

**ASSESSMENT OF IMPACT OF BOKO HARAM INSURGENCY ON
HEALTH OF INTERNALLY DISPLACED PERSONS IN NORTH EAST,
NIGERIA**

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Abstract

Boko Haram Insurgency (BHI) constitutes one of the global most worrisome phenomena and the number of Internally Displaced Persons (IDPs) in Northern Nigeria has risen tremendously due to BHI attacks. IDPs are faced with health and socio-economic challenges and it affects their pattern of living especially for the weak among them. This study assesses the Impact of the Boko Haram Insurgency on the Health of Internally Displaced Persons in North East, Nigeria. This study was qualitative, thus it utilized in-depth interviews to pull together information from the key informants who are IDPs, health workers, social workers, traditional leaders, and members of the community as its method. This paper argues that the present situation of raising BHI has undermined the universal quality health service for IDPs and by implication weakens it and makes it unfeasible. This paper asserts that despite the efforts of the government and other stakeholders in providing support for the IDPs, however, BHI has threatened the efficiency of health services to IDPs owing to several factors such as overcrowding, poor and unhygienic living conditions of IDPs, health service provision, attacks on health facilities and personnel and restrictions of the health of health workers. The study argued that BHI has led to the absence of universal quality health service for IDPs and by implication, affects the universal quality health service delivery and reduces Nigeria's position in the universal socio-economic and health indexes.

Keywords: Boko Haram, IDPs, Impact, Insurgency, Universal Health

Introduction

Nigeria as a country is faced with brutal internal security terrorization and Boko Haram Insurgency [BHI] currently and the emergence of BHI attacks has led to several Internally Displaced Persons [IDPs] leading to the movement of people from one area to another area for safety as observed by Umar, Suleiman, and Magaji (2018) that Nigeria as a state recently remains besieged in internal insurgencies ranging from different types of the uprising and resulted in the flow of thousands of refugees from one area to another. Insurgencies are considered one of the major barriers to social, political, and quality health services in Africa as observed that between 2000 to 2017, the number of internally displaced persons rose by over 10 million (Martin, 2018). Thus, insurgencies form part of the major challenges to societal freedom from strife and development.

In a related development, the socio-economic authenticity of Northern Nigeria is rooted in the colonial period and amplified by corruption and bad governance, and by implication, the situation has produced a favourable atmosphere for various dissident movements that make use of religious narratives to gain legitimacy such as the Maitatsine riot in the 1980s in Kano state, the recurrent Shiite-Government clashes, and so many other preaching and sermons by individual scholars that refuted the western-oriented and secular system of Nigeria while Boko Haram emerged from this discontentment and turned violent in 2009 (Oyewole, 2017).

Boko Haram as an ideology is linked directly to the global web of radical Islamists' philosophy and discourse and the doctrines of Boko Haram are derived from the mainstream radical Islamist ideological narratives inclined by Yusuf based on the principles of rejecting conventional education, condemnation of secularism and westernization, and the incompatibility of Islam with democracy (Rainieri & Martini, 2017). Similarly, as a strategy, Boko Haram prefers always to be on the offensive than the defensive by implication; the group makes use of attacks tactics such as ambushes, raids, and assaults against poorly defended targets and the victims are law enforcement agents, religious and political figures, essential infrastructures, and financial institutions and other business establishments (Regens, Mould, Vernon, & Montgomery, 2016). Thus, these attacks by Boko Haram radiate misgivings in the minds of citizens of the government's failure to secure them and make them feel unprotected and vulnerable and resulting in the flow of thousands of people to internally displaced person camps seeking shelter, protection, and other support.

It is worth noting that IDPs can be described as individuals that are forcefully ejected from their places of dwelling as noted by the Internal Displacement Monitoring Centre [IDMC] (2018) that globally displacement of people from their place of domicile has become a recurring problem with social, health and economic burden. It is observed that BHI continue to worsen the breakdown of health facilities infrastructure, shortage of health professional and manpower, while lack of available information on IDPs with health challenges, physical and psychological shock, and poor accessibility to medical facilities has worsened the living conditions of IDPs as noted by IDMC (2018), Norwegian Refugee Council [NRC] (2017) that lack of data has been accountable for why many IDPs lived in both official and unofficial camps, frequently with illness, physical and psychological trauma and least access to health care and essentials like food, clothing, shelter, clean water and good sanitary conditions have deteriorated the living pattern of IDPs.

In a related development, to achieve quality health service, especially among the IDPs, comprehensive health care is required as observed by World Bank [WB] (2018) report on achieving quality health service in the year 2030 that there is a rising acknowledgement that health service cannot be accomplished only by medical infrastructure, medical supplies and health care providers, there is need for a deliberate centre of attention on quality health services. Thus, the study investigates the Impact of the Boko Haram Insurgency on the Health of Internally Displaced Persons in North East, Nigeria.

Research Problem

The main drivers of forced human displacement have been attributed to global natural disasters and armed human conflicts and the developing nations are worse affected by unplanned human displacement as explained by Ngige, Badekale, and Hammanjoda (2016) that around the globe insurgency has sadly become one of the defining features of our society today.

Forced displacement has been expressed as the movements of refugees and internally displaced people or persons that are either displaced by conflicts, natural or environmental disasters, chemical or nuclear disasters, famine, or development projects (Migration Data Portal, [MDP] 2018). Thus, there are two broad categories of factors attributable to forced human evictions which are conflicts and natural disasters. It is pertinent to mention that sub-Saharan Africa

is having the largest number and worse cases of IDPs as observed by Kevin (2018) that in Africa continent sub-Saharan region is the worst hit in terms of IDPs and the continent keep on to witness an increasing number of IDPs notwithstanding the efforts to have this occurrence mitigated. It is worth noting that Nigeria as a country is not left out of the affliction of IDPs as noted by Heerten and Moses (2017) that Nigeria like other nations in the troubled sub-Saharan Africa is not free from the woes of IDPs.

Hence, with the emergence of BHI, Nigeria has the highest number of IDPs as observed by NRC (2017) since the escalation of the Boko Haram insurgency into a deadly conflict in 2009, the phenomenon has forced many people to flee their homes and consequently, Nigeria has become the country with the highest number of IDPs in Sub-Saharan Africa. Similarly, it is observed that women and children form the highest number of IDPs as noted by Displacement Tracking Matrix [DTM] (2017) revealed that women and children formed 79 percent of the IDPs population, and children under five years account for 28 percent. Similarly, this study observed that displaced women and girls have been the worse hit as access to basic rights and health services, including gender-based violence in camps often undermined durable solutions, Thus, by implication, there is a serious concern that the quality of health service is not available for IDPs,

In addition, there are four classifications or categorizations of the stages of displacement as pointed out by the International Committee of the Red Cross [ICRC] (2018) that displacement can be categorized into 4 Major stages such as pre-displacement, acute displacement, stable displacement, and durable solutions. It is also important to note that all these states where the IDPs seek shelter, protection, and other assistance are also affected by the BHI which led to a struggle over the inadequate resources between the IDPs and the host communities (Eweka & Olusegun, 2016). Thus, BHI has led to serious competition over the limited resources between the host communities and IDPs and by implication can lead to another form of tragedy. Similarly, IDPs are faced with challenges of poor accessibility to food, nutrition, healthcare, shelter, water, sanitation, and education among others as pointed out by the United Nations Office for the Coordination of Humanitarian Affairs [UNOCHA] (2018) that IDPs in north-east Nigeria are in desperate need of life-saving assistance such as food and nutrition, healthcare, shelter, and non-food items, potable water and improved sanitation and hygiene condition.

It is observed that IDPs experience serious neglect and face many challenges ranging from poor government policies, sexual abuse, poor shelter, and food as well as the absence of quality health service and by implication undermining the reintegration of IDPs into the communities and getting long-lasting way out of the challenges facing the IDPs. Therefore, it can be deduced that BHI creates an unbearable challenge to IDPs, thus, provoking and deterioration of the health conditions of IDPs despite the effort put in place by the government to improve the poor health condition of the IDPs. Hence, the study examines the Impact of the Boko Haram Insurgency on the Health of Internally Displaced Persons in North East, Nigeria.

Theoretical Framework

This study adopts the Social Inclusion Theory as a guide for this study. However, this is not to undermine other theoretical constructs that have been utilized to elucidate the phenomenon under review. According to Robo (2014), the Social Inclusion Theory entails the provisions of the basic needs of the people in a given society and can lead to a sense of belonging among the people. Thus, IDPs required basic necessities of life due to their susceptibility to society and substantiates the needs of the IDPs in Nigeria; the theory is centred on the group of people who require support due to their current situation.

The Charity Commission [TCC] (2001) described social inclusion as the actions taken with anticipation to change the circumstances of the people for the better. Warschauer (2003) sees social inclusion as the extent to which individuals can fully participate in society. Similarly, Robo (2014) explained that some values form the basis of the social inclusion theory such as everyone needs support, can learn, can contribute, can communicate, and live together in better conditions. Therefore, everyone in society required certain values for their survival. As observed by this study, the IDPs in the North East required good health care as well as other basic values of life in their continued existence as members of society.

To this end, the Social Inclusive Theory is suitable for this study because of its focus on access to universal health care for IDPs and also supports the integration of the IDPs into the larger society. This study that if IDPs are well supported and given all the necessary care can lead to attaining the universal quality health service for IDPs and by implication, promoting the universal

quality health service delivery and increasing Nigeria's position in the universal socio-economic and health indexes.

Methodology

Study Area: The study took place in North East Nigeria. The selected areas of the study are Yobe, Borno, and Adamawa states. It is imperative to point out that many households in the study locations are into subsistence agriculture and engage in mixed farming systems. The main food crops in the study sites are rice, beans, millets, watermelon, and vegetables among other crops. Similarly, some households engage in livestock, fishing, and seasonal jobs as means of sustaining their source of revenue.

Qualitative Research Method: The qualitative research method was utilized for this study as the method of data collection. While primary data were collected from the field as the researcher carried out in-depth interviews together with the observation methods and support from the secondary data as the parameter for designing the methods and tools of the data collection.

Participants and Interview: It is vital to mention that an extensive attempt was put in place before the commencement of the data collection in the field to identify the key informants for the study. Visitations were carried out to get familiar and create trust and confidence with the key informants. The in-depth interviews were used to gather experts' information from the key informants (KIs). Participants were sourced from the broad spectrum of groups where the study took place. The objective was to capture a range of different perspectives on the effect of the Boko Haram Insurgency on universal quality health services to the internally displaced persons in Nigeria. Participants were selected from health workers, IDPs, social workers, traditional leaders, and members of the community among others as KIs. The variables used in allocating the quota include geographical areas, gender, age, and occupation/non-occupation. Participants were sourced from the broad spectrum of groups where the study took place. The objective was to capture a range of different perspectives on the effect of conflicts and insurgency on global quality health services to the internally displaced persons in Nigeria. The interview stage was the period of conducting the fieldwork with the participants from August to September 2021.

Thus, the sampling method used for the in-depth interviews was quota sampling and the importance of this method is that there is no need for call-backs and

the rate of time-wasting is also reduced. The researcher took notes and recorded activities that took place for this research only. Also, participant and nonparticipant observation methods were employed, especially the nonparticipant observation method because it was not possible to take part in all the participatory observation methods.

Data Analysis

After the fieldwork, thematic structures were developed to facilitate the sorting and grouping of evidence in a manner that provides a clear structure for the interpretation and analysis of the data. Data were therefore analyzed within the context of the thematic framework. Thus, for analysis, the data collected for this research were done through content analysis.

Results of the Impact of Boko Haram Insurgency on Health of IDPs in North East, Nigeria

Thus, the study examined the Impact of the Boko Haram Insurgency on the Health of Internally Displaced Persons in North East, Nigeria, and discussed below:

Overcrowding, Poor, and Unhygienic Living Conditions of IDPs

The living conditions of the IDPs are worrisome and over-crowded IDP camps aid the spread of diseases as observed many of these camps are over crowdedness and often resulted in overstretched usage of the inadequate available facilities and infrastructural supports present in these camps and the additional influx of people into these camps makes the situations of IDPs worse as noted by African Centre for Strategies Studies [ACSS] (2019), IMDC (2018) that the continuous influx of people into these already overcrowded camps makes the living conditions of IDPs more terrible besides the psychological trauma that they experience and the poor living conditions in these IDP camps have further aggravated their vulnerability to ill health and other forms of diseases occurrence particularly the communicable type of diseases that are quite common in Nigeria.

In addition, available information indicated that endemic malaria, acute respiratory infections, and watery diarrhoea are critical health concerns affecting the IDPs; with malaria featuring in 50 percent of all the health-related cases in the camps (WHO, 2018). Besides, another health crisis is the problem of water, sanitation, and hygiene (WASH) as noted by the United Nations Children's

Emergency Fund [UNICEF] (2016) that the flock of IDPs in camps, the available water and sanitation facilities, and structures became insufficient to provide for the essential needs of the IDPs and increases the risk of the spread of diseases, dehydration, and other related ailments. One of the KIs reported that:

"... Boko Haram Insurgency has led to overcrowding of IDPs with the shortage of water and breakdown diarrhoea with poor medical attention and IDPs are still at high risk of getting communicable diseases ... (Male, 59 years old, September 5, 2021)

Hence, the absence of waste management and inadequate provision of essential utilities such as potable water and good sanitary conditions has led to poor sanitation and hygiene and by implication caused the frequent outbreak of diseases like cholera and related illnesses.

Poor Health Service Provision and Facilities for IDPs

It is pertinent to mention that Nigeria is presently experiencing BHI that has destabilized the universal health services and the intensity of attacks by BHI on citizens, security agencies, and infrastructures has increased. Meanwhile, the emergence of BHI attacks and the surfacing of IDPs has made access to quality health services poorer and of great concern, as noted by WB (2018) that in the context of poor quality health services, the progress at improving universal health service is impaired by insurgency. Similarly, lack of movement, unavailability of service providers, and shortage of supply of drugs owing to BHI frequent attacks have led to global health quality services being inauspiciously affected (Borno State Health Sector Bulletin[BSHSB] 2018). Thus, repeated attacks due to BHI and fear of being killed, blockage of roads, destruction of public facilities including health facilities, and threats to public service providers affect the safe delivery of universal quality health service to conflict depressing IDPs as revealed by KIs below:

"... Frequent attacks by Boko Haram make it difficult to get proper medical attention and it is affecting the IDPs since some of us are having a serious illness that needs medical checkup always ... (Male, 49 years old, August 25, 2021)

"... Boko Haram assault prevents regular accessibility to quality health services, shortage of drugs and most of the medical workers are always afraid to stay in the camps to attend to IDPs ..." (Female, 45 years old, August 29, 2021).

Hence, it is observed that frequent Boko Haram affects quality health services

and by implication, access to universal quality health services has become unachievable and by inference worsening health conditions of IDPs. In addition, it is pertinent to note that since the emergency of BHI many health facilities were attacked and by implication leading to the closed down of health facilities as observed by Sambo (2017) majority of the medical infrastructural facilities have been closed owing to the absence of doctors who fled for security reasons, scarcity of drugs and medical equipment.

Conclusion

This study assessed the impact of the Boko Haram Insurgency on the health of IDPs in North East, Nigeria. It is pertinent to note that the present situation of raising BHI has undermined the universal quality health service for IDPs and by implication weakens it and makes it unfeasible. This paper asserts that despite the efforts of the government and other stakeholders in providing support for the IDPs, however, BHI has threatened the efficiency of health services to IDPs owing to several factors such as overcrowding, poor and unhygienic living conditions of IDPs, health service provision, attacks on health facilities and personnel and restrictions of the health of health workers. The study argued that BHI has led to the absence of universal quality health service for IDPs and by implication, affects the universal quality health service delivery and reduces Nigeria's position in the universal socio-economic and health indexes.

Recommendations

The impact of the Boko Haram Insurgency on the health of IDPs in North East, Nigeria is enormous and led to the loss of lives, and threatens health. Therefore, to ensure universal quality health service for IDPs, it is recommended that:

1. The Nigeria government at all levels needs to facilitate a peace process that can curtail the present BHI activities in the North East, Nigeria
2. The current IDP camps need to be improved and made more habitable for dwellers
3. The government needs to ensure strong national health care policies and strategies are put in place in line with the universal practice
4. There is a need to build the confidence of health workers in Boko Haram Insurgency situations
5. The confidence building needs to ensure fundamental orientations on insurgency and strategy, mitigation and arbitration skills
6. There is a need to put in place a determining and comprehensive assessment to establish the impact of health attention on the quality of health services for IDPs

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