

## EVALUATION OF THE SATISFACTION LEVEL OF THE IDP WITH THE BASIC IDP FACILITIES PROVIDED

### Abstract

The prolonged conflict between the Boko-Haram and the Nigerian military has led to the displacement of a lot of people from their communities forcing them to settle into Internally Displaced Persons (IDP) camps over these years. This has placed a heavy burden on the government and other non-governmental organizations in the provision of aids and IDP camp facilities to reduce the suffering of these people, especially women and children. This paper sought to evaluate the IDP satisfaction or Dissatisfaction with the camp facilities in official camps in Borno State. It was conducted with the use of a structured questionnaire distributed in 12 out of the 16 official IDP camps studied. A total of 392 questionnaires were distributed with 331 returned given a percentage response of 84.4% and the data gotten were analyzed using the SPSS version 19.0. The result revealed among others that; There is a gross insufficiency in the provision of water and toilet facilities in the IDP camps, and Electricity/lighting services are the facilities that the IDP is most dissatisfied with. The research recommends that Government, INGO, and Local NGOs should try to improve the Electricity/lighting services in the IDP camps as they pay similar attention to the nature of the Shelter/tent and Water containers accordingly.

**Key Words:** IDP facilities, IDP Satisfaction level camps, Quality Assessment

### INTRODUCTION

Conflict is one of the major causes of the forced displacement of people from various homes. In Nigeria, the Bukhara insurgency, Banditry alongside the counter-insurgency by the Nigerian Armed forces has forced over two million people to flee for safety within Nigeria as internally Displaced people (IDPs) (Salleh, Ahmad, and Jamil, 2018). The United Nations Humanitarian Commission for Refugees (UNHCR 2016) defines internally displaced persons (IDP) as people who have been evicted from their houses for many of the same reasons as refugees but have not crossed an international border, are often persecuted, or are under attack by their government they are frequently in more desperate situations than refugees. The UNHCR also says that the IDP outnumber refugees two to one. (UNHCR 2016).

It is no exaggeration to say that the challenges facing internally displaced individuals are tremendous and have a negative effect on Nigerians and are inimical to development. Some of these challenges include insecurity, trauma, bitterness, hunger and starvation, acute malnutrition, sexually transmitted diseases, poor shelter or accommodation, lack of good water and electricity, and waste management challenges (Azam, 2009)

Northeast Nigeria is one of the parts of the country that has experienced intense displacement of people from the Boko-haram and the erection of both formal and informal internally Displaced People camps. Borno State in North Eastern Nigeria continues to struggle due to a long-term humanitarian crisis, arising from the conflict and hostilities in the region, in relation to the armed

opposition group movement leading to the creation of several IDP camps. The camp-like settlements are categorized as either planned, transit, dispersed, or self-settled camps (IOM-DTM, 2015). The planned camps are officially authorized by national authorities and non-governmental organizations. There were also camps created as intermediate or temporal shelters to serve the IDPs before they moved to a more stable location. This paper is particularly about the services provided in the official or permanent camps.

While lack of an adequate number of camps and its facilities poses a serious threat to the life of the IDPs, inappropriate design and location of water and sanitation facilities can also provoke serious protection risks for displaced people, particularly women and girls, and also for people with specific needs, such as elderly persons and persons with disabilities. (SPHERE 2000).

Emergency water supply and sanitation must come adequately as they aim to provide a minimum quantity of clean water and also reduce fecal-oral disease transmission and disease-bearing vectors. Another important reason is to help people who are displaced to live and perform daily life tasks such as going to the toilet and washing with dignity, security, and while being comfortable. (SPHERE project 2004).

Despite the efforts of the Nigerian government, it has been observed that internally displaced persons are still facing harsh conditions, especially in the IDP camps. According to the Federal Republic of Nigeria FRN report (2012), IDPs in Nigeria face difficult living conditions such as insecurity and all forms of exploitation and abuse, including: rape, camping in congested shelters, and isolated as well as insecure or inhospitable areas. According to the assessment, Borno, Yobe, Adamawa and Taraba states that, face food insecurity mainly due to the loss of income and livelihood caused by the insurgency and displacement (Organization for the Coordination of Humanitarian Affairs OCHA, 2015).

According to the FHI360 (2015) report, malaria is among the leading diseases presently ravaging Borno state. It has been established that poor drainages around homes breed disease vectors that transmit diseases. If there are improper drainages in the camp, this can result in an environment that is infested by mosquitoes thereby adding to the suffering of the people.

Several reaches have been done on various aspects of the IDPs Oleribe et al (2019) (key Healthcare challenges facing the IDPs camps); Omole, Welye, and Abimbola (assesses the implication of Boko-haram insurgency on public health), and even Mshelbara et al (2022) (assessing the latrine facilities and Health Condition in IDP camps in Borno State). However, there is really no literature that assesses the IDPs' overview of the facilities provided in the official camps.

It has been stated that the IDP camps are not coming close to closure soon as the conflict between the Nigerian military and the Boko-Haram insurgence is still ongoing and some displaced persons are not yet confident to go back to their homes. (NAN 2017).

It is against this backdrop that the research is aimed at assessing the IDPs' evaluation of the facilities provided in the official camps quality of water sources in the IDP camps, this assessment will cover the IDPs' evaluation of their satisfaction with the sanitary and water service provision in the IDP camps to develop initiatives that can better the lives of the IDPs in Nigeria.

## **LITERATURE REVIEW**

### **Internally Displaced People in Nigeria**

An incessant case of internal displacement of people in recent times has been experienced by Nigeria. In the Nigerian context, the cause of this precarious situation is not far-fetched. Going by history, the country has many times experienced incidences or crises leading to the displacement of people from their original abodes. For instance, the civil war that took place in Nigeria between 1967 and 1970 led to the displacement of people especially those from the Eastern region of the country. Intra-ethnic conflicts, flooding, erosion, and desert encroachment among others has remained a great challenge facing the country. Sometimes the causes of displacement are difficult to understand and often overlap. According to Ladan (2011), most of internal displacements are caused by violent conflicts as a result of ethnic, religious or caused by political undertones. Thousands of people are yearly internally displaced because of natural disasters including flooding in the North and West part of the country, erosion in the Eastern part of the country, spillage of oil and development projects in the Niger Delta region (South-South) (Ladan, 2011). Particularly, ongoing hostilities and armed conflicts in Nigeria have caused many casualties and deaths; though there may not be reliable available statistics showing exactly the number of people who lost their lives as a result of armed conflicts in Nigeria.

**Comment [HPR51]:** If the writer gives an example of a long historical experience like this, it should be better, the problem discussed is not only evaluating the level of satisfaction of IDPs with the facilities provided. The root causes of the conflict with armed violence that continues to occur should be explored further. Or, maybe this could be for another article, namely the one that is looking for a solution to the protracted internal conflict in the country.

Today, the most worrying issue is the ongoing hostility and conflict between the state-recognized armed group and non-state-recognized arm group in the northern region. The ongoing hostility has not only caused many to suddenly run away from their homes and take up shelter in IDP camps, but have also resulted in a massive influx of people into nearby states and countries, thereby bring about refugee crisis.

**Comment [HPR52]:** The correct one, may be "there by bringing."

As highlighted in IOM's first report, the majority of IDPs identified in Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe have been displaced as a result of the on-going hostility/conflict (85.68%). A smaller number was forcefully asked to leave their place of origin because of community clashes (3.33%) or natural disaster (0.99%) (IOM, 2016). Most of the persons displaced internally are living with their relatives in the host communities who are themselves poor most of whom are returnees themselves, thus straining severely already scarce resources as well as worsening and increasing poverty levels (including food and nutrition insecurity) of the affected/host communities (OCHA, 2015).

### The Basic Water Supply Need of an IDP/Refugee Quantity

The basic and very important water supply need of an IDP/refugee is water supplied in adequate quantity while maintaining good quality. A reduction in the water supply for the IDPs will directly affect the health status overall of the population because water made available is a deciding factor for maintaining latrine sanitation and personal hygiene. When supplies are reduced, personal and domestic hygiene is impaired, and the reduction reflects in increased incidence of parasitic, fungal and other skin diseases and also diarrheal diseases.

**Comment [HPR53]:** I think it might be correct if we change to "in the increased incidence".

**Table 1: Minimum Water and Excreta Disposal Standards Provision for SPHERE and UNHCR**

Rationale	Description of standard	UNHCR	Sphere project
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<b>Basic needs for wellbeing and health.</b>	1. Average quantity of water available per person/day.	Greater than 20 litres.	Greater than 15 litres
	2. Water containers per household (average of five members)	1 X 20 litres, 2 X 10 litres, 2 X 5 litres.	2 X 10–20 litres & enough storage containers at household level.
	3. Communal latrine coverage	20 people/latrine	20 people/latrine
<b>Ensure social and security needs in an equitable manner.</b>	4. Distance from farthest dwelling to water point.	Less than 200m.	Less than 500m
	5. Number of persons at each water point	80 to 100 per tap 200 to 300 per hand pump/well.	250 per tap 500 per hand pump 400 per well.
<b>Minimization of health risks</b>	6. Optimum distance of latrine from household	6 to 50m	Less than 50 metres
	7. Number of faecal coliform organisms at distribution point.	0 per 100 ml treated water.	0 per 100 ml treated Water.
	8. Free chlorine residual concentration in disinfected water.	0.2–0.5mg per litre.	0.5mg per litre.

Source: Cronin (2008).

### Sanitary Systems

Sanitation is defined as safeguarding water quality, and disposal properly of human excreta, wastewater, and garbage. It also involves rodents and insects' control, safe food handling practices as well as effective site drainage. These are important alongside Community hygiene practices, household hygiene practices and also personal hygiene practices which are very essential in achieving improved environmental and public health. Provision of health care and the aforementioned are very much **inter related** and as such seen as an entirety (UNHCR 2010, SPHERE 2011). The disposal indiscriminately of human feces and other wastes poses threat to health **there by** requiring a change in both behavior and **hard ware** usage. It is even difficult for IDPs and refugees due to socio cultural habits and unfavorable environmental factors. To deviate

from poor sanitation completely, sanitation measures integrated with effective hygiene promotion for and with the IDPs will play a pivotal lead role which is very essential.

### 2.13.1 Basic Standards and Principles for Sanitary Systems in IDP/Refugee Camps

The sphere and UNHCR standards as seen in table 2 state the need for general needs assessment with reference to site selection and **lay out**. Analyses of the findings from the needs assessment forms part of the needs assessment. This is in collaboration with seeking professional knowledge from locals. Involvement of the IDPS/refugees in the design and sitting for location plays a key role. Special focus should be given to sanitation matters at schools for affected children.

**Table 2: Standard requirements of sanitary facilities (UNHCR, SPHERE 2010)**

	FIRST OPTION	SECOND OPTION	THIRD OPTION
<b>EXCRETAL DISPOSAL</b>	1 latrine/family (or 1 latrine / two families)	1 cubicle/20 persons	1 cubicle / 100 person or defecation field
<b>REFUSE/GARBAGE</b>	STORAGE 1 bin, 100 litres/ families or 50 persons	TRANSPORT 1 wheelbarrow/500 persons and 1 tipper / 5,000 persons	FINAL DISPOSAL 1 landfill (50m <sup>2</sup> and 1.2m deep)/ 500 persons and 1 incinerator and 1 deep pit for each clinic

As seen in table 2 by UNHCR and SPHERE Longer facilities should be planned since it is difficult to predict how long a camp will stay in a given site. As soon as a defecation site is identified, construction of latrines should commence soonest. Greater time lag in the two actions poses difficulty in shifting people from their former open defecation habits. In hot climates, human excreta disposed of in the ground can help in fast-tracking the transmission of diseases (UNHCR 2010). Human **faeces** contain a range of disease-causing **organisms** including viruses, bacteria and eggs or larvae parasites. Diarrhea, cholera and typhoid are spread in this way and are major causes of sickness and death (WHO 2011).

### Solid Wastes

The quantity of garbage generated by IDPs and refugees in emergencies is most of the time not considered substantial and this tends to be neglected. The daily amount of garbage however and its weight can be enormous. The likelihood of insect and rodent borne diseases increases with improper rubbish disposal. Proper and functional systems have to be established for the storage, its collection and disposal of garbage. The garbage disposal sites have to be designated and restricted.

Garbage are generated from items comprising of both food and non-food items such as cans, bottles, **polyethene** rubbish can also come from medical wastes from the clinics and primary health care centers in the internally displaced persons camps. The medical wastes include syringes, needles, contaminated bandages, laboratory specimens etc. These kinds of wastes are mostly non-bio degradable. It has to be ensured that the **rubbishis** properly disposed (UNHCR, WHO).

### Collection of Solid Waste

Solid waste collection is usually by storage of items before final disposal. Storage items include metal drums such as 200 litre drum cut into half. Bins should have lids and drainage holes located at the bottom. A ratio of 10 families (100 people) per 1 capacity is proven to be

Comment [HPR54]: Maybe you mean polyethylene?

effective. it should be 15m from each dwelling at the camps. Use of concrete structures as refuse bins is not realistic as far as IDP's/refugee waste management needs are concerned. Collection of waste should be daily.

**Comment [HPR55]:** I prefer to say "the collection of waste should be done daily."

#### **Solid Waste Final Disposal and Treatment**

Wastes collected can be designated for burial far away from camp dwelling. It can alternatively be incinerated when its small scaled and usually waste from medical facilities. Composting is another way of its disposal as well as treatment and is regarded an attractive option which requires technical guidance because sorting is required. (WHO 2011)

**Comment [HPR56]:** I prefer to put the plural form; thus, "dwellings".

#### **Waste Water**

Waste should at all times be part of planning a site. Proper drainage construction prevents water from stagnating thereby causing harm to the IDPs and refugees. This can breed insects and vectors. Main constituents of waste water in camps are from rain, as well as domestic water from IDPs from their kitchen, showers, laundry points etc some of few people try to manage it by channeling to vegetable gardens around the dwellings and this is encouraged but cannot take the place of proper drainage system construction.

#### **Treatment of Waste Water**

Treatment is through physical and chemical methods. The physical methods involve the provision of channels for the wastewater while chemically is done by applying approved less harm to human chemicals to the sites.

### **METHODOLOGY**

The study adopted the use of a qualitative and quantitative research approach involving the use of the questionnaire, and interview. For this study, 12 major IDP camps were selected purposively out of 16 officially known camps in Borno State and are varied according to the number of residents in the camp. 16 IDP camps are officially known while others are unofficial camps situated in Host communities within the state. Borno State was also selected based on the population of the IDPs which was estimated to be 1, 370, 880 people. Details of affected communities are shown in Figure 1.



Figure 1: Affected Areas by Conflict in North East Nigeria

**Table 2.1 : Population and Communities with the IDP camps in Borno State**

S/N	NAME OF CAMP	CAMP LOCATION	No HHs	EST POPULATION	SOURCE OF DISPLACEMENT	GPS COORD	visited Y/N	Qst administered
1	Girls secondary School camp	Maiduguri Municipal Council	1287	7726	Bama, Jere, Mafa, Dikwa, Kala balge, Konduga	N11.83225, E013.14010	Y	18
2	Farm Centre camp	jere Maiduguri Municipal Council	4,500	31,500	Bama & Marte	N11.86142, E013.21474	Y	67
3	Government College camp	Maiduguri Municipal Council	9478	56,868	Gwoza	N11.83515, E013.12718	Y	132
4	muna garage idp camp	Maiduguri Municipal Council	1033	6200	mmc	N11.83415, E013.11955	Y	20
5	Teachers Village camp	Maiduguri Municipal Council	1323	7938	Kukawa	N11.84307, E013.09869	Y	24

6	Bakassi camp	Maiduguri Municipal Council	1680	10083	Mungun o&Guza mala Konduga, Bama& Damboa	N11.79308, E013.11784	Y	29
7	NYSC camp	Maiduguri Municipal Council	738	4425		N11.82590, E013.11947	Y	16
8	MOGCOLIS camp	Maiduguri Municipal Council	485	2907		N11.84564, E013.14880	Y	13
9	SandaKyarimi camp	Jere	951	5711		N11.84984, E013.18254	Y	19
10	Dalori camp 1	Jere	2588	15529		N1177930, E013.22357	Y	41
11	zonal education IDP Camp	Biu LGA maiduguri municipal council	342	1880	Mandar agrau, Buratai, Gur, kamuya		Y	13
12	munael-badawey camp		1050	6302			N	0
13	transit camp	pulka	199	1194			N	0
14	Arabic Teachers College camp	Maiduguri Municipal Council	381	2284			N	0
15	primary school premises camp	damboa	2139	12835			N	0
16	Gubio Camp	MMC	481	2891			N	0
			<b>28,65</b>					
		<b>Total</b>	<b>5</b>	<b>176,273</b>				<b>392</b>

Source: FHI 360 (2016)

The sampling size was determined using the Yamani (1973) Formula. The formula states that for a known population, population size can be calculated as

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

Where;

n = the desired sample size

N=population size

e= level of precision or sampling of error which is plus or minus 5%

$$n = ? N = 28,655 \text{ HHs}, e = (0.05)^2,$$

$$n = 28,655 / 1 + 28,655(0.05)^2$$

$$n = 392$$

Therefore, a total of three hundred and ninety-two (392) questionnaires were distributed to HHs across the 11 IDP camps visited.

To collect data for the study, a multi-strategy approach was used because it allows the use of more than one method of sources to be used in collecting both primary and secondary data for a study. This enabled cross-checking of findings.

The divergent views of all the sample size were treated according to the method of research selected for each data collection technique. As a result, a purposive sampling technique was used due to a large number of camps, while random sampling was used for the households' selection. The questionnaire data collected for this study were subjected to statistical analyses using the computer-based software "Statistical Product and Service Solutions" (SPSS). The results of the analysis were represented in the form of a table for easy comparison and clear expression of the findings. Relative importance indices (RII) were also used to rank common occurrences and their importance in the IDP Camps as well as suggestions for improvements in the sanitation situation of the camp.

## DATA ANALYSIS AND PRESENTATION

This section presents the result of the data analysis, ranging from the percentage response, and the profile of the respondents to the respondents' opinions on the satisfaction level of the facilities provided in the IDP camps studied.

### Percentage Response

A total of three hundred and ninety-two questionnaires were administered to respondents (heads of HHs) within the area of study based on the population of the IDP camps. The percentages of responses are presented in Table 3. From the table, it can be gathered that a total of three hundred and thirty-one questionnaires were received adequately filled giving a percentage response of 84.4%.

**Table 3: Questionnaires administration**

Questionnaires	Frequency (No)	Percentage (%)
Number returned	331	84.4
Numbers not returned	61	15.6
<b>Total</b>	<b>392</b>	<b>100</b>

Source: Field Survey (2018).

### Respondents Profile

From the result of the analysis of the respondents' opinions conducted, the profile of the respondents is presented in Table 4. It can be deduced that a greater percentage of the respondents were male (67.7%) while only 32.3% were female. Similarly, with regards to the age bracket of the respondents, a large percentage of the respondents were between the age bracket of 46 years and above (45.7%). This was followed closely by those within the age bracket of 36-45years (34.6%); 26-35years (13.4 %) and 15-25years (6.3%). With regard to the duration of stay in the IDP Camps a larger percentage of the respondents affirmed to have stayed in the camp for a period of about 13-18months (48.8%), this is followed closely by those who have spent between 19-24months (28.3%) and indication that a larger percentage of the respondent has spent a reasonable number of month to give reliable information of activities in the IDP camps. It was also revealed by the respondents that 60% of them have a household number of 7 to 8

persons per household. This is contrary to the opinion of the camp officials who say it is 6 per household as can be seen in the table 5 below.

**Table 4: Respondents Profile**

S/N	Variable	Option	Frequency (No)	Percentage (%)
1	Gender:	Male	224	67.7
		Female	107	32.3
		Total	331	100
2	Age of respondent:	15-25years	20.85	6.3
		26-35years	44.31	13.4
		36-45years	114	34.6
		46 and above	151	45.7
		Total	331	100
3	Duration of stay in the IDP Camp	0-6months	18	5.5
		7-12months	26	7.9
		13- 18months	162	48.8
		19-24 months	94	28.3
		24 months and above	31	9.5
		Total	331	100
4	Total number of HH	0		0
		2-4 people	27	10
		5-6 people	68	20
		7-8 people	203	60
		8 and above	33	10

Source: Field Survey (2018)

**Table 5 Ratio of population to HH**

s/no	Site Name	population	Number of HH	Ratio pop/hh officials
1	Camp A	35658	5943	6;1
2	Camp B	11363	1894	6;1
3	Camp C	33898	5650	6;1
4	Camp D	9963	1661	6;1
5	Camp E	21589	3598	6;1
6	Camp F	19649	3275	6;1
7	Camp G	1072	179	6;1
8	Camp H	2542	590	6;1
9	Camp I	35658	5943	6;1
10	Camp J	4622	770	6;1

11	Camp K	7947	1325	6;1
12	Camp L	19936	3323	6;1

Source: Field Survey camp officials (2018).

#### Where HH-Household

From the table above it can be deduced that the camps have an average of 6 people per household. Although the households are adequate, there are situations where the number of persons within a household is more than 6.

#### Satisfaction/Dissatisfaction Ranking of Basic Needs by IDPs

Table 6 expresses the level of dissatisfaction with the basic provisions in the camp. From the Table, it can be deduced that the respondents were most dissatisfied with the Electricity/lighting services provided in the camps (RII= 0.86). This was closely followed by the nature of the Tent/shelter (RII=0.80) an indication that it doesn't fulfill the purpose of weather protection as a shelter should. The third-ranked factors were the Water containers and water provision (RII=0.77). the details of other facilities as ranked by the respondents are presented in the Table.

**Table6: measures of satisfaction by the ranking of basic needs by IDPs**

S/N	Facilities	WEIGHTING/RESPONSE FREQUENCY									
		1	2	3	4	5	( $\Sigma f$ )	$\Sigma fx$	MEAN	RII	RANK
1	tents or shelter	-	-	50	240	41.7	331	505	3.98	0.80	2 <sup>nd</sup>
2	Electricity/Lighting	-	-	-	237	94	331	544	4.28	0.86	1 <sup>st</sup>
3	waste bins	-	8	14	115	70	331	476	3.74	0.75	4 <sup>th</sup>
4	Toilet hygiene	34	44	106	133	13	331	399	3.14	0.63	6 <sup>th</sup>
5	Toilet facilities	-	44	102	185	-	331	435	3.43	0.69	5 <sup>th</sup>
6	water containers	-	21	44	229	36	331	489	3.85	0.77	3 <sup>rd</sup>
71	Water	-	23	8	300	-	331	487	3.83	0.77	3 <sup>rd</sup>

Where: 1 –very satisfied, 2 –satisfied, 3 – unsure, 4-dissatisfied, 5- very dissatisfied

Source: Field Survey, (2018).

#### Performance Of the Various WASH Facilities in The IDP Camps

The opinion of the respondents regarding performance of the WASH facilities in the IDP camps was sought for and the result of the responses is as presented in Table 7. from the Table, the result of the information regarding the sufficiency of the various facilities in the Camp, shows that the most insufficient facility in the camp is the water facility (35.4%), this was closely followed by the toilet facilities (32.3%) followed by the waste management facilities (9.4%).

With regards to the source of water in the camp, it can be deduced that the major source of water in the IDP camps which includes motorized boreholes, hand pump boreholes, improved hand dug wells, water trucking etc is provided by the UN agencies and INGOs as opined by 77.2% of the respondents. Other providers of water in the camp are the local NGOs as 13.4% of the respondents attested to it. The result also showed that there is rarely or no electricity in the IDP camps (80.3%), however only a small percentage of the respondents 19.7% claim that on few occasions where there is electricity in the camp and that the source is mainly from generators.

**Table 7: performance of the various WASH facilities in the IDP camps**

S/N	Variable	Option	Frequency (No)	Percentage (%)
2	Insufficient Facilities in the camp	Water Facilities	229	69
		Toilet Facilities	222	67
		Waste Management Facilities	190	57
		Clinics	76	22.9
2	Source of Water supply in the Camp:	UN agencies	255	77.2
		INGOs		
		Local NGOs	44	13.4
		External borehole	32	9.4
		Others (specified)	-	-
		<b>Total</b>	<b>331</b>	<b>100</b>
3	Source of Electricity	Public Means	-	-
		Generator	65	19.7
		No Electricity supply	266	80.3
		Others (Specify)	-	-
		<b>Total</b>	<b>331</b>	<b>100</b>

Source: Field Survey, (2018)

## SUMMARY, CONCLUSION, AND RECOMMENDATION

### Summary

The following is the summary of the findings:

- A larger percentage of the respondents have been in the IDP camps between 13-18 months, closely followed by the 28.3% of the respondents that have stayed in the IDP between 19-24 months. And the respondents attested that most average number of people in a Household is between 7-8 as attested by 60% of the respondents
- Electricity/lighting services provided in the camps (RII= 0.86) were identified as the facility in the camp that the IDPs are most dissatisfied about. This was closely followed by the nature of the Tent/shelter (RII=0.80); Water containers and water provision (RII=0.77), which were ranked second and third respectively.
- the most insufficient facility in the camp is the water facility (35.4%), this was closely followed by the toilet facilities (32.3%) followed by the waste management facilities (9.4%).
- The major source of water supply in the camps are the UN agencies and INGO as opined by 77.2% of the respondents. Another major source of water in the camps is from the local NGOs as attested by 13.4%

### Conclusion

Based on the findings, the following conclusions can be drawn:

- There is a gross insufficiency in the provision of water and toilet facilities in the IDP camps, this fact is proven from the result of the analysis of the respondents' opinions, the

Comment [HPR57]: Wouldn't it be more correct "most dissatisfied with"?

checklist result, and from the plate/figure taken during the physical assessment of the IDP camps. At the time of this research, Electricity/lighting services are the facilities that the IDPs most dissatisfied about. Other camp facilities that they are dissatisfied with in the order of their severity are the state of the tent/shelter, water containers, water provision, and waste bin or solid waste disposal facilities. Finally, the major provider of water in the IDP camps is the UN agencies and the INGO.

### **Recommendations**

The following are recommended:

- a) The number of persons in a Household (HH) should be reduced as this will reduce the chances of the spread of contagious diseases.
- b) Government, INGO, and Local NGOs should try to improve the Electricity/lighting services in the IDP camps as they pay similar attention to the nature of the Shelter/tent and Water containers accordingly.
- c) The final dump sites for fecal sludge collected from the camp can be utilized to produce biogas or electricity since the major problem of the IDP camp is the lack of electricity.
- d) The national policy for IDPs and refugees should clearly specify the WASH requirements of the IDPs base on the Nigerian context. The SPHERE and UNHCR standards do not capture the entire context of Nigeria and especially Northeastern Nigeria.

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