
Assessment of the Impact of Collaboration between Government and NGOs on the Management of Internally Displaced Persons (IDPs) in Jere Local Government, Borno State

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Abstract: *The study assessed the impact of collaboration between the Government and NGOs on the management of Internally Displaced Persons (IDPs) in Jere, Local Government, Borno State, Nigeria. Both, simple random and proportionate sampling techniques were deployed to sample 360 IDPs in the study area. Data were obtained using primary and secondary sources and analyzed using descriptive techniques such as percentage, mean, and frequency tables. The result of the study revealed that the majority of the respondents are not aware of health services provided by SEMA in IDP camps to improve health care consumption in Jere local government, Borno State. The result of this study also revealed that access to health care services is effective by MSF in IDP camps in improving health consumption and the findings also revealed that there is an effective of collaboration of SEMA and MSF in improving the health status of the IDPs. The study also shows that sanitation and hygienic services provided by MSF in the camps to improve the health status is very effective in the Jere local government area of Borno State. The Study concludes that respondents are not aware of sensitization by the state Emergency Management Agency SEMA in IDP camps to improve health care consumption in Jere Local Government Area. Accessibility to maternal health care services has been made effective by MSF in IDP camps in improving health consumption and there is effectiveness of collaboration of SEMA and MSF in improving health status of the IDPs. The provision of sanitation and hygiene facilities in the camps by MSF has improved the health status of IDPs in the Jere Local Government Area of Borno State. The study recommended that Government should effectively adopt a plan or framework to address the root-cause of insurgency which are termed to poverty, unemployment and illiteracy by bringing in government policies and programs. It also recommended that government, non-governmental organization, and vulnerable stakeholders must evolve a means of providing improved security surveillance to health care infrastructures in other to protect personnel and patients seeking medical attention in the IDP camp.*

Key words: *Collaboration, Government, NGOs, Management, IDP.*

Introduction

Governmental Organization is a permanent or semi-permanent organization in the machinery of government that is responsible for the oversight and administration of specific functions, such as intelligence agency. Their functions are normally executive in character and constituted in an advisory role. Governmental organizations are established by either a national government or a state government within a federal system.

Non-governmental organizations (NGOs) on the other hand are nonprofit and sometimes international organizations independent of governments and international governmental

organizations that are active in humanitarian, educational, healthcare, public policy, social, human rights, environmental and other areas to effect changes according to their objectives. They are thus a subgroup of all organizations founded by citizens, which include clubs and other associations that provide services, benefits, and premises only to members (Lee, C, I, Smith, L.S 2009).

Conflicts and disasters often cause large-scale displacement of people due to the destruction of homes and environment, religious or political persecution or economic necessity (Keizer, M.A and Wesenbeek, L.V. 2005). These Internally Displaced Persons (IDPs) are persons or groups of people 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 conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border (UNCHR, 1998). On the average, 5.2 million have been displaced annually in the past 13 years due to insurgency, political instability and terrorist activities of groups such as ISIS and Boko Haram, particularly in the Middle East and Sub-Saharan Africa.

In Nigeria, the insurgent activities of Boko Haram in the past 11 years have forced over 3.5 million people to flee their homes (SEMA, 2018). This has resulted in an unprecedented humanitarian crisis in the North-eastern part of the country and the Lake Chad region. The national responsibility to respond to displacement lies with the Federal, State and the local governments. National Emergency Management Agency (NEMA) and State Emergency Management Agencies (SEMAs) exist in the states, with varying capacities. Only when this second level of response is ineffective does the state government appeal to the federal government for support.

Islamist sect called Boko Haram crises began in mid-2009 and led to a four-day armed struggle between state security forces and members of the militant group, spreading to three other states (Yobe, Kano, and Borno) and leaving as many as 800 dead, and many of the members of the sect. The militant attacks, which followed the arrest of several of its members, targeted mainly police stations, prisons, government buildings, and churches in the four states. Since the completion of a military attack that sought to break up the sect, no more violent outbreaks have occurred. Borno State and its capital city Maiduguri - the sect's stronghold - were most affected. While there are no indications that Boko Haram is powerful enough to turn into a major threat for the country, the federal government appears to be playing it cautiously response. To date, in Borno State alone, 1.4 million IDPs continue to live in many formal and informal camps and remain extremely vulnerable and exposed to health risks (IOM, 2016). Internal displacement has significant effects on public health and the well-being of the affected populations. These impacts may be categorized as direct due to violence and injury or indirectly such as increased rates of infectious diseases and malnutrition (Lam et al, 2015; Connolly et al, 2004; Kim et al; 2007; Getanda *et al*, 2015).

Despite the increasing numbers of IDPs in African countries and the burden of various health problems in these populations, most studies thus far have focused on specific health problems such as depression, malnutrition and infectious diseases. Prior to studies such as the malnutrition and mortality patterns among internally displaced and non-displaced populations living in a camp, infestation among children in a displacement camp, non-governmental organizations and development etc., however, not categorically provided a complete picture of the health problems of IDPs in the region. This information is essential for the planning and delivery of

comprehensive healthcare to cater for the full complement of health problems of IDPs rather than instituting fragmented vertical programs. Many children have been orphaned or separated from their families during displacement. Displacement and humanitarian needs are mounting, but assistance is not, leaving both IDPs and their host communities without access to the basic necessities of life. As is often the case in situations of widespread insecurity and violence, the displacement caused by Boko Haram and the army's operations against it has reduced people's ability to feed them both directly and indirectly. Not only have IDPs exhausted their own supplies, making them dependent on their hosts' resources, but over 60 per cent of the region's farmers have been displaced just before the start of the planting season, making food crops scarcer and setting the scene for protracted shortages. Both IDPs and host families have increasingly resorted to negative and unsustainable coping strategies as a result. Some have reduced their food intake from three meals to one a day, and host communities have resorted to eating grain set aside for sowing. The collaboration between the governmental and non-governmental organizations include; the procurement of medicines, vaccination, sensitization, training of personnel and public awareness in the IDP camps. It is against this background that the study examined that impact of collaboration between the government and NGOs in the management of IDPs in Jere, Borno State.

Statement of the Problem

Borno State is worst affected in the North eastern region of Nigeria by terrorist activities, hence has the largest number of IDPs. There are about one million five hundred internally displaced persons in the state (Sidi, 2015). These IDPs live in easily identifiable camps; others seek shelter in spontaneously created camps or in churches, schools, and other public building, while others move into the homes of family or relatives in Maiduguri, the state capital. The federal government and indeed Borno state government lack the capacity to provide for the healthcare needs of IDPs. The available health facilities and personnel in the state are not sufficient to cater to the health needs of IDPs and the capacity of the state government to provide health services to all the IDPs is lacking. NGOs are available in Maiduguri to assist the government in the management of IDPs. The extent to which government and NGOs have collaborated in the management of specifically the health services to IDPs in Jere has not been documented, hence, the need for this statement is very paramount to the development of this study, through the existing literature review.

Objective of the Study

The main objective of the study was to assess the impact of collaboration between government and NGOs on the management of Internally Displaced Persons (IDPs) in Jere, Local Government, Borno state. The specific objectives were to; Examine the role of government and NGOs in the provision of maternal care services to IDPs and to assess the impact of collaboration between government and NGOs in the provision of sanitation and Hygiene to IDPs as well as the impact of collaboration between government and NGOs in the provision of health care facilities in Borno state.

Scope of the Study

The study covered the period 2020 to 2022, the choice of this time frame is informed by the fact that it was in 2012 that the Federal Government openly solicited for the coming of NGOs in Maiduguri to respond to emergency humanitarian needs arising from displacement in the Northeastern region in Nigeria and Jere, Borno State in particular.

Literature Review

Concept of 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 1980s as a result of changing dimensions of conflict in nations. Hitherto, conflict was inter-states but this period witnessed a change to intra-state conflict. Hence, United Nations 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 generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized 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, 2014). This definition although universally accepted fails to recognize those who were displaced by the perceived feelings of the 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 definition. According to 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 a 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 crisis, asset depletion often comes before displacement and it becomes hard to tell who is to be considered as a direct victim of the conflict and who is to be considered as an indirect victim.

In contrast to the definition given by United Nations Guiding Principle on Internal Displacement, Ibeanu (1998) argues in opposition to traditional explanations that population displacement is a complex problem most often arising when the rights of a group are violated or denied; or when the physical security of members of the group is threatened. The nature of the state is a major causal factor inducing population displacement, especially where it is unable to ensure access for all its citizens or accord them adequate physical security. In his

reconceptualization of IDPs, Ibeanu (1998), conceives it “internal population displacement” as an integral part of a single general theory of population displacement. Internal should not be understood as defining a category of displaced persons as in IDPs (internal) distinct from refugees (external). Neither should it be understood as a formulation of a regional theory of internal population displacement. Rather, it should represent an attempt to build into a general theory of population displacement the purely secondary parameter of the exact location of a displaced population. This conceptualization points to the fact that locations determine access to assistance:

IDPs are people forced to flee their homes but whom, unlike refugees, remain within their country's borders. Refugees and IDPs share many characteristics; however, those who are displaced within their own borders are not covered by international refugee law and are therefore, particularly difficult to protect or to provide them with humanitarian assistance (Daudu, 2005: 1).

The point made by both Ibeanu (1998) and Daudu (2006) is that human services are given to the displaced living outside the domain of their states of initial displacement. The analysis shows the weakness of international law on IDPs; however there exist concerted effort by the international actors to protect the rights of IDPs in the form of the enactment of guiding principles and its domestication by states.

In the same vein, Ferris and Winthrop (2013), suggests that the definition of IDPs by the United Nation Guiding Principles on Internal Displacement is a descriptive definition rather than a legal one. A person either is or is not displaced; there is no process prescribed in the guiding principles to determine whether someone meets agreed criteria. The definition of IDPs is quite different in content than the definition of a refugee; it specifically refers to “persons` or groups` of person unlike the definition of refugee, which focuses exclusively on individuals. The causes of displacement are broader, including those forced to leave their communities because of natural or human-made disaster as well as those who flee in order to avoid the effect of armed conflict. Thus, a person fleeing port-au-prince because of the devastation of the January 2010 earthquake is an IDP if he or she moves elsewhere within the country. But if the same individual, fleeing the same earthquake-caused devastation, flees to another country, he or she is not a refugee under the 1951 convention. Similarly, a person forced to leave his or her community because of a large-scale development project, such as dam construction, is an IDP under the definition in the Guiding Principles, but is not a refugee under the 1951 convention.

The term IDP is a descriptive, not a legal definition, since the legal rights of IDPs are upheld by their local government (Kamsalem, 2003). As such, a difficulty arises in categorizing children born to IDPs, as the child has never actually been displaced from their habitual residence. This is another problem with the UNHCR definition of IDPs, and represents an aced as a result of their location, and international law only covers those

Significant protection gap for children of concern. Moreover, there is no agreement on when internal displacement ends (Forced Migration Review Special Issue, 2003). Confounding the problem of definition further is the fact that the internally displaced are often lazily referred to as “refugees”, despite remaining within their national borders

Methodology

Study Area

Borno State, is a state in north-eastern Nigeria. Its capital is Maiduguri. The state was formed in 1976 from the split of the North-Eastern State. The state is dominated by the Kanuri people. Other smaller ethnic groups such as Lamang, Babur and Marghi are also found in the southern part of the state. Shuwa Arabs are mainly the descendants of Arab people and is an example of the endurance of traditional political institutions in some areas of Africa, where the emirs of the former Kanem-Bornu Empire have played a part in the politics of this area for nearly 1,000 years.

Jere is a Local Government Area of Borno State, Nigeria. Its headquarters are in the town of Khaddamari. It has an area of 868 km² and a population of 211, 204 at the 2006 census. Jere Local Government Area is linked to Maiduguri the state capital of Borno State which add advantage for its commercial and other activities. Elmiskeen camp was opened for IDPs who were in Government Girls Secondary School to habitat. The camp is managed by both the government and NGOs. Muna Garage is also located in Jere Local Government Area and has a total population of 9620 IDPs. The camp was open in 2013 when the IDPs flee from their homes of habitual residence. Fariya IDP camp has a total of 4321 IDPs and was opened in 2016 by the Jere Local Government Council and supported by the State Emergency Management Agency.

Source of Data

The data for the study were obtained from primary and secondary sources. The primary source of data was generated through questionnaires and interview while the secondary data were from journals, textbooks, pamphlets, newspaper and other published materials.

Population of the study

The population of the study were comprising of IDPs and staff of SEMA and the heads of Medicine San Frontiers (MSF) in Jere Local Government areas. These were El-miskeen camp (7232), Muna Garage (9620) and Fariya IDP camp (4321). The total population of the study was 21173.

Sample Size and Sampling Techniques

The sample size of the study was obtained using Taro Yamane formula. Random sampling techniques for this study. Simple random sampling is the basic sampling technique where a group of subjects (a sample) is selected for study from a larger group (a population). Each individual will be chosen entirely by chance and each member of the population has an equal chance of being included in the sample. Proportionate sampling technique will be used in the distribution of the sample.

Taro Yamane (1973) formula was use to collect the sample as presented below:

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

Where

n= sample size

N= finite Population

l= unity or constant

l= unity or constant

e= level of significance (5%)

$n = 21173 / 1 + 21173 (0.05)^2$

$n = 21173 / 1 + 21173 (0.0025)$

$n = 21173 / 1 + 52.9$

$n = 21173 / 53.9$

n=393

Sampling Frame

Variables	Population	Sample
Elmiskeen camp	7232	92
Farm center	9620	100
Fariya IDP camp	4321	70
SEMA Official	231	55
NGOs (MSF)	60	20
Camp official	200	60
Total	21173	393

Method of Data Collection

This is survey research and it employed the use of structured questionnaire and interview to obtain data. The questionnaire was distributed to the IDPs in the selected camp while the interview was conducted with the heads of SEMA and MSF. Secondary data were collected from other sources such as published materials, newspapers, internet, journals and textbooks.

Method of Data Analysis

The quantitative interviewed and questionnaire's raw data were collated and tallied. Descriptive statistics including frequencies and percentages were used to present the data. The data obtained from the field was analyzed using descriptive statistics in form of tables

Result and Discussion

This section provided the information of the effects of collaboration between governmental and Non-Governmental Organizations in sensitizing IDP camps.

Sensitization by SEMA in IDP camps to improve health care consumption

The researcher sought to know from the respondents the effort by SEMA in sensitization of IDPs towards improving their healthcare consumption.

Table 1: Distribution of Sensitization by SEMA in IDP camps to improve health care consumption

Options	Frequency	Percent
Yes	168	46.7
No	192	53.3
Total	360	100

Source: Field Survey, 2022.

Table 1 exhibits the respondents that SEMA sensitizes in their camps, in which 168 representing 46.7% are of the view of the sensitization by SEMA in improving their health consumption while majority of the respondents representing a percentage of 53.3 are of the view that SEMA is in active in sensitizing their camps.

Sensitization by MSF in IDP camp on improving your health consumption

The researcher sought to know from the respondents the effort by MSF in sensitization of IDPs towards improving their healthcare consumption.

Table 2: Sensitization by MSF in IDP camp on improving your health consumption

Options	Frequency	Percent
Yes	306	85
No	54	15
Total	360	100

Source: Field survey, 2022.

Table 2 shows the response which expresses sensitization process undertaken by MSF in IDP camps of the study area. From the sample of 360 respondents, it is depicted that 306 respondents representing 85% mentioned that MSF sensitizes their camps to improve their health status while contrary to that, 54 respondents representing 15% disapproved of the sensitization by MSF on improving their health status.

Collaboration between SEMA and MSF in sensitizing the IDP camps

The researcher sought to know from the respondents the effort by SEMA and MSF in sensitization of IDPs towards improving their healthcare consumption. The results is presented in Table3.

Table 3: Collaboration between SEMA and MSF in sensitizing the IDP camps

Options	Frequency	Percent
Yes	150	41.7
No	210	58.3
Total	360	100

Sources: Field Survey, 2022.

Table 3 shows the distribution of respondents that responded to the collaboration of SEMA and MSF in sensitizing them. 150 respondents representing 41.7% said Yes to the collaborative effort while 210 respondents representing 58.3% of the population said No to the collaboration between SEMA and MSF in sensitizing them. Analysis of the table showed that there is collaboration between SEMA and MSF in sensitization of IDPs in Jere.

Collaboration of SEMA and MSF in improving health status of the IDPs

The study enquired to know from the respondents whether collaboration between SEMA and MSF have improved health status of IDPs in Jere. The results is presented in Table 4.

Table 4: Effectiveness of collaboration of SEMA and MSF in improving health status of the IDPs

Options	Frequency	Percent (%)
Very effective	198	55
Effective	96	26.7
Not effective	66	18.3
Very ineffective	0	0
Total	360	100

Source: Field Survey, 2022.

Table 4 indicates views respondents that showed effect of improvement in their health status. 198, representing 55% of the respondents are of the opinion that the healthcare service/delivery is very effective on them, 26.7% of the population opined it is effective, 18.3% of the population argued it is not effective and none agreed it is very ineffective. Collaboration between SEMA and MSF is effective in improving the health status of IDPs.

Table 5: Responses of MSF in provision of maternal service in the IDP camps to improve their health consumption

Options	Frequency	Percent (%)
Yes	306	85
No	54	15
Total	360	100

Source: Field Survey, 2022.

Table 5 ascertains responses from respondents that MSF is involved in the provision of maternal service in IDP camps of Jere local government. The table showed that 306 (85%) from the response agreed with the idea while 15% did not agree to the maternity service activities by MSF in their camps. Analysis of the table showed that majority of the respondents agreed that MFS is involved in provision of maternal service in the camps. Awareness on the collaboration between SEMA and MSF

The researcher sought to know from the respondent's whether they are aware of collaboration between SEMA and MSF in provision of maternal service between SEMA and MSF.

Discussion of the Findings

The definition of IDPs provided above is the most widely used definitions. According to 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 crisis, asset depletion often comes before displacement and it becomes hard to tell who is to be considered as a direct victim of the conflict and who is to be considered as an indirect victim.

In contrast to the definition given by United Nation Guiding Principle on Internal Displacement, Ibeanu (1998) argues in opposition to traditional explanations that population displacement is a complex problem most often arising when the rights of a group are violated or denied; or when the physical security of members of the group is threatened. The nature of the state is a major causal factor inducing population displacement, especially where it is unable to ensure access for all its citizens or accord them adequate physical security. In his reconceptualization of IDPs, Ibeanu (1998), conceives it as "internal population displacement" as an integral part of a single general theory of population displacement. Internal should not be understood as defining a category of displaced persons as in IDPs (internal) distinct from refugees (external). Neither should it be understood as a formulation of a regional theory of internal population displacement. Rather, it should represent an attempt to build into a general theory of population displacement the purely secondary parameter of

Displaced persons under international law are persons or groups of persons who have been forced or obligated to flee or to have cause to leave their homes or place of habitual residence in particular, as a result of or in order to avoid the effect of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and they must have

either remain within their own national borders (as internally displaced persons) or they must have crossed an internationally recognised state border (as refugees) (Ladan, 2006). Hence displaced persons are of two categories: Refugees and Internally Displaced Persons (IDPs). The Convention Relating to the Status of Refugees

Conclusion and Recommendations

From the forgone findings of this study, the following conclusions have been drawn on the effect of collaboration between governmental and Non-governmental organizations on health care service delivery in IDP Camps in Jere Local Government Area of Borno State.

The respondents are not aware of sensitization by the state Emergency Management Agency SEMA in IDP camps to improve health care consumption in Jere Local Government Area. Accessibility to maternal health care services has been made effective by MSF in IDP camps in improving health consumption and there is the effectiveness of collaboration of SEMA and MSF in improving the health status of the IDPs. The provision of sanitation and hygiene facilities in the camps by MSF has improved the health status of IDPs in the Jere local government area of Borno State.

Going by the above findings and suggestions, Recommendations are proffered to overcome the challenges or effects of collaboration between governmental and Non-governmental organizations on health care service delivery in IDP Camps in Jere local government area of Borno state.

- i. Government should effectively adopt a plan or framework to address the root cause of insurgency which are termed poverty, unemployment, and illiteracy by bringing in government policies and programs.
- ii. Government, non-governmental organizations, and vulnerable stakeholders must evolve a means of providing improved security surveillance to health care infrastructures in other to protect personnel and patients seeking medical attention in the IDP camp.
- iii. There is a need for the government, non-governmental and employers of the health sector to bring in professionals and qualified personnel to health centers to avoid loss of lives during compliance to prescribed treatment to patients in IDP Camp.
- iv. More funds should be provided by the government to the health sector for the improvement and purchase of needed health equipment and technologies for effective health care specially to avoid infant and maternal mortality.
- v. There should be an improved collaboration between the government, non-governmental organizations, security personnel, religious leaders, and health workers in other for both to deliver protection to the victims affected by the Insurgency in the IDP camp.

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