THE JOURNAL OF ARTS, HUMANITIES AND DEVELOPMENT STUDIES RESEARCH (JAHDSR)

Volume 4, Issue No.1, pp 40-55; December,2023
www.researchersjournal.org
E-Mail: jahadsresearch@gmail.com
info@researchersjournal.org
Received October, 2023, Accepted November, 2023, published: December, 2023

Provision of Health Care and the Rehabilitation of Internally Displaced Persons in Bakassi Local Government Area of Cross River State.

[1]Ekpeyong, V. O, [2]Tawo, C. N., [3]Edoho, G. E & [4]Ushie. G. B
[1]violet.oyo2016@gmail.com; ORCID NO: 0000000230505013
[2]ORCID NO: 0000000319513802
Department Of Continuous and Developmental Studies, Faculty of Education, University of Calabar, Calabar -Nigeria

Abstract

The purpose of the study is to examined the relationship between provision of health care and rehabilitation of internally displaced persons in Bakassi Local Government Area of Cross River State. To achieve the aim of the study, one null hypothesis was formulated. Relevant and related literature was reviewed. The sample of the study was made up of four hundred (400) respondents which were selected through simple random sample technique in the study area. Survey research design was adopted. The main instrument for data collection was the questionnaire. The data was collected and analyzed using Pearson Product Moment correlation analysis. The finding of the study revealed that; there is a significant relationship between provision of healthcare and the rehabilitation of the internally displaced persons in Bakassi Local Government Area of Cross River State..Based on the findings of this study, it was recommended among others that; the federal, state and local government authorities, international donors and non-governmental organizations should join hands together to provide free health care services to internally displaced persons for their proper rehabilitation

Key words: Provision of healthcare, internally displaced persons, rehabilitation, conflict,

Introduction

An internally displaced person (IDP) is someone who is forced to flee his or her home but who remains within his or her country's borders. They are often referred to as refugees, although they do not fall within the current legal definition of a refugee. At the end of 2014, it was estimated that there were 38.2 million IDPs worldwide, the highest level since 1989, the first year for which global statistics on IDPS are available (Oluwole, Eme, & Roland, 2017). According to Olajide (2015), the country with the largest IDP

population was Syria (7.6 million), Nigeria (6 million), Pakistan (1.4 million), Niger (1.2 million) and Somalia (1.1 million). Over the years, the growing number of internally displaced persons (IDPs) in Nigeria is becoming alarming. These have made most people in the country to fled or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters who have not crossed an internationally recognized state border (Ntibi & Ibok,2021). According to Osagioduwa and Olusegun, (2016), the internal displacement monitoring center (IDMC), at the end of 2013, reported that 33.3 million people were displaced by conflict and violence. The IDMC said there were 1,538, 982 IDPs in Nigeria as of April 2015 (Andong, Okey, Betiang, Edoho & Offiong, 2023).

Perhaps more alarming than the numbers of IDPs are the poor conditions under which most of the IDPs are living. A large majority of Nigeria's over 1.5 million displaced persons are housed in overcrowded camps across the disturbed northern regions. These camps which are mainly school facilities and empty government buildings with few basic amenities are supervised by the National Emergency Management Agency (NEMA). IDPs are among the most vulnerable sets of people who government needs to cater for while ensuring that they are secure and sound in health. The Nigerian government appears to be having a very difficult time confronting persistent security issues. As noted by Owoaje, Uchendu., Ajayi, and Cadmus (2016), a bomb blast rocked an IDP camp in Yola, leaving at least two people dead and seven injured. If bombs can still explode in supposedly safe zones set up by the Nigerian government, then IDPs may not be safe anywhere in the county. No fewer than 325,000 internally displaced persons (IDPs) are taking refuge in various camps in plateau state, according to the National Emergency Management agency (NEMA,2016).

This figure was computed some months ago, following the reported success of the Nigerian army in the fight against insurgency (Mohammed, 2016), NEMA official said the agency has consistently worked towards improved living conditions of the people in IDP camp and promised to do even more till they all move to permanent abodes. He further said officials are usually assigned to the camps. While some visit them intermittently to check their living conditions.

Mohammed (2016) explained that Cross River State is hosting 47,200 persons displaced by crisis and persistent flood which is attributed to the rise in the number of IDPs which incessant communal clashes across the state. These had rendered thousands of residents homeless (Mohammed, 2016). According to Mr

Princewill Ayim, Acting Director-General of the State Emergency Management Agency (SEMA), the heavy rains witnessed in the state had also resulted into massive flooding which displaced many families from their ancestral homes. This has resulted to low lying region bordered on the West by the estuary of the Cross River, on the North by the AkpaYafe (also known as Akpa Ikang), on the East by the Rio del Rey, and on the South by the Gulf of Guinea (Federal Government of Nigeria, 1996; Ekpenyong, Ojong & Tawo, 2021).

Until the eventual ceding of Bakassi to the Republic of Cameroon in 2006, the peninsula used to be a territory under the authority of the Obong of Calabar, the natural ruler of the Efik people in Nigeria. This fact was internationally documented on 8, 9 and 11 September 1884 when the Kings and Chiefs of Efut, Idombi (Bakassi) and Tom Shott (Effiat) in Old Calabar signed the Treaty to come under British Protection, with Mr Edward Hyde Hewett, Consul representing Queen Victoria, in which the following declaration was made. More than 4,000 of internally displaced persons from Bakassi are sheltered in a makeshift Internally-Displaced Persons' Camp at Akwa Ikot Eyo Edem in Akpabuyo LGA of Cross River State (Mohammed, 2016).

Internally displaced people are people or groups of people who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border. People forced to flee or leave their homes – particularly in situations of armed conflict or natural disasters– are generally subject to heightened vulnerability in a number of areas. According to Shedrack and Nuarrual (2016), displaced persons suffer significantly higher rates of mortality than the general population. They also remain at high risk of physical attack, sexual assault and abduction, and frequently are deprived of adequate shelter, food and health services. The overwhelming majority of internally displaced persons are women and children who are especially at risk of abuse of their basic rights. More often than refugees, the internally displaced tend to remain close to or become trapped in zones of conflict, caught in the cross-fire and at risk of being used as pawns, targets or human shields by the belligerents (Adefisoye, 2015).

. Globally, but especially in low- and middle-income countries which include Nigeria rehabilitation in health systems requires strengthening so that high-quality, affordable services are available to all who need them (Seifman, 2017) Such strengthening will not only ensure respect for human rights but also

improve health and provide social and economic benefits. Progress towards universal health coverage, and universal rehabilitation coverage in particular, varies widely around the world. Historically, rehabilitation has been a low priority for Nigeria governments because of limited health investment, which has resulted in underdeveloped, poorly coordinated services (Oshita, Laffita, & Bose, 2015). Rehabilitation is defined as "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment. It is therefore, urgent to support countries in preparing to address the growth in demand for rehabilitation services that is anticipated with ageing populations, the rising prevalence of non-communicable diseases and the increasing numbers of people living with the consequences of injury (Seifman, 2017).

Like all human beings, internally displaced persons enjoy human rights that are articulated by international human rights instruments and customary law. In situations of armed conflict, they enjoy the same rights as other civilians to the various protections provided by international humanitarian laws. There is the need for urgent intervention in view of the increasing number of IDPs in our society. The suffering of these persons must be addressed. In view of the foregoing, social welfare services may be seen as quick intervention strategies that can suffice the underlying needs of internally displaced people thereby reducing their sufferings. Social services provisions are programmes that provide assistance which varies from country to country and to community to community. The most common types of social welfare services which can serve as an intervention strategy for internally displaced people may include, provision of free health care, provision of shelter as well as adequate security.

One social welfare intervention strategy is the provision of health care. Without good health an individual cannot help himself nor can be able contribute to the development of his community. Health care provision may involve health insurance and various health centre. At such centres, youths who are unemployed are attended to by doctors without making demands for money to be paid for such services. Another intervention strategy for rehabilitation of internally displaced persons is provision of shelter. Provision of food is also an intervention strategy designed to help IDPs cope with the plight they find themselves. This study therefore seeks to investigate the relationship that exists between social services provision and rehabilitation of internally displaced persons in Bakassi Local Government Area of Cross River State.

Provision of healthcare and rehabilitation of internally displaced people

Health care is defined as the management and care of a patient who is not well. It implies the combating of a disease or disorder. Health care is the science and practice of the diagnosis, treatment, and prevention of diseases. The word medicine is derived from the Latin word ‘’ Medicus’’, meaning “a physician” medicine encompasses a variety of health care practices evolved to maintain and restore health by the prevention and treatment of illness. Contemporary medicine applies bio health care sciences, bio health care research, genetics, and health care technology to diagnose, treat, and prevent injury and disease, typically through pharmaceuticals or surgery, but also through therapies as diverse as psychotherapy, external splints and traction, health care devices, biologics, and ionizing radiation, amongst others.

Primary needs are immediate temporary shelter for the newly displaced and long-term shelter for the growing IDP population in urban areas, since IDPs are subject to being evicted from these lands at any time (Shedrack & Nuarrual, 2016). The health needs of displaced populations vary widely. The question as to the demands displaced populations place on health care resources and health care providers in their destinations countries or regions remains the subject of great debate and contention. Internationally, health care workers are faced with complex challenges in providing care to displaced populations (Blanchet, et al, 2017).

Displacement may occur within an individual’s own country (internal displacement), or lead to fight across national borders to neighboring or other countries (as asylum seekers). The process of displacement will inevitably lead to an added health and social burden on the receiving state, region or country (Olajide, 2015), Quantification of the health care needs of these groups is therefore required so that the sometimes-scarce resources can best be targeted to meet the challenging needs of these diverse groups. Sometimes needs will be longstanding and established before any displacement activity, whereas others may result from the displacement journey or integration and settlement in their determined destination. As the number of refugees and internally displaced people (IDPs) increase, global communities face the challenge of providing social, welfare and health care services, which respect both the uniqueness of their situation and the individual differences of cultural identity and health beliefs. Added to these challenges is the need to provide meaningful opportunities for refugees and IDPs to fully participate in their new communities.

Getanda., Papadopoulos and Evans (2015) stated that the relationship between ethnicity, socio-economic position, and health is complex, changes over time, and may differ extensively between countries of origin and host countries. As such, we must consider a range of factors when investigating the health of migrating or displaced groups; furthermore, we must be aware that health status may change over time-particularly between different generational groups. Migration and health have interested social scientists and epidemiologists for many years. It is worth briefly mentioning the relationship between migration and health, in order to socially and actually locate our future discussion on the relationship between displacement and health.

During migration, a number of factors may impact on health. Perhaps the most interesting debate has surrounded the fact that first generation migrant populations (mostly from developing nations to the west) may often initially have a lower crude mortality rate than the host population. This has often been termed the healthy migrant bias as it is the healthiest individuals who are selected by others or self - selected for migration. it has been argued that this bias is only temporary. Whilst mortality from communicable diseases is common in the country of origin, it quickly declines on arrival in host countries, there is an inevitable time lag in the accumulation of relevant risk factors for diseases such as ischaemic heart disease, cancer, diabetes, stroke and asthma. Furthermore, the salom bias which hypothesizes any migrants may return "home" when they are elderly or critically ill, may also distort mortality rates of migrant in a host country, it is difficult to test whether this is in fact correct, given the methodological complications of tracing the health of migrants returning home over time.

Genetic predisposition to disease may also impact on post migration health. It is important to note that heterogeneity in genetic and biological factors will mean that the health outcomes of migrant groups will not be uniform. Predisposition or fragility of some migrant groups to certain health problems (such as sickle cell anaemia) will also inevitably mean that some groups will do better than others. Finally, all of the above factors will be compounded by socio-economic and cultural differences in diet, nutrition, health habits, housing, help seeking behavior and psychological orientations (Solanke, 2018). Ekezie, Adaji and Murray (2020) conducted a study on essential healthcare services provided to conflict-affected internally displaced populations in low and middle-income countries and found provision of health care to relate with the rehabilitation of internally displaced persons.

In the same vein, Massey, Smith, Roberts, (2017) examined health needs of older populations affected by humanitarian crises in low- and middle-income countries: a systematic review and found health care as essential need to restore human health or normal life through training. Heudtlass, Speybroeck, Guha-Sapir, (2016) examined excess mortality in refugees, internally displaced persons and resident populations in complex humanitarian emergencies (1998-2012) - insights from operational data and found health care service significantly relate to internally displaced persons.

Ezeanokwasa, Kalu, and Okaphor (2018) conducted a study on a critique of the legal framework for arresting the threat of internal displacement of persons to Nigeria 's national security and found out that 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 foods, clothing and money, but these were provided on an ad hoc basis only 3 organizations (12%) included that the fact that most organizations, including the government, do not have services for internally displaced persons indicates lack of support for internally displaced persons.

Ezeanokwasa, Kalu, and Okaphor (2018) further recommended that the government should be urged to include these peoples in most prevention services, including HIV/AIDS and other diseases prevention and treatment. This should help reduce the national prevalence of HIV/AIDS among IDPS. Odusanya (2016) examined the health of internally displaced persons and found health care service as one of the significant intervention methods of internal display person. Another study conducted by Owoaje, Uchendu, Ajayi, and Cadmus, (2016) on a review of the health problems of the internally displaced persons in Africa also found health services significantly influence internal displacement of a persons. Oshita, Laffita, and Bose, (2015) conducted a study on the quality of reproductive health services afforded to internally displaced person and found adequate health services significantly relate with rehabilitation of internally displaced persons.

Moreover, reports confirmed the debilitating long term effect of rape or sexual assaults on women, especially those living in open places like IDP homes. These effects have helped to fuel HIV/AIDS in new ways. 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. Though several bodies have called for the extension of health care to every

individual, it is not clear to what extent most developing countries (including Nigeria) have initiated interventions to address the problems a certain people, especially internally displaced persons have been met. To determine the extent to which Nigeria respects this call, intervention available to internally displaced person need to be document (Ibok & Ntibi, 2020).

Government intervention in the health care sector typically addresses either quality or access regulations to assure that minimum quality can potentially enhance efficiency in markets with asymmetric information, infrequent purchase, and potential for catastrophic mistakes. But often the regulation takes the form of licensing, which limits competition. For some professionals, replacing licensing with certification, so that consumers who want a minimum quality can be assured of it, might Achieve quality control while interfering less with competition. Moreover, reputation and other market forces are increasingly powerful stimuli to quality (Philips, 2010). As the market evolves in the direction of competition among alternative health care plans that compete on all dimensions of quality (including technology, amenities and choice of providers) as well as price, the appropriate role of government in setting minimum quality standards should be reassessed. Seifman (2017) maintained that the internally displaced persons should be included in the normal 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 whom are still sexually active, contradicts the call for HIV reduction. Seifman, (2017) further suggested that 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.

Health care is an essential for internally displaced people. Greg (2013) recommended that health care should be provided in a tiered fashion with appropriate screening phases to reduce the health burden on what will inevitably be scarce resources. Community-based outreach services have been highlighted as an effective initial screening device so as to reduce the number of inappropriate self-referrals. A common standard of healthcare should be agreed and adhered to according to a standardized treatment schedule.

It is also recommended that where confirmed, diagnoses are not readily available, treatment should be applied on a symptomatic relief basis, (Solanke, 2018). The need for clear verbal and written information about any healthcare interventions is also a necessity in a dialect familiar to the individual concerned. Issues of health education are vital. It has been recommended that locally respected professionals (such as traditional healers, midwives and elders) are used to provide initial training which led to a more effective communication of the basis principles and practices of health and therefore improved compliance with intervention strategies. Individual responsibility should be encouraged and health care services should operate alongside local infrastructure with local involvement, all the time encouraging the advancement of local skills and knowledge.

It is also essential that health workers have implicit understanding of local health beliefs and concepts of health and disease as well as information on how these displaced populations access healthcare services. This can be especially relevant in terms of ascertaining the prevalence of diseases states and any hidden morbidity or mortality associated with alternate health beliefs. It should also be noted that the conflict that led to initial displacement may also have caused damage to the local infrastructure and the health services. In these cases, it is essential that a phase of rebuilding must run parallel to any programmes set up to provide the early stages of emergency health interventions.

The health needs of displaced populations vary widely. Whilst the root causes for flight may be similar, experiences are heterogeneous and multifaceted. It is the recognition of these individual differences in experience that underpins the assessment of, access to and delivery of targeted healthcare interventions with displaced peoples. However, many nations are restricted in their ability to provide such services as a result of financial or resource restraints. As such, multi-agency working is essential to pool resources in the most effective, efficient, culturally appropriate and financially feasible way. Existing international guidelines and standards provide a basic starting point for the provision of care to these groups. The general assumption is that IDPS can be best cared for when they are settled in camps.

These camps portray a picture of seclusion where a huge number of IDPS are kept in unhygienic and crowded places in urban slums and poor rural localities (Hamze, et al, 2016). In the first few days when the IDPS issue is hot on media, healthcare facilities are provided to affected peoples but this health care support diminishes too soon. Moreover, whilst ‘Band Aid’ solutions to existing health problems are useful

in the short term, the need for long term public health interventions to enable displaced communities' full access to and participation in their new 'host' communities is not ensured (Odusanya, 2016).

Moreover, health facilities are not in line with the needs and priorities of the internally displaced individuals. It is universally accepted that wars victim's health needs are more in line with mental problems like depression, anxiety, sleeplessness. IDPS camps, however it is the general health related facilities that are provided to all (Solanke, 2018). Most of the programmes for health care consider IDPS homogenous group of people and do not consider the diversity of age and gender, whereas in crises, the health of women, girls, boys, men and the elderly are affected differently. In this regard, the deaths of pregnant women during forced displacement mostly accounts for the highest mortality rate among all age groups (Oladeji, 2015).

Children on Account of their young age are more exposed to the difficulties and risks associated with displacement (Haiki,2012). Their health is mostly addressed in perspectives of malnutrition and immunization programmes and their psychological needs remain mostly a neglected area. During armed conflict the emotional immaturity results in post-traumatic stress for children on account of their little tolerance of violence (Olukolajo, Ajayi, & Ogungbenro,2014). During internal displacement, population bearing the brunt of health-related Inadequacies are peoples in old age. The highest morbidity levels in elderly are caused by bad environmental conditions which further exacerbated due to non-availability of appropriate health care facilities (Oshita, Laffita, & Bose, 2015). 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.

There is evidence that many rehabilitation interventions are cost-effective not only in the management of conditions that start with an acute event, such as a stroke or injury, but also in the management of chronic conditions, such as dementia, arthritis and cerebral palsy. Despite the high need and demonstrated cost–effectiveness of rehabilitation, many individuals simply do not receive the rehabilitation they require. The majority of those with unmet needs live in low- and middle-income countries like Nigeria, where as much as 50% of people do not receive the rehabilitation, they need. There is therefore a need to strengthen rehabilitation in health systems, as part of universal health coverage and to incorporate rehabilitation interventions in packages of essential services, along with prevention, promotion, treatment and palliation interventions.

Research hypothesis

There is no significant relationship of provision of health care and rehabilitation of internally displaced persons in Bakassi Local Government Area of Cross River State.

Research design and methods

The research design used for this study is the survey research design, according to Isanghedighi, Joshua, Asim and Ekuri (2004). Survey research design involves the collection of data to accurately and objectively described existing phenomena. Studies that make use of this approach are employed to obtain a picture of the present's phenomena. It is a type of research that studies large and small population by selecting and studying sample chosen from the population to discover the relative incidence, distribution, interaction of sociological and psychological variation. Survey research is therefore very useful for opinion and attitudes studies. It depends basically on questionnaire and interviews as mean of data collection. The survey research design is economical in the sense that the study of representing sampling will permit inference from generalization to populations that could be too expensive to study as a whole.

The population of the study consists of men and women who are internally displaced in Bakassi Local Government Area of Cross River State. There were 1300 men and women in the camps as at the time of the study. The simple random sampling technique was adopted in the research to select the number of respondents and clans required from the larger population of the study. To achieve this, the researcher produced 900 paper balls with "No" and 400 with "Yes'' inscription written on them and folded it into a container. Each member of the population was asked to pick a piece of paper ball and open them. Those who picked "yes" were selected and those who picked "no" were dropped. At the end, a total of four hundred (400) internally displaced persons were selected for the study. The researcher decides to selected 400 (30.7 %) from the population of the study since the sample is not too large for the researchers to handle within the stipulated time of conducted this research work..

The main instrument used for data collection was questionnaires which was divided into sections, section "A" and "B" respectively. Section "A" was designed to elicit personal information from respondents on issues such as age, educational qualifications, sex, marital status, and residential area etc. while section "B" comprised of items design to evaluate the research variables, five items represented the hypothesis. 6 items were constructed on provision of Health care while ten items on rehabilitation of internally displaced persons. The items were design using four-point modified likert scale response options which ranges from

strongly agree (SA), Agree (A), Disagree (D) and strongly Disagree (SD). Collected data was analyzed using Pearson product moment correlation coefficient.

Results and discussion

This section deals with the results of the statistical analysis of data gathered for this study as well as their discussion and interpretations. The interpretation was done following the trend of the hypothesis directing the study. In discussing the results of this study efforts were made to focus attention on the hypothesis tested.

Hypothesis One:

This hypothesis stated that there is no significant relationship between provision of health care and rehabilitation of internally displaced persons. The independent variable here is Provision of healthcare while the dependent variable is rehabilitation of internally displaced persons. The statistical technique used is the Person Product Moment Correlation Coefficient analysis was used to test this hypothesis. The result of the analysis is presented in table 1.

Table 1: Person Product Moment Correlation analysis of the relationship between provision of health care and rehabilitation of internally displaced persons (N=400).

Variables	**N**	**Mean**	**SD**	**r-value**	**p-value**
Provision of health care	400	15.675	2.126	.781	.000
Rehabilitation of internal displaced person	400	22.123	3.432		

*Significant at the .05, level, df =598

The result presented on Table 1 shows that provision of health care significantly relate with rehabilitation of internally displaced persons (r=.781; p=.000). With this result, the null hypothesis was rejected while the alternative hypothesis which stated that there is relationship between provision of health care and rehabilitation of internally displaced persons was retained at the 0.05 level of significance. The positive r-value indicated that when adequate health care are provide to internally displaced persons, they are rehabilitated and lives are saved. . On the other hand, when health care services are not adequately provided to internally displaced person, the suffer inquiry and prone to death.

Discussion of findings

The result of hypothesis one indicated that, there is a significant relationship between provision of health care and rehabilitation of internally displaced persons. This is in line with Ekezie, Adaji and Murray (2020) who conducted a study on essential healthcare services provided to conflict-affected internally displaced populations in low and middle-income countries and found provision of health care to relate with the rehabilitation of internally displaced persons. The finding also agreed with the finding of Massey, Smith, Roberts, (2017) who found health care as essential need to restore human health or normal life through training. The finding of the study is in line with Heudtlass, Speybroeck, Guha-Sapir, (2016) who examined excess mortality in refugees, internally displaced persons and resident populations in complex humanitarian emergencies (1998-2012) - insights from operational data and found health care service significantly relate to internally displaced persons.

The finding is in consonance with Odusanya (2016) who found health care service as one of the significant intervention methods of internal display person. Another study conducted by Owoaje, Uchendu, Ajayi, and Cadmus (2016) on a review of the health problems of the internally displaced persons in Africa also found health services having significant influence on internally displaced persons. Also, the finding is in agreement with Oshita, Laffita, and Bose, (2015) who found adequate health services significantly relate with rehabilitation of internally displaced persons. It is essential that health workers have implicit understanding of local health beliefs and concepts of health and disease as well as information on how these displaced populations access healthcare services. In these cases, it is essential that a phase of rebuilding must run parallel to any programmes set up to provide the early stages of emergency health interventions.

Conclusion

From the findings made on this research, it can be concluded that provision of health care, provision of shelter, provision of food, and the provision of security significantly relate with rehabilitation of internally displaced persons. When adequate provisions are made to internally displaced persons, they are rehabilitated and lives are saved.

Recommendations

Based on the findings of this study, the following recommendations were made;

1. The federal, state and local government authorities, international donors and non governmental organizations should join hands together to provide free health care services to internally displaced persons.
2. Efforts should be put in place to provide appropriate shelter to internally displaced persons. New homes should be built for them.
3. As a necessity food provision should be accessible to internally displaced persons. Every member of the society should be concern about providing for internally displaced persons.

References

Adefisoye, T. (2015). An assessment of Nigeria's institutional capacity in disaster management. *Scientific Research Journal (SCIRJ),* 3(1),37-48.

Andong, H.A, Okey, P. I, Betiang, P.A, Edoho, G.E & Offiong, J.B (2023). Maternal health literacy and postpartum complication readiness among nursing mothers: Implications for adult literacy educators in Southern Cross River State Nigeria. Routledge: 1-21

Blanchet, K., Ramesh, A., Frison, S., Warren, E., Hossain, M., Smith, J., Knight, A., Post, N., Lewis, C., Woodward, A., & Dahab, M. (2017). Evidence on public health interventions in humanitarian crises. The *Lancet*, 390(10109), 2287-2296.

Ekezie, W., Adaji, E. E., Murray, R. (2020). Essential healthcare services provided to conflict-affected internally displaced populations in low and middle-income countries: A systematic review. *Health Promot Perspect.*10(1), 24–37

Ekpenyong, V.O, Ojong, A O & Tawo, C.N (2021) The role of literacy in the creation of awareness and prevention of HIV/AIDS among adults in Nigeria: Implication for Environmental education. International Journal of the Age of reasoning, 2(1) 51-57

Ezeanokwasa, J. O., Kalu, U. C., & Okaphor, F. E. (2018). A critique of the legal framework for arresting the threat of internal displacement of persons to Nigeria ' s national security. *Nnamdi Azikiwe University Journal of International Law & Jurisprudence*, 9(2),10-21.

Getanda, E. M., Papadopoulos, C., & Evans, H. (2015). The mental health, quality of life and life satisfaction of internally displaced persons living in Nakuru County, *Kenya. BMC Public Health*, 15(1), 755-762.

Gose, G.D. (2013). *The last refuge: Yemen, Al-Qaeda, and the battle for Arabia* Richmond: Oneworld.

Greg, F. (2013). *Forced migration and global processes: a view from forced migration studies* Lanham: Lexington Books.

Haiki, A. (2012). *Research handbook on international human rights law* Cheltenham, UK; Northampton, MA: Edward Elgar.

Hamze H, Charchuk R, Jean- Paul MK, Claude, K.M, Leon M, Hawkes, M.T. (2016). Lack of household clustering of malaria in a complex humanitarian emergency: implications for active case detection. *Pathog Glob Health.*110(6):223–227.

Heudtlass P, Speybroeck N, Guha-Sapir D. (2016). Excess mortality in refugees, internally displaced persons and resident populations in complex humanitarian emergencies (1998-2012) - insights from operational data. *Conflict Health.* 10:15. doi: 10.1186/s13031-016-0082-9.

Ibok, E. E. & Ntibi, J. E (2020). Parental disciplinary practices and students' needs satisfaction as predictors of students' academic achievement in Mathematics in Ikom Education Zone of Cross River State. *Prestige Journal of Counselling Psychology. 3(2), 69-69*

Isanghedighi, Joshua, Ekuri&Asim (2004). *Fundamentals of Research and Statistics*, in Education and Social sciences. Calabar: University of Calabar Press.

Massey E, Smith J, Roberts, B. (2017). Health needs of older populations affected by humanitarian crises in low- and middle-income countries: a systematic review. *Conflict Health.*11:29. doi: 10.1186/s13031-017-0133-x

Mohammed, J. 'B. (2016*). Linking conflict diagnosis, conflict prevention, and conflict management in contemporary Africa: selected essays* Lagos, Nigeria: Ababa Press Ltd.; Ibadan: Centre for Gender, Governance and Development

Ntibi, J, E. & Ibok, E.E (2021). COVID-19'S Social responsibility and ss-3 students' attitude towards Mathematics and physics in Calabar Metropolis of Cross River State, Nigeria, *International Journal of Innovation Scientific Research and Review*, 3(1), 781-785

Odusanya, O. (2016). The health of internally displaced persons. *Niger Postgraduate Medical Journal,* 23(1), 159-160.

Oladeji, A. (2015). Humanitarian crisis and Internally Displaced Persons (IDPs): Addressing theplights of youth and women victims in Nigeria. *Basic Research Journal of Social andPolitical Science,* 43(2), 11-13.

Olajide, A. (2015). Humanitarian crisis and internally displaced persons (IDPs): addressing the *plights of youth and women victims in Nigeria. Basic Research Journal of Social & Political Science*, 3(3), 42-55.

Olukolajo, M., Ajayi, M. & Ogungbenro, M. (2014). Crisis induced internal displacement: The implication on real estate investment in Nigeria. *Journal of Economics and Sustainable Development,* 5(4), 39 – 48.

Oluwole, I. O., Eme, O. I., & Roland, A. L. (2017). Rehabilitation of IDPs in North East Nigeria: Challenges and prospects. *Socialscientia Journal of the Social Sciences & Humanities*, 2(3), 33-48.

Osagioduwa, E., & Olusegun, T. O. (2016). Management of Internally Displaced Persons in Africa: Comparing Nigeria and Cameroon. *African Research Review,* 10(1), 193-210.

Oshita, B., Laffita, P. & Bose, W. (2015). The quality of reproductive health services afforded to internally displaced persons in the districts of Moyo, *Masindi and Mbarara of Uganda.Journal of Human Ecology,* 18(2), 121-128.

Owoaje, E., Uchendu, O., Ajayi, T. & Cadmus, E. (2016). A review of the health problems of the internally displaced persons in Africa. *Nigerian Postgraduate Medical Journal,* 23(5), 161-71.

Philip, W. (2010*) Ethnic warfare in Sri Lanka and the UN crisis* Ann Arbor, MI: Pluto Press; Colombo: VijithaYapa Publications.

Seifman, R.(2017). Refugees, migrants, and displaced populations: the United Nations New York Declaration and the WHO International Health Regulations. *International Health*, 9(6), 325–326.

Shedrack, E., & Nuarrual, H. D. (2016). Legal issues and prospects in the protection and assistance of internally displaced persons (IDPs) in Nigeria. *Journal of Law, Policy and Globalization*, 1(49), 108-116

Solanke, B. L. (2018). Factors associated with use of maternal healthcare services during the Boko Haram insurgency in North-East Nigeria. *Medical Conflict Survival*, 34(3), 158–84.

Wafu, J. & Boyce, R. (2016). The challenge to current funding in resettlement schemes in internally displaced persons camp in Borno State. *Internal Migration Journal, 46(5), 160-175.*