

THE EFFECT OF NEMA RELIEF AND REHABILITATION SERVICES ON HEALTH CARE SERVICE AT INTERNALLY DISPLACED PERSONS (IDPS) CAMP IN ADAMAWA STATE.

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Abstract

*The crisis of Internally Displaced Persons (IDPs) constitutes one of the world's most worrisome humanitarian crises. With the Boko Haram insurgency attacks in Nigeria, the number of internally displaced persons in the northern part of Nigeria and Adamawa State in particular has risen tremendously. This study was carried out to assess the effect of National Emergency Management Agency (NEMA) on the provision of healthcare service to IDPs in Malkohi and Fufore camps in Adamawa state (2011-2018). Social Inclusion theory was adopted as a theoretical framework for this study. While **the study used** questionnaire and interview (primary sources) and secondary sources of data. **Krejcie and Morgan table (354)**, comprising of IDPs in Malkohi and Fufore camps in Adamawa state. Correlation method was used for the test of hypotheses and analysis with the aid of SPSS 20. The study revealed that NEMA relief and rehabilitation has positive effect, but insignificant in the provision of health services to IDPs in Malkohi and Fufore camps in Adamawa state. The study recommends among others that the federal government through NEMA should place more emphasis on the provision of health facilities for the IDPs aside food and shelter and should also avail them with doctors, enough medications and drugs to the IDPs.*

Keywords: NEMA, IDP, Healthcare Service, Welfare, Relief and Rehabilitation

Introduction

The aspect of emergency response, disaster relief and rehabilitation are essential and need to structurally be integrated into the humanitarian response. Victims of humanitarian disasters often lose their basic legal and administrative documents, which are necessary to prove their identity and ownership of property, or never had these documents in the first place. This leads to difficulty in obtaining refugee/Internally Displaced Persons (IDP) status, accessing aid programmes are compounded by the fact that the institutional infrastructures are often damaged, making the bureaucratic processes slower. Generally, relief and rehabilitation of internally displacement persons are part of their welfare in order to take them back to their original places and to give them a chance to have something to do for their survival has become global phenomena over the past decades. Around the world (Africa, Americas, Asia and the Pacific, Europe and Middle East), tens of thousands of men, women and children were being internally displaced either by conflict, communal violence or internal strife or natural disasters. Indeed, the number of displacement induced by man-made disasters far outweighs those from natural circumstance such as landslide, ocean surge, fire. This is in line with the submission of Oduwole (2013), who pointed out that the total number of displaced persons is estimated around 50 million worldwide in 2013, with majority of these people in Africa and Middle-East.

According to the report by Internally Displacement Monitoring Centre (IDMC 2014), there are at least 6.6 million people who were internally displaced inside Syria, with over 1.3 million displaced in 2015 alone. In Afghanistan, the number reached 1.5 million in 2016, and over 1.4 million in Iraq. Similarly, the IDMC estimates that there are at least 263,500 IDPs in Occupied Palestine (West Bank, Gaza Strip and East Jerusalem) as of July 2015. This figure includes Palestinians who were displaced within the West Bank, the Gaza Strip and East Jerusalem since the start of Israel's occupation in 1967. The Humanitarian Snapshot of July 2017 has counted a total of 154,000 IDPs in Haiti – Dominican Republic border.

Nigeria, like the rest of the world, is exposed to a wide range of natural or human induced disasters leading to loss of lives, properties, degradation of environment as well as total displacement of a lot of people. The causes of displacement include natural disasters; intercommunal/inter-ethnic clashes, disputes over land, boundary conflicts between indigenous people and settlers, communal and ethno-religious clashes, insurgency and as well as electoral violence. The highest recorded number in the last decade, however, was due to the insurgency in the northeast part of the country, where a spate of violent attacks since 2009 has left well over two million people displaced within and across the borders to neighbouring countries, especially over the past three years (OCHA, 2019).

Internally Displacement Monitoring Centre (IDMC) in its global overview in 2014

revealed that Nigeria had the highest number of persons displaced in Africa by conflict ranking behind Syria and Colombia. Tracking Matrix report of 2014 accounted that there were about 389,381 IDPs (60,232 households) in Adamawa, Bauchi, Gombe, Taraba and Yobe states with the highest occurrence of such individuals in Yobe (125,991 IDPs), Adamawa (123,601 IDPs) and Taraba (81,790 IDPs). This is due to unfounded argument in religious, belief, underdevelopment, poverty, unequal distribution of wealth, ethnic tensions, unemployment, political and economic subjugation of minorities, absence of democratic procedures, intolerance and many other factors (Olukolajo, Ajayi and Ogungbenro, 2014).

In Nigeria, Adamawa state is among the states affected by Boko Haram insurgency. As of November 30, 2014, an estimated 35,000 internally displaced persons fleeing from Boko Haram violence in affected locations such as Mubi, Madagali, Askira Uba, Bama and Gwoza in the states of Adamawa, Borno and Yobe, were housed by the various IDPs camps including Malkohi and Fufore IDPs camps in Adamawa state. (IDMC, 2014).

In response to the high influx of IDPs into Yola metropolis from August to September, 2014 led to the establishment of camps within and outskirts of Yola metropolis in order to provide them with a place to be accommodated and render them necessary assistance that is accorded with their status. Malkohi camps which is within Yola metropolis and Fufore camp which is located in Fufore Local Government Area of Adamawa state were said to be among the camps established to accommodate the displaced persons.

Research Problem

The constitution of the Federal Republic of Nigeria clearly stated in section 14(2) (b) that the state is constitutionally obligated to ensure the promotion of security and welfare of the people (including IDPs). This can only be done by ensuring the progressive realization of the fundamental, political, social, economics, educational and environmental and foreign policy objectives of the state under listed under section 15-20 of chapter 2 of the constitution.

Further, Decree 52 of 1989 assigns the management of refugees to National Commission for Refugees (NCFR) while Act 12 of 1999 as amended by Act 50 saddles the management of IDPs with the National Emergency Management Agency (NEMA).

It is important to note that the thoroughly poor condition of IDPs in Nigeria reflects the impecunious condition millions of Nigerians live. There's a wide gap of commitment to the welfare, security and rehabilitation of IDPs from the federal and state authorities (Premium Times, 2015). The provision of food, shelter, health care and non-food items are being considered as the major needs of every individual that is being displaced by disaster either manmade or natural and it is regarded as relief and rehabilitation services. In September 2018 the humanitarian needs overview by OCHA reported that the number of cholera and Acute Watery Diarrhea (AWD) cases are also on the rise in Adamawa State.

According to the report released by UNICEF in April 2015, over 28% of those living in IDPs camp in Adamawa state were suffering from malnutrition, a situation higher than the global emergency threshold of 15%. Olawale (2015) identified welfare, security and rehabilitation as problems faced by IDPs in their camps. With particular reference to Malkohi IDP camp in Yola, nearly 215 households, 777 children excluding men and women, have no security, no electricity and health care facilities.

The welfare needs of the displaced population continue to remain unmet in Malkohi and Fufore IDP camps, due to the instability of the situation, direct exposure to violence, and family separation (IDMC, 2014). This situation is further aggravated by the limited access to social, educational and health services for the displaced population. The capacity to provide rehabilitation for psychological support to the affected population by the various governmental actors involved in humanitarian assistance, coordinated by National Emergency Management Agency (NEMA) and the State Emergency Management Agency (SEMA) in Adamawa state, have been overstretched due to the magnitude of the problems and the limited resources available. The said mentioned problem left the needs of IDPs in Malkohi and Fufore camps unattended where most of them are suffering from lack of shelter, health service, food and non-food items. It is in the light of the above problem stated that the study ask question on to what extent do NEMA relief and rehabilitation services helped in the provision of health care services to Malkohi and Fufore camps in Adamawa State? The objective of the study is to assess the effect of health care services provided by NEMA to the IDPs at Malkohi and Fufore camps. Also the hypotheses was stated in a null form which says that "there is no significant effect between NEMA relief and rehabilitation services and the provision of health services to Malkohi and Fufore IDP camps in Adamawa state".

Literature Review

According to Olufemi (2014), there is no legal definition for IDPs as there is for refugees. However, the United Nations report, Guiding Principles on Internal Displacement posit that IDPs are groups that are forced or obliged to flee or to leave their homes, and who have not crossed an internationally recognized state border. The 'push' and 'pull' factors are often due to armed conflict or violation of human right(s) or man-made disasters. Refugees are displaced persons who, due to one of the reasons as mentioned earlier, migrate to another state. Salama et al. (2001) cited in Olufemi (2014) noted that refugees have a unique status in International law. That the United Nation High Commissioner for Refugee has an international responsibility to protect the rights of affected victims and coordinate both human and fundamental needs was espoused by the UNHCR in 2001. In international law, there are two classifications of displacement; Refugee and Internally Displaced Persons with acronym IDPs. A refugee is a group of people who flee from their home country to neighbouring state to seek protection outside their state border due to a threat to life while the internally displaced persons flee from their homes but stay in the country where the conflict occurred (Chimni 2000). According to the Guiding Principle of the United Nations population, Internally Displaced is often referred to as those who flee their residence

as a result of insecurity caused by violence and systematic abuse of human right. They change their residences, away from such violence and the deprivation. Questions still loom if these persons are considered as a part of the political, social and economic order, especially when references are made to undeveloped nations. The case for this concern stems from the fact that the IDPs in these countries are more often than not, forgot or left to their fate, and directly or indirectly further deprived of some fundamental human rights, not limited to the deprivation that precipitated their displacement. They are not catered for; neither is the cause of their movement tackled with seriousness, particularly in Nigeria. The aftermath of the Boko Haram insurgency led to the outgrowth of the IDPs and displacement problems, lay credence to the above argument.

A starting point was the working definition that had been put forth in 1992 by the United Nation Secretary-General, which was not all encompassing. However, a definition eventually emerged from the various deliberations. The principles, which were presented to the United Nations in 1998 have since gained wide recognition as an important tool and a standard for addressing internal displacement and are being used around the world by government, the United Nations regional bodies, non-governmental organizations and the sectors. While there are no official definitions of an internally displaced person, the Guiding Principles on Internal Displacement set by of Office for the United Nations High Commissioner for Refugees (UNHCR) however, holds internally displaced persons to be "persons or groups of persons who have been forced to flee, or leave, their homes or places of habitual residence as a result of armed conflict, internal strife, and habitual violations of human rights, as well as natural or man-made disasters involving one or more of these elements, and who have not crossed an internationally recognized state border".

Empirical Review

Atala (2015) conducted a research on an appraisal of the legal framework of the National Emergency Management Agency (NEMA) in the protection and assistance of internally displaced persons (IDPS) in Nigeria. The study was aimed at examining the constitutive legal instruments guiding the National Emergency Management Agency in the protection and assistance of Internally Displaced Persons in Nigeria. The methodology of the research adopted was doctrinal and empirical research methods; this was done through the use of Primary and Secondary sources. Primary sources include principal laws, relevant Statutes and Case Laws. Secondary sources include; Text books, Articles from journals and relevant websites from the internet. Findings from the study shows that there is no specific national legal framework on the protection and assistance of displaced persons in Nigeria apart from the general provisions of fundamental human rights provided in the Nigerian Constitution which is a legal right of every citizen. Thus in the final analysis, the researcher concluded by recommending that apart from the general legal provisions which directly or indirectly touches on the protection and assistance of internally displaced persons, there should be specific provisions guiding the protection and assistance of the affected population as a legal basis for which the Government and the relevant

institution and stakeholders can be held directly accountable for where they do not meet the required standard. There should also be an expansion of the National Emergency Management Agency Act to equip the Agency to go beyond conducting comprehensive disaster management around the country to providing durable solutions for internally displaced persons. However, the work of Atala emphasizes on the legal framework of NEMA and the right of IDPs without considering the welfare aspect. Also, the area of coverage of the study is too wide for an indebt analysis.

Shuaibu (2015) conducted a study on the impact of Adamawa State Emergency Management Agency (ADSEMA) on the rehabilitation and resettlement of internally displaced persons in Adamawa State. His work focused on the ADSEMA impact in the rehabilitation and resettlement of IDPs. His work employed the use of Incremental Model of decision making. The study is delimited to ADSEMA from the period of 2009-2015. The methodology applied was descriptive where both primary and secondary sources of data were utilized. Simple percentage and chi-square was used in the test of hypothesis where 0.5 was taken as the table value. The study findings are that it was discovered that ADSEMA plays a vital role in the resettlement and rehabilitation of IDPs. Also IDPs are satisfied with activities and services rendered to them by ADSEMA. It was found out from the findings that non-governmental organisation partakes in rehabilitation and resettlement of IDPs and providing the new IDPs is solely the responsibility of government as discovered. His findings also show that IDPs relief materials are sometimes misappropriated for personal use. The research work recommended that government should be more proactive when it comes to the issues of IDPs. Also a deliberate effort or eye should be well placed for equity in the distribution of goods and services. Health facilities should be given more priorities aside food and shelter. However, the researcher made use of incremental model to guide the research which cannot be properly linked to the topic under study.

Mapiko & Chinyoka (2013) conducted a study on the plight of internally displaced children in Zimbabwe. Their study was made to find out a specific welfare aspect of the internally displaced children which is education. Their study also assesses the psycho social support afforded them as well as the economic and social issues arising due to their dilemma in Zimbabwe. The study employed the use of qualitative phenomological design with focus on group discussion, interview and observations as data collection method. The finding of the study reveals that displaced persons face a high level of discrimination and ostracism from the host community arising from differences in culture and traditional beliefs. The study also revealed that internally displaced children face a host of challenges from home ranging from economic protection issues that may lead into them dropping out of school with no hope of ever recovering the lost time. The study highly recommends acknowledgement of the existence of IDPs such that they are afforded quick assistance within a legal frame for sustainability of livelihoods. However, the study carried by Mapiko & Chinyoka is concerned with a specific group of IDPs which are children and a specific welfare or need of the group which is education and it differ from my study which is to see the effect of relief and rehabilitation on the welfare of IDPs in general through NEMA in Adamawa State.

Nsemba & Yenda (2016) carried out a study on Boko Haram insurgency; internally displaced persons and humanitarian response in northeast Nigeria. Their work is said to interrogate the humanitarian response to IDPs and social, political and economic dynamics associated with the IDPs and humanitarian response in line with the Kampala convention for the protection and assistance of IDPs. The study adopts Displaced Aggression theory, theory postulates that aggression comes to play as a result of triggered frustration by extraneous factors. The study is focus on the northeast part of Nigeria. The methodology applied on the study was descriptive in nature. The findings of the study show that the IDPs get support from a lot of donours for their welfare, donours include the Japanese government where they assisted Nigeria with 4.5 million dollars for the purpose of responding to the needs of the IDPs in the north-east zone. The reason for the situation was the preponderance of corruption in the process of management of financial and other related resources meant for IDPs in the north east Nigeria. The situation in the various camps accommodating the IDPs in the region is still facing enormous challenges of basic needs of food, shelter and clothing, water, sanitation and hygiene as well as the safety and security challenges of their lives and families. The study recommends strengthening and equipping the NEMA and SEMA to be effective in responding to humanitarian emergencies and disasters, particularly the IDPs challenges as they unfold regularly. It also recommends the provision of financial pool and the construction of housing estates in strategic locations in each of the states as precautionary measures to mitigate the plight of IDPs. However, the work of Nsemba & Yenda did not look into any specific programme that is established to take care of welfare of the IDPs in respect to relief and rehabilitation in Adamawa state. Also, the theory applied in their study is Displaced Aggression theory which did not fit into the issues concerning the needs and welfare of IDPs in Adamawa state. Their study is a published international journal of humanities and social studies.

Studies are conducted on issues of welfare of the IDPs which include shelter, food and non-food and health but none of the studies talks about the availability of the healthcare services and medication at the Malkohi and Fufore internal displaced persons camp in Adamawa state.

Theoretical Framework

The theoretical framework adopted for the study is social inclusion theory. The notion of social inclusion can be dated back at least to the nineteenth century sociologist Weber and regard for the importance of social cohesion. The theory is easily associated with 'Social Exclusion' as a theory and is traced to the French notion of *les exclusin* 1970 with the authorship of the expression credited to René Lenoir, France's Secretary of State for Social Welfare in the Chirac government of the 1970s (Davies, 2005, citing Lenoir, 1974; Pierce, 1999; Silver, 1995).

In 1965, a French social commentator, Jean Klanfer, published *L'Exclusion sociale: Étude de la marginalité dans les sociétés occidentales* [Social exclusion: The study of marginality in Western societies] (Béland, 2007). Described as an anthropology of poverty (C.I, 1968), Klanfer's work argued that society rewarded personal responsibility with inclusion and personal irresponsibility with exclusion. If the work of

Bourgeois was a primary influence on the solidarism movement almost 100 years earlier, the writings of Klanfer would fuel the imagination of René Lenoir (1974), most notably in his book *Les exclus*.

The Social Inclusion theory is concerned with groups of people who need assistance due to their prevailing situation. This theory postulates that in a socially inclusive society, everyone is valued and their basic needs are supplied to them. This in turn leads to a sense of belonging amongst the people. However, there are some values that form the basis of the social inclusion theory such as: everyone needs support, can learn, can contribute, can communicate, is ready and together we are better (Robo, 2014). Social inclusion is a result of the action taken positively to change the circumstances of these people.

Social inclusion can pertain to a variety of areas of social groupings. These include demographic differentiation with respect to Socio-economic status; Culture and primary language, including indigenous groups, and those for whom English is not a first language; religion; geography, including those in regional, rural and/or remote areas; gender and sexual orientation; age, including youth and senior groups; health, including physical and mental disabilities; unemployment; homelessness; and incarceration. For the purpose of this paper the researcher is more concern with the area of health.

Relevance of the Theory to the Study

The Social Inclusive theory is apt for the purpose of this study as it supports the welfare of the internally displaced persons. The areas of inclusion which are the economic status (Food and Non-food Items), health and shelter (homelessness) relates to the welfare needs of the IDPs which are regarded as relief assistance and they are the basic needs of every IDP when they get to the camp. The theory fits in the study because the variables under welfare which are the shelter, health and food/non-food items are also part of the areas of inclusion in the theory and that makes it to be the relief and rehabilitation aspect needed for the IDPs.

Methodology

The study employed survey research design, the targeted population for this study consists of the staff of the NEMA in Adamawa state, IDPs at the Malkohi Camp and Fufore camp which total to (4307), Krejcie and Morgan (1970) was used in determining the sample size of the respondents which is 354 as it falls between 4000 and 4500. The sampling technique applied for the study is the purposive sampling technique and the reason was to have a genuine response from the respondents who are 18 years and above. The number of respondents were proportionately determined to arrive at a sample size of respondents for each camp. The instruments used in the study were Questionnaires and Interview. Therefore, simple descriptive statistics was employed to analyse the data collected from the field using simple frequencies and percentage. Correlation was used for the test of hypotheses.

Data Analysis

4.2 NEMA Relief/Rehabilitation and the provision of health services to Malkohi and Fufore IDP camps in Adamawa state.

4.2.1 The response of IDPs on the medication and cost of treatment as the key factor that prevents them from having access to health service is shown in table 4.2.

4.2 NEMA Relief/Rehabilitation and the provision of health services to Malkohi and Fufore IDP camps in Adamawa state.

4.2.1 The response of IDPs on the medication and cost of treatment as the key factor that prevents them from having access to health service is shown in table 4.2.

Table 4.2:

Response	Frequency	Percent	Valid Percent
Agree	179	52.5	52.5
Disagree	82	24.0	24.0
Strongly agree	68	19.9	19.9
Strongly disagree	8	2.3	2.3
Undecided	4	1.2	1.2
Total	341	100.0	100.0

Source: Field Survey, 2020

Table 4.2 shows that 179 of the respondents which is 52.5% of the total responses agreed, 82 of the respondents which constituted 24.0% of the total responses disagreed, 68 of the respondents which is 19.9% of the total responses strongly agreed, while 8 of the respondents which constituted 2.3% of the total responses strongly disagreed and 4 of the respondents which is equivalent to 1.2% of the total responses did not decide that lack of medicine and cost of treatment are the key factor that prevents IDPs from accessing health services in the camp.

On the contrary, the response gotten from the interview shows majority of the staff of NEMA interviewed claimed that lack of medicine and cost of treatment are not the key factors that prevented IDPs from accessing health services in the camp. The response on the loss of lives by IDPs in Malkohi and Fufore camp as result of lack of medication is shown in table 4.3.

Table 4.3:

Response	Frequency	Percent %	Valid Percent %
Disagree	183	53.7	53.7
Agree	64	18.8	18.8
Strongly Agree	39	15.0	15.0
Strongly Disagree	51	11.4	11.4
Undecided	4	1.2	1.2
Total	341	100.0	100.0

Source: Field Survey, 2020

Table 4.3 shows that 183 of the respondents which constituted 53.7% of the total responses disagreed, 64 of the respondents which is 18.8% of the total responses agreed, 39 of the respondents which is 15.0% of the total responses strongly agreed, while 51 of the respondents which is 11.4% of the total responses strongly disagreed and 4 of the respondents which is 1.2% of the total responses didn't decide that many IDPs lost their life as result of lack of medication in the camps.

This is in line with the responses gotten from the interview conducted where the Director of relief and rehabilitation of NEMA and other respondent of the interview claimed that only few lost their life in the camps and it's not as a result of lack of medication.

The response of IDPs on the access to medical personnel at both Malkohi and Fufore camps is shown in table 4.4.

Table 4.4:

Response	Frequency	Percent %	Valid Percent %
Disagree	165	48.4	48.4
Agree	121	35.5	35.5
Strongly Agree	39	11.4	11.4
Strongly Disagree	12	3.5	3.5
Undecided	4	1.2	1.2
Total	341	100.0	100.0

Source: Field Survey, 2020

Table 4.4 shows that 165 of the respondents which is 48.4% of the total responses disagreed, 121 of the respondents which is same as 35.5% of the total responses agreed, 39 of the respondents which is 11.4% strongly agreed, while 12 of the respondents which is 3.5% of the total responses strongly disagreed and 4 of the respondents which constituted 1.2% of the total responses didn't decide that NEMA makes easy access to medical personnel at the camps.

More so, the interview result that is carried out on the staff of NEMA in respect to easy access to medical personnel by IDPs in Malkohi and Fufore camps is contrary to the response gotten from the questionnaire retrieved. The interview result shows 3 out of 10 of the respondent interviewed claimed that NEMA do make access to medical personnel easy to IDPs in the camps.

4.2.4The response of IDPs on whether they are well scored in terms of health is shown in table 4.5.

Table 4.5:

Response	Frequency	Percent %	Valid Percent %
Strongly Disagree	142	41.6	41.6
Disagree	126	37.0	37.0
Agree	55	16.1	16.1
Strongly Agree	14	4.1	4.1
Undecided	4	1.2	1.2
Total	341	100.0	100.0

Source: Field Survey, 2020

Table 4.5 clearly shows that 142 of the respondents which is 41.6% of the total responses strongly disagreed, 126 of the respondents which constituted 37.0% of the total responses disagreed, 55 of the respondents which is 16.1% of the responses agreed, while 14 of the respondents which is 4.1% of the total responses strongly agreed and 4 of the respondents which constituted 1.2% of the total responses didn't decide that IDPs are well scored in terms of health.

4.2.5 The response of IDPs on relief service of NEMA in providing sanitation materials in Malkohi and Fufore camp in Adamawa state is shown in table 4.6.

Table 4.6:

Response	Frequency	Percent %	Valid Percent %
Disagree	243	71.3	71.3
Agree	39	11.4	11.4
Strongly Disagree	33	9.7	9.7
Strongly Agree	21	6.2	6.2
Undecided	5	1.5	1.5
Total	341	100.0	100.0

Source: Field Survey, 2020

Table 4.6 indicated that 243 of the respondents which is 71.3% of the total responses disagreed, 39 of the respondents which constituted 11.4% of the total responses agreed, 33 of the respondents which is 9.7% of the responses strongly disagreed, while 21 of the respondents which is 6.2% of the total responses strongly agreed and 5 of the respondents which is 1.5% of the total responses didn't decide that the relief service of NEMA provides sanitation materials for IDPs in the camps.

4.3 Test of Hypothesis 2

Ho: There is no significant relationship between NEMA relief and rehabilitation services and the provision of health to Malkohi and Fufore IDP camps in Adamawa state.

Table 4.7: Correlation Table for the Test of Hypothesis

		NEMA Relief and Rehabilitation Services	Provision of Health Services
NEMA Relief and Rehabilitation Services	Pearson Correlation	1	.010
	Sig. (2-tailed)		.860
	N	341	341
Provision of Health Services	Pearson Correlation	.010	1
	Sig. (2-tailed)	.860	
	N	341	341

**. Correlation is significant at the 0.01 level (2-tailed).

From table 4.7, the Pearson's Product Moment Correlation (r) gives a coefficient of 0.010 in respect of the correlation between NEMA relief and rehabilitation and the provision of Health Services in Malkohi and Fufore IDP camps in Adamawa State. This coefficient is positive, but really very weak. This implies that there is a positive relationship between NEMA relief and rehabilitation services and the provision of health services Malkohi and Fufore IDP camps in Adamawa State. As such, an increase in the NEMA relief and rehabilitation services will lead to a very minimal increase in the provision of health services in Malkohi and Fufore IDP camps of Adamawa State. However, the significance of this is assessed through the probability value of the coefficient as given by the Sig. two tailed in table 5.18.

The p -value being 0.860 is greater than 0.05 level of significance and, thus, indicates that the study does not have enough statistical evidence to reject the null hypothesis at 95% confidence level.

Based on the above, the study therefore, accepts the null hypothesis, H_0 , which states that "There is no significant relationship between NEMA relief and rehabilitation and health services to the displaced persons in Malkohi and Fufore IDP camps in Adamawa State".

Discussion of Findings

The study established that NEMA relief and rehabilitation services have positive relationship on health services but the relationship is a very weak one. Therefore, it is an insignificant relationship that is existing between NEMA relief and rehabilitation services and the provision of health services in Malkohi and Fufore IDPs camps in Adamawa State. This is in line with the findings of Hindatu and Ranjit (2017) that while the government claimed to have provided health care services to the victims (IDPs), some of the victims on the other hand debunked the claim.

Conclusion and Recommendation

This paper examine the effect of NEMA relief and rehabilitation services on health care service at Internally Displaced Persons (IDPs) and the finding reveals that NEMA relief and rehabilitation services has increased the welfare of Internally Displaced Persons (IDPs) in health service at Malkohi and Fufore IDPs camps in Adamawa state. This implies that the more effort NEMA provide its relief and rehabilitation services then the higher the welfare of the IDPs in Malkohi and Fufore camps in Adamawa state. The paper recommends that health facilities should be given more priorities aside food and shelter. When the health facilities are provided that will assist the sick and pregnant women in the camps where they do not need to go out whenever there is an emergency. Also government should avail them with doctors, enough medication and drugs. Eyewitness to the tragic situation that led to their displacement will need both physical and psychological rehabilitation.

Recommendation for further studies

In line with the findings of the study, the following recommendations are made for further research:

1. The present study covers only Malkohi and Fufore IDPs camps in Adamawa state. Therefore, further studies could be conducted to cover more IDPs camps

within the state.

Limitations of the Study

The researcher encountered some of the following limitations in the course of this study: One of the limitation faced in the course of this study was not having a free access to the IDPs without interference by the camp management and securities. The study was restricted only on Malkohi and Fufore IDPs camps in Adamawa state.

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