

International Aid in Managing IDPs: The Case of United Nations in Nigeria

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Abstract

Human displacement has been a recurring factor in international affairs. This, on one hand is a result of trans-border displacement while on the other hand, is due to the intensity of internal displacement and its attendant need for protection and assistance of internally displaced persons. International aid has remained a constant theme in human displacement in general even when internally displaced persons are basically the responsibility of their government. This research examines the interventions of United Nations in the management of internally displaced persons in Nigeria. It made use of both primary and secondary sources of data. The major instrument of research was oral interview of key respondents. The research found out that the United Nations, through its specialised agencies has been playing significant roles in all facets of protection, relief and development of internally displaced persons in Nigeria. The United Nations interventions were observed in the provision of basic healthcare, education, shelter, security, food and non-food items, orientation, durable solution and psychosocial support. The research concludes that, international aid, especially from the United Nations has been strategic to the management of the humanitarian crisis in Nigeria. But despite the volume of the interventions, the high population of the IDPs continue to overshadow it.

Keywords

International aid; human displacement; internally displaced persons (IDPs); Nigeria; United Nations.



I. Introduction

In the context of citizens, internal displacement is defined as the forcible relocation of people from their places of residence, source of livelihood, and comfort. It is mostly caused by conflict-related violence, natural and man-made disasters, and violations of human rights (Amina and Ibrahim, 2019). Internal displacement is not uncommon among West Africa's indigenous communities. Several war camps (housing displaced individuals) were constructed as early as the 18th and 19th century in response to various expansion and revolutionary conflicts (Osadola, 2021). This tells how Ibadan and Ijaye were established and eventually expanded after the fall of the Old Oyo Empire (Osadola and Adeleye, 2020). Beginning in the first decade of the twenty-first century, the emergence of the Boko Haram insurgency in the north-eastern part of Nigeria has had a detrimental effect on both the area and, more significantly, on the people living in the region. Many lives and properties have been lost as a consequence of the insurgency, economic activities have been disrupted, fear and anxiety have been generated, and millions of people, mostly women and children, have been displaced both within and outside the borders of the affected states (Abdulazeez and Oriola, 2017). Nigeria's government has deployed the

military to combat the escalating nature of the Boko Haram insurgency, which began in the country's north-eastern region in 2009, following the assassination of the sect's leader and founder Mohammed Yusuf that same year. The government has done so to reduce the threat posed by the terrorist group to the country and its citizens (Adu and Osadola, 2018).

Furthermore, in collaboration with Nigeria's immediate neighbours in the north-eastern part of the country, namely, Cameroon; Chad; and Niger; the country established a Multinational Joint Task Force (MJTF) to counter the threat of the Islamic terrorist group's expansion both within and outside their borders (Albert, 2017). More than a decade after the outbreak of the Boko Haram insurgency, there are still differing perspectives on the degree to which the Nigerian military and the Multinational Joint Task Force (MJTF) have been able to tackle the terrorist group's challenge. Although the Nigerian military and the Multinational Joint Task Force (MJTF) claim to have retaken territory formerly controlled by the Islamic terrorist organisations, the group's commanders are quick to deny the allegations, citing locations or territories in the northeast that remain under their control (Adu and Osadola, 2022). Despite this, a significant source of worry for the Boko Haram insurgency in Nigeria's north-eastern is the large number of internally displaced persons (IDPs) resulting from the war who have been dispersed across the region and into neighbouring countries that share borders with Nigeria (Abdullahi, 2020).

According to the 2017 Rights Council Report of the Special Rapporteur on the Human Rights of "Internally Displaced Persons" in Nigeria:

More than 2.2 million persons have been internally displaced as a consequence of the conflict with Boko Haram, with 1.4 million of them residing in Borno State. Some 186, 000 people sought shelter in neighbouring countries such as Cameroon, Chad, and Niger. The National Emergency Management Agency (NEMA) was in charge of 15 official camps for internally displaced persons in recently reclaimed and accessible regions surrounding Borno State as of August 2016, with a total population of more than 300,000 persons. In Adamawa and Borno, several other non-official and camp-like settlements can be found (Tajudeen and Adebayo, 2013).

More worrisome is the lack of humanitarian assistance and basic social amenities required to improve the living conditions of internally displaced persons (IDPs) in their respective camps, as well as human rights abuses inflicted on them, particularly women and girls, by men and officers of the military, by the staff of the relief agency tasked with the responsibility of catering for IDPs, and by the general public (Osasumwen et al, 2018). IDPs in Nigeria's northeastern region that have been subjected to neglect and abuse as a result of the Boko Haram insurgency have raised some important questions about the status and character of human rights practices in the country. Internal displacement may be caused by a variety of factors, ranging from natural disasters and environmental degradation to large development projects. However, in West Africa, internal displacement is mainly caused by war and violence (Adeleye, 2021). The main responsibility for safeguarding internally displaced persons, as well as all other persons living inside their own country, is on the shoulders of the country's national authorities. National responsibility is a core concept of any response to internal displacement. Governments themselves regularly highlight it as a function of their sovereignty, since it is a basic operational principle of the international community.

The national government should normally show ample commitment towards its IDPs. It can then be helped by international actors when national capability is not sufficient. Although governments are responsible for safeguarding and helping their internally displaced persons, there are instances when these governments are unable or unwilling to do so, and they may even be actively engaged in forcibly uprooting the civilians. The function of international players, on the other hand, is to enhance rather than to supplant national responsibilities. It is imperative that the world be made a stable and peaceful place to live in so that citizens do not have to flee to other regions. It is also important to ease the suffering of already displaced persons. This task requires the input and attention of the international and world community. For this to be successful, a two-pronged strategy is required, one that encourages States and other authorities to satisfy their protection duties under international law, while simultaneously promoting the development of national and local capabilities to fulfil these protection obligations (Adeleye, 2021). In focus, this paper intends to examine the various ways in which the United Nations has impacted the Internally Displaced Persons (IDPs) under the humanitarian guise during the wars against terrorism in Nigeria (Adu and Osadola, 2018).

II. Review of Literature

2.1 United Nations IDP's Interventions in Nigeria

Until 2012, United Nations agencies, international non-governmental organisations, and donors concentrated their efforts mainly on development programmes, with just a few organisations responding to acute humanitarian needs resulting from displacement. A humanitarian country team headed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) was established in the final quarter of 2012 (Alobo and Obaji, 2016). The release of the Joint Humanitarian Assistance Plan (JHAP) in September 2013 was the result of collaboration and joint preparation among international responders and their government partners. In addition, an assessment of humanitarian needs, as well as a strategic response plan for 2014 to 2016 were created. In 2014, the Central Emergency Response Fund (CERF) provided \$3.55 million to the Nigerian government. With this funding, IDPs and host communities in the north-east were better equipped to respond to their needs while also improving access to protection and assistance. It also strengthened national capacities to prevent and respond to gender-based violence. As part of the August 2014 edition of the 2014 to 2016 strategic response plan, United Nations agencies and international non-governmental organisations (NGOs) requested \$93 million in funding to respond to the humanitarian needs of eight million people, with the support of its government partners (SRP).

Countries that are suffering from internal displacement may need and benefit from the assistance of foreign organisations, such as humanitarian and development organisations and donors, in order to stabilise their situation. Internal displacement poses some difficulties regardless of where it happens; nevertheless, each case is unique and requires solutions that are tailored to the specific circumstances. As a result of the assistance provided by the United Nations High Commissioner for Refugees (UNHCR) to organise a regional protection dialogue in Abuja in June 2016, the governments of Cameroon, Chad, Niger, and Nigeria signed the Abuja Action Statement and agreed on comprehensive actions to improve the protection of people in need of international protection assistance. The draft strategy, which includes internally displaced persons and refugees returning to their homes, was presented as a concept paper at the Oslo Humanitarian Conference in Nigeria and the Lake Chad Region on February 24, 2017

(UNHCR, 2017). Additionally, the Nigeria Humanitarian Fund (NHF), which was created in April 2017, is helping to strengthen multi-sectoral and multi-agency approaches by allocating money to important and collaboratively prioritised projects. The NHF's first \$10 million disbursement was allocated to 15 prioritised projects in the protection, shelter and non-food items, health, logistics, and water and sanitation sectors in Borno and Adamawa states. The NHF is one of the best-funded Pooled Funds to date, having raised \$25 million contributions (Harneis, 2017).

Furthermore, essential humanitarian infrastructure, such as humanitarian hub, is being built in hard-to-reach regions of Borno State. A total of eight such hubs, of which three are already operating, are being established in remote areas of the state. Both the United Nations and the humanitarian centre in Ngala, which allows relief workers to be closer to the vulnerable people they are helping, are regarded by the humanitarian community in the nation as the best logistic enabler for humanitarian workers.

III. Discussion

3.1 Preparedness

According to the financial monitoring service of the United Nations Office for the Coordination of Humanitarian Affairs, over \$3.5 billion contributions were received in response to humanitarian appeals for Africa in 2012 (UNGAR, 2013).

Table 1. Cerf Emergency Funding by Allocation and Project (Us\$)

Allocation 1 – date of official submission: 03-Dec-15

Agency	Project code	Cluster/Sector	Amount
UNICEF	16-RR-CEF-001	Child Protection	396,553
UNICEF	16-RR-CEF-002	Health	348,285
UNICEF	16-RR-CEF-003	Water, Sanitation and Hygiene	2,000,000
UNICEF	16-RR-CEF-004	Nutrition	1,000,000
UNFPA	16-RR-FPA-001	Sexual and/or Gender-Based Violence	517,063
UNFPA	16-RR-FPA-002	Health	309,835
UNHCR	16-RR-HCR-001	Non-Food Items	1,985,228
UNHCR	16-RR-HCR-002	Protection	453,302
UNHCR	16-RR-HCR-003	Protection	197,526
IOM	16-RR-IOM-001	Protection	300,000
IOM	16-RR-IOM-002	Non-Food Items	2,000,000
WHO	16-RR-WHO-001	Health	346,354
TOTAL			9,854,146.

Source: E. Kallon, Resident / Humanitarian Coordinator Report on the use of CERF Funds, Nigeria Rapid Response Conflict-Related Displacement 2016, p. 3.

3.2 Social/Subsistence provisions

Child protection (UNICEF): In total, 2,513 unaccompanied asylum-seeking children (UASC) were supported, against a target of 1,275, in both new care arrangements with trained care givers, and in spontaneous care arrangements, assessed and supported by the case workers/social workers. This led to a higher number reached by partners than

originally envisaged. In addition, it was originally envisaged that only Cooperazione Internazionale (COOPI) and Save the Children would undertake case management. However, the Borno State Ministry of Women's Affairs and Social Development (SMoWASD) provided more direct case management under the grant (Adeleye, 2021). Training was provided to social welfare officers in Maiduguri, who had been displaced from inaccessible LGAs, in anticipation of access being secured. As soon as access was possible, the Ministry's social welfare officers were deployed to their LGAs.

Sexual and Gender Based Violence: United Nations Population Fund (UNFPA) improved access to vulnerable populations and increased return of IDPs to communities of origin. It contributed to increasing needs for psychosocial support and protection from SGBV risk and exposure. The project funds assisted in building the capacities of 60 social and health workers to provide culturally appropriate psychosocial support (PSS) to survivors of violence. The 60 trained PSS counsellors were mobilized and reached 7,200 survivors of GBV and severely affected community members (2,952 women, 2,088 girls, 1,224 boys and 936 men) with one-on-one counselling (Alobo and Obaji, 2016). About 100 community volunteers were enhanced in community sensitization on protection from sexual exploitation and abuse (PSEA) and general SGBV prevention. As a result, 51,647 persons (18,336 women, 9,665 girls, 15,614 men and 8,032 boys) gained information on prevention and response to SGBV and PSEA. In addition, 7,000 female dignity kits were distributed to women and girls through supported health facility in host communities and IDP camps for the protection of dignity and enhancement of personal hygiene (Adeleye, 2021).

Emergency Support/Non Food Item (IOM): Through CERF funding, 48,995 IDPs living in camps and host communities in Borno State received lifesaving support in the form of NFIs that enabled them to prepare and consume food, have thermal comfort and meet their personal hygiene needs. In addition, 22,530 IDPs received emergency shelter support which gave beneficiaries the opportunity to upgrade and repair their shelters and live in conditions that ensure their access to privacy, safety and health while enabling essential livelihood activities to be undertaken. The construction of shelters enabled the targeted population to relocate from schools across Maiduguri, and to be reunited with their families with minimum standards met. In the most severely overcrowded sites, additional shelters were constructed to relieve density and allow family reunification (Adeleye, 2021). In the newly accessible areas of Bama and Gwoza, 1,000 emergency shelters were provided to the affected population in order to provide habitable and covered living space that ensures safety, health, privacy, dignity and creates conducive environment for the provision of protection services.

Shelter (UNHCR): Approximately 18,000 individuals and residents in 3 camp sites and some areas in the surrounding host communities were relocated to 2,090 emergency and transitional family shelters. Shelter support gave beneficiaries the opportunity to live in better shelters that ensure their access to privacy, safety and health while enabling essential living activities to be undertaken.

3.3 Health Intervention

In the Northeast region, there are insufficient specialised mental health institutions to render mental health services to people. The World Health Organization (WHO), Borno state authorities, and the Federal Neuro-Psychiatric Hospital teamed up in September 2017 to establish the Mental Health Gap Action Programme (mhGAP). WHO used available health care providers who provided first line management through selected psychological treatments (such as behavioural activation (BA), cognitive behavioural therapy (CBT), or

interpersonal psychotherapy (IPT). They also utilized anti-psychotics such as olanzepine and antidepressant medication [such as selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs)]. Furthermore, the World Health Organization (WHO) educated 64 primary healthcare partners who operate in IDP camps and other humanitarian institutions in the recognition and treatment of minor mental health problems, which are prevalent in emergency situations. Five thousand five hundred (5,500) individuals received mental health treatment as a consequence of this initiative (Opaleye, 2018:20-22).

Nutrition (UNICEF): The CERF funding was used to build capacity of 887 Government health workers and 5,798 community workers on technical knowledge and skills related to key infant and young child feeding (IYCF) practices, essential counselling skills, and effective use of counselling tools and other job aids. For quality training and counselling at facility and community level, IYCF training packages and counselling materials were printed and distributed in Adamawa, Borno and Yobe states for facilitators and participants in the trainings at facility and community levels (Adeleye, 2021). These materials included 1,340 facilitator guides, 1,900 participant materials, 3,900 flipcharts on complementary feeding, 1,400 related to Supportive Supervision Monitoring and Mentoring, 10,150 flipcharts on IYCF counselling for facility health workers and Community Volunteers; 1,900 Booklet and IYCF Counselling Cards for Community Volunteers. Along with the counselling and training materials, 47,540 brochures related to maternal nutrition, 42,536 brochures on “How to Breastfeed your Baby” and 51,910 on “How to Breastfeed Baby from 6 Months” were also distributed as take-home messages for mothers who attended the sessions for the first time (Okon, 2018).

The project allowed IYCF interventions in 36 LGAs in the three states including 18 in Adamawa, 12 in Borno and 6 in Yobe, across 241 Primary Health Care (PHC) centers following the strategy of one PHC per ward. In the catchment of those PHC, 678 mother support groups were formed to provide counselling at community level to the mothers in the camps and in the host communities who attended monthly IYCF education and counselling sessions at those targeted PHC, communities and camps. Programme monitoring of IYCF programme implementation at community level and facility level was conducted and supported. It revealed that during the reporting period, integration of IYCF with Community Management of Acute Malnutrition (CMAM) and Micro-nutrient Powder (MNP) was achieved. In total 89,949 pregnant and lactating women (PLW) attended the sessions and were educated and counselled on IYCF appropriate practices.

Nutrition and Food Security surveillance system was established to support the sector to assess the nutrition and food security situation for better programming at all levels. A total of 10 survey domains were created in the three states to improve the understanding of nutrition status and to prioritise resource allocation. Five-day training for 39 survey teams was conducted and data was collected for nutrition assessment including IYCF in the affected three states. Preliminary findings were presented to the sector partners on 2nd December; 2016. The process has been continuous at quarterly basis to ensure regular update of the situation.

WaSH (UNICEF): The WaSH response has reached 205,250 people with water, 36,400 through sanitation and 68,000 through hygiene promotion, exceeding the initial target. Before the intervention in the newly accessible areas, IDPs were collecting 2 litres of safe water daily per person and latrines were not in use which resulted to unhygienic sanitation practices causing severe environmental health risks. After the intervention, conditions have improved significantly aiming to meet the Sphere humanitarian standards with 63% of IDPs having at least 15liters of water per day and 96 IDPs sharing a latrine (Alobo and Obaji, 2016).

Health (UNFPA): The project contributed to the procurement and distribution of Reproductive Health (RH) kits including, clean delivery kits, rape treatment kits and treatment for sexually transmitted infections in 48 health facilities. The support of RH kits and technical support to 48 health facilities created access to reproductive health services for 400,000 IDPs and host community members. As a result, 8,000 visibly pregnant women received clean delivery kits through supported health facilities in IDP camps and host communities. 200 women and girls of reproductive age who experienced sexual violence received treatment for rape and Sexually Transmitted Infections (STI). A total of 644,731 gained knowledge of RH information via direct community sensitization and radio outreach, with 400,000 of them reached with free essential RH services.

Health (UNICEF): A total of 458,458 people (264,560 females and 193,898 males) were reached with primary health care services, out of which 199,378 were children under 18 years (112,137 females and 87,241 males) through the health clinics in the IDP camps and host communities. The target was exceeded as a result of the influx of IDPs into the project areas following successful military operations. They were accommodated in camps and host communities. Three additional IDP camp clinics were established to improve on access and utilization of integrated primary healthcare services.

Health (WHO): Capacity for disease surveillance and outbreak response was built in Borno and Yobe states. The CERF funding contributed to increasing capacity for early detection and prompt outbreak response through an enhanced surveillance system. Outbreaks of Measles and suspected cholera were quickly detected and investigated within a short period (24 - 48 hours) and response initiated immediately to break the chain of transmission. Effective case management instituted during the outbreak contributed significantly to reducing the case fatality rate, spread of the infectious disease and eventual containment of the outbreak. Multiple outbreaks of measles and suspected cholera were responded to and contained at source. As a result, a total of 330,366 people were reached in the four LGAs and were protected from the outbreak. Herd immunity against measles was also improved among the susceptible population through the reactive vaccination campaign as majority (about 60%) of the reported cases were “zero dose” for measles vaccine. This would also help to prevent future outbreaks in the same community (Tajudeen and Adebayo, 2013).

Protection (IOM): Psycho-social support and counselling were conducted through the CERF funding. As a result of direct exposure to violence, as well as family breakup and migration patterns, the impacted communities have experienced significant psychological and social hardship. Due to the degraded protective environment, which is especially important for women and children during emergencies, there is a high prevalence of grave violations of children’s rights, such as forced recruitment into armed groups, attacks on schools and hospitals, and sexual violence; there are also insufficient prevention measures in place, and there are insufficient response services available to victims. Psycho-social interventions were provided to 18,380 displaced persons, 204 of them in a particular vulnerable situation and were identified through focus group discussions and the psychosocial support (PSS) mobile teams. Each mobile team was composed of a teacher, social worker, counsellor, health care worker, and a recreational activity resource person. The mobility of the team was essential in reaching out to the affected population, especially for the most vulnerable ones. The PSS teams often became a focal point for referral and disseminating information on how to access services and conduct sensitization campaigns.

With co-funding, all PSS mobile teams were trained on the following: case management, SGBV, protection mainstreaming, drama for conflict transformation,

community-based practices in conflict mediation. In addition, IOM reached 595 individuals with integrated forms of psychosocial support and livelihood activities in the targeted areas, building on activities already implemented elsewhere in the region. The objective is to promote positive coping mechanisms and resilience skills among displaced persons, with a community-based approach. Vulnerable groups were involved in these activities, including women and girls at risk to early and/or forced marriage, young widows with children, and persons with disabilities, among others. These kinds of activities aim at decreasing stress of the beneficiaries involved, increasing their self-esteem and improving their sense of control over their lives.

Protection (UNHCR): UNHCR reached 64,806 people through monitoring arrivals and registration of 45,342 returning refugees from Cameroon, Chad and Niger (surpassing the planned 40,000 target); and provision of psychosocial support and follow up of protection case referrals. Psychosocial services support was provided to 19,464 individuals (2,664 were reached through individual counselling; while 16,800 were reached through group counselling). Additionally, four referral networks and linkages for provision of psychosocial, legal, medical services and life-saving protection assistance were established in the four focus states of Borno, Adamawa, Yobe and Gombe. The provision of psychosocial support improved the ability of affected women, children and families to care for themselves (Kallon, 2016).

Table 2. Breakdown Of Cerf Funds by Type of Implementation Modality (Us\$)

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,790,098
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,532,330
Funds forwarded to government partners	2,531,718
TOTAL	9,854,146.

Source: E. Kallon, Resident / Humanitarian Coordinator Report on the use of CERF Funds, Nigeria Rapid Response Conflict-Related Displacement 2016, p. 3.

3.4 Orientation and Awareness

In the aftermath of the Boko Haram crisis in Borno State, UNICEF played a significant role in the training of teachers in pedagogy and psychological assistance, among other things (Adeleye, 2021). UNICEF’s mandate, 3rd Core Commitment for children in crises (Education), and the United Nations High Commissioner for Refugees’ Education Strategy both include the provision of Psycho Social Support (PSS) as part of the education response (2012-2016). Several batches of 492 teachers in IDP camps in Maiduguri and Biu have been trained by UNICEF in order to provide them with the necessary skills to help children in Borno State in erasing the effects of their traumatic experience. UNICEF launched an enrolment drive and a back-to-school campaign in eleven Local Government Areas as part of its Back to School campaign. In addition to 16 camps, the Agency’s efforts were felt in MMC, Jere, Kaga, Konduga, Mafa, Magumeri, Biu, Hawul, Bayo, and Shani, among other places. This included 429 schools, with 324 primary schools and 105 junior secondary schools making up the majority of the total. The result of this campaign was the enrolment of a total of 94,297 children and/or students, which was a respectable and outstanding accomplishment (Alobo and Obaji, 2016). According to the data, 50,280 boys and 44,017 girls were accepted into primary one and junior secondary one for the 2015/2016 school year. UNICEF has sent over 20,000 school

backpacks filled with study resources to the host communities as part of the healing process for the students through inspiration. An additional to the previous distribution, 8,000 backpacks with study resources, popularly known as “school in bag” were given to students in IDP double desks to replace decrepit ones in all of the IDP camps in a similar vein.

The National Emergency Management Agency (NEMA) is one of the interventionist agencies that took part in giving assistance to the internally displaced persons (IDPs). By way of involvement, NEMA’s reaction and/or operations in response to the humanitarian crisis in Borno State were delayed. As a matter of fact, the agency did not arrive in Borno State until the situation had reached its height in 2014. The Nigerian Emergency Management Agency (NEMA) offered a variety of relief, rescue, and support services to affected regions and individuals in Borno State. When NEMA was able to profile the individuals, they were sent back to their various states of origin. Relief goods like blankets, mats, beds, soap, cooking utensils, and other necessities were distributed to the IDPs. These products provided important palliative measures to internally displaced persons (IDP) in the interim. Speaking about NEMA’s operations, especially in terms of relief supplies distribution, it is necessary to point out that they were much higher in Borno State as compared to other Boko Haram insurgency-affected states in the North East, such as Adamawa and Yobe States. Only in Borno State did the organisation offer training for approximately 140 members of the Youth Corps in 2014. The members of the Corps were trained in order to provide them with the necessary abilities for handling crises in their capacity as Emergency Management Vanguard (EMV). The National Emergency Management Agency (NEMA) has held a number of seminars and meetings with the goal of increasing public knowledge and/or sensitization about disaster management. (Chidume, et al, 2018) UNICEF provided 100 schools in a box kits to a few communities in 2015 (HRW, 2016).

3.5 Education and Security

Through the creation of temporary learning spaces, the building of permanent schools for both host and refugee populations, and the supply of school materials, United Nations agencies and partners have continued to assist education requirements, especially in emergency situations. Displaced children were incorporated into host community schools wherever feasible in order to promote social cohesion. Among the most common difficulties are: lack of instructors, big classrooms, problems with retention, and variations in the languages of teaching across countries. Community campaigns, teacher capacity-building initiatives, and other initiatives were used to address these issues and overcome them (UNRSG, 2015: 9). UNICEF established a working group called the Education in Emergencies Working Group in late 2015. The Education in Emergencies Working Group was established to serve as a coordinating platform for operators of education programmes in four North-eastern states, including Adamawa, Borno, Gombe and Yobe. Over 70 government departments and programmes, national organisations, faith-based and community groups, foundations, United Nations agencies and other international development and humanitarian organisations are involved in the partnership, as are other international development and humanitarian organisations. According to the working group, the Nigerian government’s Presidential Initiative on the Northeast and the Safe Schools Initiative are both in synchronisation with one another in terms of goals and objectives (HRW, 2016: 71)

On May 7, 2014, following the Chibok abductions, the Nigerian government with support from the United Nations, Nigerian business leaders, the African Development

Bank, and other international organisations, launched the Safe Schools Initiative with the goal of making Nigerian schools safer for children in general, and Nigerian schoolchildren in particular. It was intended to pilot 500 safe schools in northern Nigeria, with a special focus on interventions at the school and community levels. The project is expected to cost \$100 million. Community security groups comprising of teachers, parents, police officers, and community leaders are to be formed as part of the programme, as well as more robust physical security in schools, such as armed guards and a rapid response system, as well as counsellors to work with students who are at risk of being attacked by a terrorist group. In Nigeria, there are 10.5 million children who are out of school, and the initiative is expected to assist some of these youngsters in feeling secure enough to return to their educational pursuits (HRW, 2014: 41).

IV. Conclusion

At the moment, there is no single operational agency in the international system that is responsible for internally displaced persons, and there seems to be little international support for the establishment of such an organisation. There has developed a consensus that the issue is too large to be handled by a single agency and that the collaborative capabilities of the international system are required. There seem to be many compelling reasons in opposition to the creation of a new regulatory body.

Starting with the obvious duplication of many current resources and capabilities that have already been mobilised to assist the internally displaced... The expense of establishing a new institution would be significant... In addition, there is a worry that it would encourage governments to rely on the new agency to solve issues that should be handled by their own departments or departments of government... Creating a new organisation to assist internally displaced people is likely to elicit strong resistance from governments that think the issue should be dealt with inside the borders of their own countries (Melfald, 2003).

The Nigerian government has shown a strong commitment to integrating displaced people in the country's national development plans and programmes. In line with the 2030 Agenda's slogan of "leaving no one behind", Nigeria's Economic Recovery and Progress Plan (NERGP) 2017–2020 views inclusiveness as an essential component of development and economic growth. As a result, the NERGP covers all vulnerable populations, including internally displaced persons (IDPs). Nigeria's economic growth will be restored via investment in infrastructure and improvement of the business climate, while national and social inclusion will be promoted through equitable employment opportunities and the development of human capital. Despite the commitment, it is noteworthy to state that the protection and assistance of IDPs is overwhelming for the government. Even with international aid from United nations, there still exists a wide margin between the actual needs of the IDPs, given their population and the available assistance and relief.

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