Camping Condition and Casual Status of Insurgency Survivors Living with Disability in Internally Displaced Persons Camp in North Eastern Nigeria: a Case Series

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Abstract

Background: In a developing countries such as Nigeria, logistical and resource scarcity can make the unique needs of the internally displaced persons (IDPs) living with disability to be placed lower on the priority list of the welfare of the IDPs in the camps. **Purpose:** This report describes the living situation in one camp and the casual physical status of survivors of insurgency attacks who were living with physical impairments and disability in another in North Eastern Nigeria. **Methods/Case Description:** Dalori camp in Maiduguri, Borno State and Kura Reta camp in Damaturu, Yobe State were visited and assessed, and eleven IDPs officially listed as PLDs in Damaturu camp were surveyed for their sociodemographic and pre-displacement medical condition, present health challenges, access to places in the camp, and permanent resettlement preferences and plan. They were also screened for mobility and other functional aides needs. **Findings/Outcomes:** Internally displaced PLD were children or adults who have either lost a limb, or have discrepant leg length or are with deforming integumentary disorder. Disbaled IDPs do not have prosthesis or orthotic devices, are improperly fitted with gait aides, experiences restrictions in camp, may be at risk for complications or overuse injury and none have been referred to psychological or social services. **Conclusion and Implications:** IDPs with disability in this camp are vulnerable group with unmet or inadequately met medical rehabilitation and social services need, and may be at risk for marginalization and social exclusion.

Keywords: Internally displaced persons, Disability, Impairment, Terrorist insurgency, Nigeria

Inroduction

A general believe is that what started as a religious uprising or riot by a religious group in 2009 was what later cascaded into a full blown terrorist insurgency around 2011. Boko Haram insurgents were mainly restricted to the Northeastern Nigeria, and there activities were characterized by total ransacking and occupation of towns and villages in two Northeastern states of Nigeria up till 2014. Anecdotal reports show that insurgency survivors sustained injuries stumbling on land mines or Implanted Explosive Devices, or following suicide bombing attacks in areas of heavy human traffic.

Victims of insurgency who survived attacks are often hosted in another community in internally displace persons (IDP) camps. Some are however hosted by family and relatives in major towns and cities while some others lived in rented houses in the host communities. In many parts of the Northeast, it was a common practice to host IDPs in temporary camps in elementary and secondary schools class rooms sometimes for more than two years in Borno and Yobe states, before they were later moved to the camps sites constructed for the purpose, beginning from 2014.

It is estimated that over 20 thousand lives have been lost, while over 2 million are displaced due to terrorist insurgency (Majidi Hennion Dadu & Naimi 2015). While in the camps, survivors are expected to be provided with basic needs including food, medical care and be allowed independent living (Stein & Lord 2011), anecdotal report shows that the living condition of the IDPs can be described as not so good. By some accounts,

children in the camps have been reported to be malnourished and food supplies are often inadequate, living many to resort to begging outside of the camp. It is a general belief that apart from the basic medical services available in the health clinics, the comprehensive welfare and psychosocial services for the general well-being and quality of life of the IDPs is not available.

One of the largest camp for the IDPs is located in Dalori, Jere Local Government Area of Borno State. This camp hosts over 27,500 IDPs out of whom approximately 5000 are children 5 years and under. In this camp, IDPs sleep in tents each of which houses up to 13 IDPs, with families and relatives often placed together. These IDPS were provided with food mostly rice and sometimes with millet and beans, and they were also provided with ingredients to prepare their food including oil and tomato pastes in cans and sachets. Twice daily insurgency survivors were expected to cook in a central kitchen and feed themselves in their tents.

In Dalori camp, two medical facilities: the Air Force Sick Bay and another facility for the IDPs were located adjacent to each other. Each of the medical facilities has a female ward, a male ward, a children ward and a Gynecology or maternity ward with doctors and nurses providing services. A laboratory and a dispensary also exist but no medical rehabilitation experts or psychologists or social work facilities is available in the camp. The Nigerian Air Force sick Bay is a medical emergency site that provides services for the military personnel, while the civilian medical facility takes care of the needs of the IDPs.

There were 5 cooking areas in the camp and cooking were done in multi-family groups and latrines and bathing enclosure were provided and scattered close to the perimeters of the camp. There are water points connected to each borehole and water tanks that serves as reservoirs in each water points. During the day, IDPs congregates under the trees, outside of their tents, and in demarcations with roof protections that also serves as their mosques. Children were found in groups playing but there were no specific play areas. The entrance to the camp is manned by civilian volunteers and a camp commandant who is a military personnel. There are architectural barriers such as steps and no ramps to access the medical centers, the water points and the toilets and other convenience areas. Less able bodied IDPs in Dalori camp therefore presumably face challenges accessing water points, food distribution points, latrines, and offices.

Kuka Reta camp is located in Damaturu, the capital city of Yobe State and has a population of 17,352 IDPs from Boni Yadi town in the same State. This camp has one school, toilets and 3 boreholes constructed by UNICEF, State Emer5gency management Agency and United Nations Development Programme. Medical facilities exist with male, female and children ward, a lab services office and a dispensary. Food erre allocated to family groups and cooking were done separately by each family groups. As in Dalori camp, there were no ramps to access the medical centers, water points and convenience areas. United Nations Population Fund (UNFPA), Medicien Sans Frontiere were the non-governmental organizations present in the camp..

Most camps harbour able bodied men and women, children and adolescents as well as non-able bodied persons. However, the number of IDP's living with impairment, functional limitation and disability is unknown. How those who live with disability are coping with camp life, especially in regards to their access to facilities and conveniences including showers, water points and services, is unclear. Presently there is no empirical data on the living condition of insurgency survivors in IDP camps. The primary purpose of this report was to describe the casual status of 11 survivors of insurgency attacks who are IDPs living with physical impairments and disability in a camp.

Case Reports

Case 1

A 50 years old house wife originally displaced from Goniri village Yobe state who sustained fracture during an insurgency attack. This survivor was status post Open Reduction Internal Fixation following multiple fractures at the lower extremities and tibia plateau fracture. She reported particles from bomb blast was lodged in her limb and underwent skin grafting operation. She presented with stiff knees and bilateral ankle contracture. She currently walks with a walker. Patient had prior medical history of conductive deafness of the bilateral ears and mental condition and patient presently lives with her brother in Damaturu but is officially registered as an IDP in the camp.

Case 2

A 31 years old male, married, completed secondary school and was a resident of Damaturu who drove commercial tricycle. This insurgency survivor lost one leg due to bomb blast and status post below knee amputation. His incision wound was still healing and he walks using crutches with difficulty. He reported no previous disability and stated not everywhere in the camp

was accessible to him. This insurgency survivor needs ambulatory aid, has no prosthetic limb, and will benefit from gait training.

Case 3

A 25 years old male who had quranic education and was a trader and resident of Damaturu who sustained multiple fractures on his lower extremities following a bomb blast. This survivor is status post orthopedic surgery and skin grafting. He presents with knee joint range of motion limitation as a result of prolonged knee immobilization and post surgery complication and now presenting with leg length discrepancy. Reported no previous disability and health challenges but lost his child and money to insurgent. Survivor was referred to physiotherapy after surgery and discharged, and now walks with a cane and reported not everywhere in the camp was accessible to him.

Case 4

A 20 years old single female who lived with her parents in Boni Yadi town, and was unemployed at the time of attack. The survivor reported she lost a limb during a bomb blast and status post below knee amputation. She denied any prior medical problem and presently walks with crutches. This survivor complained of pain at the armpit with crutch use and also reported not everywhere in the camp is accessible to her. She denied any provision to meet her specific need. Verbalize her desire to continue her education, desires 'empowerment' and also expressed her desire to be resettled in the same town.

Case 5

18 years old male secondary school leaver and trader with leg length discrepancy. This insurgency survivor denied any previous health challenges. Reported not everywhere in the camp is accessible to him and denied provision to meet his specific needs. He needs a cane and orthosis to correct or minimize the discrepancy in the limbs. The survivor expressed his desire to continue with his previous job because according to him, he has already re-established himself in his previous job.

Case 6

A 13 years old male secondary school boy who lived with her parents in Boni Yadi town, sold pure water before displacement. This IDP reported no pre-existing medical condition, lost a limb during the insurgency attack and was status post transfemural amputation. He presently walks with crutches but believes he needs a cane and denied any provision to meet his specific need. Patient reported not every where is accessible in the camp, and may benefit from ambulation training for safety and for efficiency. He wants to continue his schooling and resettle in his former community to sell pure water.

Case 7

A 13 yrs old male child adolescent was in secondary school before he lost a limb while walking with his friend as a result of a bomb blast. This survivor reported no prior medical condition and also reported right eye vision deficit as his major health challenges. He reported everywhere in the camp is accessible using roller scatter for faster mobility, but sometimes uses crutches. Survivor is presently attending a school for the disabled.

Case 8

11 years old male who was enrolled in Islamic instruction school and was also a sales boy prior to insurgency attack. This survivor sustained injury due to bomb blast and was status post mid tarsal disarticulation. Use roller scatter to hasten mobility in sitting position, and wound was still fresh but healing. This insurgency survivor reported not everywhere in the camp was accessible to him. He may benefit from orthopedic boot. Currently attending disabled school inside Damaturu.

Case 9

A 5 years old male child who sustained severe burn on both hands while inside her room, as a result of bomb blast. Parent reported no any other medical condition and no previous disability. Child is presently unable to use his hands and is fed by parents. Child is expected to benefit from medical rehabilitation services to regain some hand functions.

Case 10

A 2 year old female child who sustained burnt injuries on both hands and presenting with wrist joint contractures. Child experienced severe difficulty using the hands secondary to inability to grasp or grip. Parent denied patient has any prior medical condition. Child is expected to benefit from medical rehabilitation services to facilitate functional use of the hands.

Case 11

A 2 years old male child living with his father in the IDP camp. This child sustained a burn injury following a bomb blast and present with contractures on both ankles. No prior medical condition was reported by parents.

Discussion

The six Northeastern states of Nigeria together constitute the largest geo-political zone with a population of 26,263,866, land mass of 280, 339 square kilometers

(National Bureau of Statistics, 2016) and also the most economically disadvantaged and medically underserved n the country (National Population Commission 2014). This report shows that four adult survivors of insurgency attacks experienced limb loss, one has midtarsal disarticulation and one of them have amputations with wound not fully healed. Only one of the survivors with limb loss has a prosthesis and this prosthesis is seldom donned on a consistent basis. Two of the IDPs have leg length discrepancy as their major problem. Three of the disabled were children two of whom suffered burns and were unable to make functional use of their hands. Only one of the adults living with disability and none of the children or adolescents had any prior medical history.

Although the IDPs with limb loss are able to move around, they still depend on others to access some places in the camp. Many users of crutches were seen to lean on their crutches thereby putting pressure on the armpit, rather than bearing weight on the upper extremities. The chest peace of the axillary crutches are not well padded and there are no padded grips on the crutches making them at risk for upper extremity problem due to non-proper use of their gait aids. Further rehabilitation need in form of residual limb re-preparation, prosthetic and pre-prosthetic training is indicated for the amputee IDPs.

Six adults IDP with disability have needs for wheelchairs for long distances but do not have any . Just as veteran upon return from wars, it can be presumed that survivors of insurgency attacks are at risk for post traumatic stress disorder, given their experience during an attack and other survivors' accounts. The identified needs of the IDPs may however not only be for medical and medical rehabilitation, but also for stigmatization and discrimination faced by the disabled in the camp and ultimately in society. Social and mental health services were not available at the camp at the time of this report.

IDPs are vulnerable people and those with disability face double vulnerability (Norwegian Ministry of Foreign Affaire 2012. Lord & Stein 2011). Given the personnel that are available for services in the camp, it is conceivable that the IDPs have not received an all inclusive and comprehensive assessments and services available in most camps in contemporary world (Stein & Lord 2011). Just as it is plausible that the general administration of the camps in this study may not be based on the accepted principle of right-based and inclusive approach that considers accessibility, independent living and age, gender and diversity awareness (Women Commission for Refugee women and Children 2008).

Conclusion

Internally displaced PLD were children or adults who have either lost a limb, or have discrepant leg length or are with hand deformity. Disbaled IDPs are more than likely to not have prosthesis or orthotic devices, are improperly fitted with gait aides, experiences restrictions in camp and may be at risk for complications or overuse injury and post-traumatic stress syndrome in the future. Most IDPs with impairments and disability were not currently receiving any medical rehabilitation therapy, and none have been referred to psychological or social services, and would prefer to be resettled in their Local government of origin. IDPs with disability in this camp may be facing double vulnerability, evidenced by unmet or inadequately met medical rehabilitation need, and uncertain future economic condition that may spiral into destitution due to their impairment and limitations. Future retrospective studies to ascertain the emotional, psychological, and economic losses due to insurgency is warranted.

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