

Boko Haram Insurgency: Assessing the Response Capacity of National Emergency Management Agency Towards the Plights of Internally Displaced Persons in Adamawa State, Nigeria

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Abstract

This study examined the response capacity of National Emergency Management Agency towards the plights of internally displaced persons in Adamawa State, Nigeria. The study specifically examined the response capacity of NEMA with regards to health and feeding in Adamawa State. The research adopted mixed research methods, whereby both quantitative and qualitative approaches were employed. Questionnaire was used as the primary data collection instrument employed by the study. The questionnaire was administered on 579 IDPs of the three sampled camps. Descriptive statistics was utilized in the analysis of data and the results revealed that the health, feeding and education responses are weak. The study recommended, among others, that the Nigerian government through NEMA should ensure that it enhances budgetary allocation to health care of IDPs in Adamawa State, and the Nigerian government should enforce the existing legal framework, policy that would ensure all IDPs are properly fed in Adamawa State.

Key Words: *Insurgency, Assessing, Response Capacity, Plights*

Introduction

Shittu, Adekayaoja, Agaku, Akujobi, and Hamzat (2021), stated that the plights of displaced persons across the world have become an unprecedented global challenge with overwhelming disastrous implications for human development, including hunger, rape, disease, death, among other growing humanitarian crises.

The persistent Boko Haram crisis, along with escalating banditry, social, economic, and environmental pressures, are compelling increasing numbers of people to flee their homes and livelihoods. They seek refuge in safer locations, whether temporarily or for an extended period. Historically, the global crisis of internal displacement emerged on the global agenda in the late 1980s as a result of violent conflicts, internal strife, systematic violations and natural factors

(Armed Conflict Location and Event Data Project Report, 2014). The Internal Displacement Monitoring Center (IDMC, 2018) put the total global internal displacement head count at 40 million with 30.6 million new displacements. These displacements are both conflict and disaster related, spread across 143 countries and territories. Out of 30.6 million new human displacements, 11.8 million people were displaced by violent conflicts while 18.8 million other displacements were linked to natural disasters. The regions affected by disasters include: Africa, Asia, America and Europe with Sub-Saharan Africa leading in violent conflict related displacements (IDMC, 2018).

The global effects of internal displacement and forced migration constitute significant impacts on the countries' economies, particularly the huge task of providing humanitarian response to affected persons and communities for a sustained period, until normalcy is returned. In terms of spending, a great deal of resources is needed to provide such responses: humanitarian responses have high capital costs (Nwankwo, 2021). It is estimated that the world economy loses between \$250 billion and \$300 billion annually on displacements and disasters (Food and Agriculture Organizations FAO, 2017). The impacts of internal displacement can be direct or indirect, short-term or long-term, tangible or intangible (IDMC, 2018). The economic effects of internal displacement can be both positive and negative, as it creates opportunities for financial ambiguities and misuse by certain individuals (Omaraka, 2021). Authorities responsible for providing the basic needs of IDPs can corruptly benefit from revenues intended for tackling displacement challenges. Conversely, displacements are business gains for producers and suppliers of displacement needs (Nigeria Security Tracker, 2019).

Shittu, Adekayaoja, Agaku, Akujobi, and Hamzat (2021), Internal displacement in Nigeria is not a new phenomenon, in the face of displacement, government at both the federal and state level had resorted to the establishment of IDP camps to settle the displaced persons. The National Emergency Management Agency (NEMA) has primarily been responsible for the coordination and curtailment of the plights of the IDPs in North-eastern Nigeria since 2009 (National Emergency Management Agency, 2022). The agency is charge with the primary responsibilities of formulating and implementing Federal government policies on activities relating to disaster management in Nigeria, including the management of the IDPs crisis, and the coordination of programs of actions for efficient and effective implementation of the resettlement programs, and security for the IDPs (National Emergency Management Agency, 2022). This study examined the response capacity of National Emergency Management Agency (NEMA) towards the plights of internally displaced persons in Adamawa State, Nigeria.

Problem Statement

The group known as Boko Haram is designated as a terrorist organization by numerous countries and international organizations, including the United States, the United Kingdom, and the United Nations.

Similarly, a displacement assessment was conducted with key informants from local governments, wards and IDP sites (both in official camps and camp-like settings), as well as people in host communities. It was reported that out of the total figure of IDPs in Nigeria, 12.6 percent were displaced due to communal clashes, 2.4 percent by natural disasters and 85 percent because of Boko Haram insurgency attacks. International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) (2022).

This cumulative rise in the number of IDPs, no doubt, posed serious challenge to both the Nigeria government, NEMA and the intervening local and International Humanitarian Agencies. The Humanitarian Needs Overview (2022) Report showed that the situation in the North-east had deteriorated and continued to worsen with the growing number of victims. The destruction of social and economic infrastructures led to massive conflict displacement and violations against civilians. According to Sani Datti (2019), the former Public Relations Officer of NEMA, the agency has extended assistance to displaced populations residing in camps, liberated areas, host communities, and even refugees across borders. However, he acknowledged that the sheer volume of displaced persons was daunting, and the humanitarian situation was rapidly evolving. These changes were attributed to the Joint Military Task Force's achievements against insurgents from 2015 to 2023. Datti also recognized the complex and costly nature of the crisis, describing it as crosscutting, involving multiple stakeholders and disciplines, and necessitating support from all involved parties.

This study examined the plights of the IDPs in Adamawa State, assessed the response capacity of NEMA to the burgeoning crisis and the challenges of the agency to effectively respond to the plights of the IDPs.

Objectives of the Study

The broad objective of this study assessed Boko-Haram insurgency and the response capacity of the National Emergency Management Agency towards the plights of internally displaced persons in Adamawa State, Nigeria. The specific objectives were to:

- i. examine the response capacity of NEMA with respect to health care of IDPs in Adamawa State, and
- ii. determine the response capacity of NEMA with regards to feeding of IDPs in Adamawa State.

Literature Review

Internally Displaced Persons (IDPs) are individuals or groups who have been compelled to leave their homes or usual places of residence suddenly or unexpectedly due to armed conflict, internal unrest, systematic human rights abuses, or natural or man-made disasters. This displacement occurs within the boundaries of their own country and does not involve crossing international borders, as defined by the Kampala Convention (2009). Shittu, Adekayaoja, Agaku, Akujobi, and Hamzat (2021), posited that IDPs are those who have been uprooted from their homes and traditional support systems by either natural calamities or violent conflicts, but remain within the borders of their respective nations. They are often victims of various injustices, including violent attacks perpetrated by their own government or other actors.

According to Durosaro and Ajiboye (2011), there are two primary aspects defining internally displaced persons (IDPs): the involuntary nature of their displacement and the fact that it occurs within national borders. Involuntary movements typically stem from factors such as armed conflicts, violence, human rights abuses, and natural disasters, among others. This gives no choice to people but to leave their homes, deprive them of the most essential protection mechanisms, such as community networks, access to services and livelihoods. The second aspect of internally displaced persons (IDPs) pertains to their movement occurring within national borders. Unlike refugees, who have lost the protection of their country of origin, IDPs remain under the legal protection of national authorities in their habitual residence. Consequently, they are entitled to the same rights as the general population. When families are displaced they only run for the survival of their children and themselves. It is a situation where the victims face untold economic hardship, psychological trauma and social dislocation. In this

regard, the IDPs need the assistance of the government and other humanitarian groups that could intervene to cushion the impact of hardship in order to bring succour to them.

Displacement of any kind in Nigeria has led to the break down in family structure, loss of lives, infrastructure and destruction of property. The security condition left people with no choice than to migrate from their place of residence (Norwegian Refugee Council, 2017). In this regard, Suleiman (2020), It was emphasized that displaced persons face a spectrum of security challenges, including gender and child-specific hostilities, family separation, exploitation, and detention without regard for the rule of law. According to Akuto (2017), the challenges facing the IDPs are insecurity, trauma, bitterness, malnutrition, hunger and starvation, deprivation of human rights and sexual transmitted disease among others.

According to Shimawua (2020), inter-communal clashes engendered by ethnic and religious tensions; *Boko Haram* insurgency and the escalation of resource use conflicts between herders and farmers as responsible for the growing numbers of IDPs in Nigeria. IDPs are made to flee their habitual place of residence to find accommodation in schools, churches, mosques, and informal settlement; and in the course of this, their health and security are consequently affected (Adewale, 2016). Ahmad (2018) disclosed that the places that IDPs live in Nigeria are government buildings, schools, churches, town halls, and tents among others. These shelters are not sufficient and in most cases the IDPs asked to leave these temporary places of habitation or in some cases the accommodations are destroyed. Also, these accommodations are most times over-crowded and un-suitable in terms of sanitation and water facilities with women having no privacy at all.

According to UNOCHA (2020), accessing healthcare in Nigeria poses a significant challenge for internally displaced persons (IDPs) due to damages to healthcare facilities and the migration of healthcare workers to safer areas amidst conflict. Sambo (2017) further highlights that the closure of medical facilities and the departure of medical professionals due to issues such as inadequate compensation, insecurity, and a shortage of medical supplies have exacerbated health problems among IDPs in the north. With the growing IDP population in camps, sanitation facilities and access to clean water have become inadequate to meet their needs. The absence of waste management systems and essential utilities like safe drinking water and electricity further compound the situation, leading to poor hygiene and sanitation and contributing to disease outbreaks (Sambo, 2017).

Olufemi and Olaide (2015) are of the view that children and women remain the most helpless as a result of gender and sexual based violence. Cases of sexual diseases, infant marriage, forced marriage, sexual harassment, rape, and uncontrolled birth occasioning high infant and maternal mortality are evident in displaced persons' camp in Nigeria. Corroborating this view point, Raji, Adekayaoja, Agaku, Akujobi, and Hamzat (2021), said there is a high occurrence of rape and other forms of violence against children and women in IDPs camps.

According to Odusanya (2016), internally displaced persons (IDPs) face numerous challenges, including difficulties integrating into new communities due to cultural differences, which hinders their access to resources. Accessing healthcare facilities poses another significant challenge for IDPs. Moreover, they encounter non-health-related issues such as security concerns, limited access to safe water and sanitation, inadequate housing, and insufficient education opportunities for children. It's crucial to recognize that displacement issues in Nigeria have been ongoing but were often overlooked by both state and national governments. The lack of attention from authorities stems from the perception that IDP issues do not directly affect their privileges or interests.

Responding to the plights of IDPs, Mmahi (2016) noted that displacement in Nigeria affects education, health, nutrition, emotions and all areas of lives of those who are internally displaced. Furthermore, women, young girls, children and the aged are most hit during occasions of armed conflicts or man-made disasters as they are considered as the most vulnerable in the society. Children during periods of armed conflicts end up losing their siblings, parents, homes and are compelled to drop out of school. However, in the case where these displaced children are able to access education the quality is usually below standard and poor due to the environment not being good for learning coupled with the problem of lack of qualified teachers and absence of teaching aids. In most cases, the teachers that volunteer to teach internally displaced children are not competent (Ladan, 2011).

According to Mmahi (2016), the forced eviction of women resulting from development projects has severe repercussions, leaving them homeless and destitute as internally displaced persons (IDPs). Additionally, women endure health challenges due to limited access to clean water, inadequate sanitation, and poor waste disposal, among other factors. Oladeji (2015) further asserts that women and girls bear the brunt of displacement, facing increased risks of abduction and forced marriage. Moreover, IDPs often lose their sources of income when they flee, exacerbating their vulnerability. Assistance provided to those living in IDP camps, as noted by Adewale (2016), is frequently insufficient to meet their needs.

Methodology

This study made use of structured questionnaires to generate the required data for the study. The study covered IDPs in three camps including Yola South, Girei, and Fufore Local Government Area. And the target population are all IDPs in the mentioned camps and NEMA officials working in these camps. However, the study selected a sample from each of the IDP camps. Specifically, the study targets a sample size of six hundred (600), which consist of two hundred per camp.

The consents of the respondents under the quantitative research design was sought and obtained with permission granted, interpretation was also made to translate the content and the topic under investigation to the language they understand better, the data collected is tabulated and analysed using descriptive statistics.

Theoretical Framework

The study adopts the theoretical framework of social inclusion theory, which focuses on assisting groups of individuals in need due to their current circumstances. This theory posits that in a socially inclusive society, everyone is esteemed, and their fundamental needs are met, fostering a sense of belonging. The principles underlying the social inclusion theory include the belief that everyone requires support, has the capacity to learn and contribute, can communicate, is capable, and that collective efforts lead to greater outcomes (Robo, 2014). Social inclusion emerges from proactive measures taken to improve the circumstances of these individuals.

The Social Inclusive theory is apt for the purpose of this study as it supports the welfare of the internally displaced persons through the NEMA response capacity. The areas of inclusion which are the economic status (Food and Non-food Items), health and shelter (homelessness) relates to the welfare needs of the IDPs which are regarded as relief assistance and they are the basic needs of every IDP when they get to the camp. The theory fits in the study because the variables under consideration are health and food which are also part of the areas of inclusion in the theory and that makes it to be the relief and rehabilitation aspect needed for the IDPs through the NEMA.

Analysis of Respondents Demographic Information

Table 1.1: Respondents Across IDP Camps

IDP Camps	Frequency	Percentage (%)
Yola South	179	30.92
Gerie	201	34.72
Fufore	156	26.94
Preferred Not to be mentioned	43	7.43
Total	579	100

Source: Field Survey 2023

Table 1.1 Yola South distribution frequency shows about 179 IDPs, approximately 30.92% of the selected sample. Gerie has 201 IDPs amounting to 34.72% of the total selected IDPs, and Fufore has 156 IDPs takes approximately 26.94% of the total IDPs selected for this study. The cumulative percentage of 65.63% (sum of Yola South and Gerie) indicated that the two IDP camps accounted for most of the respondents.

Table 1.1: Respondents Years Stayed in Camp

Gender	Frequency	Percentage (%)
1-5 years	101	17.44
6-10 years	358	61.83
11 years and above	120	20.73
Total	579	100

Source: Field Survey 2023

Form the table above, there are 101 respondents with 1 to 5 years of live experience on IDP Camps. This group constitutes about 17.44% of the total respondents. For those who lived on IPD Camps between 6-10 years fall into this category, with 358. There are 120 individuals with 11 or more years of experience living on IDP Camps, accounting for about 20.73% of the total sampled IDPs. While 1-5 years group is the smallest in terms of both count and percentage. This data provides insights into the distribution of years on Camps among the surveyed population. The largest group falls within the 6-10 years living on Camps.

Descriptive Statistics

This section of the chapter is devoted to the presentation and analysis of the data collected on each of the topical issues of the study.

Table 2.1: NEMA Response Capacity to Health Care in Adamawa State, Nigeria

Item	SD	D	N	A	SA	Mean	SD
There is persistent outbreak of diseases in the camp	86(14.85)	233(40.24)	113(19.52)	89(15.37)	58(10.02)	2.65	1.20
There is adequate control measures in the camp to prevent disease outbreak	88(15.20)	282(48.70)	64(11.05)	133(22.97)	12(2.07)	2.48	1.07
There is availability of clinics/ health facilities in the camp	175(30.22)	154(26.60)	83(14.34)	151(26.08)	16(2.74)	2.45	1.24
NEMA collaborates with other relevant bodies to attend to the needs of the IDPs in the camp	147(25.39)	82(14.16)	71(12.26)	239(41.28)	40(6.91)	3.15	1.36
Medical services are accessed in the camp at no cost to the patient	132(28.32)	250(43.18)	70(12.09)	116(20.03)	11(1.90)	2.35	1.10
The health officials in the camp are highly trained and attend to their duties diligently	164(28.32)	244(42.14)	98(16.93)	58(10.02)	15(2.59)	2.16	1.03
The agency response to all matters of the IDPs in the camp in a timely manner	231(39.90)	165(28.50)	105(18.13)	64(11.05)	14(2.42)	2.08	1.11
Weighted Average							2.44
Cronbach's Alpha							0.78

Note: (1) Values in parenthesis represent percentage (%). (2) Acceptance (\bar{x} is 3 and above); Rejection (\bar{x} is less than 3)

Source: Field Survey, 2024

To examine response capacity of NEMA with respect to health care of IDPs in Adamawa State, seven (7) statements were developed on the questionnaire. Table 2.1 reveals that 319 (86 and 233) respondents representing 55.25% (14.85% and 40.24%) disagreed on the statement that there is persistent outbreak of diseases in the camp, 147 (89 and 58) respondents representing 25% (15.37% and 10.92%) agreed on the statement with 113 respondents representing 19.52% being indifferent. The mean value of 2.65 with the respective standard deviation of 1.20 is basis to conclude that there is no persistent outbreak of diseases in the camp. The mean value of 2.65 with a standard deviation of 1.20 signifies that most of the respondent's perception clustered around the mean which interprets as agreement with the statement.

The responses with respect to the second statement shows that 370 (88 and 282) respondents representing 63.9% (15.20% and 48.70%) stated that there is adequate control measures in the camp to prevent disease outbreak, 145 (133 and 12) respondents representing 25.04% (22.97% and 2.07%) indicated that there is no adequate control measures in the camp to prevent disease outbreak, while 64 respondents representing 11.05% were indifferent on the statement. The mean value of 2.48 with the respective standard deviation of 1.07 is basis to conclude that there is adequate control measures in the camp to prevent disease outbreak. The mean value of 2.48 with a standard deviation of 1.07 signifies that most of the respondent's perception clustered around the mean which interprets as agreement with the statement.

The responses with respect to the third statement shows that 329 (175 and 154) respondents representing 56.82% (30.22% and 26.60%) disagreed that there is availability of clinics/ health facilities in the camp, only, 167 (151 and 16) respondents representing 28.78% (28.08% and 2.76%) agreed on the statement with 83 respondents representing 14.34% being indifferent. The mean value of 2.45 with the respective standard deviation of 1.24 is basis to conclude that there is no availability of clinics/ health facilities in the camp. The mean value of 2.45 with a standard deviation of 1.24 signifies that most of the respondent's perception clustered around the mean which interprets as disagreement with the statement.

It is clear with respect to the fourth statement that 229 (147 and 82) respondents representing 39.55% (25.39% and 14.16%) disagreed on the issue that NEMA collaborates with other relevant bodies to attend to the needs of the IDPs in the camp, 279 (239 and 40) respondents representing 48.19% (41.28% and 6.91%) agreed on the statement with 67 respondents representing 16.9% being indifferent. The mean value of 3.15 is more than the mean threshold of 3.00 which is basis to conclude that NEMA collaborates with other relevant bodies to attend to the needs of the IDPs in the camp. The standard deviation of 1.36 is high, suggesting that the responses of the respondents on the statement were not widely dispersed.

The responses with respect to the fifth statement reveals that 382 (132 and 250) respondents representing 71.5% (28.32% and 43.18%) disagreed on the statement that medical services are accessed in the camp at no cost to the patient, but 127 (116 and 11) respondents representing 21.93% (20.03% and 1.90%) agreed on the statement, while 107 respondents representing 26.2% were indifferent. The mean value of 2.35 is enough evidence to conclude that medical services are accessed in the camp at a cost to the patient. The standard deviation

of 1.10 is lower than the mean value of 2.35, suggesting that the responses of the respondents on the statement were not widely dispersed.

The sixth statement shows that 408 (164 and 244) respondents representing 70.46% (28.32% and 42.14%) disagreed that the health officials in the camp are highly trained and attend to their duties diligently, 73 (58 and 15) respondents representing 12.61% (24.5% and 6.4%) agreed on the statement with 98 respondents representing 16.93% being indifferent. The mean value of 2.16 is less than the mean threshold of 3.00 which is basis to conclude that the health officials in the camp are not highly trained and do not attend to their duties diligently. The standard deviation of 1.03 is low and suggest that the responses of the respondents on the statement were not widely dispersed.

Lastly, Table 2.1 shows that 397 (231 and 165) respondents representing 68.4% (39.90% and 28.50%) disagreed that the agency response to all matters of the IDPs in the camp in a timely manner, 78 (64 and 14) respondents representing 13.47% (11.05% and 2.42%) agreed on the statement with 105 respondents representing 18.13% being indifferent. The mean value of 2.08 is less than the mean threshold of 3.00 which is basis to conclude that the agency does not response to all matters of the IDPs in the camp in a timely manner. The standard deviation of 1.11 is low and suggest that the responses of the respondents on the statement were not widely dispersed.

Table 2.1 shows a computed overall Cronbach's Alpha test value of 0.78, this indicates that the instrument for used data collection was reliable and valid for statistical inference. Looking at the weighted averages value of 2.44, which falls within the range of 1.80 – 2.59. The implication is that the response capacity of NEMA with respect to health care of IDPs in Adamawa State is not adequate.

Table 2.2: NEMA's response capacity to feeding of IDPs in Adamawa State, Nigeria

Item	SD	D	N	A	SA	Mean	SD
Food stuffs are held in adequate quantity in the camp	182(31.43)	200(34.54)	64(11.05)	105(18.13)	28(4.84)	2.30	1.22
Food stuffs are not sold to IDPs in the camp	189(32.64)	284(49.05)	54(9.33)	41(7.08)	11(1.90)	1.97	0.94
IDPs are guarantee 3-square meals per day in the camp	142(24.53)	316(54.58)	68(11.74)	33(5.70)	20(3.45)	2.09	0.95
The food available to IDPs is of high nutritional content	229(39.86)	275(47.50)	46(7.94)	9(1.55)	20(3.45)	1.82	0.90
Food items are evenly distributed among IDPs in the camp	225(38.86)	271(46.80)	58(10.02)	14(2.42)	11(1.90)	1.82	0.85

IDPs are sufficiently feed in the camps	287(49.57)	225(38.86)	21(3.63)	18(3.11)	28(4.84)	1.75	1.02
Weighted Average							1.83
Cronbach's Alpha							0.76

Note: (1) Values in parenthesis represent percentage (%). (2) Acceptance (\bar{x} is 3 and above); Rejection (\bar{x} is less than 3)

Source: Field Survey, 2024

Table 2.2 shows that 382 (182 and 200) respondents representing 65.97% (31.43.5% and 34.54%) disagreed with the statement that food stuffs are held in adequate quantity in the camp, 133 (105 and 28) respondents representing 22.97% (18.13% and 4.84%) agreed that food stuffs are held in adequate quantity in the camp, while 64 respondents representing 11.05% were neutral on the issue. The mean value of 2.30 is below the mean benchmark of 3.00 and is evidence to conclude that food stuffs are not held in adequate quantity in the camp. This implies that a large proportion of the participants have agreed that food stuffs are not held in adequate quantity in the camp. The standard deviation of 1.22 is below the mean value of 2.30 and signifies that the responses of the respondents were not widely dispersed.

The responses in respect of the second statement which sought to understand if food stuffs are not sold to IDPs in the camp indicates that 473 (189 and 284) respondents representing 81.69% (32.64 % and 49.05%) disagreed with the statement, meaning that food stuffs are sold to IDPs in the camp, while 52 (41 and 11) respondents representing 9.7% (7.08% and 1.90%) agreed that food stuffs are not sold to IDPs in the camp. About 54 respondents representing 9.33% refrained from commenting on the issue. The mean value of 1.79 is below the mean benchmark of 3.00 and is evidence to conclude that food stuffs are sold to IDPs in the camp. The standard deviation of 0.94 is low and shows that the responses of the respondents were not widely dispersed on the matter.

The responses to the third statement reveals that 458 (142 and 316) respondents representing 79.11% (24.53 % and 54.58%) indicated that IDPs are not guarantee 3-square meals per day in the camp, 53 (33 and 20) respondents representing 9.15% (5.70% and 3.45%) agreed the IDPs are guarantee 3-square meals per day in the camp, while 68 respondents representing 11.74% refrained from commenting on the issue. The mean value of 2.09 is less than the mean benchmark of 3.00 and is evidence to conclude that the IDPs are not guarantee 3-square meals per day in the camp. The standard deviation of 0.05 is low and shows that the responses of the respondents were not widely dispersed.

The responses regarding the fourth statement shows that 504 (229 and 257) respondents representing 79.11% (39.55% and 47.50%) disagreed with the statement that the food available to IDPs is of high nutritional content. However, 29 (9 and 20) respondents representing 5% (1.55% and 3.45%) agreed that most of the food available to IDPs is of high nutritional content, while 46 respondents representing 7.94% were indifferent on the statement. The mean value of 1.82 is below the mean benchmark of 3.00 and is evidence to conclude that most of food available to IDPs is not of high nutritional content. The standard deviation of 0.09 is below the mean value of 1.82, therefore, suggests that the responses of the respondents were not widely dispersed.

Table 2.2 indicates with respect to the fifth statement which sought to know if food items are evenly distributed among IDPs in the camp shows that 496 (225 and 271) respondents representing 85.66% (38.86% and 46.80%) indicated that food items are not evenly distributed among IDPs in the camp, 25 (4 and 11) respondents representing 4.32% (2.42% and 1.90%) maintained they are sure food items are evenly distributed among IDPs in the camp, while 58 respondents representing 10.02% refrained from commenting on the issue. The mean value of 1.82 is below the mean benchmark of 3.00 and is evidence to conclude that food items are not evenly distributed among IDPs in the camp. The standard deviation of 0.85 lies below the mean response of 1.82, therefore, shows that the responses of the respondents were not widely dispersed.

Table 2.2 reveals that 512 (287 and 225) respondents representing 88.43% (49.57 % and 38.86%) indicated that IDPs are not sufficiently feed in the camps, 46 (18 and 28) respondents representing 7.95% (3.11% and 4.84%) agreed that the IDPs are sufficiently feed in the camps, while 21 respondents representing 3.63% refrained from commenting on the issue. The mean value of 1.75 is less than the mean benchmark of 3.00 and is evidence to conclude that most of the IDPs are not sufficiently feed in the camps. The standard deviation of 1.02 is low and shows that the responses of the respondents were not widely dispersed.

Table 2.2 computed overall Cronbach's Alpha test value 0.76 shows that the data has a valid internal consistency and can be used for valid statistical analysis. The weighted average value of 1.83 which falls within the range of 1.80 – 2.59 (see Table 2.2) shows that IDPs disagreed with the response capacity of NEMA with regards to feeding of IDPs in Adamawa State.

Discussion of Findings

The findings reveal that the;

- i. Response capacity of NEMA with respect to health care of IDPs in Adamawa State is not adequate. This is in line with findings of UNOCHA (2020), which noted that IDPs are faced with constrain of accessing healthcare in Nigeria because of damages on facilities and workforce in the health sector. Also, Sambo (2017), said the closure of medical facilities and the non-presence of medical doctors who left as a result of poor remuneration, insecurity, scarcity of drugs and medical facilities has resulted to serious health challenges between IDPs in the north.
- ii. Response capacity of NEMA with regards to feeding of IDPs in Adamawa State is weak. Akuto (2017), stated that the challenges facing the IDPs are malnutrition, hunger and starvation among others. while,

Recommendations

In view with the above findings and observations, the study recommends as follows:

1. The Nigerian government through NEMA should ensure that it enhances budgetary allocation to health care of IDPs in Adamawa State.
2. The Nigerian government should enforce the existing legal framework, policy that would ensure all IDPs are properly fed in Adamawa State.

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