

Assessing interventions available to internally displaced persons in Abia state, Nigeria

Enwereji EE

College of Medicine, Abia State University, Uturu, Abia, State of Nigeria

Abstract:

Internally displaced persons are faced with several problems, such as sexual violence, and deserve appropriate intervention, especially in view of the increasing prevalence of HIV/AIDS and other infections in Nigeria. This study attempts to assess interventions offered by governmental authorities and organizations to internally displaced persons and to identify gaps in services as well as to identify what needs to be strengthened. **Method:** The author reviewed relevant published and unpublished documents and collected data by interviews with semi-structured questions. Twenty-five organizations and government and police departments and 55 internally displaced persons were interviewed. **Results:** None of the organizations, including governmental institutions, provided social services or assistance in prevention of HIV/AIDS to internally displaced persons. The main services provided by 17 (68%) organizations to 43 (78.2%) of internally displaced persons were provision of food, clothing and money, but these were provided on an ad hoc basis. Only 3 organizations (12%) included spiritual counseling and resolution of communal conflicts in their services. **Conclusion:** The fact that most organizations, including the government, do not have services for internally displaced persons indicates lack of support for internally displaced persons. The government should be urged to include these people in most prevention services, including HIV/AIDS prevention and treatment. This should help reduce the national prevalence of HIV/AIDS

Key words: Internally displaced, Interventions, HIV/AIDS, Conflicts, Nigeria

Introduction

In developing countries, including Nigeria, unresolved tribal conflicts, rifts, political upheavals, border clashes and disasters displace individuals, including women and children, from their homes or places of habitual residence. These populations are moved and/or forced to settle elsewhere. Their needs and/or efforts to resettle them are ignored by the government and other institutions [1]. This neglect occurs despite studies [2] emphasizing the problems encountered by displaced persons, such as gang rape, coerced sex, humiliation, beating, homelessness and other indignities and calling for appropriate intervention to minimize the magnitude of these problems.

According to UNHCR 2004, sub-Saharan Africa has over four million displaced persons, the largest number in the world. In an attempt to reduce problems of displaced persons, the United Nations Refugee Agency in 1995 called for concerted interventions and provided guidelines for action. This call culminated in an international conference in 2001, which encouraged countries to respond to the problems of displaced persons.

Many internally displaced persons, mainly from rural areas, are forced to resettle elsewhere, especially in urban areas: it is felt that the government and various organizations would provide basic needs, but in most cases this does not occur [3,4].

Reports confirm the debilitating long-term effects of rape or sexual assaults on women, especially those living in open places [5,6]. These effects have helped to fuel HIV/AIDS in new ways [7,8]. This increase in HIV/AIDS infection signals the need to investigate the extent to which individuals, including internally displaced persons, are targeted in HIV/AIDS prevention, reproductive health services and other health programs [9,10]. Though several bodies have called for extension of health care services to every individual, it is not clear to what extent most

developing countries (including Nigeria) have initiated interventions to address the problems of certain people, especially internally displaced persons [11]. To determine the extent to which Nigeria respects this call, interventions available to internally displaced persons need to be documented.

This study aimed to explore the interventions provided by government agencies and other service providers for these affected persons by undertaking the following:

- to document the types of services government agencies and other service providers make available for internally displaced persons;
- to note the extent to which internally displaced persons benefit from reproductive health services;
- to describe gaps in the services provided;
- to identify services that should be strengthened.

Material and methods

The heads of 25 organizations were interviewed. To authenticate the responses they provided, 55 internally displaced persons aged 15 years and over were interviewed. Data were collected by interviews using semi-structured questions. In addition, relevant literature was reviewed. The instrument for data collection was tested by using 10 organized institutions offering similar services.

The interview concentrated on organizations that were actively involved in gender-based violence, reproductive health services, HIV/AIDS prevention, and other socio-medical services. Data generated during the study were analyzed by simple percentages.

"Internally displaced persons" in this study refers to individuals from Nigeria who had been forced to leave their homes for religious or political reasons, tribal wars, border clashes, etc., and who had to settle in clusters in market places, church or school premises and other areas in Abia State.

Ethical considerations

The University Ethics Committee approved the study before its commencement. Following this approval, permission to conduct the study was obtained from the Coordinator and Head of Network of NGOs in Abia State, who also provided a list of eligible NGOs.

Limitations and strengths

All the NGOs studied belong to the Network of NGOs in Abia State. The NGOs that do not belong to the network were excluded because of the difficulty in accessing them, but it is possible that they do offer relevant services to the displaced. Also, the study included only displaced persons who were available in their respective areas and in schools, churches and market places, and so those residing elsewhere were not included. It is conceivable that those excluded from the study might have been benefiting from these services. Thus, the findings should not be generalized for all NGOs and displaced persons in Abia State.

A major strength of this research is that internally displaced persons were encouraged to identify the deficiencies and difficulties in the services provided to them by the organizations. They were also encouraged to analyze the cause of these problems from their own perspective. Through this process, the internally displaced persons not only became aware of the results of the study, they also made important contributions to the research process by assisting the researcher to identify strategies for improvement.

Data validity problems

The study was carried out only on organized bodies, such as the government, NGO networks, donor agencies and the police, and so its findings might be relevant only to organized institutions.

Results

Background information of the organizations

The organizations studied comprised 16 (64%) non-governmental organizations (NGOs), 4 (16%) government ministries (women’s affairs and social welfare, health, education, and cabinet office), 3 (12%) faith-based organizations, 1 (4%) police and 1 (4%) donor agency.

Programme emphasis of the organizations studied

The respondents were asked to indicate the emphasis of their programs and to choose as many options as applicable. Findings showed that the organizations emphasized several programs (Table 1). The activities of these organizations, if properly planned and coordinated, would assist in the rehabilitation of internally displaced persons.

Types of services provided to internally displaced persons

The respondents were asked to indicate the services they provide to internally displaced persons (Table 2). It is clear that none of the organizations (including government departments) provided services for HIV/AIDS prevention, voluntary counseling and confidential testing, gender violence, education, and health care services to internally displaced persons even though from their programs of emphasis, these services were said to be available. Further

findings showed that the government had no fiscal policy for providing services to internally displaced persons. Each organization provided the services it deemed pertinent.

Table 1 Programme emphasis of the 25 organizations included in the study

Programs	Frequency
Care and support for orphans and vulnerable children, child abuse, and rehabilitation of refugees	7 (28%)
Security and para-legal services for the under-privileged, and protection of children’s rights	5 (20%)
Care and support for people living with HIV/AIDS, spiritual intersection and counseling, HIV and AIDS prevention, women’s empowerment, prevention of child abuse, child trafficking and others	16(64%)
Planning and provision of welfare services, including employment and education	7 (28%)
Lobbying, advocacy, and prevention of violence against women	8 (32%)
Information resource, counseling, condom distribution, HIV/AIDS and capacity building (training)	6 (24%)
Health related services, including counseling, research, training, care and treatment, voluntary, confidential counseling and testing (VCCT) on HIV	10 (40%)

Table 2 types of services provided by the 25 organizations

Type of services provided	Frequency of service
Counseling and prayers	7 (28%)
Resolution of community conflicts	3 (12%)
Provision of money	15 (60%)
Provision of food	13 (52%)
Provision of clothing	10 (40%)
Provision of paid jobs for casual	12 (48%)
No services provided	8 (32%)

The reasons organizations had for not extending most of their services to internally displaced persons were explored (Table 3). The organizations studied cited several reasons for not providing services to internally displaced persons, but the most common reason (given by 8 organizations, 32%) was that the internally displaced were not among the target population of the organization.

Background information of internally displaced persons

The internally displaced persons studied comprised 32 (58.2%) males and 23 (41.8%) females selected by convenience from their respective locations. Of these, 11 (20%) were 15-25 years, 17 (30.9%) were 26-36 years, 18 (32.7%) were 37-47 years, and 9 (16.4%) were 48 years and above. Because half of these people cannot read and write, their ages were calculated by reference to

known historical events. Twenty one of the internally displaced persons (38.2%) were single, 19 (34.5%) were married, and the rest were widowed, divorced and/or separated. Ten (18%) had primary school education, 17 (31%) had secondary school education, and the remaining 28 (51%) cannot read and write.

Table 3 Organizations’ reasons for not providing services to internally displaced

Reason	Frequency
Not included in our target population	8 (32%)
No funds for such services	6 (24%)
Members’ inability to donate items for charity work	5 (20%)
Services are not budgeted for	4 (16%)
Not entitled to services because they do not contribute to revenue generation	3 (12%)
No specialists to carry out services	4(16%)
Difficult to organize internally displaced persons for services	5(20%)
Not interested in giving services to this class of people	3(12%)
Ungrateful for previous services provided	2(8%)
No reason	3(12%)

Table 4 Causes of displacement

Cause	Frequency
Famine	8 (4.4%)
Internal strife (intra-tribal wars, political upheaval, communal conflict, etc.)	79 (45.4%)
Cross-border conflicts	29 (15.95%)
Oil pipeline burst	15 (8.25%)
Community sanction and/or expulsion	18 (9.9%)
Discrimination	11 (6.1%)

Table 5 Types of services provided and number of internally displaced persons who benefited

Types of Services provided	Frequency of response
Cooked food	43 (78.2%)
Clothing	35 (63.6%)
Paid jobs for casual workers	15 (27.3%)
Distribution of money	30 (54.5%)

Causes of displacement

Reports from internally displaced persons showed that they were forced out of their homes by several causes (Table 4). The most common causes of displacement were internal strife 79 (45.4%) and cross-border conflicts 29 (15.95%).

Places of displacement

Further findings showed that the majority of internally displaced persons migrated from four main states: Abia, Rivers, Cross River, and Akwa Ibom. The communities from where they were displaced include Eziofor Ohafia in Abia State, Apiapun in Rivers State, Etono in Cross River State, and Itu, Okuku, and Ikot Offiong in Akwa Ibom State.

The internally displaced persons were scattered round the urban areas of Umuahia, Aba, Arochukwu and Bende in Abia State, where they lived as individuals or in family units in open schools, churches, council halls and other places. During the study, some of the internally displaced persons, especially children, were found begging for their livelihood.

Organizations that provided services to internally displaced persons

The findings showed that 19 (76%) of the organizations provided various services to internally displaced persons but most of the services were ad hoc. According to the reports from the internally displaced persons, the main services provided by 13 (52%) of the organizations were cooked meals three times a week (Mondays, Wednesdays and Fridays). Six organizations (24%) gave them some money sporadically.

Number of internally displaced persons who received services:

None of the internally displaced persons received services related to HIV/AIDS, family planning, counseling and other social services from any of the organizations. Table 5 presents the types of services the organizations provided and the number of internally displaced persons who benefited.

Further, these displaced persons were asked whether any government organizations extended services to them. The response to this question was negative. They affirmed that most of the services were received from the religious groups and good samaritans, not from the government. From this Table, the main services internally displaced persons received were cooked food 43 (78.2%).

Discussion

The reports by internally displaced persons that they received no services from the government confirms the information obtained from the organizations and further shows the extent to which these displaced persons are denied social services, including HIV and AIDS prevention. The fact that these displaced persons lived in open schools, churches and council halls shows that the government had no welfare package for such displaced persons and also confirms the extent to which the internally displaced persons could be exposed to several hazards, including sexual violence.

The government should be alert to its responsibility of ensuring that social services, including HIV/AIDS prevention are provided to all members of the society so as to reduce the rising rate of HIV/AIDS in the country. Excluding internally displaced persons from HIV/AIDS prevention contradicts the recommendations of the Refugees Consortium [9]. This finding agrees with that of the Population Council [10], that some countries have not achieved reduction in their HIV prevalence rate because of failure to ensure that prevention programs reach all classes of people in the society. Therefore, the government’s attitude in excluding internally displaced persons from HIV and AIDS prevention programs begs the question of the effectiveness of HIV and AIDS prevention coverage in Nigeria.

Providing ad hoc services to the internally displaced persons indicates that these services are unplanned. The fact that food, clothing, and money were the main services given to those people indicates the likelihood of some organizations duplicating these items to the utter neglect of others. Only three organizations (12%), included spiritual counseling and resolution of conflicts in their services. The inclusion of communal conflict resolution by a few organizations should be encouraged. If

many more organizations, including the government and private individuals were to assist these organizations in resolving communal conflicts, the number of internally displaced persons would be reduced.

Services to internally displaced persons should address the circumstances that initiated their displacement. Resolving communal conflicts would encourage internally displaced persons to return to their homes. It is worthwhile to note that the organizations studied had good programs but most, including HIV/AIDS, were not accessible to the internally displaced. The finding that internally displaced persons were not included in prevention programs, including HIV/AIDS, agrees with the finding of Garcia & Walts, (2000), and raises concerns about the effectiveness of HIV/AIDS prevention programs in Nigeria.

Implications of the study

Our results confirm that the displaced persons in Abia State of Nigeria face many challenges to their well-being. In particular, we report that the internally displaced persons are denied basic human rights. This is particularly true for young people whose opportunity to take advantage of existing reproductive health services, including prevention of HIV/AIDS, education options, and economic opportunities, is constrained. To help improve the life and health conditions of internally displaced persons, the relevant policies and programs need to address the lack of adequate services and limited opportunities. The findings also indicate the need to sensitize the government and other bodies to the need for including the internally displaced in state and national intervention programs.

Our results imply that the government and law enforcement agencies should institute monitoring mechanisms as part of an effective reporting and information sharing system that would coordinate the services provided by organizations to ensure conservation of funds and proper distribution of resources. This would avoid duplication of functions. It would also encourage sustainable services rather than the present ad hoc method. This recommendation is made in view of the risks faced by internally displaced persons living on the street. Therefore, providing interventions such as peer education at the hands of the internally displaced persons themselves would enable them act as change agents, which will encourage them to minimize some risky behaviors they might be exposed to. Peer education training should include some factual conditions in HIV and AIDS prevention as well as reproductive health problems.

Conclusions and recommendations

Government commitment

The government should strengthen its commitment to ensure that the rights of internally displaced persons are protected. This could be achieved by setting standards for addressing sexual and other forms of violence against the displaced persons so that perpetrators will be brought to justice.

Resolution of problems associated with displacement

The government, police and other law enforcement agencies should endeavor to promptly address most problems faced by displaced individuals. This will reduce periods of homelessness and minimize being exposed to sexual and other types of violence.

Inclusion of internally displaced persons in health care programs

The internally displaced persons should be included in the national HIV/AIDS prevention and other health care programs. The erroneous view that HIV/AIDS programs are meant only for youths, uniformed individuals (police, army, navy etc.) and long distance drivers has inhibited various organizations from extending such services to internally displaced persons. Everyone should be made aware that they need to work together to ensure reduction in HIV prevalence in Nigeria. Neglecting this vulnerable group, most of who are still sexually active, contradicts the call for HIV reduction.

Health education

Health education with family planning and counseling services should be extended to the internally displaced persons to ensure that many more displaced persons have access to health care programs, including HIV/AIDS. The family planning services should stress prevention of sexually transmitted infections, HIV/AIDS and others.

References

1. Maconachie M, Angless T, and Van Zyl M. Battered women seeking solution: A study of women who have taken refuge at the Rape Crisis Shelter in Cape Town Pretoria: Human Sciences Research Council. 1993:5-18.
2. Moore H. "The problem of explaining violence in the Social Sciences" in Penelope, Harvey and Peter Gow, 6 (eds.) Sex and Violence. London: Routledge; 1994:17-42.
3. Pieterse, M. Beyond the reach of law? HIV, African culture and customary law in TASR, 2000; 3:428- 41.
4. Barret G Strode AE, and Tallis VA. Violence against women: Using the law to reduce the vulnerability of women to HIV. AIDS legal network. Training manual, 1999:1-15.
5. Campbell, C. Mzaidume, Y. and William, B. Gender as an obstacle to condom use: HIV prevention amongst commercial workers in a mining community" in Agenda, 39:50-8.
6. Garcia -Moreno, C. and Walts, C. Violence against women, its links with HIV/AIDS Prevention. AIDS, 2000: 14:253-66.
7. Maman S, Mbwambo J, Hogan M, Kilonzo G Sweat M, and Weiss E. HIV and partner violence: Implications for HIV voluntary counseling and testing programs in Dares Salaam, Tanzania. New York: Wiley; 2001:19-34.
8. Maman S, Campbell J, Sweat MD, and Gielan AC. "The intersections of HIV and violence directions for future research and interventions" in Soc Sci and Med. 2000; 50:459-78.
9. Vann B. Gender based violence: Emerging issues in programs serving displaced populations. The Reproductive Health for Refugees Consortium, New York 2002, pp. 5-26.
10. Maman S, Mbwambo J, Hogan M, Kilonzo G, sweat M, and Weiss E. HIV and Partner violence: Implications for HIV voluntary counseling and testing programs in Dar Es Salaam, Tanzania. New York: 2001; The population Como inc. accessed April 2008 and available. <http://www.popcouncil.org/pdfs/horizons/vctviolence.pdf>
11. International Center for Research on Women ICRW, improving adolescent lives through integrated programs. Washington, 2006 icrw. Accessed April 2008, and available at <http://www.icrw.org/docs/2006-disha-integrated.pdf>