

# **A**SSessment of the Impact of Collaboration Between Government and NGOs on the Management of Internally Displaced Persons (IDPs) in Jere, Local Government, Borno State, Nigeria

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## **ABSTRACT**

**T**he study assesses the impact of collaboration between government and NGOs on the management of Internally Displaced Persons (IDPs) in Jere, Local Government, Borno State, Nigeria. Using both, simple random and proportionate sampling techniques 360 IDPs were sampled from the study area. Data were obtained using primary and secondary sources and analyzed using descriptive techniques such as percentage, mean and frequency tables. The result of study revealed that IDPs in Jere have access to health care services provided by the Government and NGOs in IDP. The finding also shows that there is effectiveness of collaboration of SEMA and MSF in improving health status

## **Introduction:**

Governmental Organization is a permanent or semi-permanent organization in the machinery of government that is responsible for the oversight and administration of specific functions, such as intelligence agency. Their functions are normally executive in character and constituted in an advisory role. Either a national government or a state government within a federal system establishes

*of the IDPs in the camp. The study also found out that collaboration has been effective in the provision of maternal services to the IDP women organized by SEMA and MFS. The IDPs are fully aware of the interventions by both agencies. This program has positive impact on the health status of the IDPs. The study also established that only MSF as NGOs are involved in the supply of sanitation and hygiene facilities to IDPs in the selected camps. However, there is a collaborative approach in the distribution of these facilities by both SEMA and MSF. This collaboration is effective and has positive impact on the health status of the IDPs.*

**Keywords:** *Assessment, Impact, Collaboration, Government, NGOs, IDPs, Jere, Borno*

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Governmental organizations. Non-governmental organizations (NGOs) on the other hand are nonprofit and sometimes international organizations independent of governments and international governmental organizations that are active in humanitarian, educational, healthcare, public policy, social, human rights, environmental and other areas to effect changes according to their objectives. They are thus a subgroup of all organizations founded by citizens, which include clubs and other associations that provide services, benefits, and premise only to members (Lewis and Nazneen, 2009). Conflicts and disasters often cause large-scale displacement of people due to destruction of homes and environment, religious or political persecution or economic necessity (Kett, 2005). The Internally Displaced Persons (IDPs) are persons or groups of people 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 conflicts, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border (UNCHR, 1998). On the average, 5.2 million have been displaced annually in the past 13 years due to insurgency, political instability and

terrorist activities of groups such as ISIS and Boko Haram, particularly in the Middle East and Sub-Saharan Africa.

In Nigeria, the insurgent activities of Boko Haram in the past 8 years have forced over 3.5 million people to flee their homes (BOSEMA, 2018). This has resulted in an unprecedented humanitarian crisis in the North-eastern part of the country and the Lake Chad region. The national responsibility to respond to displacement lies with the Federal, State and the local governments. National Emergency Management Agency (NEMA) and State Emergency Management Agencies (SEMAs) exist in the states, with varying capacities. Only when this second level of response is ineffective does the state government appeal to the federal government for support.

Islamist sect called Boko Haram crises began from mid-2009 which led to a four-day armed struggle between state security forces and members of the militant group, spreading to three other states (Yobe, Kano and Borno) and leaving as many as 800 dead, and many of the members of the sect. The militant attacks, which followed the arrest of several of its members, targeted mainly police stations, prisons, government buildings and churches in the four states. Since the completion of a military attack that sought to break up the sect, no more violent outbreaks have occurred. Borno State and its capital city Maiduguri - the sect's stronghold were most affected. While there are no indications that Boko Haram is powerful enough to turn into a major threat for the country, the federal government appears to be playing it cautious response. To date, in Borno State alone, 1.4million IDPs continue to live in about many formal and informal camps and remain extremely vulnerable and exposed to health risks (IOM, 2018). Internal displacement has significant effects on public health and the well-being of the affected populations. These impacts may be categorized as direct due to violence and injury or indirect such as increased rates of infectious diseases and malnutrition (Owoaje *et al*, 2016).

Despite the increasing numbers of IDPs in African countries and the burden of various health problems in these populations, most studies thus far have focused on specific health problems such as depression, malnutrition and infectious diseases. Prior to studies such as the malnutrition and mortality

patterns among internally displaced and non-displaced population living in a camp, infestation among children in a displacement camp, Non-governmental organizations and development etc., however, not categorically provided a complete picture of the health problems of IDPs in the region. This information is essential for the planning and delivery of comprehensive healthcare to cater for the full complement of health problems of IDPs rather than instituting fragmented vertical programmes. Many children have been orphaned or separated from their families during displacement. Displacement and humanitarian needs are mounting, but assistance is not, leaving both IDPs and their host communities without access to the basic necessities of life. As is often the case in situations of widespread insecurity and violence, the displacement caused by Boko Haram and the army's operations against it has reduced people's ability to feed them both directly and indirectly. Not only have IDPs exhausted their own supplies, making them dependent on their hosts' resources, but over 60 per cent of the region's farmers have been displaced just before the start of the planting season, making food crops scarcer and setting the scene for protracted shortages. Both IDPs and host families have increasingly resorted to negative and unsustainable coping strategies as a result. Some have reduced their food intake from three meals to one a day, and host communities have resorted to eating grain set aside for sowing. The collaboration between the governmental and non-governmental organizations include; the procurement of medicines, vaccination, sensitization, training of personnel and public awareness in the IDP camps. It is against this background that the study examined that impact of collaboration between the government and NGOs in the management of IDPs in Jere, Borno State.

### **Objective of the Study**

The main objective of the study is to assess the impact of collaboration between government and NGOs on the management of Internally Displaced Persons (IDPs) in Jere, Local Government, Borno state. The specific objectives are to;

- i. examine the role of government and NGOs in the provision of maternal care services to IDPs;
- ii. assess the impact of collaboration between government and NGOs in the provision of sanitation and Hygiene to IDPs;
- iii. examine the impact of collaboration between government and NGOs in the provision of health care facilities in Borno state.
- iv. Identify the factors affecting smooth collaboration between government and NGOs in the management of IDPs.

## **RESEARCH METHODOLOGY**

### **The Study Area**

Borno State, is a state in north-eastern Nigeria. Its capital is Maiduguri. The state was formed in 1976 from the split of the North-Eastern State. The State is dominated by the Kanuri people. Other smaller ethnic groups such as Lamang, Babur and Marghi are also found in the southern part of the state. Shuwa Arabs are mainly the descendants of Arab people and is an example of the endurance of traditional political institutions in some areas of Africa, where the emirs of the former Kanem-Bornu Empire have played a part in the politics of this area for nearly 1,000 years.

Jere is a Local Government Area of Borno State, Nigeria. Its headquarters are in the town of Khaddamari. It has an area of 868 km<sup>2</sup> and a population of 211, 204 at the 2006 census. Jere local government area is linked to Maiduguri the state capital of Borno State which add advantage for its commercial and other activities. Elmiskeen camp was opened for IDPs who were in Government Girls Secondary School to habitat. The camp is managed by both the government and NGOs. Muna Garage is also located in Jere Local government area and has a total population of 9620 IDPs. The camp was open in 2013 when the IDPs flee from their homes of habitual residence. Fariya IDP camp has a total of 4321 IDPs and was opened in 2016 by the Jere Local Government Council and supported by the State Emergency Management Agency.

### Source of Data

The data for the study were obtained from both primary and secondary sources. The primary source of data was generated through questionnaires and interview and the secondary data were obtained from journals, textbooks, pamphlets, and other related publications.

### Population of the study

The population of the study comprises of IDPs and staff of SEMA and the heads of Medicine San Frontiers (MSF) in Jere Local Government areas. These are Elmiskeen camp (7232), Muna Garage (9620) and Fariya IDP camp (4321). The total population of the study is 21173.

### Sample Size and Sampling Techniques

The sample size of the study is 393 obtained using Taro Yamane formular. Random sampling techniques was used for the study. Simple random sampling is the basic sampling technique where a group of subjects (a sample) is selected for study from a larger group (a population). Each individual is chosen entirely by chance and each member of the population has an equal chance of being included in the sample. Proportionate sampling technique was used in the distribution of the sample.

Taro Yamane (1967) formula was use to collect the sample as presented below:

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

Where

n= sample size

N= finite Population

1= unity or constant

e= level of significance (5%)

$$n = \frac{21173}{1 + 21173(0.05)^2}$$

$$n = \frac{21173}{1 + 21173(0.0025)}$$

$$n = \frac{21173}{1 + 52.9}$$

$$n = \frac{21173}{53.9}$$

$$n = 393$$

Table 1: Sampling Frame

Variable	Population	Sample
Elmiskeen camp	7232	92
Farm centre	9620	100
Fariya IDP camp	4321	70
SEMA Official	231	55
NGOs (MSF)	60	20
Camp official	200	60
<b>Total</b>	<b>21173</b>	<b>393</b>

Source: Field Survey, 2018.

### Method of Data Collection

This is a survey research and employed the use of structured questionnaire and interview to obtained data. The questionnaire was distribute to the IDPs in the selected camp and interview was conducted with the heads of SEMA and MSF. Secondary data were obtained from other related sources such as published materials, newspapers, internet, journals and textbooks.

### Method of Data Analysis

The quantitative interviewed and questionnaire's raw data were collated and tallied. Descriptive statistics including frequencies and percentages were used to present the data. The data obtained from the field would be analyzed using descriptive statistics in form of tables.

## RESULTS AND DISCUSSION

### Socio-economic Characteristics of the respondents

#### Age

The result of the age of the respondents is presented in Table 1. The result revealed that 36.7% fall within the ages of 18 – 29 years, 30% fall within the ages of 30-39, 13.3% fall within the ages of 40-49. The result also revealed that 20% fall within the ages of 50 and above. This indicates that most of the people whom were surveyed are part of the active and reproductive population.

**Table1: Age classification of the respondents**

Age	Frequency	Percent (%)
18-29 years	132	36.7
30-39 years	108	30
40-49 years	48	13.3
50 and above	72	20
<b>Total</b>	<b>360</b>	<b>100</b>

Source: Field Survey, 2018.

### Sex

The result of the age of the respondents is presented in Table 2. The result show that majority of the respondents were males. This view is supported by the frequency of 34 and represented by 56.7% being males and the frequency of 26 represented by 43.3% being females

**Table 2: Sex Distribution of Respondents**

Sex	Frequency	Percent (%)
Male	204	56.7
Female	156	43.3
<b>Total</b>	<b>360</b>	<b>100</b>

Source: Field survey, 2018.

### Marital Status

The result of the marital status of the respondents is presented in Table 3. The result revealed that majority (70%) of the respondents were married and 13.3% each were unmarried and widow respectively. This implied though the respondents were IDPs but were responsible who had responsibilities to catered for. Hence, thy needs more support from NGOs and Governments.

**Table 3: Marital Status of Respondents**

Category	Frequency	Percent (%)
Unmarried	48	13.3
Married	252	70

<b>Divorced</b>	12	3.3
<b>Widow</b>	48	13.3
<b>Total</b>	360	100

Source: Field Survey, 2018.

### Educational Qualification

The results for educational qualification of the respondents shows that majority (70%) of them had no formal education and only five (5) percent each had Diploma /NCE and BSc. respectively (Table 4). These implied that they were more of illiterate and cannot be easily adopt when expose to sources of livelihood by the NGOs and Governments. This may be due to the fact that most of the IDPs came from rural areas where schools and other learning facilities were virtually none existing.

**Table 4: Educational Qualification of Respondents**

Qualification	Frequency	Percent (%)
<b>No formal education</b>	252	70
<b>FSLC</b>	36	10
<b>SSC</b>	36	10
<b>Diploma/NCE</b>	18	5
<b>B.sc and Above</b>	18	5
<b>Total</b>	360	100

Source: Field Survey, 2018.

### Occupation of the Respondents

The results of the distribution of the respondents is presented in Table 5. The results revealed that 51.7 percent of the respondents were unemployed, 26.7 percent were farmers and 8.3 percent were artisan. This implied displacement from their ancestral home made the unemployed, always need support from Governments and NGOs.

Table 5: Occupational Distribution of Respondents

Occupation	Frequency	Percent (%)
Civil/Public Servants	12	3.3
Self employed	18	5
Student	18	5
Artisan	30	8.3
Unemployed	186	51.7
Farmers	96	26.7
Total	360	100

Source: Field Survey, 2018

### Effects of Collaboration between Governmental and Non-governmental Organizations in Sensitizing IDP Camps

#### Sensitization by SEMA in IDP camps to Improve Health Care Consumption

The researcher sought to know from the respondents the effort by SEMA in sensitization of IDPs towards improving their healthcare consumption.

Table 6: Sensitization by SEMA in IDP camps to improve health care consumption

Options	Frequency	Percent
Improved	168	46.7
Not Improved	192	53.3
Total	360	100

Source: Field Survey, 2018.

Table 6 exhibits the respondents that SEMA sensitizes in their camps, in which 168 representing 46.7% are of the view of the sensitization by SEMA in improving their health consumption while majority of the respondents representing a percentage of 53.3 are of the view that SEMA is in active in sensitizing their camps.

### Sensitization by MSF in IDP camp on improving your health consumption

The researcher sought to know from the respondents the effort by MSF in sensitization of IDPs towards improving their healthcare consumption.

**Table 7: Sensitization by MSF in IDP camp on improving your health consumption**

Options	Frequency	Percent
Improved	306	85
Not Improved	54	15
Total	360	100

Source: Field survey, 2018.

Table 7 shows the response that expresses sensitization process undertaken by MSF in IDP camps of the study area. From the sample of 360 respondents, it is depicted that 306 respondents representing 85% mentioned that MSF sensitizes their camps to improve their health status while contrary to that, 54 respondents representing 15% disapproved of the sensitization by MSF on improving their health status.

### Collaboration between SEMA and MSF in sensitizing the IDP camps

The researcher sought to know from the respondents the effort by SEMA and MSF in sensitization of IDPs towards improving their healthcare consumption.

**Table 8: Collaboration between SEMA and MSF in sensitizing the IDP camps**

Options	Frequency	Percent
Collaborated	150	41.7
Not Collaborated	210	58.3
Total	360	100

Source: Field survey, 2018.

Table 8 shows the distribution of respondents that responded to the collaboration of SEMA and MSF in sensitizing them. 150 respondents representing 41.7% said collaboration effort exist while 210 respondents representing 58.3% of the population said No to the collaboration between SEMA and MSF in sensitizing them. Analysis of the table showed that there is collaboration between SEMA and MSF in sensitization of IDPs in Jere.

### Collaboration of SEMA and MSF in improving health status of the IDPs

The study enquired to know from the respondents whether collaboration between SEMA and MSF have improved health status of IDPs in Jere.

**Table 9: Effectiveness of collaboration of SEMA and MSF in improving health status of the IDPs**

Options	Frequency	Percent (%)
Very effective	198	55
Effective	96	26.7
Not effective	66	18.3
Very ineffective	0	0
Total	360	100

Source: Field survey, 2018.

Table 9 indicates views respondents that showed effect of improvement in their health status. 198, representing 55% of the respondents are of the opinion that the healthcare service/delivery is very effective on them, 26.7% of the population opined it is effective, 18.3% of the population argued it is not effective and none agreed it is very ineffective. Collaboration between SEMA and MSF is effective in improving the health status of IDPs.

### Impact of the collaboration of SEMA and MSF

The researcher sought to know from the respondents the extent of the impact of collaboration in improving the health status of IDPs in Jere.

Table 10: Impact of the collaboration of SEMA and MSF in health consumption

Options	Frequency	Percent (%)
Yes	306	85
No	54	15
Total	360	100

Source: field survey, 2018

Table 10 delineates majority of the respondents, 306 representing 85% said yes to the impact on their health consumption if the healthcare service delivery is not effective and 54 representing 15% said no, there will be no impact on their health consumption if the healthcare service/delivery is not effective. Analysis of the result showed that collation has positive impact on the health status of IDPs in Jere.

Effects of Collaboration between SEMA and MSF in provision of Maternal Services in IDP Camps

This section provides answer to the second research question that seeks to know the effect of collaboration between government and IDPs in the provision of maternal services in IDP camps in Jere.

#### Vaccination of the IDP camps by SEMA

The researcher sought to know from the respondents whether SEMA is involved in the provision of maternal of IDPs in Jere camps.

Table 11: Vaccination of the IDP camps by SEMA to improve their health consumption

Options	Frequency	Percent (%)
Yes	60	26.7
No	300	83.3
Total	360	100

Source: Field survey, 2018.

Table 11 presents report extracted from respondents that responded to the provision of maternal service by SEMA in their IDP camps. The table showed that 60(26.7%) pointed out that SEMA is involved in the provision of maternal to IDPs in their camps to improve their health status while 300 (83.3%) on the contrary pointed out that SEMA is not involved in the provision of maternal service in their camps on improving their health status. Analysis of the table showed that SEMA is not involved in the provision of maternal services in the camps in Jere.

### Provision of Maternal Service of the IDP camps by MSF

The researcher sought to know from the respondents whether MSF is involved in provision of maternal service of IDPs in Jere camps.

Table 12: Responses of MSF in provision of maternal service in the IDP camps to improve their health consumption

Options	Frequency	Percent (%)
Yes	306	85
No	54	15
Total	360	100

Source: Field survey, 2018.

Table 12 ascertains responses from respondents that MSF is involved in the provision of maternal service in IDP camps of Jere local government. The table showed that 306 (85%) from the response agreed with the idea while 15% did not agree to the maternity service activities by MSF in their camps. Analysis of the table showed that majority of the respondents agreed that MFS is involved in provision of maternal service in the camps.

### Awareness on the collaboration between SEMA and MSF

The researcher sought to know from the respondent's whether they are aware of collaboration between SEMA and MSF in provision of maternal service.

Table 13: Awareness on the collaboration between SEMA and MSF in maternal service in the IDP camps

Options	Frequency	Percent (%)
Yes	198	55
No	162	45
Total	360	100

Source: Field Survey, 2018

Table 13 expresses the awareness of respondents on the collaboration between SEMA and MSF in the provision of maternal service in the IDP camps. 198(55%) out of the 360 surveyed acknowledged the collaboration effort between the two agencies while 162 representing 45% disagreed that there is collaboration between the two agencies in maternal service in the IDP camps. Analysis of the table showed that the respondents are aware of the collaboration between SEMA and MSF.

#### Effectiveness of Collaboration

The study sought to know from the respondents whether the collaboration in the provision of maternal service to IDPs between SEMA and MSF is effective in improving the health status of the IDPs in Jere.

Table 14: Effectiveness of the collaboration of SEMA and MSF in improving the health status of the IDP camps

Options	Frequency	Percent (%)
Very effective	210	58.3
Effective	60	16.7
Ineffective	84	23.3
Very ineffective	6	1.7
Total	360	100

Source: Field survey, 2018.

Table 14 asserts effects of improvement on health status of the respondents that responded to the provision of maternal service by SEMA

and MSF in their respective camps. 16.7% responded to its effectiveness, 58.3% assured it to be very effective, 23.3% lamented to its ineffectiveness and 1.7% showed it to be very ineffective. Inference from the table shows that the collaboration between SEMA and MSF is effective.

### Impact of the collaboration of SEMA and MSF

The researcher sought to know from the respondents the extent of the impact of collaboration in improving the health status of IDPs in Jere through the provision of maternal service.

**Table 15: Impact of the collaboration between SEMA and MSF in improving the health status of the IDP camps**

Options	Frequency	Percent (%)
Yes	306	85
No	54	15
Total	360	100

Source: Field survey, 2018.

Table 15 outlines responses from respondents that lack of collaborative work of SEMA and MSF in the provision of maternal service in the camps impact on their health status. 85% agreed it affects their health status while 9, representing 15% of the responses posits it does not impact on their health status. Analysis of the result showed that collaboration in vaccination has positive impact on the health status of IDPs in Jere.

### Collaboration between SEMA and MSF in Sanitation and Hygiene

This section tried to provide answer to the researcher question that looks at the effects of collaboration between SEMA and MSF in sanitation and hygiene in IDP Camps Jere local government. The analysis that follows provides the answers.

### Sanitation and hygienic service in IDP camps by SEMA

The researcher sought to know from the respondents whether SEMA is involved in the sanitation and hygiene in the IDPs camps in Jere.

**Table 16: SEMA and Sanitation and Hygiene to improve the health condition of the IDP camps**

Options	Frequency	Percent (%)
Yes	180	50
No	180	50
Total	360	100

Source: field survey, 2018

Table 16 shows the responses from respondents on sanitation and hygienic service by SEMA to their IDP camps. Where 50% agree to SEMA's contribution and 50 on the same percentage, disagree to the contribution by SEMA on sanitation and hygiene in the camps. This indicates a 50% to 50% phenomenon.

#### **Provision of Facilities for sanitation and hygiene in camps by MSF**

The researcher sought to know from the respondents whether MSF is involved in the provision of facilities for sanitation and hygiene in IDPs in Jere camps.

**Table 17: Responses on MSF in providing the needed Facilities for sanitation and Hygiene**

Options	Frequency	Percent (%)
Yes	300	83.3
No	60	16.7
Total	360	100

Source: Field survey, 2018.

Table 17 is derivation from respondents that responded to the provision of needed facilities for sanitation and hygiene in the camps by MSF on improving their health status. Owing to this, a frequency of 300 respondents representing 83.3% agreed that MSF provide such facilities while 60 of the respondents representing 16.7% disagreed to the provision

of sanitation and hygiene facilities by MSF to the camps. Analysis of the table shows that MSF is involved in the provision of facilities for sanitation and hygiene to the IDPs in Jere Local Government.

### **Awareness on the collaboration between SEMA and MSF**

The researcher sought to know from the respondent's whether they are aware of collaboration between SEMA and MSF in sanitation and hygiene in the camps in Jere.

**Table 18: Awareness of the collaboration between SEMA and MSF in Sanitation and Hygiene in the IDP camps**

Options	Frequency	Percent (%)
Yes	180	50
No	180	50
Total	360	100

Source field survey, 2018.

Table 18 examines the presumed consciousness of respondents on the collaboration between SEMA and MSF on sanitation and hygiene in their camps. The equalized outcome shows both the respondents Yes and No proved the same at 50% each on a frequency of 180. This also calls for a 50% to 50% observable fact or occurrence. Analysis of the table showed that only 50% of the respondents are aware of the collaboration between SEMA and MSF.

### **Effectiveness of Collaboration**

The study sought to know from the respondents whether the collaboration in the sanitation and hygiene in the IDPs camps, between SEMA and MSF is effective in improving the health status of the IDPs in Jere.

**Table 19: Effectives of the collaboration of SEMA and MSF in improving Sanitation and Hygiene**

Options	Frequency	Percent
Very effective	168	46.7

<b>Effective</b>	108	30
<b>Ineffective</b>	72	20
<b>Very ineffective</b>	12	3.3
<b>Total</b>	360	100

Source: field survey, 2018.

Table 19 shows responses on the level of effectiveness of sanitation and hygiene services provided by SEMA and MSF to IDP camps on improving their health status. 168 representing 46.7% assent to the effectiveness of the sanitation and hygiene on their health status, 30% of the respondents concurred its very effectiveness on their health benefits while 72 representing 20% coincides to its ineffectiveness and 12 representing 3.3% showed consent to its very in effectiveness. Inference from the table shows that the collaboration between SEMA and MSF is very effective.

#### **Impact of the collaboration of SEMA and MSF**

The researcher sought to know from the respondents the extent of the impact of collaboration between SEMA and MSF in improving the health status of IDPs in Jere through sanitation and hygiene services.

**Table 20: Impact of the collaboration between SEMA and MSF on providing the needed drugs to improve the health status of the IDP camps**

<b>Options</b>	<b>Frequency</b>	<b>Percent</b>
<b>Yes</b>	330	91.7
<b>No</b>	30	8.3
<b>Total</b>	360	100

Source: Field survey 2018.

Distributed on table 4.20 are findings on the impact of non-drugs provision of sanitation and hygiene by SEMA and MSF to IDP camps. Based on the results verified, 91.7% said yes to the impact of non-drug provision on them while 8.3% said no meaning the non-drug provision makes no impact

on their health status. Analysis of the result showed that collaboration in sanitation and hygiene has positive impact on the health status of IDPs in Jere.

### **Discussion of Major Findings**

This is based on the findings obtained from fundamental questions sought from opinions of the beneficiaries through random selected sample size. It is paramount that the choice of the topic is to access the role of governmental and non-governmental organizations in healthcare delivery in Jere Local Government Area of Borno State.

The findings of this study showed that the majority of the respondents are not aware of health services provided by SEMA in IDP camps to improve health care consumption in Jere local government, Borno state. This corroborates the findings of Enwereji, (2011) that in IDPS camps in Nigeria, health services were provided by the NGOs. Rower and Garcia's (2003) also showed that the use of health services is related to the availability, the quality and cost of the services. The result of this study also revealed that accessibility to health care services is effective by MSF in IDP camp on improving health consumption and the findings also revealed that there is effectiveness of collaboration of SEMA and MSF in improving health status of the IDPs. This corroborates the findings by Hakamies, Geissler, and Borchert (2008) lack of legal instrument inhibits the distribution of health facilities in most IDP camps. Fatima and Ifatimehin (2019) also support the finding of this study by indicating that NGOs provide service more to the IDPs than the agencies of government.

Moreover, the findings also showed that, maternal service of the IDPs in the camps by SEMA to improve their health consumption is effective and also the awareness of respondents on the collaboration between SEMA and MSF in provision of maternal service to IDPs in the camps is acknowledged. This supports the study that Zohra, *et al* (2006), that maternal and child health care services provided by the NGOs are essentially promoted and preventive. Cropley (2004) also noted that prevention measures that reduce maternal and infant mortality and promote the health of all

childbearing women and their newborns should start before conception and continue throughout the postpartum period. This is adequately provided by the NGOs to the displaced women in IDPS camps.

The study also shows that sanitation and hygienic services are provided by MSF in the camps to improve the health status is very effective in Jere local government area of Borno State. This corroborates the study by UNICEF (2014) that outbreaks of infectious toilet disease in areas affected by displacement due to absent, lack or poorly facilitated health service is rampant. However, NGOs especially UNICEF have mitigated this problem through the provision of facilities for sanitation and hygiene. OCHA (2014), also reports that in Adamawa NYSC IDP camp, there is inadequate or near absent of bathing sites for women and indiscriminate waste disposal, poor management of waste and practice of open defecation until NGOs stepped in and provided this facilities.

So many factors might act as factors affecting collaboration among agencies. Similarly, the study revealed that communication gap does exist among agencies in the provision of humanitarian services in Borno state. The study by Bart and Claire (2015) corroborates the finding of this study that the success of collaboration lies in clear, open and frequent communication, which enhances effective coordination. A lack of information and the inability to maintain open and frequent communication can all be barriers successful and effective collaboration. This is refuted by the study by Babagana (2016) their communication gap is largely a barrier to functional coordination among agencies providing humanitarian services to IDPs in Maiduguri.

## **CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

From the forgone findings of this study, the following conclusions have been drawn on the effect of collaboration between governmental and Non-governmental organizations on health care service delivery in IDP Camps in Jere Local Government Area of Borno State.

The respondents are not aware of sensitization by state Emergency Management Agency SEMA in IDP camps to improve health care consumption in Jere Local Government Area. Accessibility to maternal health care services has been made effective by MSF in IDP camp in improving health consumption and there is effectiveness of collaboration of SEMA and MSF in improving health status of the IDPs. Provision of sanitation and hygiene facilities in the camps by MSF has improved the health status of IDPs in Jere local government area of Borno State.

### **Recommendations**

Based on the finding, the study recommend the following:

1. Government should effectively adopt a plan or framework to address the root-cause of insurgency that are termed to poverty, unemployment and illiteracy by bringing in government policies and programs.
2. Government, non-governmental organization, and vulnerable stakeholders must evolve a means of providing improved security surveillance to health care infrastructures in other to protect personnel and patients seeking medical attention in the IDP camp.
3. There is need for the government, non-governmental and employers of health sector to bring in professionals and qualified personnel's in health centers to avoid loss of lives during compliance to prescribed treatment to patients in IDP Camp.
4. More funds should be provided by the government to the health sector for the improvement and purchase of needed health equipment and technologies for effective health care especially to avoid infant and maternal mortality.
5. There should be improved collaboration between government, non-governmental organization, security personnel, religious leaders and health workers in other for both to deliver the protection of the victims affected by the Insurgency in the IDP camp.

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