

Medical and Human Rights of Internally Displaced Persons (IDPs) in Selected Jurisdictions: The Jurisprudential Diagnosis of the Lessons and Prospects for Nigeria.

Agbo Friday Ojonugwa* and Mary Arthur-Jolasinmi*

Abstract

Internally displaced persons (IDPs) face significant medical and human rights challenges in various jurisdictions. This study examined the experience of IDPs in Kenya, Democratic Republic of Congo, Republic of Cameroon, and Ethiopia to highlight the need for a comprehensive approach to addressing the medical and human rights needs of IDPs, with a focus on context-specific solutions and community-led initiatives. The study recommended that IDPs' concerns, including the need for medical care and human rights protection, can be addressed if robust legislation and implementation strategies are put in place. The research further recommended that, in addition to the current legal framework, more robust legislation on medical and human rights should be enacted and implemented to address common health and human rights challenges faced by the IDPs.

Keywords: Medical, Human Rights, Internally Displaced Persons, Jurisprudential Diagnosis, Lessons, Prospects

1. Introduction

The Internally Displaced Persons' (IDPs') human and medical rights issues are not peculiar to Nigeria. There are Millions of people that are

* LLB, BL, LLM, MIMHL, MMLP, Ph.D, Lecturer Faculty of Law, Veritas University Bwari, Abuja FCT, Nigeria

* B.A (Hons), LLB, BL, LL.M: Ph.D, Faculty of Law, Philomath University, Kuje, Abuja FC, Nigeria

internally displaced each year, due to armed conflict, generalized violence, human rights violations, and other causes around the world.¹

¹ Eni Aloba and Synda Obaji, "Internal Displacement in Nigeria and the Case for Human Rights Protection of Displaced Persons" (2016) (51) *Journal of Law, Policy and Globalization* 26

The IDPs' human and medical rights issues are therefore a challenge that affects many countries worldwide. Essentially, IDPs in these several countries for example the Democratic Republic of Congo, Kenya, Ethiopia, also battle with human and medical rights violations. IDPs exposure to bad migratory conditions, contaminated food, unclean water, improper hygiene, unsanitary conditions, and a generally squalid living condition, results in a number of diseases that affect them.² Lack of access to basic necessities of life as well as to basic public services like electricity and transportation in settlements can also alter the health and lifestyle of IDPs, increasing their health risks.³

Very importantly, the research explores the issue of IDPs human and medical rights using selected jurisdictions with high incidence of IDPs so as to give context and provide a comparative template for better understanding of the subject of discourse. The jurisdictions selected for comparative study are Republic of Cameroon, Democratic Republic of Congo (DRC), South Sudan, Ethiopia and Burkina Faso. The countries selected are African countries with similar internal conflicts experiences such as Nigeria and with history of internal displacements.

2. The Democratic Republic of Congo

The Democratic Republic of Congo (DRC) has a complex and challenging humanitarian situation, with multiple conflicts affecting several parts of the country.⁴ Human rights violations are still widespread, including physical mutilation especially in the eastern parts of the country.⁵ Since 2016, a new wave of violence has also affected the DRC's Kasai region, a vast area in the south and centre of the country.⁶ Armed group attacks on sites for IDPs in some territories led

² *Ibid.*

³ NR Vosler, "Assessing Family Access to Basic Resources: An Essential Component of Social Work Practice" (1990) (35) *Social Work* 434–41

⁴ ICRC, "Displaced Persons in Democratic Republic of Congo" (ICRC 2023) <[https://www.icrc.org/en/where-we-work/africa/democratic-republic-congo /democratic-republic-congo-refugees](https://www.icrc.org/en/where-we-work/africa/democratic-republic-congo/democratic-republic-congo-refugees)> accessed 11 February 2024

⁵ United Nations High Commissioner for Refugees, "DR Congo Emergency" (UNHCR, 2020) <<https://www.unhcr.org/dr-congo-emergency.html>> accessed 11 February 2024

⁶ *Ibid*

to heightened population displacement and deaths.⁷ Humanitarian NGOs recorded nearly 1,500 security incidents across eastern DRC and the new displacement of nearly 30,000 people countrywide in 2022.⁸

Many displaced persons have returned to their original settlement areas and often found their property, businesses, and schools in ruins.⁹ Western medicine is generally well-received in Congolese culture. However, significant barriers often prevent access to quality healthcare and treatment within the DRC.¹⁰ As a result, the Congolese may seek traditional medicines instead of western therapies.¹¹ IDPs are at the mercy of poor medical facilities and often rely on NGOs' humanitarian assistance.¹² Mental illness is often considered a curse, sometimes believed to be caused by supernatural elements or the result of witchcraft, and is not openly discussed.

Although there was a peaceful transition of power in December 2018 presidential elections in the DRC, the overall security situation remained complex, with continued inter-ethnic conflicts and armed attacks, particularly in the country's eastern provinces.¹³ Since 2019 and 2020, increased violence has resulted in the continued internal forced displacement of more than 5.2 million people, according to the 2021 DRC Humanitarian Response Plan.¹⁴ This includes 2.9 million people

⁷ United Nations, "Democratic Republic of the Congo Humanitarian Assistance" (U.S. Agency for International Development, 16 May 2022) <<https://www.usaid.gov/humanitarian-assistance/democratic-republic-of-the-congo>> accessed 14 February, 2024

⁸ *Ibid*

⁹ *Ibid*

¹⁰ Centre for Disease Control and Prevention, 'Congolese Refugee Health Profile, CDC' (CDC 26 March 2021) <<https://www.cdc.gov/immigrantrefugeehealth/profiles/congolese/index.html>> accessed 12 February, 2024

¹¹ Lowes, Sara, and Eduardo Montero. 'Traditional Medicine in Central Africa' 109 AEA Papers and Proceedings (2019) 516–20

¹² Culhane-Pera, Kathleen A and others, *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers* (Vanderbilt University Press 2003) 27-49

¹³ UNHCR, 'The Democratic Republic of Congo Regional Refugee Response Plan' (11 August 2021) <<https://reliefweb.int/report/democratic-republic-congo/democratic-republic-congo-regional-refugee-response-plan-january-1>> accessed 14 March, 2024

¹⁴ *Ibid*

displaced in 2020 in the eastern provinces (mainly in Ituri, North and South Kivu and Tanganyika).¹⁵ The situation in DRC represents the longest largest IDP situation in Africa and one of the most acute and longstanding humanitarian crises globally.¹⁶

Furthermore, Congolese IDPs, particularly those living in camps and settlements, often face restrictions on their freedom of movement; right to work; housing, land, and property rights; and access to education and justice. This situation was worsened in 2020 as a result of COVID-19 lockdowns and movement restrictions, which negatively impacted economic activity and resulted in loss of income and increased vulnerability for Congolese refugees and their families.¹⁷

In its efforts to address humanitarian crisis in the country, the DRC government has taken significant measures to end violence against civilians and (re)establish state authority in the eastern provinces.¹⁸ Some issues such as slow national-level reform processes and funding commitment, however, still mitigate against advancing good governance, the rule of law and improving the management of natural resources. A new governmental Disarmament, Demobilization, Community Reintegration, and Stabilization Programme (P-DDRCS) strategy was adopted in March 2022 for the stabilization and securing of the eastern part of the DRC,¹⁹ fundamentally through strengthening social cohesion and democratic dialogue, the restoration of state authority, community rehabilitation and reintegration, socioeconomic development and public information/communication. In this wise and in line with these five pillars, the P-DDRCS programme aims to take a community-centred and community-led approach to reintegration of ex-combatants and vulnerable community members, while also addressing

¹⁵ Benjamin, Rapanyane Makhura and others, 'The United Nations, International Criminal Court and African Union's Delayed Response to the Prolonged Dictatorship in Sudan' (2020) (9) *Journal of African Union Studies* 47–69

¹⁶ Gil Loescher, *Beyond Charity: International Cooperation and the Global Refugee Crisis: A Twentieth Century Fund Book*, (Oxford University Press 1996) 11

¹⁷ UN Migration, 'Democratic Republic of the Congo Crisis Response Plan 2023' (UN Migration 2023) <<https://crisisresponse.iom.int/response/democratic-republic-congo-crisis-response-plan-2023>> accessed 11 March 2024

¹⁸ *Ibid*

¹⁹ DC Esty, 'Good Governance at the Supranational Scale: Globalizing Administrative Law' (2006) (115) *The Yale Law Journal* 1490–562

the root causes of conflicts by embedding stabilization, governance, and socioeconomic development approaches.²⁰

3. The Republic of Cameroon

Cameroon hosts the second highest number of IDPs in Central Africa, after the Democratic Republic of the Congo. Since 2014, there has been a surge in IDPs population, with the number reaching an all-time high of more than a million IDPs in late 2020, as people flee escalating violence in Cameroon's Northwest and Southwest regions as well as in the Lake Chad basin.²¹ Tens of thousands more are displaced each year by floods, landslides, and other sudden-onset disasters. Cameroon is often described as facing one of the most neglected crises in the world.²² The country is confronted with significant funding shortages for humanitarian response, which significantly impacts displaced populations and host communities.²³

Although Cameroon spends more on health than any other sub-Saharan country except South Africa, yet, its medical provision for IDPs is insufficient.²⁴ This means there is a strong correlation between health statistics and revenue statistics, with well-off households and wealthy regions having better access to health services. Even though Cameroon's proportion of doctors, which is 1.9 per 1,000 inhabitants, is twice the

²⁰ UN DRC: MONUSCO Supports the New Demobilization Program for Ex-Combatants' (*United Nations Peacekeeping* 2020) <<https://peacekeeping.un.org/en/drc-monusco-supports-new-demobilization-program-ex-combatants#:~:text=>>> accessed 11 March, 2024

²¹ Relief Web, 'Cameroon: Humanitarian Dashboard (January-December 2021)' (*ReliefWeb*, 11 March 2022) <<https://reliefweb.int/report/cameroon/cameroon-humanitarian-dashboard-january-december-2021>> accessed 9 March, 2024

²² Relief Web (n 21)

²³ *Ibid*

²⁴ 61 USD per capita, as opposed to 51 USD on average. Cameroonians themselves, however, who shoulder the majority of this financial burden. Out of 61 USD per Cameroonian, the State finances only \$17; and out of that sum, 8 USD comes from international donors. See Nkemgha GZ, Tékam HO and Belek A, "Healthcare Expenditure and Life Expectancy in Cameroon" (2020) 29 *Journal of Public Health* 683 <<https://doi.org/10.1007/s10389-019-01181-2>> accessed 12 March, 2024

minimum recommended by the World Health Organization, the country's health statistics are behind the curve, especially for IDPs.²⁵

Coupled with appreciable spending on health, Cameroon has also been identified as a country with political will to ensure adequate care for its IDPs especially children.²⁶ This is noticeable in the country's efforts at ensuring early registration of all births within the camps through government agencies.²⁷ The government of Cameroon through its anti-corruption agency has been very strident in fighting corruption in IDP camps by ensuring transparency in the distribution of available resources across the different crises areas within the country.²⁸ Although the country has not enacted enough laws to ensure legislative backing for the rights of IDPs as a vulnerable group, the state in collaboration with development partners is striving towards ensuring compliance with Kampala Convention.²⁹

4. Kenya

Kenya is one of the countries in Africa affected by internal displacement. The incidents of displacement in Kenya are linked to ethnic tensions especially as a result of violence that erupted after the 2007 presidential election, conflict amongst pastoralists over natural resources, climate and environmental challenges such as flooding, landslide, drought, famine and activities of cross-border militias from

²⁵ *Ibid*

²⁶ Women's International League for Peace and Freedom, 'For the Right to an Identity of Internally Displaced Persons in Cameroon - WILPF' (*WILPF*, August 15, 2022) <https://www.wilpf.org/advocacy_documents/for-the-right-to-an-identity-of-internally-displaced-persons-in-cameroon/> accessed 12 March, 2024

²⁷ AA Shreiner, 'A Firsthand Perspective of the Humanitarian Needs of IDPs in Cameroon – UAB Institute for Human Rights Blog' (November 23, 2022) <<https://sites.uab.edu/humanrights/2022/11/23/a-firsthand-perspective-of-the-humanitarian-needs-of-idps-in-cameroon/>> accessed 12 March, 2024

²⁸ OB Mbofung, 'Assessing the Challenges of the Fight Against Corruption in Cameroon - Nkafu Policy Institute' (*Nkafu Policy Institute*, November 8, 2022) <<https://nkafu.org/assessing-the-challenges-of-the-fight-against-corruption-in-cameroon/>> accessed 16 March, 2024

²⁹ ST Fomekong S, 'The Implementation of the Kampala Convention in Cameroon: Trends, Challenges and Opportunities' (2022) 5 *African Human Rights Yearbook* 95

Somalia, Sudan and Ethiopia.³⁰ The country has been proactive in putting in place good practices towards addressing the needs of the displaced. One important piece of legislation enacted by Kenya which has guided the country's efforts at addressing the issues of IDPs is the Prevention, Protection, and Assistance to Internally Displaced Persons and Affected Communities Act, 2012.³¹ An important provision of the Act is the establishment of National Consultative Coordination Committee and subcommittees at the county level, indicating that County Governments are responsible for the administrative implementation of the law in accordance with their functions and powers.³²

The National Consultative Coordination Committee is established as an independent body to be in charge of all the needs of IDPs.³³ Pursuant to the Act, the harmonization fund created for the management of the affairs of IDPs under the draft National Policy for the Prevention of Internal Displacement and the Protection and Assistance to Internally Displaced Persons in Kenya³⁴ was restructured and to be managed by the Committee.³⁵ The fund in addition to government budgetary allocation is meant to finance measures to address the problem of internal displacement.³⁶ The Act also put in place measures to prevent mismanagement of the fund and other humanitarian resources meant for the IDPs. The Act further criminalizes such infractions.³⁷

³⁰ Prisca Kamungi, 'National Response to Internal Displacement: Achievements, Challenges and Lessons from Kenya' (2015 Internal-Displacement) <https://www.brookings.edu/wp-content/uploads/2016/06/From-Responsibility-to-Response-Nov-2011_Kenya.pdf> accessed 17 March, 2024

³¹ Kenyan Prevention, Protection and Assistance to Internally Displaced Persons and Affected Communities Act No. 56 of 2012

³² Kenyan Prevention Act, art. 11

³³ *Ibid*, art. 12

³⁴ Prisca Kamungi (n 29)

³⁵ Article 14 of the Kenyan Prevention Act.

³⁶ J Bahati and J Bahati, 'Protection and Assistance for IDPs in Africa - Africa Faith and Justice Network' (*Africa Faith and Justice Network - AFJN*, June 20, 2017) <<https://afjn.org/protection-and-assistance-for-idps-in-africa/>> accessed 19 March, 2024; Draft IDP Policy, Chapter X, Paragraph 3

³⁷ Kenyan Prevention Act, art.23

5. Ethiopia

Although, Ethiopia has been dealing with the crisis of internal displacement for decades, the crisis has become more concerning in the last few years.³⁸ The highest number of IDPs in the Horn of Africa and around the continent has been witnessed in Ethiopia in 2018 and 2019.³⁹ Recently, conflict and violence triggered over 5.1 million displacements within Ethiopia in 2021.⁴⁰ This is triple the number reported in 2020 and the highest figure recorded for any country in a given year, according to a new report from the Internal Displacement Monitoring Centre.⁴¹ Attacks against civilians, health facilities, and schools, in Afar, Amhara, and Tigray, triggered the unprecedented number of new and repeated displacements.⁴² There were more than 2.9 million IDPs at the end of 2018, which increased to 3.04 million in 2019.⁴³

Although conflict remains the primary cause of internal displacement in Ethiopia, floods and drought have also escalated the crisis.⁴⁴ Again, the confrontation between the federal military and Tigrayan regional forces has exacerbated the humanitarian crisis, with hundreds of thousands displaced in Tigray and, more recently, the Amhara and Afar regions.⁴⁵ Internal displacement for people in Ethiopia has become recurrent and continuous with conflicts and ongoing ethnic violence.⁴⁶ By the end of 2020, conflicts were the primary cause of

³⁸ Mistir Sew, 'Internally Displaced People and Humanitarian Crisis in Ethiopia' (*Ethiopia Insight*, 30 August 2021) <<https://www.ethiopia-insight.com/2021/08/30/internally-displaced-people-and-humanitarian-crisis-in-ethiopia/>> accessed 20 March, 2024

³⁹ *Ibid*

⁴⁰ Jacky Habib, 'Ethiopia Set a World Record for Displacements in a Single Year: 5.1 Million in 2021' (*NPR* 28 May 2022) 211 <<https://www.npr.org/sections/goatsandsoda/2022/05/28/1100469734/ethiopia-set-a-world-record-for-displacements-in-a-single-year-5-1-million-in-20>> accessed 22 March, 2024

⁴¹ *Ibid*

⁴² Michael Woldemariam, *Insurgent Fragmentation in the Horn of Africa: Rebellion and Its Discontents* (Cambridge University Press 2018) 71–228

⁴³ Mistir Sew, (n 37)

⁴⁴ EJ Hogendoorn, 'To Help Defeat Boko Haram, the EU Should Push for Good Governance and Accountability,' (International Centre for Counter-Terrorism, 2018) 14-27

⁴⁵ *Ibid*

⁴⁶ *Ibid*

displacement, displacing more than 1.2 million people across the country.

The common challenges IDPs face include lack of access to livelihood, health, social life, shelter, basic services, and infrastructure. IDPs travel far to get to health facilities, which risks their safety and security. Poor governance, poor security, forced resettlement programs, and human rights violations also result in severe consequences for the well-being of IDPs.⁴⁷ Health services for displaced people in Ethiopia are problematic.⁴⁸ Breakouts of diseases are eminent in those areas due to lack of water, hygiene, and congestion.⁴⁹ However, there are efforts to cure water, prepare temporary toilets, and provide vaccination in campaigns and at individual camps.⁵⁰ Also, providing capacity-building training for health experts is the other significant activity undertaken to prevent outbreaks and provide services as the displaced usually suffer physically and psychologically as a result of damages to their properties. Currently, efforts are being exerted to support the victims through consulting services and by providing medicines, depending on the case.⁵¹ Reproductive health service is also a priority area among displaced people. People live in congested areas where they are exposed to sexual abuse and communicable diseases.

Despite the absence of national framework specifically addressing the challenges of IDPs, in October 2017, Ethiopia's Somali Regional State developed and endorsed a regional durable solutions strategy, the first of its kind in both the Somali Regional

⁴⁷ Reliefweb, 'Internally Displaced Persons (IDPs) in Ethiopia per Region, April 2022 – Ethiopia' (, May 20, 2022) <<https://reliefweb.int/map/ethiopia/internally-displaced-persons-idps-ethiopia-region-april-2022>> accessed 23rd March, 2024

⁴⁸ WHO, 'Crisis in Northern Ethiopia'(WHO, 2022) <<https://www.who.int/emergencies/situations/crisis-in-tigray-ethiopia#:~:text=>> accessed 22nd March, 2024

⁴⁹ Howard, Julie and others, 'ANNEX A.: Recommendations for Nigeria's Conflict-Affected Northeast: Six Core Areas for Action *Risk and Resilience: Advancing Food and Nutrition Security in Nigeria through Feed the Future*, ' (Center for Strategic and International Studies (CSIS), 2019) 53–58

⁵⁰ UNICEF, 'Water, Sanitation and Hygiene' (*UNICEF Nigeria*) <<https://www.unicef.org/nigeria/water-sanitation-and-hygiene>> accessed 23rd March, 2024

⁵¹ *Ibid*

State and in Ethiopia.⁵² The strategy adopts the definition of an IDP proposed by the Guiding Principles on Internal Displacement while recognising the specific challenges that exist in Ethiopia regarding such a definition, particularly in relation to pastoralists.⁵³

The development of the strategy was led by the Durable Solutions Working Group (DSWG)⁵⁴ and is aligned with international principles and frameworks including the Guiding Principles, the Inter-Agency Standing Committee Framework on Durable Solutions for IDPs and the Kampala Convention, and relevant national tools. Despite the fact that the strategy is only regional in scope, it is the first framework developed and endorsed in Ethiopia that specifically targets internal displacement. It has stimulated the interest of other Ethiopian regions (including Afar, Gambella and Oromia)⁵⁵ in embracing a comprehensive approach to addressing internal displacement. This development has in turn attracted the attention of policymakers at a national level which led to Ethiopia's first national consultation, held in late 2017, and prompted tentative steps towards developing a national IDP policy. The recovery needs of IDPs have been reflected in the country's national humanitarian planning process for the first time.⁵⁶

As a mark of its commitment to the cause of IDPs in the context of implementing the National Policy and Strategy on Disaster Risk Management; the Ethiopian government has established Disaster Risk Management and Food Security Committees not only in the capital, but also at the local level. These committees are directly involved in the counting of IDPs, initial assessments, compilation of figures with IOM

⁵² United Nations Ethiopia, 'Somali Regional State Durable Solutions Strategy 2022-2025' (*UN Ethiopia* 2022) <<https://ethiopia.un.org/en/195587-somali-regional-state-durable-solutions-strategy-2022-2025>> accessed 23rd March, 2024

⁵³ Behigu Habte and Yun Jin Kweon 'Addressing Internal Displacement in Ethiopia' (*IOM Blog*, June 1, 2023) <<https://weblog.iom.int/addressing-internal-displacement-ethiopia>> accessed 23rd March 2024

⁵⁴ O Phil, 'Protection of Internally Displaced Persons: Soft Law as a Norm-Generating Mechanism.' (2010) (36) (2) *Review of International Studies* 281–303

⁵⁵ Phil, (n54)

⁵⁶ UN Migration, 'Addressing IDPs in Ethiopia' (*IOM Blog*, June 1, 2023) <<https://weblog.iom.int/addressing-internal-displacement-ethiopia>> accessed 24th March, 2024

support, and the provision of assistance through government, the Ethiopian Red Cross Society, international NGOs and humanitarian actors, such as the ICRC.⁵⁷

6. Burkina Faso

Burkina Faso is facing an internal displacement crisis.⁵⁸ The number of displaced persons in the country rose to over 1.5 million in 2021. This represents a 50 percent increase, which is among the highest proportions of internal displacement on the continent. While the regional crisis becomes more protracted, large parts of the Sahel remain inaccessible to humanitarians who support the 2.5 million people forced to flee their homes in Burkina Faso, Mali, and Niger.⁵⁹

Burkina Faso depends largely on NGOs for medical care of IDPs as the country's capacity is insufficient primarily to cater to the needs of IDPs.⁶⁰ Since January 2021, Médecins Sans Frontières (MSF) mobile teams have been offering healthcare to displaced people in the country's conflict-ridden areas with proximate villages like Sirfou, Todiamé, Rounga, and Ouindigui, where IDPs' access to healthcare and other basic services is severely limited. IDPs are poor and destitute due to the crisis;⁶¹ they cannot pay for treatment, so they solely rely on aids coming from government and NGOs.

Out of 23 health centres in the district of Titao, 15 are not operating at full capacity, and another three have shut down due to the

⁵⁷ The International Committee of the Red Cross (ICRC), 'Translating the Kampala Convention into Practice' (*International Committee of the Red Cross*, December 20, 2021) <<https://www.icrc.org/en/publication/4287-translating-kampala-convention-practice>> accessed 24th March, 2024

⁵⁸ United Nations, 'Burkina Faso: Rising Displacement Adds to Sahel Crises' (*UN News*, 4 February 2022) <<https://news.un.org/en/story/2022/02/1111332>> accessed 24th March, 2024

⁵⁹ United Nations, (note 57)

⁶⁰ NRC, 'Burkina Faso: Second Biggest Spike in Displacement since Crisis Began' (*NRC* 2022) <<https://www.nrc.no/news/2022/march/burkina-faso-second-biggest-spike-in-displacement-since-crisis-began/>> accessed 24th March, 2024

⁶¹ Monique Diarra, 'Burkina Faso: Providing Healthcare in a Region Ravaged by Violence' (*Médecins Sans Frontières (Msf) International*, 4 May 2021) <<https://www.msf.org/Burkina-Faso-Providing-Healthcare-Region-Ravaged-Violence>> accessed 24th March, 2024

conflict.⁶² In addition to the difficulty in movement due to long distances, the insecurity, and the lack of means of transportation, the situation makes access to basic health services in Titao's district almost impossible.⁶³ Some villages are located several kilometers from the nearest health centre.⁶⁴ Most displaced people have neither the means of transportation nor the money to get there.⁶⁵ Chronic insecurity in the region adds to the difficulties in the mobile team's movements as it takes months for the conditions to allow the teams to leave the town of Titao and reach these villages on the outskirts.⁶⁶

There are mobile clinics although, in villages around Titao which complement MSF's medical services in the town of Titao, to provide free healthcare to thousands of displaced people settled and fleeing a cycle of violence.⁶⁷ Primary healthcare services treat common diseases such as malaria, diarrhoea, respiratory infections, chronic diseases and provide mental health support.⁶⁸ Medical teams are sent to also support local health authorities with mass vaccination campaigns against diseases affecting displaced people, while logistics teams are put in place to rehabilitate old boreholes or build new ones to increase access to clean water as diseases easily spread with the waves of displaced people, poor living conditions, the lack of clean water.⁶⁹

⁶² Human Rights Matter, 'Their War Against Education: Armed Group Attacks on Teachers, Students, and Schools in Burkina Faso' (Human Rights Watch 2020) <<https://www.hrw.org/report/2020/05/26/their-war-against-education/armed-group-attacks-teachers-students-and-schools>> accessed 24th March, 2024

⁶³ human Rights Matter (n 61)

⁶⁴ Monique (n 60)

⁶⁵ *Ibid*

⁶⁶ Alexandra Lamarche and Arden Bentley, 'After the Coup: Burkina Faso's Humanitarian and Displacement Crisis' (*Refugees International*, 21 April 2022) <<https://www.refugeesinternational.org/reports/2022/4/20/after-the-coup-burkina-fasos-humanitarian-and-displacement-crisis>> accessed 24th March, 2024

⁶⁷ (n66)

⁶⁸ Devex, 'National Council for Emergency Relief and Rehabilitation,' (CONASUR 2020) <<https://www.devex.com/organizations/national-council-for-emergency-relief-and-rehabilitation-conasur-146066>> accessed 24th March, 2024

⁶⁹ J Olsen and others, 'Non-Communicable Disease Epidemic: Epidemiology in Action (EuroEpi 2013 and NordicEpi 2013) Aarhus, Denmark from 11 August to 14 August 2013' (2013) (28) *European Journal of Epidemiology*, 230–270

It must however be appreciated that CONASUR, the government's body responsible for disaster response, has in the short term been able to provide a rapid and effective assistance response to emergencies, together with donors.⁷⁰ There is an effective working relationship between CONASUR and donor agencies which has enabled effective and efficient humanitarian assistance, coordination and management in the country with less friction and corruption.

7. Lessons Learned

The IDP crisis in Nigeria and globally offers many lessons for policymakers, government, and analysts. Unfortunately, humanity has not learned any lessons; else, the cyclic nature of wars and conflicts resulting in IDPs would have ceased to continue. While debates continue as to how to end the drives for IDPs, there are lessons to be learnt from other jurisdictions on how to address the challenges of human and medical rights of IDPs. Efforts must be made to ensure disarmament and encourage local cooperation and reintegration. This is in line with the Democratic Republic of the Congo (DRC) policy of Disarmament, Demobilization, Community Reintegration, and Stabilization Programme (P-DDRCS).⁷¹ The community-centred and community led approach would encourage the people affected by conflicts and the ex-combatant to see the need to cooperate for peace and development of their communities. The government also would assert its authority over territories with the cooperation of all actors.⁷²

The involvement of the people in finding solutions to the challenges of IDPs is very key. A wholesale solution being organized at

⁷⁰ Reports and Documents, 'Translating the Kampala Convention into Practice: A Stocktaking Exercise' (*International Review of the Red Cross*, April 1, 2017) <<https://international-review.icrc.org/articles/translating-kampala-convention-practice-stocktaking-exercise>> accessed 24th March, 2024

⁷¹ Andrew Solomon. 'African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa, Introductory Note by Andrew Solomon.' 49 *International Legal Materials* 1 (2010)83–100

⁷² MJ Faber, *Human Security from Below: Freedom from Fear and Lifeline Operations. The Viability of Human Security* (Amsterdam University Press, 2008) 149–78

federal level through the Nigerian National Emergency Management Agency (NEMA) with singular approach to all humanitarian challenges may not bring the necessary solution. Likewise, the authority of the National Commission for Refugees, Migrant and Internally Displaced Persons (NCRMI) to coordinate and manage the affairs of IDPs across the country may not take peculiarities of the challenges into question. It is therefore suggested that a national dialogue such as the, National Framework for Return, Reintegration, and Relocation of Displaced Persons in 2019⁷³ is a necessary instrument in finding lasting solution to the challenges of IDPs. This will not only bring to fore the peculiarities of each affected groups, it will provide an avenue to aggregate tangential information towards nipping in the bud nefarious activities that led to the humanitarian crisis in the first place as a tool to address internal displacement and resolve IDP situations.⁷⁴

The lessons learned in the areas of ratification or accession and incorporation in domestic law are perhaps predictable for any public officials or other experts who have worked on treaty domestication, but are nonetheless important. First and foremost, experience across Africa confirms that it is crucial for States to take action on ratification or accession and domestic implementation of the Kampala Convention before a crisis occurs that would result in internal displacement. Regardless of the causes of internal displacement in a given situation, it is rare that it develops slowly enough to allow policy makers and lawmakers to respond in real time by putting appropriate laws and policies in place.

8. Prospects for the Medical and Human Rights of IDPs in Nigeria

Despite the challenges being faced by IDPs in Nigeria in terms of protection of their human and medical rights, there are prospects for better protection of these rights. Some evidences of this conclusion is to be found in certain activities of government which point to some political will, efforts at curbing corruption, more financial commitment and development of institutional and legal frameworks for the protection of IDPs. It is crucial for States to take action on ratification

⁷³ *Ibid*

⁷⁴ Sudan Tribune, 'South Sudan's Kiir Directs to Vacate Newcomers From IDPs' Land' *Sudan Tribune* (Khartoum 10 December 2018) <<https://reliefweb.int/report/south-sudan/s>> accessed 24th March, 2024

or accession and domestic implementation of the Kampala Convention. Nigeria took practical steps in making this a policy document in 2012 which has been updated although belatedly ten years after in 2022.⁷⁵ The country has further amended the National Commission for Refugees Act to accommodate the IDPs.⁷⁶ The experiences of the past decade has shaped Nigeria's readiness to tackle the challenges of IDPs and meeting their needs. This is reflective of the review of the National Policy on IDPs, the enactment of the North-East Development Commission (Establishment) Act⁷⁷ and the passage of the National Commission for Refugees, Migrant and Internally Displaced Persons Act, 2022 (NCRMI Act).

There are also good prospects in certain areas where attention is being given to IDPs. The Humanitarian Coordination Forum and its sector-specific working groups are active at the federal level and in many of the states in the north-east, including the three states most affected by internal displacement (Bornu, Adamawa and Yobe).⁷⁸ The Coordination Forums have helped to improve regular information exchange between all stakeholders involved in protection and assistance for IDPs.⁷⁹ If this effort is sustained and adjusted to the dynamics of the challenges of IDPs, there would be so much progress made in ameliorating the plight of IDPs, especially as regards their health challenges.

In addition, considerable efforts have been made by national stakeholders, with support from the International Organisation for

⁷⁵ I Ogunyemi, 'Nigeria Rolls-out National Policy on IDPs, Humanitarian Open House' *Tribune Online* (Lagos April 2022) <<https://tribuneonline.ng.com/nigeria-rolls-out-national-policy-on-idps-humanitarian-open-house/>> accessed 25th March 2024

⁷⁶ Sunday Aborisade 'Buhari Signs Bill to Establish Research Agency for Nigerian Military, Others into Law' *Thisdaylive* (February 16, 2023) <<https://www.thisdaylive.com/index.php/2023/02/16/buhari-signs-bill-to-establish-research-agency-for-nigerian-military-others-into-law>> accessed 25th March 2024

⁷⁷ Act No. 7, 141 vol. 104 123-138

⁷⁸ International Community of Red Cross (ICRC) (n 136)

⁷⁹ *Ibid*

Migration (IOM), to implement the Data Tracking Matrix.⁸⁰ This tool has provided a reference base line of the number of IDPs in the north-eastern region of the country, enabling more informed programming. Further efforts are being made to ensure accurate data in areas that are harder to access for security reasons. This has assisted the institutions concerned to make adequate budgetary appropriation to meet the needs of IDPs. It has also assisted the humanitarian donors to coordinate with relevant government institutions towards meeting different supply needs of IDPs. Accuracy of data has enhanced medical care and sanitation with effective coordination.

Nigeria has also developed a respectful and professional screening process used to guarantee security in the majority of the IDPs camps in Yola and Maiduguri.⁸¹ In particular, female IDPs are screened by female police and female members of the Civilian Joint Task Force, with a view to ensuring respect for IDPs' dignity and integrity.⁸² Also, in Nigeria the establishment of police units responsible for law enforcement activities within IDP camps in Yola and Maiduguri (including solving disputes among IDPs, such as theft, marriage-related issues and others) is a good example of a community-based initiative. These police units are composed of police officers who are themselves displaced, and thus reproduce the structure that was previously in place in their local government areas.⁸³

In terms of what the future holds, it is likely that the protection of IDPs' rights may still not be adequate. In low-income countries like Nigeria, the health sector is quite vulnerable, as competence and

⁸⁰ UN Migration, 'Concrete Solutions Needed to Address Climate Migration in the Mediterranean Region: IOM' (*International Organization for Migration*, June 23, 2023) <<https://www.iom.int/>> accessed 20 March, 2024

⁸¹ *Ibid*, 410

⁸² E Gamard and E Gamard, 'Women and Girls in Internal Displacement' Report Calls for More Gender-Disaggregated Data Impact' (IMPACT Initiatives 2020)<<https://www.impact-initiatives.org/what-we-do/news/women-and-girls-in-internal-displacement-report-calls-for-more-gender-disaggregated-data/>> accessed 25th March, 2024

⁸³ Luis Miguel Carrilho 'Peace Operations: The Role of United Nations Police in Internally Displaced Persons'(2020) 10 Center of Excellence for Stability Police Units 26 <<https://www.coespu.org/articles/peace-operations-role-united-nations-police-internally-displaced-persons>> accessed 25th March, 2024

integrity are undermined by poor working conditions and weak systems. Corruption in the country's health sector manifests itself in different ways like offering bribes and diverting patients to private clinics which are usually accepted as normal. A good approach is for researchers and policymakers to agree on what corruption is and how it can be curbed given that measures designed to stop it from happening do not differentiate or distinguish between illicit practices, corruption and poor governance.⁸⁴

9. Conclusion

Internally displaced persons (IDPs) face significant medical and human rights challenges in Kenya, Republic of Cameroon, Ethiopia, and Congo. These challenges include limited access to healthcare, inadequate living conditions, and vulnerability to violence and exploitation. The situations in these countries highlight the need for urgent attention to the medical and human rights of IDPs.

The experiences of IDPs in these countries also offer valuable lessons for Nigeria, which has its own IDPs population due to conflicts and natural disasters. Nigeria can learn from the successes and failure of these countries in addressing the medical and human rights of IDPs.

Ultimately, addressing the medical and human rights of IDPs requires a multifaceted approach that involves government, humanitarian organizations and local communities. It is crucial to prioritize the needs of IDPs and ensure that they receive adequate medical care, protection, and support to rebuild their lives.

10. Recommendations

This paper recommends the need to do the following:

- i. Ensure access to healthcare: Governments and humanitarian organizations should work together to provide IDPs with access to quality healthcare services, including mental health support and reproductive healthcare.

⁸⁴ A Odii, 'Corruption in the Nigerian Health Sector Has Many Faces: How to Fix It' (*The Conversation* 9 July, 2018) <<https://theconversation.com/corruption-in-the-nigerian-health-sector-has-many-faces-how-to-fix-it-99043>> accessed 25th March, 2024

- ii. Improve living conditions: IDPs should be provided with adequate shelter, sanitation, and hygiene facilities to prevent the spread of diseases and promote dignity.
- iii. Protect IDPs from violence: Governments and humanitarian organization should take measures to protect IDPs from violence, exploitation, and abuse, including establishing safe zone and providing security personnel.
- iv. Support IDP Participation: IDPs should be involved in decision-making processes that affect their lives, including planning and implementation of medical and human rights programs.
- v. Address specific needs: Medical and human right programs should address the specific needs of vulnerable groups among IDPs including women children, and persons with disabilities.
- vi. Collaborate with local communities: Governments and humanitarian organizations should collaborate with local communities to provide medical and human rights support to IDPs building on local knowledge and resources.