Jher Vol. 30, No. 1, September 2023, pp. 72 - 84

Physical and Social Living Conditions of School-Aged Children in Internally Displaced Persons' (IDPs') Camps in Plateau State

Umennuihe Chidiogo L., Okechukwu, Franca O., Nnubia, Uju I. and *Nwauzoije, Ezinne J.
Department of Home Science and Management, University of Nigeria, Nsukka

*Corresponding author: ezinne.nnodim@unn.edu.ng

Abstract

The study investigated the physical and social living conditions of school-aged children in IDPs' camps in Plateau State, Nigeria. Specifically, it determined socioeconomic/demographic characteristics of the children; their physical and social living conditions. The study adopted a cross-sectional survey research design. The population comprised 948 6-12year-old children in the two IDPs' camps in Plateau State. A random sample of 50 percent of the population (474) was selected. Questionnaire was used for data collection. Frequencies and percentages were used for data analysis. Findings on socio-economic characteristics of the children showed that there were more male children (55.30%) than female children (44.70%), and up to 85.90% of them had less than ₦10,000 as their household monthly income. The physical living conditions of the children showed that more than half (51.30%) of them lived in small-sized dwellings, 65.40 percent had inadequate room/tent ventilation and 81.40 percent of the children had 6-10 persons living in a room. There were no nets on the children's dwelling doors and a greater percentage (60.50%) of the children had an average number of 4-6 clothes. Furthermore, the main source of water was well water (85.40%) and firewood (94.90%) was the main type of fuel for cooking. Findings on social living conditions of the children showed that majority of them lived near some basic social amenities such as health centers (82.30%), schools (99.20%) and markets (83.30%). In addition, a good number (77.40%) of the children obtained formal education. It was recommended that government at different levels should equip IDPs' camps with adequate facilities to enable satisfactory conditions of hygiene and access to social amenities.

Keywords: Children, Living, Conditions, Internal, Displacement, School-age, Physical, Social

Introduction

When people are forced to leave their homes for safety and live in deplorable conditions in structures that are not their original homes within their own countries, they are regarded as internally displaced persons (IDPs) (Nsude & Nwanchor, 2017). According to 1998 United Nations Guiding Principles on Internal Displacement, IDPs are groups of people who have been forced to flee their homes as a result of 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 (Jimenez-Damary, 2022). IDPs, living inside their own country, remain entitled to all the rights and privileges as citizens

and other habitual residents of their country. As such, national authorities have the primary responsibility to prevent forced displacement and to protect IDPs (United Nations High Commissioner for Refugees [UNHCR], 2020).Conflicts, climate-related shocks, disasters, and increased rates of violent crime are just a few of the many complicated and interwoven variables that contribute to internal displacement (United Nations, 2022). IDPs are particularly vulnerable because, unlike refugees, they must remain in the country within which they were compelled to flee and are not afforded the same form of legal protection on the global scale as refugees. The severity of this humanitarian crisis is worsening due to the paucity of legislative mechanisms to oversee their rehabilitation and care (Banerjee, Chaudhury& Das, 2023).

Over the last 10 years, the number of people around the world who have been forced to flee their homes and become displaced in their own countries, has more than doubled according to United Nations (2022). The rate of displacement has increased globally with the greater percentage of displaced persons found in Africa and Asia (International Displacement Monitoring Center – [IDMC], 2014). Africa is the region witnessing the greatest volume of internal displacement, with a total of 11.6 million IDPs in 21 countries, while South and South-East Asia saw the biggest jump in numbers of IDPs from 3.5 million in 2008 to 4.3 million in 2009 (United Nations, 2010).A survey by IDMC (2014) revealed that Nigeria has Africa's highest number of persons displaced by conflict ranking. The large number of IDPs in Nigeria is attributed to the menace of the Boko Haram sect and the violent operations of Fulani herdsmen in the North Eastern and middle-belt parts of Nigeria respectively (Sambo, 2017). The effect of these insurgencies has left individuals and families with poor socio-economic conditions in form of loss of lives and properties, loss of contact with children and family members, inadequate and insecure shelter, discrimination in aid distribution, psycho-social stress, and sexual and gender-based violence. In several cases, people were born into and grew up in displacement while facing life-threatening situations given their lack of access to water, food and health services (United Nations, 2010). According to UNHCR (2007), IDPs are the largest group of vulnerable people in the world because they are subjected to situations of extreme poverty, human rights abuses, dependency and lack of choice, threats to physical safety, restrictions on movement and poor living conditions.

Living conditions are the everyday environment of people; where they live, play and work (World Health Organization, 2015). Living conditions comprise one's physical and social environments. Physical living conditions include the circumstances of a person's physical life, such as food, clothing, safety, housing quality and access to clean water(Sartin, 2013; Stein, 2017). Social living conditions involve aspects of living that impact one's interactions with the society in which one lives. It includes issues relating to goods and services, transportation, education, security and healthcare (Fatile & Bello, 2015;Nsude&Nwanchor, 2017). Adequate living condition is the presence of basic amenities and unrestricted access to adequate food and drinking water (Idea Group Publishing

Global, 2019). On the other hand, poor living conditions are characterized by overcrowding, economic degradation, poverty, poor sanitation, poor access to health care, inadequate food and water, electricity, education and employment; lack of access to basic services, land, property and quality housing(Fatile & Bello, 2015; Owoaje, Uchendu, Ajayi & Cadmus, 2016).

Most of the time IDPs in Nigeria are the ones who take the initiative to set up shelters for themselves with their very limited resources which results in congested living spaces and poor living conditions (Adewale, 2016). The makeshift homes in the camps are made with the cheapest materials available and lacked basic features such as windows (History Crunch, 2019). These dwellings may be under-insulated or lack proper ventilation, leaving homes either too hot or too cold for the occupants (Office of Disease Prevention and Health Promotion,2014). Jelili and Olanrewaju (2016) observed that most times basic amenities like kitchen, water, electricity, medical facilities and schools are almost non-existent. The residents also face safety challenge, frequent sexual abuse, forced labour and poor sanitation (Fatile & Bello, 2015). This type of living environment is associated with various negative health outcomes and increases the risk of nutritional problems and an epidemic outbreak especially among children (Adewale, 2016).

The poor living conditions of IDPs go unreported due to the lack of interest by the Nigerian government and this makes it difficult to understand the enormity of the challenges and the extent to which the rights of internally displaced children are violated (Nsude& Nwanchor, 2017). The school-aged children (6-12 years old) are particularly of interest in this scenario because they are at higher risks of education deprivation, child labour and other forms of human rights violation. This study therefore determined the living conditions of children in internally displaced persons' camps in Plateau State. This is important to make data available, on the basis of which relevant organizations will plan intervention programs.

Objectives of the study

The broad objective of the study was to investigate the physical and social living conditions of children (6-12years) in Internally Displaced Persons' (IDPs') camps in Plateau State. Specifically, the study determined;

1. socio-economic/demographic characteristics of school-aged children in IDPs' camps in Plateau State;
2. physical living conditions of school-aged children in IDPs' camps;
3. social living conditions of school-aged children in IDPs' camps;

Methodology

***Design of the Study*:** The study adopted a cross-sectional survey design.

***Area of the Study*:** This study was carried out in Plateau State, the twelfth-largest State in Nigeria. The residents are predominantly farmers. It has over 40 ethno-linguistic groups with Hausa as the commonest language of communication (Plateau State ICT Development Agency, 2019). Plateau State has experienced several clashes between the Muslim Hausa-Fulani herders and Christian farmers (Laurent & Hahn, 2018), and hence, is a home for up to 32,971 IDPs in 20 camps as at 2018 (State Emergency Management Agency [SEMA], Plateau State, 2019). At the time

of the study, only two of these camps were functional. **Population for the Study:** The population comprised of all the school-aged children in IDPs' camps in Plateau State. According to the information obtained from State Emergency Management Agency (SEMA), Plateau State (2019), there are about 946 school-aged children in the two IDPs' camps in Plateau State (448 in camp A and 500 in camp B). More than half of the children were males and a greater proportion of them were aged 6-9years old. All of them were Christians. Most of them were from Berom ethnic group.

***Sample for the Study*:** The sample was a total of 474 children (aged 6-12 years) selected form the two camps. The sample was selected through a random sampling of 50 percent of the children in each camp. A sample size of 224 and 250 children from camps A and B respectively was obtained. Children who were available at the time of study and whose parent/guardians gave their consent participated in the study.

***Instrument for Data Collection*:** Questionnaire was used for data collection. The questionnaire was made up of three sections. Section A elicited information on children's socio-economic/demographic characteristics; section B was for determining the physical living conditions and section C was for the social living conditions of the children. The questionnaire was validated by three experts from the Department of Home Science and Management. Cronbach's alpha reliability test gave a coefficient of 0.87, showing high internal consistency of the test items.

***Data Collection Techniques*:** Firstly, the parents/guardians of the children were given an informed consent form which explained the purpose of research and the voluntary nature of participation in the study. The parents gave their consent by signing the form. Secondly, five research assistants who were fluent in English and Hausa languages were recruited and trained on how to administer the questionnaire. Four hundred and seventy-four copies of the questionnaire were administered to the children. The items were verbally administered to the respondents using the Hausa language for ease of comprehension. All 474 copies of the questionnaires were retrieved. This represents 100 percent return.

***Data Analysis*:** Frequencies and percentages (F/%) were used for data analysis.

Results

Socio-economic/demographic background of the children: Data analysis shows that the participants were 55.30 percent males and 44.70 percent females and mostly (51.30%) aged 6-9years.All (100%) of them were Christians and 55.50 percent were of the Berom ethnic group. Many (63.10%) of them lived with only their mothers. The main source of income for more than half was farming (52.60%), and about a third (34.60%) of their parent/guardian had no formal education. Majority (85.90%) of the children had less than ₦10,000 as their household monthly income. A greater percentage of the children (71.50%) had household size between 5-8persons.

Physical Living Conditions of the Children

Table 1: Frequency and Percentage Responses on Children's Housing Conditions and Source of Water, Cooking Fuel and Lighting for the Children

S/N	Indicators of Living Conditions	F (%)
1	**Type of dwelling**	
	Hut/thatch house	88 (18.50)
	Bungalow	86 (18.10)
	Tent	99 (20.90)
	Bunk house	201 (42.40)
2	**Size of dwelling**	
	Very small	115 (24.30)
	Small	243 (51.30)
	Moderate	116 (24.40)
3	**How long the child has lived in the camp/dwelling**	
	1-12 months	59 (12.40)
	13-24 months	415 (87.60)
4	**Number of people in a room/tent**	
	Less than or equal to 5 (≤5)	4 (0.80)
	6-10 persons	386 (81.40)
	More than 10persons (>5)	84 (17.70)
5	**Ventilation of the room/tent**	
	Good	5 (1.10)
	Bad	310 (65.40)
	Very bad	159 (33.50)
6	**Main source of water for the household**	
	Borehole	93 (19.60)
	Well	381 (80.40)
8	**Main type of fuel for cooking**	
	Firewood	450 (94.90)
	Leaves/straw/thatch	24 (5.10)
9	**Main source of lighting:**	
	Electricity	110 (23.20)
	Kerosene and bush lamp	109 (23.00)
	Battery lamps and torch	131 (28.30)
	Candle light	124 (26.20)

F = frequency; % = percentage; N (number of respondents) = 474

Table 1 presents the children's housing condition and source of water, cooking fuel and lighting. Bunk house (42.40%) was mostly the type of dwelling for the children. More than half (51.30%) of the children lived in small-sized dwellings, while 24.50% lived in moderate-sized dwellings. Majority (87.60%) of the children have lived in the camp for 13-24 months. Up to 81.40% of the children have 6-10 persons sleeping in one room in their dwelling. Majority of the children (65.40%) had bad room ventilation, 33.50% had very bad room ventilation, while only 1.10% had good room ventilation. Well water and borehole were the main sources of water for the children's households. The main type of cooking fuel for majority of the households was firewood (94.90%). Batter lamps and torch (28.30%) was mostly used as main source of lighting, followed by candle light (26.20%) and electricity (23.20%).

Table 2: Frequency and Percentage Responses on Indicators of Control of Vector-borne Diseases and Availability of Clothing

S/N	Indicators	Yes F (%)	No F (%)
	Control of Vector Borne Diseases		
	Availability of:		
1	mosquito net	282 (59.50)	192 (40.50)
2	blanket	141 (29.70)	333 (70.30)
3	mat	332 (70.00)	142 (30.00)
4	mattress	243 (51.30)	231 (48.70)
5	bed sheets	62 (13.10)	412 (86.90)
6	Whether or not the child sleeps under the net	282 (59.50)	192 (40.50)
7	Net on dwelling doors	0 (0.00)	474 (100.00)
8	Net on dwelling windows	72 (15.20)	402 (84.80)
	Availability of Clothing		
	Average number of clothes a child has		
9	Less than or equal to 3 (≤3)	36 (7.60)	0 (0.00)
10	4-6 clothes	287 (60.50)	0 (0.00)
11	Greater than or equal to 7 (≥7)	151 (31.90)	0 (0.00)
	Availability of:		
12	sweater	179 (37.80)	295 (62.20)
13	head warmer	39 (8.20)	435 (91.80)
14	gloves	27 (5.70)	447 (94.30)
15	stockings	99 (20.90)	375 (79.10)
16	sandals	176 (37.10)	298 (62.90)
17	slippers	392 (82.70)	82 (17.30)
18	shoes	49 (10.30)	425 (89.70)
19	rain boot	0 (0.00)	474 (100.00)

F = frequency; % = percentage; N (number of respondents) = 474

Table 2 shows frequency and percentage responses on indicators of control of vector-borne diseases and availability of clothing among the children. More than a third (40.50%) of the children did not have and were not sleeping under a mosquito net, only 29.70% had blankets, 70.00% had sleeping mats, 51.30% had mattress and 13.10% had bed sheets. All (100.00%) of the children did not have protective net on their doors while only 15.20% had nets on their windows. Majority of the children (60.50%) had an average of 4-6 clothes, while 7.60% had an average of less than or equal to three clothes. About a third of the children (37.80%) had sweater available to them, 8.20% had head warmer, 5.70% had gloves and 20.90% had stockings available to them. Slippers (82.70%) was the highest type of footwear available to the children, followed by sandals (37.10%), and shoes (10.30%). None of the children had rain boot.

Table 3: Frequency and Percentage Responses on Children's Hygiene and Sanitation Practices

S/N	Hygiene and Sanitation Practices of the Children	Yes F (%)	No F (%)
1	Type of toilet facility a child used:		
	• Pit latrine	183 (38.70)	38.70
	• Flush toilet	102 (21.50)	21.50
	• Bush system	189 (39.90)	39.90
2	Water supply in the toilet	43 (9.10)	431 (90.90)
3	Availability of water and soap for washing hands	0 (0.00)	474 (100.00)
4	Wash hands after defecation	465 (98.10)	9 (1.90)
5	Wash hands after eating	467 (98.50)	7 (1.50)
6	Wash hands on returning from outdoor play	267 (56.30)	207 (43.70)
7	Wash hands when a child thinks hands are dirty	266 (56.10)	208 (43.90)
8	Household garbage disposal method:		
	• Use of open dumpsite	246 (51.90)	0 (0.00)
	• Burning	73 (15.40)	0.(0.00)
	• No provision for disposal	155 (32.70)	0 (0.00)

F = frequency; % = percentage; N (number of respondents) = 474

Table 3 shows the frequency and percentage responses on hygiene and sanitation practices of the children. Bush system (39.90%) was the most commonly used type of toilet facility followed by pit latrine (38.70%) and flush toilet (21.50%). Only 9.10 percent of the respondents had available water supply in the toilet facilities. Hand washing facilities such as water and soap were not made available to the children. Findings showed that a good number of the children washed their hands after defecation (98.10) and eating (98.50). More than a third of them do not wash their hands on returning from outdoor play (56.30%) and when they think hands are dirty (56.10%). More than half of the children (51.90%) had open dumpsite as their household garbage disposal method.

Social living Conditions of the Children

Table 4: Frequency and Percentage Responses on Social Amenities Close to the Children

S/N	Nearness of Social Amenities	Yes F (%)	No F (%)
1	Hospital/health care center	390 (82.30)	84 (17.70)
2	Market/shops	395 (83.30)	79 (16.70)
3	Means of transportation	438 (92.40)	36 (7.60)
4	Police station for security	239 (50.40)	235 (49.60)
5	Recreational center	95 (20.00)	379 (80.00)
6	Public eatery	176 (37.10)	298 (62.90)
7	Church/mosque	472 (99.60)	2 (0.40)
8	Public library	0 (0.00)	474 (100.00)
9	School	470 (99.20)	4 (0.80)
10	Receiving formal education	367 (77.40)	107 (22.60)
11	How the education is sponsored:		

Continue in the next page

• Free education	196(41.40)	0(0.00)
• Donations	33 (7.00)	0 (0.00)
• Family income	138 (29.10)	0 (0.00)
• Not applicable	107 (22.60)	0 (0.00)

F = frequency; % = percentage; N (number of respondents) = 474

Table 4 presents frequency and percentage responses on the social amenities close to the children. A greater proportion of the children lived far from a recreational center (80.00%) and public eatery (62.90%). Up to 17.70% lived far from a hospital/health center and 16.70% lived far from a market. More than a third (49.60%) of the children was not living near a police station. None of the children lived close to a public library. Almost a quarter (22.60%) of the children was not receiving formal education.

Discussion

Displacement leaves negative socio-economic footprints in millions of people worldwide. Findings showed that the sources of income for the households were mostly farming and support from governmental and non-governmental organizations. This is in line with the findings of Amoo et al.(2018) and Lafta, Seraf, Dhiaa & Ahmed (2017) which showed that majority of IDPs were farmers with some receiving support from government and NGOs. As a result of crises, IDPs have lost their homes and sources of livelihood leading to a marked reduction in their total monthly income. From the result, the monthly income for most IDPs' households were less than ₦10,000. This finding corroborates with that of Amoo et al.(2018) which showed that the household income of IDPs decreased to about ₦10,000 after the disaster. Result of this study showed that food aid/donation, farming and buying were the major ways of obtaining foods for IDPs. Supporting this, Olwedo, Mworozi, Bachau&Orach (2008) observed that the main sources of foodstuff for the IDPs in Uganda included food rations distributed by World Food Project. The food rations supplied is supplemented by limited cultivation, food for work and through purchase of foodstuff.

Displacement causes loss of access to basic human needs such as shelter which for IDPs in Nigeria is usually insufficient and most times do not stand the test of time and weather. These shelters were not as a result of government effort but as a result of the individual's effort to survive (Alobo & Obaji, 2016). This study found that the internally displaced children lived in various types of housing such as bunk houses, tents, huts and thatch houses. IDPs usually live in their own constructed makeshift shelters for themselves while some sought accommodations from indigenes of the host community. Supporting this finding, studies by Alobo and Obaji(2016); Akuto(2017); and Amoo et al.(2018)showed that majority IDPs were housed in schools, camps, friends' and relatives' houses, and the central library, tents, bunkhouses, churches, mosques, town halls, abandoned and uncompleted buildings. The displaced children lived in moderate to small sized dwellings, maybe because of the limited income to obtain bigger dwelling and the fact that those living with members of the host communities were provided with small space to manage. Due to the small size of

dwelling and the large family size, ventilation was very poor and the number of people in a room ranged mostly from six to ten persons. This is in line with the report of Adewale(2016), which stated that congested living spaces and lack of shelter were some of the dilemmas faced by IDPs.

Availability and use of basic sleeping materials (mat, mattress, mosquito net and bed sheets) is important for the prevention of vector-borne diseases. More than a third of the children did not have and therefore were not sleeping under a mosquito net, less than twenty percent had nets on their dwelling windows while none of them had nets on their dwelling doors. Similarly, Amoo et al.(2018) reported reduction in the availability and use of treated mosquito nets to IDPs after a disaster. Insufficient number of clothes, poor availability of clothing for cold weather (e.g. sweater) and inadequate foot wears was recorded among the children in this study. Supporting these findings, Musa (2015) reported children looking unkempt wearing tattered and dirty clothes with spoilt, mismatched or no footwear as the norm in IDPs' camps. This may be linked to the fact that as they are fleeing, IDPs usually have little or no time to pack clothing items and they also lack the funds to purchase new ones.

Water is essential for life. Result showed that borehole and well water were the main sources of water for the IDPs; and firewood was the type of cooking fuel used by majority of them. Supporting these findings, Bada (2016) and UNICEF (2014) reported that boreholes and well water were the major sources of water for households in IDPs' camps. Findings showed that flush toilet, pit latrine and bush system were the types of toilet facilities used by the children with a higher proportion of them making use of bush system for defecation. This finding is in line with the report of Kabul (2009) which stated open defecation and lack of toilets as the situation in makeshift IDPs' camps in Afghanistan. After playing, eating and defecating, some of the children do not wash their hands. This finding corroborates with that of Namara, Mendoza, Tumukunde and Wafula (2020) which showed that a lesser percentage of the South Sudan refugee households had access to hand washing facilities. Findings showed that more than half of the children's households had open dumpsite as their garbage disposal method. Supporting this, findings of Alobo and Obaji(2016) and Akuto(2017) showed that there is often unavailability or no proper waste management in IDPs' camps.

Conflict or violence that leads to internal displacement causes harm to the victims and their ability to secure a livelihood and their access to security, education, housing, basic infrastructure and a social life (Cazabat, 2018). Nearness to basic social amenities was used to measure the children's social living conditions. A good proportion of the children lived close to a hospital/health care center, market/shops, means of transportation, police station, church/mosque and school. Further investigations showed that although the IDPs lived near these basic social amenities, they could not afford the services especially the medical services. Supporting this, a study by Mumbi, Mwangi and Ngetich (2014) showed that lack of roads and poor access to medical center were some of the major challenges of IDPs in Kenya. Also, Amodu, Richter and Salami (2020) reported that IDPs in Africa face special

challenges in accessing healthcare due to lack of medical personnel. From the result, formal education was the type of education more than seventy percent of the children were obtaining while the rest were not attending school. The high number of children obtaining formal education was attributed to the fact that most children obtained sponsorship for their education from different sources. This is in line with the result of a study by UNHCR (2007) which showed that a very high number of displaced children in Serbia are fully enrolled in primary schools and the attendance rate for children was ninety-two percent. Contrasting this finding, Ambe-Uva (2012) reported that displaced population lacked physical access to schools or to safe-school environments, and limited post-primary educational opportunities. This is as a result of identified lack of funds for school fees, insecurity, lack of schools in areas of settlement and no provisions by government according toAkuto (2017).

Conclusion

The study investigated the physical and social living conditions of children (6-12years) in IDPs' camps in Plateau State. There were more male children and the household monthly income was low while the family size was above average. The living conditions of the children were not satisfactory because of small sized accommodations, poor ventilation and large number of people in a room. Measures to prevent vector-borne diseases were not taken by most of the children's households. Hygiene and sanitation practices were not observed by most of them maybe because the IDPs lacked the knowledge of the importance of proper hygiene practices. Majority of the children lived near some of the basic social amenities and a greater proportion of them obtained formal education. This was attributed to the proximity of the children's dwelling to schools, the donations and free education they received. These information from this study are needed to develop and carry out relevant interventions that will help to improve living conditions of displaced persons especially the children.

Recommendations

Based on findings the following recommendations are made:

1. Practical efforts should be made by the Nigerian government in equipping the camps with adequate facilities so that IDPs can be settled in satisfactory conditions.
2. Federal and state governments should as a matter of urgency commence skill acquisition projects for internally displaced persons. This will afford them the opportunity to learn various trades and skills that will help them improve their household income.

References

Adewale, S. (2016). Internally displaced persons and the challenges of survival in Abuja. *African Security Review*, *25*(2), 176–192. https://doi.org/10.1080/10246029.2016.1154475

Akuto, G. W. (2017). Challenges of internally displaced persons (IDPs) in Nigeria : Implications for counselling and the role of key stakeholders. *International Journal of Innovative Psychology and Social Development*, *5*(2), 21–27.https://seahipaj.org/journals-ci/june-2017/IJIPSD/full/IJIPSD-J-4-2017.pdf

Alobo, E., & Obaji, S. (2016). Internal displacement in nigeria and the case for human rights protection of displaced persons. *Journal of Law, Policy and*

Globalization, *51*(3), 26–33.https://core.ac.uk/reader/234650690

Ambe-Uva, T. N. (2012). The right to education for internally displaced persons in Nigeria through open and distance learning. *Journal of the Open University of Tanzania, 13*(2), 359–372. https://www.ajol.info/index.php/huria/article/view/110832/100581

Amodu, O. C., Richter, M. S., & Salami, B. O. (2020). A scoping review of the health of conflict-induced internally displaced women in Africa. *International Journal ofEnvironmental Researchand Public Health, 17*(4), 1280. https://doi.org/10.3390/ijerph17041280

Amoo, O. S., Smith, S. I., Ujah, I. A. O., Oladele, D., David, N., Oyedeji1, K. S., … Ajayi, A. (2018). Socio economic and health challenges of internally-displaced persons as a result of 2012 flooding in Nigeria. *Ceylon Journal of Science*, *47*(3), 229–234. https://doi.org/10.4038/cjs.v47i3.7530

Bada, G. (2016). *Government constructs 90 toilets and bathrooms in IDP camps.* Pulse News. Retrieved 23rd April, 2021 from https://www.pulse.ng/news/local/in-yobe-govt-constructs-90-toilets-bathrooms-in-idp-camps/0d4ve4l

Banerjee, P., Chaudhury, S.B.R., & Das, S.K. (2023). *Internal Displacement in South Asia: The Relevance of the UN's Guiding Principles.* Inter-American Court of Human Rights. Retrieved from https://www.corteidh.or.cr/tablas/23100.pdf

Cazabat, C. (2018). *The ripple effect: economic impacts of internal displacement.* Internal Displacement Monitoring Center. Retrieved 5th February, 2021 from https://www.internal-displacement.org/sites/default/files/inline-files/201810-literature-review-economic-impacts.pdf

Fatile, J. O., & Bello, W. O. (2015). Managing internally displaced persons in Nigeria: the case of insurgency in the north-east geo-political zone. *International Journal of Development Strategies in Humanities, Management and Social Sciences*, *5*(2), 145–166.http://www.internationalpolicybrief.org/images/2015/HumMgt52/ARTICLE-%20(11).pdf

History Crunch (2019). *Living conditions in the industrial revolution.* History Crunch. Retrieved 7th July, 2021 fromhttps://www.historycrunch.com/living-conditions-in-industrial-towns.html#/

Idea Group Publishing Global (2019). Normal living conditions. IGI Global Publishing House. Retrieved 7th July, 2021 from https://www.igi-global.com/dictionary/normal-living-conditions/68485

Internal Displacement Monitoring Centre (2014). *No End to Internal Displacement in North East Nigeria.*Internal Displacement Monitoring Centre.Retrieved 23rd April, 2021 from https://www.internal-displacement.org/7025708F004CE90B/(httpDocuments)/124E6A6F1688C2D7C12572250053592B/$file/ids_nigeria_IDCM.pdf

Jelili, M. O., & Olanrewaju, S. O. (2016). Realities of IDPs Camps in Nigeria. *Global Journal of Human-Social Science Research*, *16*(4), 11–16.https://socialscienceresearch. org/index.php/ GJHSS/ article/ view/1853/2-Realities-of-IDPs-Camps_JATS_NLM_xml

Jimenez-Damary, C. (2022, February 21). The challenge of protecting internally displaced persons in Southeast Asia. *Routed Magazine, Issue 19.* Retrieved fromhttps://www.routedmagazine.com/idps-sea-un-sr

Kabul (2009). *Sanitation woes in makeshift IDPs camps.* Retrieved 5th July, 2021 from https://www.thenewhumanitarian.org/fr/node/245586

Lafta, R., Saraf, H. Al, Dhiaa, S., & Ahmed, Q. (2017). Nutritional Status Assessment of Internally Displaced Children in "Dream City" - Iraq. *Journal of Food and Nutrition Sciences*, *5*(3), 122–130. https://doi.org/10.11648/j.jfns.20170503.19

Laurent, O.,& Hahn, J. (2018, December 17). Meet the peacekeepers of Nigeria's Plateau State. *The Washington Post*. Retrieved 27th December 2021 from

https://www.washingtonpost.com/news/in-sight/wp/2018/12/17/meet-the-peacekeepers-of-nigerias-plateau-state/?noredirect=on

Mumbi, F., Mwangi, W., &Ngetch, K. (2014). How availability of health facilities motivates the IDPs' decision to settle in self-help settlements Gilgil district, Kenya. *International Journal of Developing and Emerging Economies, 2* (3), 48-57.https://eajournals.org/ijdee/vol-2issue3september-2014/availability-health-facilities-motivates-idps-decision-settle-self-help-settlements-gilgil-district-kenya/

Musa, N. (2015, July 15). NEMA distributes clothes to children and women in IDPs' camps. *The guardian*. Retrieved 23rd April, 2022 from https://m.guardian.ng/news/nema-distributes-clothes-to-children-women-in-idp-camps/

Namara, F., Mendoza, H., Tumukunde, G., &Wafula S. T. (2020). Access to Functional Handwashing Facilities and Associated Factors among South Sudanese Refugees in Rhino Camp Settlement, Northwestern Uganda. *Journal of Environmental and Public Health,* 1-7.https://doi.org/10.1155/2020/3089063

Nsude, I., & Nwanchor, S. E. (2017). Reporting Nutrition and the Right of Nigerian Child: Focus On Internally Displaced Children in Boko Haram Insurgency in Nigeria. *IOSR Journal of Business and Management*, *19*(8), 102–120. https://doi.org/10.9790/487X-190801102120

Office of Disease Prevention and Health Promotion (2014). *Quality of Housing*.Healthy People. Retrieved 7th July, 2021 fromhttps://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/quality-of-housing

Olwedo, M. A., Mworozi, E., Bachou, H., & Orach, C. G. (2008). Factors associated with malnutrition among children in internally displaced person's camps, northern Uganda. *African Health Sciences*, *8*(4), 244–252.https://pubmed.ncbi.nlm.nih.gov/20589132/

Owoaje, E. T., Uchendu, O. C., Ajayi, T. O., & Cadmus, E. O. (2016). A review of the health problems of the internally displaced persons in Africa. *Nigerian Postgraduate Medical Journal*, *23*(4), 161. https://doi.org/10.4103/1117-1936.196242

Plateau state ICT Development Agency (2019). *People of Plateau state.* Plateau State. Retrieved 24th August, 2020 from https://www.plateaustate.gov.ng/plateau/the-people

Sambo, A. S. (2017). Internal Displaced Persons and Their Information Needs.*Library Philosophy and Practice (e-journal), 1512,* 1-15. http://digitalcommons.unl.edu/libphilprac/1512

Sartin. (2013). *What's the difference between "life conditions" and "living conditions."English Language and Usage.* Stack Exchange. Retrieved March 28, 2021, from https://english.stackexchange.com/questions/139021/whats-the-difference-between-life-conditions-and-living-conditions

State Emergency Management Agency, Plateau State (2019). Population of IDPs in Plateau state. State Emergency Management Agency, Plateau State

Stein, P. (2017). *How to create good living conditions for urban populations.* Urbact. Retrieved 7th July 2021 from https://urbact.eu/how-create-good-living-conditions-urban-populations

UNHCR. (2007). *Analysis of the Situation of Internally Displaced Persons from Kosovo in Serbia: Law and Practice*. Geneva, Switzerland.

United Nations High Commissioner for Refugees (2020, May 18). *IDP Definition.* The UN Refugee Agency – Emergency Handbook. Retrieved from https://emergency.unhcr.org/protection/legal-framework/idp-definition

UNICEF. (2014). *Nutritional anthropometric and mortality survey among Internally Displaced Populations in Duhok province - Iraq (Sept-Oct 2014)*. Dohuk Governorate.

United Nations (2010, May 17). *Internal*

displacement at highest level since mid-1990s, finds UN-backed report. UN News. Retrieved from https://news.un.org/en/story/2010/05/338892-internal-displacement-highest-level-mid-1990s-finds-un-backed-report

United Nations (2022, July 9). *Common game plan needed to address DR Congo displacement crisis: A resident cordinator blog.* UN News. Retrieved from https://news.un.org/en/story/2022/07/1122162

WHO. (2015). Living conditions. *Health Promotion Glossary*. Retrieved 7th July, 2021 from https://definedterm.com/living_conditions/97715