 House Holds were selected for survey and 5 respondents for IDIs in IDPs camps. This study found that children and old age people were affected the most by infections and diseases among many age groups while women of reproductive ages suffered more due to reproductive health issues as compared to men. The rate of mortality was also much higher among children and pregnant women as compared to other age groups in this study due to inappropriateness and irregularity of healthcare facilities. Although IDPs were affected by mental stress as much as physical one, still health-related facilities of psychiatric help were totally absent in camps. Based on the fieldwork it is found that local health department in Tank was not capable to handle a huge number of IDPs on its own and the study recommends international community's health-related interventions to deal with the situation. It also recommends that there is a need to study IDPs situation in other agencies as well to prepare a comprehensive policy document for IDPs.

The primary obstacle to accessing health care for many IDPs is their lack of resources, including to pay for transport to the nearest facilities, which can be some distance away (Multi-Sectoral Assessment, 2014).

II. DISCUSSIONS

The IDPs given their vulnerability are exposed to contagious and infectious diseases. Principle 19(3) and Section on Right of IDPs to assistance (i) posits that Special attention should also be given to the prevention of contagious and infectious diseases, including AIDS, among internally displaced persons. The study examined the extent to which the agencies saddled with the responsibility of managing the IDPs have gone in the prevention of this disease through campaigns. The review indicates that IDPs usually move from areas of low prevalence but due to their vulnerability and special needs they are exposed to the disease.

This review corroborates the finding of Spiegel (2004) and WFP (2004) that NGOs have provided anti-retroviral therapy and drugs, and advocated for the protection of the rights of IDPs. However, the study by UNHCR (2006) points out that government agencies have failed to address the HIV-related needs of IDPs which not only denies them their rights but undermines the effectiveness of HIV prevention and care efforts for surrounding communities, this was as a result of failure of coordinated roles between governmental agencies and NGOs in the management of the health of IDPs.

Children and unaccompanied minors are vulnerable groups. The healthcare need of children is enormous and hence article 9.2.c, of Kampala convention (2009) and Section on Right of IDP Children (f), of National Policy on IDPs (2012) pointed out internally displaced children shall be entitled to good medical care and immunization against diseases that may cause death, retard their growth or affect their general well-being. The review point out that child care services are adequately enhanced by functional coordination among agencies.

Shahid, (2014) points out that health of IDPs is mostly addressed in perspective of reproductive health, malnutrition and immunization programs and their psychological needs remains mostly a neglected area. This presupposes that the finding of Shahid (2014) is not in agreement with the earlier finding that child care services are adequately provided to the IDPs by the government and NGOs and there is no synergy in this effort, given rising to the huge success recorded. Enwereji (2011) also support that children were affected the most during displacement by infections and diseases among many age groups while women in reproductive ages suffered more due to reproductive health issues as compared to men. The rate of mortality was also much higher among children and pregnant women as compared to other age groups in this study due to inappropriateness and irregularity of healthcare facilities. This review, therefore establishes that synergy among agencies has enhanced the provision of children healthcare services among IDPs in both official and unofficial camps.

Equally important to note is that women have given birth while fleeing and without access to natal healthcare. Now that these women are settled in camps attention must be given to the healthcare needs especially in northeast Nigeria where reproduction is high. According to Principle 19(2) of the UN Guiding principle (1998), special attention should be paid to the health needs of women, including access to female health care providers and services, such as reproductive health care. There is a sharp contradiction of the standpoint of this paper with the finding of the studies of Shahid (2014) and UNHCR (2007) where they posit that existing camp facilities, including for health services, are not sufficient to meet the needs of the displaced people including pregnant women.

Furthermore, the finding of Rajput (2013) asserts that reproductive health services in the existing health facilities are insufficient and there is a lack of gynecologists, anesthetists, and female medical officers. Essential reproductive health medicines are also needed. There were only four gynecologists in the health facilities that cater for the reproductive health needs of the district. Lawrence, Anastorio, and Lawry (2007) also point further that the health facilities in most IDP camps are overburdened. According to IDMC (2014) IDPs in Borno state often have only minimal access to health services, and their lack of access is of particular concern given that the overwhelming majorities are women and children. ACAPS (2014) reports that population in northeastern Nigeria lack adequate access to health services, only 37% of health facilities in the state of emergency states (Borno, Adamawa, Yobe) are functional. However, this study corroborates with the work of Red Cross (2006) that NGOs has provided drugs and other vital kits to women camps.

III. CONCLUSIONS

The activities of the government and humanitarian agencies have not ensured unfettered access to healthcare service by the IDPs in most areas affected by either terrorism or insurgency.

IV. RECOMMENDATIONS

i. Access to healthcare service has been provided to IDPs. However, what is still a problem is referrals. Most hospitals reject the IDPs because governments failed to reimburse o pay for their services. The government should show more commitment by introducing a community-based insurance scheme for the IDPs. The scheme should cover all the medical expenses for the IDPs for all ailments and at all levels of care.

ii. The sanitary conditions of public conveniences in most camps are not satisfactory and so should be properly maintained in order to avoid exposing the IDPs especially women to infections. It is commendable that women are given hygiene kits, but prevention is always better than cure. The toilets should not be left for the IDPs to maintain rather competent people should be employed and well monitored to help in the maintenance of the toilets, using disinfectant all the time.

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