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Evaluation of National Emergency Management Agency (Nema) In the Provision of Health Care Services and Relief Materials (Non-Food Items) To Internally Displaced Persons (IDPS) in Borno State, Nigeria

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ABSTRACT

The National Emergency Management Agency (NEMA) is the government agency in Nigeria charged with the responsibility of managing disasters and emergency situations. NEMA has a significant function in supplying relief materials and non-food products to internally displaced Persons (IDPS) in Nigeria, which has been devastated by violence and wars. This study examines the role of the National Emergency Management Agency (NEMA) in providing relief materials and non-food items to IDPS in Borno State. Structural-functionalism was adopted as theoretical framework. Descriptive survey and documentary research design was employed for the study. The population of this study consists of Internally Displaced Persons (IDPs). A sample of 400 was taken from the entire population of 984,321 IDPs in the 13 IDPs camps in Borno State. The returned questionnaire of 382 was used to analyze the primary data. Finding from the study shows that, National Emergency Management Agency's (NEMA) have significantly provided the health services to internally displaced persons (IDPs) in Borno State. Finding from the study also shows that National Emergency Management Agency's (NEMA) did not significantly provided the relief commodities (non-food items) for internally displaced persons (IDPs) in Borno State. This study includes the role of the National Emergency Management Agency (NEMA) in providing health services and relief materials (non-food items) to IDPs in Borno state. The Study recommends; NEMA should construct health clinics in the IDP camps to provide access to healthcare. The health clinics should be staffed with trained medical workers, and should have appropriate medical supplies and equipment to offer basic medical care to the IDPs. Establishing Health Clinics in IDP Camps will ensure more access to healthcare. NEMA should supply the IDPs with other necessities such as clothing, hygiene supplies, and blankets. Supplies like this are crucial to the IDPs' continued health and happiness and should be provided on a regular basis.

Keywords: *National Emergency Management Agency (NEMA), Health Care Services, Relief Materials, Non-Food Items, and Internally Displaced Persons (IDPs)*

Introduction

Internally displaced Persons (IDPs) in Borno state, who have been affected by the Boko Haram insurgency, rely heavily on National Emergency Management Agency (NEMA) to provide them with medical care and relief supplies (non-food items). Millions of Persons have been forced to flee their homes as a result of the insurgency in North-Eastern Nigeria, especially in Borno state. The state's internally displaced Persons (IDPs) in camps and host towns have benefited from NEMA and other humanitarian organizations' efforts to

provide basic necessities. Healthcare, including consultations with medical professionals, immunizations, and health education, is one of NEMA's primary offerings. To help internally displaced persons in remote places, the organization also operates mobile clinics. NEMA doesn't just hand over food to displaced persons; they also provide them things like blankets, hygiene kits, and building supplies. All of these things are essential to the safety and respect of displaced Persons living in shelters and host communities. NEMA also helps with the provision of food and other supplies

to displaced persons NEMA is in charge of managing the full response to emergencies and disasters, including the distribution of relief materials and non-food commodities like temporary shelters, cloths, and medical supplies.

To meet the needs of IDPs, the agency collaborates with other government agencies, non-governmental organizations, and foreign partners to provide relief materials and non-food commodities. NEMA performs evaluations to determine the unique requirements of the affected population when distributing relief materials and non-food items to IDPs. This includes determining the number of Persons affected, where they are located, and the type of support needed. NEMA mobilizes resources based on these assessments to supply essential relief goods and non-food items. NEMA also collaborates closely with state and local governments to ensure that relief supplies and non-food goods are provided in a timely and effective manner. This entails locating distribution areas and arranging the logistics of delivering relief supplies and non-food goods to these locations. This study seeks to assess the role of NEMA's role in providing relief materials and non-food items to IDPs in Borno State. This study will seek to assess Humanitarian Services Management of the Internally Displayed Persons in North East Nigerian by National Emergency Management Agency.

The security situation is one of the most significant problems in providing health services to IDPs in conflict-affected areas. Borno State has been severely impacted by the insurgency in Northeast Nigeria, making access to humanitarian workers and medical staff difficult in some regions. This has also made transporting relief commodities, such as tents, blankets, and other non-food items, difficult. Another issue is a shortage of resources and financing from assistance from donor organizations. Delivering health care and relief items to a large number of IDPs necessitates substantial resources and funds. In some circumstances, donor organizations may struggle to get the resources needed to offer appropriate services. Furthermore, there may be difficulties in coordinating efforts among various Non-Governmental Organization and government bodies. Giving

support to IDPs frequently necessitates collaboration and coordination among several groups and government authorities. This might be difficult at times due to differences in priorities, approaches, and financing sources. Overall, delivering health care and relief items to internally Displaced Persons (IDPs) in conflict-affected places such as Borno State can be a complex and difficult endeavor. Notwithstanding the difficulties, relief organizations and government agencies continue to work to help those in need. This study is therefore carryout to fill the research gap. The problem this study seeks to address is to find out the role of National Emergency Management Agency (NEMA) in providing Health care services and Relief Materials (Non-Food Items) To IDPs in Borno State.

This study seeks to answer the following research questions.

- i. Does the National Emergency Management Agency's (NEMA) provide health care services to internally displaced persons (IDPs) in Borno State?
- ii. Has the National Emergency Management Agency's (NEMA) provide relief materials (non-food items) for internally displaced persons (IDPs) in Borno State?

The general objective of the study is to assess the Humanitarian Services Management of the Internally Displaced Persons in North East Nigerian by National Emergency Management Agency, while the specific objectives are to;

- i. Examine the role of National Emergency Management Agency's (NEMA) in providing health services to internally displaced persons (IDPs) in Borno State?
- ii. Assess the role of National Emergency Management Agency's (NEMA) in providing relief materials (non-food items) for internally displaced persons (IDPs) in Borno State?

In order to empirically achieve the objective of the research, the following null hypotheses would be formulated:

H₀: National Emergency Management Agency's (NEMA) did not significantly provided the health services to internally displaced persons (IDPs) in Borno State

H₀: National Emergency Management Agency's (NEMA) did not significantly provide the relief commodities (non-food items) for internally displaced persons (IDPs) in Borno State.

Literature Review Humanitarian Services and Management

One facet is the confluence of human rights advocacy, government action, international help, domestic philanthropy, and voluntary emergency aid. There are many other important factors to consider when dealing with humanitarian organizations, such as the influence of religion, the tension between altruism and social control in the motivation of aid, the importance of market affinity, imperialism and neo-colonialism, gender and class dynamics, and so on (Götz, Brewis, Werther, 2020). Humanitarians are those who practice helping others.

Charity Work Donations of commodities, services, and other forms of aid given to catastrophe victims and displaced Persons must be managed and monitored. The goal of Humanitarian Services is to help those in need by distributing relief supplies following natural disasters or conflicts, encouraging families of all faiths and ethnicities to become self-sufficient and facilitating volunteer opportunities. Humanitarian aid also aims to raise the profile of disaster survivors and Persons who have been forcibly displaced from their homes (Sadiq & Zakari, 2019).

Governments, the United Nations, the European Union, the Economic Community of West African States, the African Union, nongovernmental organizations (NGOs), members of society, and others all contribute time, money, and resources to humanitarian efforts. Every cent given to those in need be they from natural calamities or from the displaced population, is greatly appreciated. The proceeds from the Humanitarian Assistance Fund are used to finance legitimate international aid and development initiatives (Yahaya & Musa, 2019).

Humanitarian aid consists of supplies and services provided to those in need. Often, such assistance is only temporary,

lasting only until more permanent support can be secured from the government or other organizations. Those without a home, those forced to from their country, and victims of natural catastrophes, wars, and famines all fall into this category. Humanitarian aid is given in response to any type of calamity, whether it be natural or man-made. Humanitarian aid's fundamental goal is saving lives, reducing suffering and protecting Person's inherent worth and dignity. Hence, it can be differentiated from development aid, which attempts to address the underlying socioeconomic causes that may have contributed to a crisis or emergency. The 2016 World Humanitarian Conference added fuel to the fire of the on-going discussion over how to better coordinate humanitarian relief with development initiatives. Nonetheless, experts have mixed feelings about the overlap (Sid, 2018).

In this view, humanitarian help is "a vital representation of the universal value of solidarity between Persons and a moral obligation" (EUHAP, 2018). Humanitarian aid can come from anywhere in the world. The United Nations' Office for the Coordination of Humanitarian Affairs (OCHA) is in charge of coordinating worldwide communities' responses to humanitarian crises (UN, 2018; OCHA, 2018). Connects with organizations involved in disaster response through the Inter-Agency Standing Committee. The United Nations Development Programme (UNDP), the United Nations Refugee Agency (UNHCR), the United Nations Children's Fund (UNICEF), and the World Food Programme (WFP) are the four key UN bodies with duties in delivering humanitarian aid (UNHCR, 2018).

Humanitarian actors care deeply about protecting Person's ability to get assistance following natural disasters, armed conflicts, and other complicated catastrophes. Aid organizations frequently advocate for humanitarian neutrality and objectivity as a means of gaining support for operations. Yet, negotiations and humanitarian diplomacy are often necessary to achieve safe access (Antonio, 2021). Humanitarian actors utilize humanitarian diplomacy to strive to persuade decision-makers and leaders to act in the benefit of vulnerable Persons and with full

respect for core humanitarian principles at all times and in all circumstances in the negotiating arena (Antonio, 2021).

The United Nations uses a variety of humanitarian strategies to aid refugees and migrants as they relocate (Eduardo, 2021). The integration of their children into local educational systems, the provision of access to health services, and the maintenance of food security at the household level are all part of this (UNHCR, 2018). Humanitarian transportation is a part of this strategy as well, with the aim of ensuring that refugees and migrants can continue to go to where they need to go and find work (Eduardo, 2021). The United Nations works to help refugees in more ways than only meeting their most basic needs like providing them with a safe place to live and water to drink (UNHCR, 2018).

Humanitarian groups have historically prioritized providing access to healthcare workers, food, housing, and water, sanitation, and hygiene products in the wake of disasters. However, since the 2010 Haiti Earthquake, humanitarian aid has shifted its institutional and operational focus to utilizing technology to improve humanitarian action, ensuring that more formal relationships are established, and improving the interaction between formal humanitarian organizations like the United Nations (UN) Office for the Coordination of Humanitarian Affairs (OCHA) and informal volunteer and technological communities known as digital humanitarians (Sandvik, 2014).

Health Care Services

Health Care services encompass a comprehensive array of medical, preventative, diagnostic, therapeutic, and supportive interventions delivered to individuals and communities with the aim of fostering and preserving health, averting illness and injury, diagnosing and managing diseases, and augmenting overall welfare. These services are provided by a diverse range of healthcare professionals, facilities, and organisations, and are vital to the efficient operation of a well-structured healthcare system (World Health Organization, 2019) (WHO).

The notion of health services is firmly grounded in the fundamental concepts of public health and medicine. The delivery of healthcare services is a multifaceted undertaking that encompasses various actors, such as healthcare providers, governmental bodies, private sector firms, non-governmental organisations (NGOs), and the community (Centers for Disease Control and Prevention, 2022 (CDC).

Primary Health Care

Primary health Care refers to the initial point of contact for anyone seeking medical assistance, typically delivered by general practitioners or family doctors. Primary healthcare is centred on the provision of preventative services, health education, and fundamental medical care.

Secondary healthCare refers to the provision of specialised medical services by experts and medical institutions, including hospitals and outpatient clinics. These services aim to address specific health concerns and give additional diagnostic and treatment alternatives (National Institutes of Health (NIH), 2021) Tertiary healthcare refers to the provision of advanced medical services by highly specialised professionals and advanced medical facilities. This level of treatment is typically reserved for those with severe and complex health disorders that necessitate specialised technology and intensive care units. These services are

- (a) **Preventive Services:** These are strategies and interventions aimed at fostering healthy behaviours, administering immunisations, conducting screening tests, and providing health education with the goal of averting disease and enhancing overall well-being (National Institutes of Health (NIH), 2021).
- (b) **Emergency Medical Services (EMS):** This refers to expeditious response services that deliver prompt medical assistance during emergency situations and facilitate the transportation of patients to suitable medical establishments.
- (c) **Rehabilitation Services:** This encompasses a wide range of comprehensive assistance and care provided to those with disabilities or those in the process of recuperating from accidents or surgeries. The primary objective of these services is to assist

individuals in regaining their independence and functionality (National Institutes of Health (NIH), 2021).

(d) Mental Health Services: This encompasses a range of interventions aimed at addressing various mental health concerns, such as counselling, therapy, psychiatric care, and support groups.

(e) Home and Community Care Services: This refers to a range of services that facilitate the provision of medical and support care to individuals within their own homes or community environments. The primary objective of these services is to foster independence among individuals while simultaneously minimising the need for hospitalisation (National Institutes of Health (NIH), 2021).

(f) Palliative care Services: This is a specialised form of healthcare that is designed to cater to persons who are afflicted with severe illnesses. Its primary objective is to address the management of pain and enhance the overall quality of life for both patients and their families.

Provision of Relief Materials

Social service and relief have become a worldwide salvation story since the mid- to late-nineteenth century. Modern usage captures this idea in the term "humanitarianism," where the suffix "ism" stands for an all-encompassing system of beliefs, practices, categories, discourses, and processes that are yet recognizably "humanitarian" despite their fluidity and propensity to change rapidly. Humanitarianism takes several forms, each with its own set of goals and ideals that stands apart from the others in some ways while also sharing common ground with them. While these goals expand upon traditional humanitarian concepts like "neutrality," "independence," "humanity," and "impartiality," they also define a modern redemptory mind-set that finds expression in various kinds of compassion and administration. Humanitarianism, in fact, entails a complex web of players, politics, and structures operating on a variety of scales and evolving in response to a variety of crises. It's

a way of helping out (with the intention of making things better), a worldview propelled by the imperative to meet the needs of Persons in exceptional, unjust, or unequal conditions. As such, it is a defining characteristic of the modern period, and its development has been inextricably linked to the pursuit of emancipation and redemption (De Lauri 2020).

Policymakers and humanitarian players have long been concerned with ensuring continuous access to humanitarian aid in times of conflict and complicated catastrophes. In order to obtain access, support, and safety for Persons, humanitarian discussions have historically taken place in times of acute insecurity and uncertain political conditions (Mancini-Griffoli and Picot 2004; Pease 2016). Humanitarian diplomacy is a term that began to circulate more frequently in the early 2000s due to the implicit, and sometimes even covert, practices of humanitarian negotiations (Magone, Neuman, and Weissman, 2011). The goal of humanitarian diplomacy is to encourage decision-makers and opinion-leaders to act in the best interests of vulnerable Persons and in accordance with all relevant humanitarian principles at all times and in all settings includes efforts by humanitarian actors to secure a safe zone from militaries and governments so that they can do their jobs without compromise. Facilitating the presence of humanitarian groups in a country, gaining access to vulnerable civilian populations, monitoring aid programs, encouraging adherence to international law and norms, and advocating at different levels are all examples of these actions (Minear and Smith 2007). Humanitarian aid in this context is a strategy for helping the most helpless individuals. Indeed, the pledge to "leave no one behind" has been a central part of discussions about Sustainable Development Goals, and there is a growing political consensus that making this aim operational is an important part of the United Nations' 2030 Agenda (Transforming our World: the 2030 Agenda for Sustainable Development) (UN). Humanitarian diplomacy, however, has a substantial tension. Humanitarianism is concerned with advocating for and supporting those in need, while diplomacy is concerned with representing one state to

another. Therefore, diplomacy is characterized by compromise and pragmatic dealings, while the public image of humanitarian action (which often contradicts what actually occurs in practice) is the opposite: it is about working for ideals and universal principles regardless of the interests of specific political actors.

Humanitarianism is sometimes defended by practitioners who insist that it is nonpartisan, but this view has been widely refuted by academics who point out that humanitarianism cannot be separated from the political and diplomatic contexts in which it is practiced. Humanitarian diplomacy is best conceptualized within the context of the greater pluralization of diplomacy, which can be achieved through an analytical knowledge of its processes (Turunen 2020). As a matter of fact, the use and understanding of diplomatic techniques have spread far beyond the Westphalian state system. Just viewing diplomacy through the lens of nations and international organizations like the United Nations and the European Union misses the mark when trying to capture the current status of diplomatic practices and infrastructures. It is obvious that the concept that diplomacy is limited to issues of statecraft and sovereignty is false and misleading. Conflicts, natural disasters, and refugee crises are just a few examples of the kinds of global concerns that are too complicated for traditional diplomacy to address (Turunen 2020: 465). Networks of individuals and groups with varied goals, identities, and perspectives on how the world is (or should be) and how it functions make up the diplomatic community (Constantinou 2013; Turunen 2020).

An Overview of Internally Displaced Persons (IDPs)

Internally Displaced Persons (IDPs) are a group of Persons who have been forced to leave their homes. As a result of violent conflicts or natural disasters, their means of livelihood, such as agriculture and trade, are wiped out, causing Persons to endure a variety of effects (Ladan, 2011). As a result of being relocated from their source of income, such IDPs frequently face increased food shortages and malnutrition. Internally Displaced Persons are defined as "persons or

groups of persons who have been forced or obliged to flee or 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, natural or human-made disasters, and who have not crossed an internationally recognized state border" by the United Nations Guiding Principles (UNGP, 1998). These and other circumstances necessitate a humanitarian reaction. The African Union's Convention on the Protection and Assistance of African Internally Displaced Persons. Internally Displaced Persons were also defined in the Kampala Convention (2009), in accordance with the United Nations Guiding Principles. Internally Displaced Persons (IDPs) are citizens of a country who have been displaced within the country's territory due to natural calamities such as erosion/flooding, desertification, and so on. Persons may be displaced as a result of man-made calamities such as civil war, internal armed conflict, terrorism, and so on, like in Nigeria's situation.

Concept of Rehabilitation

The term "rehabilitation" refers to "a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment" (Mills, Marks, Reynolds & Cieza, 2018). According to the World Health Organization (WHO, 2020), rehabilitation enables a child, adult, or older person to be as independent as possible in daily activities and to participate in education, work, recreation, and meaningful life roles such as family caregiving. It accomplishes this by addressing underlying conditions (such as pain) and improving an individual's daily functioning, assisting them in overcoming difficulties with thinking, seeing, hearing, communicating, eating, or moving around. Anyone may require rehabilitation at some point in their lives, whether as a result of an injury, surgery, disease, or illness, or because their functioning has deteriorated with age.

Rehabilitation is highly person-centered (WHO, 2020), which means that the interventions and approaches chosen for each individual are determined by their goals

and preferences. Rehabilitation can be provided in a variety of settings, including inpatient or outpatient hospital settings private clinics, and community settings such as a person's home. The rehabilitation workforce is made up of different health workers, including but not limited to physiotherapists, occupational therapists, speech and language therapists and audiologists, orthotists and prosthetists, clinical psychologists, physical medicine and rehabilitation doctors, and rehabilitation nurses. According to Mills et al, (2018), it was opined that within the context of emergencies, which could be in a form of natural hazards such as earthquakes or disease outbreaks and human induced hazards including conflict, terrorism or industrial accidents, it can generate overwhelming rehabilitation needs as a result of injury or illness. They also have the greatest impact on the most vulnerable populations and the weakest health systems while simultaneously disrupting existing services. While clinical and humanitarian guidelines recognize the importance of rehabilitation in emergencies, it is rarely considered as part of health system preparedness and early response (Mills et al, 2018). As a result, pre-existing limitations in rehabilitation services are exacerbated, health-care delivery is less efficient, and Persons directly affected face increased impairment and disability.

Concept of Resettlement

The meanings of resettlement, rehabilitation, and reintegration are not ambiguous, but they must be emphasized in order to properly appreciate and assess whether what the state and non-state actors of IDP management are doing in North Eastern Nigeria constitutes an effective and transparent IDP management strategy. IDP resettlement is a state in which all individuals who have been displaced from their homes due to violence are given the option of returning to their homes in a voluntary, safe, and dignified manner or being resettled into new homes and communities (USIP, 2016). The issue of resettling internally Displaced Persons (IDPs) in Nigeria has become a global concern, with the UN Leader of Delegation to the Country and UN Special

Rapporteur on the Sale of Children for Prostitution and Child Trafficking, Maud de Boer-Buquiccho, and her counterpart on the Right of Everyone to the Highest Attainable Standard of Physical and Mental Health, Dainius Puras, warning that the country is in danger if it fails to properly reset (Niyi, 2016). One crucial characteristic of resettlement is the ability of IDP returns to seek fair compensation and integration in order to rebuild their livelihood activities and contribute to the region's long-term economic and political growth. Returnee IDPs can constitute very vital and essential human resources towards the development of the region and nation at large if IDPs are properly supported in the resettlement process. Return and resettlement of internally Displaced Persons (IDPs) frequently signify a visible end to violent conflict, legitimize the new political order, and restore normalcy to the conflict-affected population (USIP, 2016).

IDP resettlement is a state in which all individuals who have been displaced from their homes due to violence are given the option of returning to their homes in a voluntary, safe, and dignified manner or being resettled into new homes and communities (Ikwuyatum, 2016). One critical aspect of resettlement is that IDP returnees have access to sufficient compensation and integration in order to rebuild their livelihood activities and contribute to the region's long-term economic and political growth. Returnee IDPs can constitute very vital and essential human resources towards the development of the region and nation at large if IDPs are properly supported in the resettlement process. Return and resettlement of internally Displaced Persons (IDPs) frequently signify a visible end to violent conflict, legitimize the new political order, and restore normal living for the conflict-affected Persons (USIP, 2016), as stated in (Ikwuyatum, 2016).

The Role of NEMA in Disaster Management

Beginning in 2009, the Boko Haram insurgency initiated a series of attacks and destructions in Borno State, resulting in thousands of deaths and massive population displacement. The insurgency triggered a

humanitarian crisis in Nigeria unseen since the end of the Nigeria-Biafra war. This tragic scenario caused national and international humanitarian interventionist agencies all over the world to voice worry over the plight of the state's internally displaced persons (IDPs) (Chidume, Nwosumba, & Osisioma, 2018). One of the interventionist entities that supported the IDPs was the National Emergency Management Agency (NEMA). The National Emergency Management Agency's (NEMA) response and/or operations in response to the humanitarian disaster in Borno State began rather late. Indeed, the agency did not arrive in Borno State until the crisis reached a tipping point in 2014. The question is, given the scale of the refugee crisis, why did NEMA, a Federal Government agency, wait so long to commence operations in Borno State. It is probable that the agency acted in accordance with the Federal Government's *laissez faire* stance regarding the state of Borno (Chidume et al, 2018). It is also acceptable to argue that because the agency is a government progeny, it cannot move beyond the whims and caprices of the current administration. NEMA, on the other hand, leapt into action alongside other State donor agencies.

The National Emergency Management Agency was founded in Nigeria by Act No. 12 as amended by Act 50 of 1990 to manage disasters. It is in charge of coordinating resources in Nigeria for efficient and effective disaster prevention, preparedness, mitigation, reaction, and response (NEMA Act, 2004). NEMA provided a variety of relief, rescue, and support services to afflicted areas of the North East, primarily in the three states of Borno, Adamawa, and Yobe, in compliance with its mandate. When the agency arrived in Borno State during the height of the crisis in 2014, it first identified the places of origin of the displaced Persons in order to obtain full and authentic data on those affected. Based on this information, NEMA was able to identify the individuals and evacuate them to their various states of origin, including Kano, Kebbi, Sokoto, and Zamfara (NEMA, 2014 cited in Chidume et al, 2018). IDPs in Borno and the other four recognized states were given relief items such as blankets, mats, mattresses, soap, cooking utensils, and so on. In the meantime, these

items provided significant relief to IDPs (NEMA, 2016).

As a result, saying that NEMA's efforts, particularly in terms of relief material distribution in Borno State, were much lower as compared to Boko Haram-free states in the North East, such as Adamawa and Yobe, is pointless (Bulama, 2016 cited in Chidume et al, 2018). In addition to distributing humanitarian supplies to internally displaced individuals, the organization trained about 140 Youth Corps members in Borno State alone in 2014. Members of the Corps were trained to be Emergency Management Vanguard, which required them to have the skills essential to manage situations (EMV). Because of the sporadic nature of Boko Haram assaults, crises or calamities might strike at any time, so society must be prepared (NEMA, 2016). As a result, the Agency started a throughout the state. As a result, DRR clubs were founded in a few selected secondary series of Disaster Risk Reduction (DRR) awareness initiatives among secondary school students and other young Personsschools in Borno State, and in other north eastern states in general. As a result, NEMA held a number of seminars and workshops to sensitize and/or raise public knowledge about disaster management. This and similar activities are usually carried out in collaboration with stakeholders such as State Government agencies, Local Governments, community organizations, Non-Governmental Organizations, and sister agencies (NEMA, 2016).

NEMA's mandate as a humanitarian organization has grown far too complex. In actuality, NEMA leadership and employees made multiple sympathy visits and courtesy calls to crisis areas, IDP camps, traditional and local leaders of impacted communities, and bereaved Persons in order to provide psychosocial support to a profoundly traumatized population. In the aftermath of bomb attacks, the Agency was instrumental in the prompt hospitalization of casualties in disaster zones. A committee was constituted to handle the responsibility of swift evacuation assignment, and it operated 24 hours a day, seven days a week (NEMA, 2016). Along with this committee, another organization is in charge of maintaining monitoring through "Operation Eagle Eye."

The surveillance body was designed to prevent all forms of insurgent attacks (Chidume et al, 2018). In general, the Agency visits disaster-affected areas and IDP camps to undertake assessments. NEMA compiled up-to-date data on fatalities, casualties, and devastation, as well as locations and occurrence dates in Borno State, as part of the evaluation process, up to 2014.

By the end of 2015, NEMA was obligated to focus on the distribution of food and building materials to diverse individuals and communities affected and harmed by the insurgency. The focus of NEMA was possibly not unrelated to the outpouring of public fury over the Federal Government's in general, and NEMA in particular, lack of care for the plight of the Persons of Borno State in the face of the Boko Haram insurgency (Chidume et al, 2018). These criticisms were led by elders and other opinion leaders in Borno State. Based on these circumstances, NEMA distributed tons of various food items to affected individuals both inside and outside of the State's IDP Camps. The Agency boosted its presence and intervention in all of Maiduguri's camps, as well as in a number of camps outside of Maiduguri, including Biu, Bama, Askira, and Dikwa. According to NEMA data, Borno State had 402, 039 IDPs as of December 2014.

When the Borno State Government announced its plan to relocate IDPs occupying schools, NEMA's operations escalated significantly. This is meant to reopen schools so that teaching and learning can resume. The Agency supplied 1000 kits of various commodities to 1,000 moving IDP households between January and February of this year. The kits included mattresses, blankets, mosquito nets, mats, cooking utensils, and clothing. In addition to these 500 tents were provided and erected as part of the IDPs' lodging at the Dalori I, Dalori II, and Bakasi camps (Chidume et al, 2018).

Empirical Review

In this part, prior scholars' research will be reviewed. Finally, the investigation will identify empirical gaps that the current study will fill. Listed below are a number of works that are roughly related to the humanitarian management of internally displaced Persons:

Nnadi, Ezeani, and Nnadi (2020) investigate the primary difficulties that have hampered NEMA's successful management of IDPs. The survey (personal interview) and documentary data gathering methods were used in the study. The content analysis method was used to analyze the data. The study discovered that NEMA's inadequate record keeping on the progressive growth in the number of displaced Persons in Northeast Nigeria accounted for serious accommodation shortages in the area's IDP camps. The report also discovered that NEMA's failure to properly coordinate the delivery and distribution of relief goods from various assistance groups was to blame for food scarcity and poor health conditions in IDP camps in northeast Nigeria. To that end, the report suggests that the Nigerian government, through NEMA, improve its data monitoring procedures for IDPs in Northeast Nigeria in order to assure the availability of reliable statistics on IDPs in camps and host communities.

Eweka and Olusegun (2016) compare the management of internal displacement in Africa, focusing on Nigeria and neighboring Cameroon. The study employs a quantitative research design, a survey approach for data gathering, and simple percentage and content analysis tools for data analysis. With much emphasis on (dis)similarities in managerial stakeholders and their number, challenges, and degree of success recorded by both countries, it is concluded that neither country is more successful than the other in IDPs management; rather, both countries have much to learn from each other, and there is an urgent need to improve IDP management in both countries.

Chidume, Nwosumba, and Osisioma (2018) investigate the involvement of NEMA and UNICEF in assisting victims of the Boko Haram insurgency in Borno State, particularly in the provision of food, non-food goods, and education. The study used a qualitative research strategy that included the utilization of primary and secondary sources that were critically reviewed. However, the analysis exposes information about Boko Haram attacks on particular areas in Borno State, when they got assistance from the humanitarian organizations under consideration, and the nature of such

interventions throughout the time period under consideration.

Emmanuelar (2015) examines the impact of the Boko Haram insurgency on humanitarian issues in Northern Nigeria, focusing on the states of Borno, Yobe, and Adamawa. It also illustrates how Boko Haram's increased activity continues to have catastrophic humanitarian ramifications for the North East region, Nigerian society, and neighboring nations at large. The study used the State Fragility theoretical framework as well as a survey method incorporating questionnaires (the regression technique) and in-depth interviews (index matrix and table methodology) to analyze three internally displaced camps in the region. The empirical findings show that when variables such as impact on human casualties (IHC), food insecurity (FI), and internally displaced persons (IDP's) are held constant, there is a significant relationship between Boko Haram insurgency and humanitarian crises, but no significant relationship exists when variables such as loss of livelihood (LoL) and government response (GR) are held constant. The study recommends that the Nigerian government focus more on reducing human casualties, loss of livelihood, and food insecurity, as well as more on reintegrating internally displaced Persons into society, in order to nip the threats emanating from humanitarian crises and the Boko Haram insurgency in the region in the bud.

Olagunju (2006) investigated IDP (internally displaced individuals) management in Nigeria using the February/May 2000 communal strife in Kaduna, Northern Nigeria. He created two questionnaire sets. One was for internally Displaced Persons. The other was for government agencies and non-governmental organizations. They were based on the United Nations Internal Displacement Guidelines. The obstacles faced by IDPs and the various government institutions and non-governmental organizations (NGOs) involved in responding to the needs of IDPs were reviewed, documented, compared, and analyzed. Recommendations for better responses to IDP needs management were made for the use of relevant governmental and non-governmental organizations.

Theoretical Framework

Structural-functionalism was adopted as theoretical framework. Structural-functionalism is an early form of systems thinking that emerged in the 1800s out of the works of French and British sociological philosophers Comte, Spencer and Durkheim who explored and developed the application of the biological metaphor to understand society (Barton et al., 2004; Spencer, 1899; Urry, 2000). Their work was particularly focussed on explaining order and stability of social systems, emphasizing concepts of systemic needs, interdependency and socialisation (Harper, 2011). Parsons' structural-functionalism, which predominantly emphasizes manifest functions. Political scientists also introduced structural-functionalism into the policy sciences in the 1960s as a means of comparing different political systems (Almond and Powell, 1966). Almond and Powell (1966) describe their approach as probabilistic functionalism and emphasise that structures within political systems are highly interdependent but not necessarily intended to exist at equilibrium as purported by early structural-functionalists. The political science application of structural-functionalism, however, provides particularly good insight into how structural-functionalism might be applied to describe the structures and functions of complex planning systems. Although structural-functionalism has been used in the policy sciences to analyse the performance of public organization in relations to the functions. It is also use to practical analysis or evaluation the functionality or health governance.

Structural-functionalism conceptualises society as a system of interacting parts that promote stability or transformation through their interactions.

This conceptual approach suggests that, to understand social systems, we must look at the parts of the system that substantiate particular activities and their interrelations (Chilcott, 1998). Hence, some of the overarching core (and most useful) **assumptions** underpinning structural functionalism include the following:

- i. Society consists of both structures and functions that are interconnected and interdependent, and ultimately focused on

maintaining or mediating societal equilibrium (Radcliffe-Brown, 1935) and or necessary transformation (Dale et al., 2013);

- ii. Social systems consist of both structures and functions that are necessary for the ongoing health or survival of that system (Chilcott, 1998);
- iii. Structures exist to meet the functional needs of a system (Merton, 1949);
- iv. Systemic functionality (i.e. how parts of the system work) across and within structures serves to reinforce and maintain the stability of the system's structures in the context of an ever-changing, complex and unpredictable system

According to the theory, while political, economic, and social factors play a role in human displacement, structural factors such as conflictive inter-group politics, a lack of social justice, weak state institutions, and discriminatory political institutions, bitter religious and inter-tribal acrimonies, and inter-group fragmentation are largely to blame. National security issues, internal and cross-border criminality, and insurgency are all structural elements that contribute to mass displacement. Environmental pollution, deforestation, drought, and natural catastrophes were also recognized as important drivers for human displacement by the author. Overpopulation, natural disasters, poor economic possibilities, and non-integrated social institutions are also factors of demographic-induced displacement, putting strain on human settlement. As Rose (1998) points out, some of these factors, particularly violent political competition, natural calamities such as famine and drought, inter-tribal acrimony, internal and cross-border criminality, among others, frequently lead to forced displacement, whereas socioeconomic factors, particularly low employment opportunities and overpopulation, may lead to voluntary displacement. There is a weak structural relationship between the government, the governed, and socio-political and economic institutional structures put in place to achieve citizens' personal and group development aspirations, focusing specifically on the structural politico-economic and power relations factors for insurgent-induced internal displacement.

And that the on-going conflict prevents conflict victims, particularly the internally displaced, from receiving the maximum amount of relief assistance from disaster responders, who are sometimes attacked by belligerent fighters via land and air strikes, leading to more epidemic disasters, including diseases, as a result of overcrowded conditions in IDP camps. The structural theory is appropriate and relevant for this study because the Boko Haram insurgency, which has resulted in a continued rise in the number of IDPs in North-eastern Nigeria, is a by-product of poor governance and religious extremism, both of which are largely unregulated by the government. The theory provides in-depth understanding of the interconnected elements that perpetuate insurgency and IDPs in Northern Nigeria.

Methodology

Descriptive survey and documentary research design was employed for the study; survey was used because opinions of the respondents were sought. Survey research design involves the use of questionnaires to generate data in order to answer the research question(s) and/or analyse specific hypothesis. Documentary design is an existing data collected for research purposes or non-research purposes.

The population of this study consists of the Staff of National Emergency Management Agency and the Internally Displaced Persons (IDPs). The study population covered only Borno state because it has the highest numbers of IDPs. Total number of IDPs in the 13 IDPs camps in Borno State is 984,321 according to Reliefweb (2023). A sample of 400 populations was taken from the 984,321 using Taro Yamane statistical technique. The statistical formula is given as follows;

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size

N = total population size

1 = constant

e = the assume error margin or tolerable error which is taken as 5% (0.05)

$$n = \frac{N}{1 + N(e)^2}$$

$$984,321 / 1 + 984,321(0.05)^2 = 400$$

Two method of data collection were used in this study; primary and secondary. The primary method consists of two sources: Quantitative data and the qualitative data. Quantitative data are numerical data and the closed-ended questionnaire was used to generate the data. Qualitative data on the other hand are the opinion of the respondents through the interviews and open-ended questions were used to obtain information. Questionnaires were administered to staff of National Emergency Management Agency. The questions were structured using three likert scale (Yes, No and can't remember).

Chi-square technique of data analysis was used to test Hypotheses. Chi-square techniques of data analysis constitute inferential statistics. The hypotheses were tested at 5% (Percent) level of significance. At 5% level of significance, reject the null hypothesis for test with probability estimate lower than 5% (0.05) and conclude that they

are not statistically significant. Otherwise, we accept 0.05 when probability estimates are above and conclude that they are statistically significant. Chi-Square may be defined as the sum of the ratio of difference between observed and expected values (Hoel, 1974). Its use involves the determination of the observed (actual) and the expected frequencies, the deviation squared, and the summations of the deviations squared divided by the summations of the expected frequencies thus:

$$\text{Chi-Square} = (x^2) = \frac{(O - E)^2}{E}$$

Where

O = Observed value (frequency) and

E = Expected value (frequency)

Therefore, Chi-Square method of data analysis were used to evaluate whether or not the frequencies that have been empirically obtained differ significantly from those which would be expected under a certain set of theoretical assumptions. All hypotheses will be treated at the 0.05 level of significance.

Test Kits (for malaria, diabetics and typhoid), Anti-diabetics, Worm expellers, Cough Syrups, IV drugs. NEMA.

Data Presentation

Table 1: Provision of good Healthcare to IDPs in Borno State

Options	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	296	76.1	76.1	76.1
No	81	21.6	21.6	97.7
Can't remember	5	2.3	2.3	100.0
Total	382	100.0	100.0	

Source: Field Survey, 2023

Table 1 shows that 296 respondents representing (76.1%) were of the view that healthcare have been provided, 81 respondents representing (21.6%) disagreed while 9 respondents representing (2.3%) could not ascertain whether healthcare had been provided. This implies that majority of the respondents Agreed to the fact that healthcare had been provided in the camp. These findings corroborate NEMA Report on the provision of medical consumables to IDPs camps in the North East. The report showed that NEMA had distributed a total of 43,057 malaria, anti-biotics, IV fluids, Medical consumables, IV Antibiotics, Analgesics, Anti-Hypertensive, Disinfectants, Gloves, Hand sanitizers, Hospital equipment, Pre

Table 2: NEMA's provision of non-food items to the IDPs

Options	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	298	76.6	76.6	76.6
No	70	18.8	18.8	95.4
Can't remember	14	4.6	4.6	100.0
Total	382	100.0	100.0	

Source: Field Survey, 2023

Table 2 shows that 298 respondents representing (76.6%) were of the view that Non-food items have been provided, 70 respondents representing (18.8%) disagreed while 14 respondents representing (4.6%) could not ascertain whether Non-food items had been provided. This implies that majority of the respondents are of the opinion that Non-food items had been provided in the camp. This finding is also in agreement with NEMA report on the management of the humanitarian crisis in the north- east region of Nigeria" the report showed that;

NEMA has strategically prepositioned emergency food and non-food supplies in its

warehouses located in Borno states. In order to guarantee a consistent supply of food for the IDPs, the Agency also inked MoU with the State Emergency Management Agencies (SEMAs) of Borno State. The Federal Government has implemented a number of policies to lessen the crisis's negative consequences. This includes, among other things, the Victims Support Fund (VSF), the Safe Schools Initiative (SSI), and the Presidential Initiative for the North-East (PINE).

Table 3: NEMA's Provision of Emergency Shelter and Transitional Housing to IDPs in Borno State

Options	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	247	63.7	63.7
	No	134	35.0	98.7
	Can't remember	1	1.3	100.0
	Total	382	100.0	

Source: Field Survey, 2023

Table 3 shows that 247 respondents representing (63.7%) were of the view that emergency shelter and transitional housing have been provided, 134 respondents representing (35.0%) disagreed while 1 respondent representing (1.3%) could not ascertain whether emergency shelter and transitional housing have been provided. This implies that majority of the respondents are in agreement with the fact that emergency shelter and transitional housing have been provided. This finding is in-line with NEMA Report on the management of the humanitarian crisis in the north-east region of Nigeria, the report shows that NEMA have made provision for; 18,600 roofing sheet, 30,400 bags of cement, 9,1803 quantities of nails, 8,295 quantities of roofing nails, 28,650 sheets of ceiling board, 18,740 2x3x12 blanks and 5,900 2x4x12 blanks for the provision of emergency shelter and transitional housing for the IDPs.

Test of Hypothesis

Test of Hypothesis one (1)

H₀: National Emergency Management Agency's (NEMA) did not significantly provide the health services to internally displaced persons (IDPs) in Borno State.

Chi-Square Tests of Hypotheses One

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.326 ^a	4	.005
Likelihood Ratio	6.568	4	.116
Linear-by-Linear Association	5.552	1	.213
N of Valid Cases	362		

0 cells (0.0%) have expected count less than 5. The minimum expected count is 17.58.

Source: SPSS, 2020

The table above shows the calculated value of chi-square $X^2=17.32$, while the critical value of chi-square $X = 9.49$ at 4 degree of freedom under 0.05 level of significance. Since the calculated value of X^2 (7.32) is less than the critical value of X (9.49) and the P-Value of 0.131 is greater than the alpha value of 0.005, we can accept the null hypothesis were states that, National Emergency Management Agency's (NEMA) did not significantly provided the health services to internally displaced persons (IDPs) in Borno State. This means that, National Emergency Management Agency's (NEMA) have significantly provided the health services to internally displaced persons (IDPs) in Borno State.

Test of Hypothesis Two (2)

H₀: National Emergency Management Agency's (NEMA) did not significantly provide the relief commodities (non-food items) for internally displaced persons (IDPs) in Borno State.

Chi-Square Tests of Hypothesis Two

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	21.571 ^a	4	.000
Likelihood Ratio	18.612	4	.001
Linear-by-Linear Association	5.262	1	.022
N of Valid Cases	362		

0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.63.

Source: SPSS, 2020

The table above shows the calculated value of chi-square $X^2=21.57$, while the critical value of chi-square $X = 9.49$ at 4 degree of freedom under 0.05 level of significance.

Since the calculated value of X^2 (21.57) is greater than the critical value of X (9.49) and the P-Value of 0.131 is greater than the alpha value of 0.005, we can reject the null hypothesis. We state that, National Emergency Management Agency's (NEMA) did not significantly provide the relief commodities (non-food items) for internally displaced persons (IDPs) in Borno State. This means that, NEMA National Emergency Management Agency's (NEMA) significantly provided the relief commodities (non-food items) for internally displaced persons (IDPs) in Borno State.

Discussion of Finding

Finding from the study shows that, National Emergency Management Agency's (NEMA) have significantly provided the health services to internally displaced persons (IDPs) in Borno State. Internally Displaced Persons (IDPs) in Borno State receive medical consultations and check-ups from healthcare specialists to assess their health needs. This is only one example of the health services that NEMA regularly offers to IDPs. In order to safeguard IDPs, especially children, against frequent diseases, NEMA offers immunization treatments. For common illnesses like malaria, diarrhoea, and respiratory infections, NEMA offers drugs and therapy. Maternal and child health services are provided by NEMA, including prenatal care, labor and delivery, and child health services like growth monitoring and nutrition guidance. IDPs that have gone through trauma or stress usually get mental health services and psychological support from NEMA. IDPs who experience significant illness or injuries can get emergency medical care from NEMA. This finding is in line with study conducted by Chidume, Nwosumba, and Osisioma (2018) whose study also revealed that involvement of NEMA and UNICEF in assisting victims of the Boko Haram insurgency in Borno State, particularly in the provision of food, non-food goods, and education have humanitarian assistance to the IDPs in the affected communities.

Finding from the study shows that National Emergency Management Agency's (NEMA) significantly provided the relief materials (non-food items) for internally

displaced persons (IDPs) in Borno State. IDPs are often given the following by NEMA: tents or temporary shelters, blankets and bedding, implements for cooking, such as pots, pans, and stoves insect nets, kits with soap, toothpaste, and sanitary pads, as well as water purification tablets and jerry cans shoes and clothing, Children's school supplies, as well as equipment and tools for repurposing homes and neighbourhoods. This finding is in line with the study conducted by Augusta et al. (2017) whose finding also shows that Community Development in an Emergency in a Case Study of Internally Displaced Persons in Borno State has necessitates the provision of health care services and facilities, as well as education and vocational training. The study conducted by Francis, Haruna, and Bawa (2021) also shows that, NEMA's Resettlement and Reintegration Strategy for Internally Displaced Persons (IDPs) in Maiduguri Metropolis, Borno State has improved Integration among Internally Displaced Women in Selected Internally Displaced Persons (IDPs) Camps in Nigeria.

Conclusion and Recommendations

The study concludes that, NEMA to some extent have effectively deliver health care services, as well as distribution of non-food items through sustainable programs, NEMA has effectively provided health care services and relief materials to internally displaced persons in Borno State through the needs assessment, partnerships with other organizations. Internally Displaced Persons (IDPs) in Borno State are receiving medical care and relief supplies from the National Emergency Management Agency (NEMA). In order to meet the health needs of IDPs who could have been impacted by the conflict in Borno State, health services might be provided. This can include having access to prescription drugs, basic medical care, and health information. Also, the distribution of aid supplies such as non-food goods can help to meet the fundamental requirements of IDPs, such as shelter, clothes, and hygiene products. To make sure that their basic needs are satisfied and that they have access to the resources they need to reconstruct their lives and communities, support for IDPs in Borno State and other crisis-affected areas must

continue. The study therefore recommends that;

- i. NEMA should construct health clinics in the IDP camps to provide access to healthcare services. The health clinics should be staffed with trained medical workers, and should have appropriate medical supplies and equipment to offer basic medical care to the IDPs. Establishing Health Clinics in IDP

Camps will ensure more access to health care services.

- ii. NEMA should supply the IDPs with other necessities such as clothing, hygiene supplies, and blankets. Supplies like this are crucial to the IDPs' continued health and happiness and should be provided on a regular basis.

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