

## **Provision of Child Health Care Service to Internally Displaced Persons Camps in Maiduguri, Borno State, Nigeria**

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### **Abstract**

*Children and mothers are the most vulnerable population during displacement, hence the need for the provision of effective health services for them. The management of the healthcare of the children can be facilitated through collaboration among agencies. This study therefore, assesses the impact of collaboration among agencies on the provision of healthcare of Children in IDP camps in Borno state. The participatory development theory was used in the study. The study employed qualitative technique in generating data. Secondary data was therefore utilized and the data obtained was analysed using content analysis. The study found out there was functional collaboration among agencies in the provision of child care services in the camps which has helped improve the health status of the children. There are health facilities in all the official and non-official camps in Maiduguri which is maintained by both government health officials and N. These agencies are saddled with the responsibilities of provision of qualitative child health care services and the services are collaboratively provided. The total number of successful deliveries in the camps from 2014 to 2017 was 19097. This success was owing to qualitative antenatal care services. There are consistent immunization services for the children by both the government and the NGOs. The study concludes that inter-agency collaboration has been effective in the provision of healthcare needs of pediatrics in IDP camps in Maiduguri. The study, therefore, recommends among others that agencies should work out a modality to ensure steady and continuous referral system for IDP Children.*

**Keywords:** Children; Health Care; Inter-agency Collaboration; Internally Displaced Persons; Provision.

### **Introduction**

Nigeria has one of the highest numbers of displaced persons in Africa as at 2016 and accounts for about 15 million internally displaced by conflict and generalised violence (Bilak et al, 2016). This does not include internal displacement induced by development projects that are regulated by states. Between July and October 2012, National Emergency Management Agency (NEMA) (2013) estimated that a total of 7.7 million people was affected by inter-communal conflicts and flooding across the federation. Out of the affected population 2.1 million people were internally displaced (IDPs) as a result of terrorist activities. Boko Haram terrorist group have been killing people and destroying homes, leading to the exodus of millions of internally-displaced persons who have turned Maiduguri into a congested capital. There are over 1.5 million IDPs that are displaced from about 18 local government areas of Borno state who were forced to leave the comfort of their homes to take refuge in the state capital as IDPs. NEMA (2013) reports that Boko Haram terrorists had forced residents of various communities in Borno State to take refuge in Maiduguri, Adamawa, Bauchi, Gombe, Taraba, Bauchi, Yobe and Abuja, but as at July 2016, about 1.5 million IDPs are being camped in various public school premises, newly-completed but yet-to-be-commissioned housing estates, as well as among host communities in Maiduguri.

Borno State is worst affected in the North eastern region of Nigeria by terrorist activities; hence it 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 offer protection to all the displaced persons. The available health facilities and personnel in the state are not sufficient 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. Non-Governmental Organization (NGOs) is available in Maiduguri to assist the government in the management of IDPs.

The need for child health care service in the camp is quintessential because of their vulnerability to ailment. Pediatric services must necessarily include the provision of immunization and antenatal care for the displaced. This is to ensure that child killer diseases are eliminated from the camps. The extent to which government and NGOs have provided health services to IDPs in Maiduguri has not been documented, hence, the need for this study which rely heavily on secondary data and interview conducted with staff of government agencies and Non-Governmental Organizations. The study was conducted in eight official camps and three un-official camps. Descriptive statistics was used to analysed the data.

### **Literature Reviews**

Children as IDPs, on account of their young age are more exposed to the difficulties and risks associated with displacements (Shahid, 2014). Their health is mostly addressed in perspective of reproductive health, malnutrition and immunization programs and their psychological needs remains mostly a neglected area. During internal displacement, population bearing the brunt of health-related inadequacies is people in young age (Shahid, 2014). The highest morbidity levels in elderly are caused by bad environmental conditions which further exacerbated due to non-availability of appropriate healthcare facilities provided by the responsible agencies. The health challenges of the IDPs calling for the systematised approach in response vary.

Central to all the frameworks or principles on the management of IDPs is the health of IDP children, which is a key component of humanitarian assistance and a priority in the management of their well-being. The health needs of the displaced persons are so important that it is regarded as a separate indicator for their management, which is partly touched when discussing on their quality of lives. IDPs children should enjoy access to health services equivalent to that of the host population, while everyone has the right under international law to the highest standards of physical and mental health. Government and NGOs plan their child health care interventions based on needs, risks and vulnerabilities, which are determined as part of an inter-agency assessment by a competent health and nutrition partners to secure these children. There are so many health challenges confronting the IDP Children which ranges from malaria, malnutrition, measles, diarrhea, respiratory tract infections, maternal and child mortality, and HIV/AIDs.

One of the greatest challenged to meeting the healthcare needs of IDP children is the lack of coordination among agencies saddled with the responsibilities of providing humanitarian assistance to the IDPs (Mampaa and Ifatimehin, 2018). ECHO (2006) reported that basic humanitarian needs in form of health care are not systematical addressed in camps in northern Uganda. However, where there is collaboration among agencies, the health challenges of the IDPs are usually mitigated. For example, a report by ACAPS (2014), showed that 40% of the outbreak of cholera in Maiduguri were reported to be from IDP camps, this percentage decreased significantly due to the medical intervention by Medicine Sans Frontiers (MSF) and state ministry of health. The agency collaboration as required by the Guiding principles, Kampala convention and National Policy on IDPs are a sure means of improving the health status of IDPs. A study by Ifatimehin, Ujah, and Abudllahi (2019) indicated that synergies among agencies have enhanced the provision of health services to IDPs in camps in Maiduguri.

Similarly, internally displaced frequently suffer the highest mortality rates in humanitarian emergencies. In Uganda, the HIV/AIDS rate among the internally displaced is six times higher than in the general population. The government has failed to control the spread of the disease among campers in Uganda, and little was done by the non-governmental organisations to stop the spreading (The Monitor, 2005). The result of the dismal failure by both government agencies and NGOs led to the high prevalence rate of HIV/AIDS among the IDPs, hence an ineffective health status of the IDPs.

### **Participatory Development Theory**

Participatory development theory has long been a widely applied theory in developmental issues. Though its intellectual origins may be traced to the notion of development conceived and popularised by Mahatma

Gandhi in India even decades before independence in 1947, various institutions and agencies in the advanced capitalist countries tried to offer a recipe for development in the post-war period under various themes like community development programme, rural development etc. for the Third World. Many Third World governments also sought to incorporate the framework of this development formula into their socio-economic programmes and policies. The concept of participatory development got further momentum when the global financial institutions and agencies such as the World Bank promoted "basic needs approach in development. Even as such attempts were underway, many began to argue that participatory development could emerge as a "radical alternative" to the mainstream growth path. The ascendancy of the concept in recent years, however, must be situated in the paradigmatic shift in development strategy, which is integrally linked with the transition in the international political economy from Keynesianism to monetarism/neoliberalism.

As indicated, much before this transition and the paradigmatic shift, there were attempts - both at intellectual as well as policy levels- to offer a participatory framework for development. For instance, while the writings and perspectives of Mahatma Gandhi provide insights into the potential of an alternative people-centric development in the anti-colonial era, the vision of the Latin American intellectual, Paulo Freire, is reckoned today as the strongest affirmation of the value of participation in the postcolonial era. The Gandhian and Freirean views provide the basis for the analysis of participatory development theory as developed by Aderonmu and situated with the prism of the study on the effectiveness of inter-agency collaboration in the management of IDPs in Borno state.

Participatory development model developed by Aderonmu (2013) can be explained from three perspectives. The first perspective views non-governmental organisation as the third of three-legged stool, complementing the state as pillars of any recognised and well-functioning society. NGOs from this perspective are the social space in which citizens organise themselves on a voluntary basis to promote shared values and objectives. Thus, NGOs is seen here as essential to proper functioning of a democratic society and the growth of social capital. The second perspective is a related view to the first perspective. It sees NGOs as one of the five pillars of democracy, along with the executive, the legislature, the judiciary and the independent media. This view provides a good governance perspective on the role of NGOs.

The third perspective of development theory views non-governmental organisation as a constellation of organisation that is actively engaged in development programmes and operations. From this perspective, non-governmental organisations because of their diversity, are rich in values and provide opportunities for donors, government, citizens and development practitioners, to identify partners with whom to engage in the pursuit of development objectives and public goods. The third approach focuses on non-governmental organisations from a human right perspective, seeing it as a mechanism for the social empowerment of particular classes of society, such as the poor and dispossessed, women and ethnic group, among others.

Although these three perspectives seem to differ, they are complementary and all emphasise the three general categories of normative roles played by both governmental agencies and non-governmental organisations. Meanwhile, the emergence of the concept of participatory development, that is, development that is conceived not only as society centered (Pieterse, 1997) but also a democratic and people-centered (Burkey, 1993; Broham, 1969), has also led to the redefinition of the role of the governmental and non-governmental organisations in addressing national priority.

Applying the above theory to the study, especially the second perspective, the theory presumes that in the management of the internally displaced persons, the role of non-governmental organisations is pivotal. The IDPs are to be managed by the NGOs however, the government complements the effort. The essence of government can only be realised with the active participation of the civil society organisations. For there to be any meaningful development, the NGOs must over the direction of influence for governance. The shortcoming of the theory is that it relies more on the NGOs to provide the direction on the management of

the IDPs while government complement. So long as the NGOs are incapacitated or could not reach the IDPs due to terror, the management of the IDPs is truncated.

### **Analysis of Data and Presentation of Results**

The researcher sought the interviewee to give details on whether child care services are adequately enhanced by functional coordination among agencies. This is with the view to knowing the functionality of inter-agency collaboration in the provision of childcare services among the IDPs in Maiduguri, Borno state.

### **Interview 1: Improving the Quality of Pediatric Services**

The finding of the interview reveals that in each of the official camps, there is the presence of both government health officials and NGOs providing child care services. However, only the presence of NGOs is recorded in un-official camps most especially UNICEF. There is a high level of collaboration among agencies in catering for the healthcare needs of the children. Collaboration occurs at the level of referrals from clinics maintained by NGOs to state specialist hospital, UmaruShehu Ultra model hospital and the University of Maiduguri Teaching Hospital. The interview further revealed that MSF has established a hospital with facilities likened to that of secondary level of care, which is also referred by lower clinics in each of the camps. The inference from the interview showed that there is a high level of coordination among agencies in the provision of childcare services in camps in Maiduguri, Borno state. The implication of the finding is that there is functional coordination in childcare services which has improved the health status of IDPs children.

**Table 1: No. of Child Birth in the camps**

S/No.	Location	2012	2013	2014	2015	2016	2017	Total
1.	NYSC	-	-	142	201	91	171	2906
2.	Bakassi	-	-	-	341	291	391	2414
3.	Dalori I	-	-	-	307	403	472	2872
4.	Dalori II	-	-	-	91	182	141	1214
5.	Teachers Village	-	-	101	147	107	142	1837
6.	Gubio Road	-	-	47	82	117	170	2619
7.	EYN	-	-	21	41	19	47	432
8.	Madinatu League	-	-	-	101	142	191	1846
9.	Farm center	-	-	-	109	171	107	1825
10.	Saint Hillary	-	-	-	18	31	24	73
11.	GarbaBuzu	-	-	102	87	181	204	1059
Total		-	-	1240	4061	6441	7355	19097

**Source: Field Survey (2018)**

Table 1 validates Interview 1 and indicates the number of child birth in the camps. The highest number of child birth is recorded in Dalori Camp I with 2872 while the least is in Saint Hillary 73. Socio-cultural and religious factors could be used to explain this variation. Year 2017 has the highest number of child birth with 7355 while the least was in 2014 with 1240. The total number of child birth from 2014 to 2017 is 19097. The number of child birth when compared with the number of maternal death showed that there are

less than 5 deaths in 1000 child birth, which is good figure when compared to the national figure of 43 deaths per 1000 child birth.

### **Promoting Antenatal care Services**

The researcher asked the interviewee to describe coordination among agencies in terms of provision of antenatal care services. This is with the view to knowing the extent to which agencies provide antenatal care services due to the level of reproduction among IDPs.

### **Interview 2: Promoting Antenatal care Services**

The interviewee pointed out that in each of the clinics in the camp (both official and un-official) there is special unit dedicated to the provision of antenatal care services to pregnant women. All the necessary services are provided to the woman in the clinics. When asked if this done by different agencies, the interviewees were unanimous in saying that each of the NGOs maintains their individual clinics but collaborate whenever the need arises. Pregnant women are attended to by qualified health personnel provided by the respective agencies. According to the interviewee's government health officials are only found in official camps which equally enjoys the presence of NGOs, however, only NGOs provides antenatal services to pregnant women. The inference from the interview showed that there is coordination among agencies in the provision of antenatal care in official camps which is lacking in un-official camp. The implication of the finding is that IDPs in official camps receives more attention than those in unofficial camps. However, antenatal care services are adequate in the two types of camps.

**Table 2: No. of Death of Women during Child Birth**

S/No.	Location	2012	2013	2014	2015	2016	2017	Total
1.	NYSC	-	-	-	3	5	0	8
2.	Bakassi	-	-	-	4	1	1	6
3.	Dalori I	-	-	-	2	2	0	4
4.	Dalori II	-	-	-	6	0	0	6
5.	Teachers Village	-	-	-	3	0	0	3
6.	Gubio Road	-	-	-	3	0	1	4
7.	EYN	-	-	-	1	0	0	1
8.	Madinatu League	-	-	-	2	2	1	5
9.	Farm center	-	-	-	3	1	0	4
10.	Saint Hillary	-	-	-	0	0	0	0
11.	GarbaBuzu	-	-	-	2	0	0	2
Total		-	-	-	29	11	3	43

**Source: UNICEF (2018)**

Table 2 shows the maternal mortality rate in the selected camps in Maiduguri. The table shows that the camp with highest maternal death during child birth is NYSC camp while Saint Hilary camp did not record any maternal death. The total number of deaths from 2015 to 2017 in the eleven selected camp is 43. The table shows the number of deaths is minimal compared to the national figure which validates the information in the Interview. What this presupposes is that maternal death among the IDPs is low as a result of functional and efficient maternal care services provided by the agencies responsible for the management of IDPs in the camps.

### Discussions of Major Findings

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 study hence examined the adequacy of childcare services enhanced by collaboration among agencies in Borno state. The study found out from the response of the NGOs in interview the interview that there is a high level of coordination among agencies in the provision of childcare services in camps in Maiduguri, Borno state.

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 this study given 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. Shahid (2014) also support the finding of Shahid (2014) 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 study, therefore establishes that synergy among agencies has enhanced the provision of children healthcare services among IDPs in both official and unofficial camps.

### Conclusions

The study concludes that Child care services are adequately enhanced by functional coordination among agencies. The activities of the humanitarian agencies have assisted in mitigating against child mortality in most of the camps in Borno state.

### Recommendations

The study, therefore, recommends that agencies should work out a modality to ensuring that child health facilities are provided in their return and reintegration efforts. Moreover, the referral systems for child care must be strengthened so as to cater for major health challenges that might confront the children.

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