Chapter 15
Media Advocacy:
A Strategy for Addressing Health Concerns in Internally Displaced Persons (IDPs) Camps in Nigeria

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ABSTRACT

Across the world, media has been used to promote policies, including those associated with general public health and those targeting vulnerable groups such as internally displaced persons (IDPs). Since 2002, North-eastern Nigeria has suffered immensely from the Boko Haram insurgency causing thousands of deaths and the displacement of persons. Drawing on secondary data and employing descriptive analysis, the chapter discusses the common health crises IDPs in Nigeria face and addresses how media advocacy can be adopted in improving better health interventions for IDPs in Nigeria. The study found that the poor health care interventions in IDP camps are direct reflections of the poor health system of the Nigerian state. It recommends media advocacy both for the immediate intervention of relevant actors especially the government in providing better health care for IDPs as well as the long-term interventions in the initiation of better health care policies for IDPs.

DOI: 10.4018/978-1-7998-0210-5.ch015

INTRODUCTION

The role of the media in shaping public opinion on social problems, protecting the interest of the public and strengthening the society cannot be underplayed nor over emphasized. As such, the use of the media for advocacy has been a long-time trend. One of the core assumptions of the use of the media for advocacy is that one of the root causes and sustenance of social problems such as health crisis and internal displacement amongst other human rights challenges is information gap. It is in the light of this that the media globally has paid salient attention to informing and empowering the public while mounting pressure on stakeholders on issues that affect the society through policy initiatives (Wallack, 1994).

Internal displacement is acknowledged as a global human right and humanitarian challenge. It is one of the social problems that have taken centre stage in both scholarly and political discourses globally. Akkoc (2016) lamented that the global displacement crisis is the worst it has ever been and currently remains more pressing than ever as a result of the ever-increasing re-occurrences of conflicts and insurgencies across the world. Every year, persons in their millions are forced to flee their homes in order to take refuge from persecution, natural disasters, human rights violations, conflicts and violence. An evaluation of the trends of the phenomenon reveals that global displacement figures have been on a steady rise in the past 20 years. The contribution of the Boko Haram insurgency in Nigeria to the global displacement figure cannot be overlooked (Olanrewaju, Olanrewaju, Loromeke, & Joshua, 2017; Duruji & Oviasogie, 2013). Over a decade of the insurgency has led to the highest numbers of IDPs in Nigeria after the Biafra civil war that took place between 1967 and 1970. This mass flight of people has attracted international attention and necessitated urgent humanitarian responses from concerned actors across the globe (Olanrewaju, Omotoso, & Alabi, 2018a). This is because, displaced persons are exposed to life-threatening risks and the violation of their human rights such as their rights to health (Olanrewaju, Omotoso, &Alabi, 2018b; Joshua & Olanrewaju, 2016).

Saliently, the right to health remains one of the fundamental human rights. Very specifically, the World Health Organisation's (WHO's) Constitution establishes that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition" (Ghebreyesus, 2017). Health rights have been enshrined into various regional treaties such as the European Social Charter in 1961, the African Charter on Human and Peoples' Rights in 1981, and the additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (the Protocol of San Salvador) in 1988. International human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1979 and the Convention on the Rights of the Child (CRC) in 1989 amongst others have also made commendable efforts to promote the health of IDPs. Furthermore, national constitutions all over the world are not also left out in this protection adventure.

It is needful to mention that international documents such as the Guiding Principles on Internal Displacement, confer the primary responsibility of caring for displaced populations on the national governments. Essentially, the right to health like other human rights imposes three different obligations on state parties which are: to respect and not interfere with the enjoyment of the right to health; to safeguard humans from all interferences that could infringe on their right to health and to fulfil the rights by taking affirmative steps to achieve the right to health (WHO, 2007). In spite of international and humanitarian struggles and efforts to protect the health rights of all humans including displaced persons, existing literatures have shown that the realities on ground as it relates to the attainment of the

aims of the treaties in terms of the health of the displaced groups are far from international provisions. This is because, globally, it is common place that displaced persons are exposed to health challenges like vector-borne diseases such as yellow fever and malaria and vaccine-preventable diseases (VPDs), malnutrition, gender-based violence, psychological trauma, sexually transmitted infections including HIV, unwanted pregnancies etc. (Ramirez & Franco, 2016). The health issues are however intensified by exposure to economic and environmental degradation, inadequacy of safe water, poverty, overcrowding, poor waste management and poor sanitation, poor nutrition, lack of access to safe water, absence of shelter, poor access to healthcare, disruption of immunisation routine and food shortages (Owoaje, Uchendu, Ajayi, & Cadmus, 2016).

Media projections and testimonies of the health situations of displaced persons living on camps in Nigeria are not dissimilar from the above discussed issues. However, despite the disturbing health challenges IDPs face in Nigeria, there is paucity of literature on the analysis of these health challenges. Furthermore, the role of the media in advocating for better health intervention amongst IDPs in Nigeria is also limited. Thus, while the right to health is continuous through all phases of internal displacement, this study focuses on the right to health during displacement. Using secondary data, this study gives particular reference to the health of IDPs in camps because the government and many of the collaborating international organisations direct most of their humanitarian assistance to IDPs in camps. It also interrogates and critiques the efforts of the Nigerian government and collaborating organisations in fulfilling or ensuring the rights to health of IDPs in Nigeria. This evaluation is imperative because the primary responsibility lies on every national government. Furthermore, the study argues that if the media has been an effective medium for the exposure of the health crisis of IDPs in Nigeria, then they should also be an adequate tool for the protection of their health rights. It is on this note that this study, lastly intends to provide essential information on how media advocacy can be explored to address the health crisis of IDPs in Nigeria.

METHODOLOGY

This study is qualitative in nature. According to Pope and Mays (1995), the research method helps with focusing and understanding social phenomena, human behaviour and felt needs, paying attention to the experiences of the participants. Furthermore, Faltermaie (1997) posits that in recent times, qualitative researches are accepted necessities in public health. Thus, this study is based strictly on secondary data, relying comprehensively on textual analysis of text books, journals, internet sources among others to find out the relationship between the displacement of persons and the health challenges they face, with specific focus on the Nigerian context. The essence of the focus on displaced persons living in IDP camps is based on the expectations that the government being a signatory to international treaties such as the Guiding principles on internal displacement- the dominant document for the protection of the rights of IDPs amongst others – will perform its obligations in protecting the health rights of IDPs within its jurisdiction or borders. The textual analysis of data which was anchored on human needs theory as the theoretical framework for the analysis of issues, informed the discussion, conclusion as well as recommendations of the study.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

This study is anchored on the Human Needs Theory (HNT) which was popularized in the works of Maslow (1943), Burton (1990), and Max-Neef (1991). HNT is based on the assumption that all individuals have needs that they make efforts to satisfy by relying on the system or using the system either by 'acting on the fringes' or acting as reformists or revolutionaries (Danielsen & Pró-Paz, 2005). Put differently, humans have essential, non-negotiable needs that must be met if their well-being in all ramifications of life must be attained (Marker, 2003). Therefore, when these needs of both individuals and groups are unmet and there are no alternative means of meeting them, then there is bound to be violence and conflict. This buttresses the argument put forward by Coate and Rosati (1988) that human needs are potent causes or explanations of both social interaction and human behaviours.

There are various formulations of human needs. While Maslow (1973) proposed that needs are in hierarchies, beginning from the need for food, water, shelter, safety, security as well as emotional needs such as self-esteem, love and self-actualization, Bruton (1990), also like Maslow, identified some needs but not in any hierarchical significance or order, Hertnon (2005) on the other hand proposed that human needs can only be classified as betterment and survival needs. Specifically, for Hertnon (2005), healthcare is one of the needs all humans require for their survival. These show that the concept of human needs is constantly evolving in the global quest for an integrated or universal framework for the betterment of human existence (Danesh, 2012).

In everyday life, humans encounter needs very frequently (Brock & Reader, 2002). Arising from the social contract between governments and their citizenries, governments have the roles of caring for and meeting public goods (Olanrewaju, Olanrewaju, Omotoso, Alabi, Amoo, Loromeke, & Ajayi, 2019). Government are the primary caretaker, solver of social problems and provider of services to its people. Therefore, public service institutions are created or established to attend to these essential needs for the smooth running of the society and the enhancement of the general welfare of the people (Olanrewaju, Omotoso, & Alabi, 2018b). Relating the HNT to conflicts and its effects such as displacement, Burton (1990) argues that neglected or unmet human needs cause groups or individuals to use all means including violence to meet or satisfy their needs. Saliently, quite a number of conflicts in Nigeria have been associated or linked to the human needs/socio-economic perspective model which is built on the premise that violence is the underlying result of unmet human needs. This theory is similar to the Frustration Aggression Theory of Ted Gurr which explains that when the value of material conditions increases or decreases, and expectations of material conditions do not match, a personal attitude or perception of relative deprivation leads individual to a political attitude of discontent and violence (Gurr, 1970). According to Kelman (1999):

Conflict is caused and escalated to a considerable degree to unfulfilled needs – not only material needs, but also such psychological needs as security, identity, self-esteem, recognition, autonomy and a sense of justice. Parties in conflict, in pursuit of their own security and identity and related needs and interests, undermine and threaten the security and identity of the other (as cited in Azcarate, 2011).

From the above, it is evident that unmet socio-economic challenges or needs are very significant causes of threats to the security and survival of both individuals and concerned countries. Some of the issues that have resulted in the inability of the government to meet the needs of citizens in Nigeria include corruption, poverty and poor state institutions.

Very evidently, one of the resultant effects of conflicts in Nigeria is the displacement crisis arising from insurgency, herdsmen clashes, ethnic, political and religious violence. The immerse number of displaced persons has made displacement remain an urgent challenge. In fact, the northeast geopolitical zone of Nigeria currently has the highest numbers of displaced persons due to the massive human rights violations and the fear resulting from the possibility of being attacked by the Boko Haram terrorists (Abimbola & Adesote, 2012). Olanrewaju (2018) argues that the evolution and existence of the sect can be dichotomized into two phases - the less violent phase (from 2002 to 2008) and the more violent phase (from 2009 to 2019). These two phases had various levels of impacts on the displacement experienced in Nigeria. During the first phase, there were little resort to violence which had limited impacts on displacement because the sect used individualised terror mechanism such as assassinations, drive-by shootings, handmade weapons, sticks and machetes (Comolli, 2015). On the other hand, from 2009, Boko Haram embraced a more violent and offensive terrorism approach (Bintube, 2015). During this phase, the sect focused on the use of more sophisticated weaponry that targeted larger populations. They attacked public centres such as relaxation centres, market places, garages, churches and mosques on worship days, health care centres and educational institutions leading to the death of thousands and displacement of millions (Cook, 2014). According to United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA, 2018), the crisis in North-eastern Nigeria still "remains one of the most severe in the world, where human rights violations continue to be reported daily."

Assessments of literatures on IDPs often take cognizance of the welfare that affects IDPs because present day conflicts intentionally involve civilian populations. Walter Kälin, the Representative of the Secretary General on Human Rights of Internally Displaced Persons, has noted: "IDPs are often the main victims of conflict and they often have specific needs" (Sultan, 2014, p. 16). Globally, displaced persons are in precarious situations and are often confronted with negative situations which include lack of access to basic needs such as healthcare, food insecurity, mal-nutrition, human trafficking, sexual abuse or violence, denial of justice descent sanitation and inadequate facilities for accommodation or shelter (Oloruntoba, 2018). As a result, IDPs ultimately depend on both government and other humanitarian actors such as NGOs, individuals, international organisations for supports and provision of their daily needs since they have been forced to abandon their homes and their means of livelihoods. Put differently, the Post-Cold War era has experienced a significant shift in the global perception and handling of issues that concern internal displacement caused by conflict. Although national government are the primary actors and often reiterate their commitment, evidences of the failure of national governments in delivering the needs of vulnerable groups such as IDPs have made it imperative for collaborations with international organisations, international non-governmental organisations, non-governmental organisations amongst other actors (Borton, Buchanan-Smith, & Otto, 2005; Mooney, 2004). In spite of these collaborations, Brundtland (2000) opines that humanitarian actors prefer to attend to the food, clothing and shelter needs of IDPs in line with Maslow's hierarchical placements or ordering of needs, leaving healthcare and other survival priorities unattended to, thus still exposing IDPs to risks.

EFFECTS OF DISPLACEMENT ON THE HEALTH OF IDPS

There are several health challenges that accompany displacement. They could be direct or indirect health issues. The direct ones are mostly incurred during the movement of the affected population, as they may be victims of armed violence resulting in injuries, psychological disorders and high blood pressure

amongst other issues. Indirect ones however can include malnutrition, malaria, infections, and fevers to mention just a few. The major health challenge among the IDPs of North East Nigeria are malnutrition, malaria and communicable diseases notably laboratory confirmed measles (Borno State Ministry of Health [BSMH], 2016). Communicable diseases like HIV/AIDS and tuberculosis are very rampant among IDPs (Brian, Lizette, Charles, Chika, Chiadichiem & Ogechukwu, 2016). Common health issues amongst IDPs are discussed below.

1. Malaria

Malaria is a major cause of mortality and morbidity among displaced populations (Brooks, Paul, Claude, Mocanu, & Hawkes, 2017). Malaria remains a major global health problem and the most important public health parasitic disease with the highest burden in sub-Saharan Africa. Democratic Republic of Congo (DRC) and Nigeria accounted for more than one third of the malaria attributable deaths globally (WHO, 2015). Not only do both countries suffer the malaria endemic, they both suffer from conflicts that resulted in displacement (IDMC, 2016). According to Ejembi, Ajumobi, Ibrahim, Ahmed and Olayinka (2018) and Spiegel, Hering, Paik and Schilperoord (2010), this shows that malaria thrives during conflict in malaria endemic countries. Shedding more light on this, Aribodor, Ugwuanyi and Aribodor (2016), argue that this prevalence is partially owing to the interruption of health control programs and the breakdown of health services. They argued that over 90% of all malaria deaths occur in Africa. Pregnant women, children and even unborn children are vulnerable to malaria. Being one of the commonest causes of global childhood mortality, it accounts for the estimated deaths of about 429,000 persons annually. In Africa, malaria in a year kills over half a million children that are less than 5 years old. Children under 5 years account for 70% of malaria deaths globally (Kenya, 2018). 25 percent of the world's malaria burden is accounted for in Nigeria. Regardless of advocacy on malaria prevention, it still remains one of the foremost killer diseases in Nigeria (Muhammad, Abdulkareem, & Chowdhury, 2017) and remains a major public health challenge in IDP camps. A recent survey of the factors leading to morbidity among IDPs in Borno State clearly indicates that malaria account for 44% of all cases (BSMH, 2016).

This is because IDPs are mostly vulnerable with no access to protective and preventive measures against it. The poor state of the camps cannot be dissociated from the prevalence of malaria amongst displaced persons. Put differently, malaria is very common because of the poor level of hygiene in the camps and presence of stagnant water in camp environments (Aluko, 2017). Other reasons include the difficulties in diagnosing malaria as most of the diagnosis of malaria are often recorded as fever especially in the absence of examination by qualified personnel due to their shortage or absence as well as the lack of mosquito nets in IDP camps, sales or even exchange of distributed nets for other necessities such as immediate need for food and income (Omole, Welye, &Abimbola, 2015).

2. Mal-Nutrition

Food undoubtedly is one of the essential needs of life with consequential effects of stunting and recurrent infections or chronic diseases. As important as food is to all humans, it is one of the major challenges or problems IDPs face during displacement. According to Adedibu (2017), one of the major problems IDPs in Nigerian camps face is the lack of adequate and proper food which has resulted in

starvation and acute malnutrition crisis. According to Suleiman (2017), malnutrition is a health condition that often occurs when a person does not have enough food to eat or when a person does not eat the right things, or is unable to use the eaten food. Disturbingly, Olanrewaju (2016) opines that the crisis of malnutrition is also persistent in camps where humanitarian aid is provided to IDPs. The excerpts below give credence to the inadequacies of humanitarian interventions and food shortages experienced by IDPs in camps. Below are excerpts of some conversations of IDPs with Suleiman (2017) in Nurses' Village Camp in Maiduguri, Borno State:

The food we get is not enough for us. Although they are trying for us, we are not feeding well. We only eat what we get.

We don't have any food at home, nothing for the baby to eat. I have to go and beg before we can eat.

I and my other five children survive on alms in the city. My husband is also begging for alms because we don't have anything to eat.

The stories are similar to those told by IDPs in the Muna garage camp in Borno State as reported by Umukoro (2016) on the prevalence of malnutrition and its consequences amongst IDPs,

Several children have died from starvation. About 40 old men who were rescued by the military recently from Sambisa Forest were brought to Gubio camps some few months ago. I was the one responsible for feeding them. But only two of them are left now, all of them have died because of hunger; we are suffering here.

According to one of the civilian JTF members in Borno State,

The major problem they have here is hunger, whatever your people can do to help them, please do. Many have died in the last five months in this camp due to lack of food and medical care.

In 2015, 98 out of the 450 persons who died in 28 Nigerian IDP camps were children. The camps recorded 6,444 malnutrition cases. In 2016 in the Bama camp in Borno state, 188 people died due to malnutrition and diarrhoea (The Punch, 2016).UNICEF, in 2017, announced and decried the bad health situation of about eleven (11) million children in Nigeria who mostly suffer from acute malnutrition. Much emphasis was placed on the North-Eastern and North-Western part of Nigeria, regions noted to be worst hit by conflict and displacement challenges in the country (Busari, 2018). According to a UNHCR report released in September 2017, about 5.2 million people in the North-East live in food insecurity. These people, including the IDPs in Adamawa, Borno and Yobe states are in dire need of food assistance (Aluko, 2017). No wonder hundreds of IDPs in Malkohi and Fufore camps in Adamawa state staged peaceful protests over the lack of food in their camps. The need for survival makes the IDPs in sizeable number go out of the camps to look for food for their survival (Agency Report, 2018).

3. Post-Traumatic Stress Disorder (PTSD)

Post-traumatic Stress Disorder (PTSD) is a psychiatric disorder that occurs in the aftermath of a person's exposure, experience or even witnessing terrifying events such as threatening, killing, kidnapping, and physical or sexual abuse, etc., that induce a serious hazard to an individual's life. Trauma is a psychological disorder resulting from severe mental or emotional stress or physical injury and impairs a person's daily functions. Children that have also been separated from their families or witnessed the death of loved ones are at increased risk of developing the disorder. PTSD is a main mental health effect of violence and conflicts. The Boko Haram insurgency has subjected displaced persons to both physical and psychological trauma. Both children, adolescents and adults are exposed to PTSD due to exposure to traumatic events such as incessant attacks by the terrorists, loss of family members, loss of home, sexual molestation, destruction of personal properties, loss of means of livelihood. Beyond this, escaping from the insurgency is more so a traumatic experience (Moses, 2016). The psychological distress also occurs in the post-conflict environment such as the IDP camps due to poor state of healthcare, separation of families, poor shelter, and lack of food. In this regard, protection as well as social and psychological assistance are urgently required to help IDPs to overcome PTSD (Adimula & Ijere, 2018).

4. Sexual Based Violence

Sexual based violence is a very common occurrence in every armed conflict. During conflicts, displacement and in humanitarian settings like IDP camps, girls and women are often vulnerable to sexual violence such as forced rape/sex, sexual abuse by an intimate partner, child sexual abuse and sex trafficking from the perpetuators of violence and even humanitarian actors (Wirtz, Glass, Pham, Aberra, Rubenstein, Singh, &Vu, 2013). The same has been the experiences of persons during the Boko Haram insurgency. Sexual violence has been adopted as a tactic of war like other terrorist acts. Human rights reports, national media and even humanitarian assessments have projected and published the critical prevalence of sexual violence arising from the insurgency. Boko Haram's abuses against girls and women include abduction, physical and psychological abuse, and forced marriage and rape bringing about unwanted pregnancies and sexually transmitted diseases such as HIV amongst most of the rescued women (Lord-Mallam, & Adejoh, 2018).

Sexual violence is also prevalent in the humanitarian environments such as IDP camps. In the camps, vigilante groups, military personnel such as the police, soldiers and other state security forces and camp managers have been implicated in various unprincipled acts of sexual violence against IDPs (Read, 2017). In other words, against the morals and ethics of the profession, security personnel also perpetuate sexual violence against those they are meant to protect despite escaping the brutality of Boko Haram. However, the Nigerian security forces refuted the allegations. Nonetheless, below are testimonies or accounts of the rape of girls and women by security personnel published by Amnesty International as cited in Cole (2016):

A 16-year-old Nigerian girl who narrowly escaped the Boko Haram attack, taking refuge in a camp testified of being drugged and raped by an official in charge of distributing aid. After which the officer fled the camp after she delivered him a baby.

The experience of 18-year-old Hadiza is stated below:

She'd been raped by a soldier after she was instructed to serve water to four security officers in their room. Three of the officers had left the room just in time for the last one to drag her into a separate room and rape her. Despite sweeping the episode under the rug and trying to keep a low profile, Hadiza claims that other soldiers marked her out and she was raped as many as 20 times in the camp. "Once they identified you as a girl they wanted to have sex with, they would hardly leave you alone a single day.

Very pathetic is the story of 14-year-old Falmata:

14-year-old Falmata had been kidnapped by Boko Haram from her home when she was only a primary school pupil. For the next three years, she was married off to a string of militants and had already lost a baby few days after birth before she even became a teenager. After a fortuitous escape, she ran into soldiers who took her to the Dalori Camp in Maiduguri. The same day after her arrival in the camp that was supposed to be her refuge from years of awful abuse, she was raped by two soldiers only hours apart. "They did it one after another. I'm not even sure those two knew about each other."

According to Cole (2016), the gap in protection of IDPs against sexual violence is caused by poor security coordination in the camps as well as poor states or environmental conditions in the camps such as inadequacy of food, lack of dietary needs and potable water, bringing about deficient nutrition. Thus, instead of receiving protection from the authorities, IDPs are forced to succumb to rape in order to avoid hunger and starvation. In fact, Toromade (2017) avows that girls and women from almost all the camps in Borno have reported survival sex in exchange for free movement in and out of camp and for food assistance. This posits that negative coping strategies such as child labour, early marriage, transactional sex and sex trade became very rampant to help households' access food and non-food needs such as shelter and commodities essential for their survival (Read, 2017). Despite positive developments in SGBV programming to protect concerned IDPs in Nigeria, sexual violence such as rape of minors, sexual violence, domestic violence, early marriage and sexual exploitation are still prevalent (UNHCR, 2017). Therefore, sexual health challenge amongst IDPs in Nigeria represents a pressing health crisis and requires sustainable investments in health systems.

FACILITATORS OF HEALTH RISKS AMONGST IDPS IN NIGERIA

There are a number of factors that promote health risks amongst IDPs. One is the limited availability or even the non-availability of health facilities for IDPs. During conflicts, health facilities are often targeted which restrict access of both displaced and non-displaced persons to basic health care. While the lack of presentation of IDPs themselves for medical treatments is recorded in some camps, in other camps the challenge is the absence of the needed medical infrastructures. For instance, in the earlier months of 2018, IDPs in different camps in Abuja (FCT) pleaded with the Federal Government and FCT Administration to briskly address the identified healthcare issues in the IDPs camps. Okogba (2018) revealed that the National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI) supplied health care services to camps in FCT in March 2018. The campers have however decried the nature of healthcare services since then, as IDPs especially children have suffered from illnesses such as malaria, diarrhoea and stomach aches. It is however evident that healthcare and other basic needs of IDPs are more prioritized by INGOs, NGOs and other non-profit bodies than the Nigerian government.

Conflicts also deter healthcare providers from working in these affected zones or other zones where they are mostly needed due to violence and insecurity. UNFPA (2017) posits that the risk of death is intensified in humanitarian crises that displace people, weaken community social support mechanisms and limit access to health facilities and workers to take care of the special needs of girls and women. According to WHO (2019), about 72% and 60% of the health centres in Yobe and Borno respectively have been damaged or even destroyed. The available centres are barely enough to meet the needs of the population in those places. One of the effects of this shortage of health facilities and sometimes lack of facilities for ante-natal and post-natal care services (Doctors without Borders, 2018), according to WHO (2019), a pungent effect of this, is the high rate of maternal mortality. The maternal mortality ratio in Borno and Yobe is as high as 1500 – 2000 per 100 000 live births compared to the national average of 576 per 100 000 live births. Under-five year old mortality is 192 in Borno and 240 in Yobe, which are both above the national average of 157. According to Omole, Welye and Abimbola (2015), some of the IDP camps lack facilities for pregnant women making most displaced persons give birth under risky conditions. Most of the maternal deaths recorded in the Adamawa camps have been caused by excessive bleeding and lack of adequate facilities. The non-acceptability or lack of use of existing health facilities is another cause of the poor health of IDPs. Some IDPs do not present themselves for treatments. Only individuals with major injuries often present themselves at the camp health centres for treatment (Omole et al, 2015).

The poor state of the camps is another factor contributing to poor health of IDPs. IDP camps are overcrowded, have poor sanitation, do not have insufficient ventilation and lack potable water which all have severe consequences on health of IDPs as there cannot be optimal delivery of health services without these basic needs (WHO, 2000). In accordance to this, Owoaje et al (2016) considered the inadequacy of the basic needs as compounding factors to several health challenges found among IDPs as they amplify the vulnerability and helplessness that engulf the different IDP camps especially in areas of health care provisions. In their report, Doctors without Borders (2018) affirmed that an estimated 6,000 people have to sleep in the open with no precautionary steps to protect them from heat, rain and mosquitoes. For instance, there is often continuous arrival of new displaced persons in camps. Many of these new campers have existing or have picked up a health challenge while in search of safety and security and camps often cannot provide the healthcare and shelter support expected at the rate the population growth. Below are some IDP testimonies documented by Aluko (2017) on some cases in the largest IDP camp in Nigeria which houses about 108,698 IDPs located in the Ngala community in Borno state:

My first child died in this camp. He had fever, cough and diarrhoea. "This boy is my second. He is coughing too and I am waiting to see the doctor. The weather in this area may be responsible for these coughing and breathing issues.

I don't know what caused the skin infections. It started 20 days ago and it pains me greatly, making me scratch my skin all the time. I don't have the appetite to eat. I don't have any idea what caused it.

These depict some of the numerous cases of IDPs who are exposed to malaria, cough, diarrhoea and acute respiratory disorders as a result of living in unhygienic camp conditions and the harsh weather. Despite the presence of government agencies and international humanitarian organisations providing healthcare and the implementation of the Health and Nutrition Emergency Response since February 2017

the health and nutrition situation amongst IDPs has deteriorated up to the current state of emergency (Doctors without Borders, 2018).

Healthcare is adversely affected by the absence of coordination between the Nigerian welfare systems and relevant legislation bringing about poor political, weak infrastructures, ill-distribution of the health work force, fragmented health service delivery, poor coordination amongst key players, inadequate financing and limited institutional capacity (Abdulraheem, Olapipo, & Amodu, 2012). While national governments have the primary obligation to cater for IDPs including their health needs, international organisations have also made significant support to protecting the health of IDPs by providing medical aids, medical supplies, medical personnel etc. to IDP camps. Significantly, the United Nations and a number of its agencies such as the UNFPA and UNICEF, continue to provide humanitarian aid to the conflict zones in Nigeria. Other international actors include FHI360, ICRC and the Medecins Sans Frontieres (doctors without borders). Also, regional organisations such as the Economic Community of West African States (ECOWAS) are not left out in these humanitarian adventure of providing medical help and easing the health problems of IDPs in Nigeria. Thus, the worsening state of healthcare services in IDP camps cannot be overemphasized and all pointers are directed towards the lackadaisical nature of the government institutions charged with the responsibility of ensuring good health and wellbeing in camps. Ultimately the government evidently lags behind in its responsibility to protect and uphold citizens' lives and dignity (Busari, 2018). In other words, it is obvious that there are existing institutional and legal frameworks enshrined in the 1999 Federal Constitution of Nigeria to provide for the needs of IDPs, however commitment to the operationalization of these regulatory frameworks by successive governments have been very poor or minimal. Hence, the need for media advocacy to amplify the weaknesses of government institutions and level of efficiency towards provision of good health and standard living condition for IDPs (Adewale, 2016).

MEDIA ADVOCACY AND THE PROTECTION OF THE HEALTH RIGHTS OF IDPS IN NIGERIA

One of the emerging strategies within the public health community is media advocacy which is concerned with how political behaviours are influenced and how public opinion is formed (Dorfman & Krasnow, 2014). The goal of media advocacy is to increase the news coverage of an event and increase public attention on specific issues by promoting healthy public policies through the strategic application of pressure for policy change. It focuses on policy makers rather than on the health behaviour of individuals (Wallack & Dorfman, 1996). This posits that media advocacy is done within the purview of long-term goals that can alter public health policy debates and media coverage in order to target public policy makers and other individuals or groups that can be mobilized to influence the decision makers (Jernigan, 1996).

The role of the media in promoting advocacy for the protection of the health rights of IDPs cannot be over-emphasized. Various media channels such as the television, the radio, the print media and new media technologies such as twitter and the Facebook have often been used for advocacy on a wide range of issues including the prevalent displacement crisis in Nigeria. Over time, the mass media, especially traditional ones have played key roles in the amplification of issues that need urgent attention across board. In recent times, the role of the new media too cannot be downplayed. Generally, within the auspices of mass media are documentaries, exclusive interviews, among others aired on national televisions, daily journals and news materials which have exposed the negative plights of IDPs.

In Nigeria, media advocacy has focused on diverse and wide range of issues such as education, political awareness, health, national unity etc. As regards the displacement crisis, there has been advocacy against GBV, mal-nutrition, food insecurity, various health issues as well as the general violation of the rights of IDPs. Consequently, media advocacy on health matters in country preferred to prioritize specific health challenges such as malaria, reproductive health, child and family health to the neglect of others with the hope of gaining media visibility. It is needful to mention that advocacy bothering around IDPs' welfare has been two sided. First, the media has been used by political figures and humanitarian agencies to advance, project and over amplify their interventions in IDP camps even when most times the interventions are barely enough to meet IDPs' needs. Thus, such media advocacy has been more of a political tool used by politicians and various humanitarian actors for advancing their own political goals which have not had much positive impact on IDPs' welfare. Furthermore, this brings about the distortion of information on the state of IDP camps. Secondly, media advocacy has been a tool used for the realistic evaluation and exposure of the state of IDPs' welfare. That is, it has made efforts to moderate public perception about the interventions of government and other humanitarian agencies vis-à-vis the needs of IDPs.

Schultz (2012) highlighted the strength of civilian media in the proliferation of informative materials to large audience and also how this could be beneficial to IDPs. In Nigeria, one of the key strategies for advocacy and the improvement of the living conditions of IDPs is citizens' reportage. Citizens' reportage refers to citizens' efforts towards collection, reportage, analysis and proliferation of news and information. Citizen reportage, in recent times is igniting a revolution in the existing mode of information dissemination through digital media. Local SMS, photo reporting, social media, to mention a few, are means used to carry out citizen reportage (Belair-Gagnon & Anderson, 2015). For instance, The United Nations and its agencies, considering the state of some IDP camps in the north east region and growing number of IDPs, projected the possibility of 5.1 million Nigerians in the affected area to face famine in 2017, a claim that Nigerian government refuted (Kazeem, 2016). The claims of the Nigerian government however could not beat reports from on-ground observers through citizen reportage especially social media which showed the situation of things in real time, hence the acceleration of emergency responses of organizations like the World Health Organization in the affected areas. There is an example of a tweet published by a citizen about the situation of things in Muna IDP camp in Borno State. It showed the picture of a malnourished child lying down. This tweet, as at the time of documentation, had over 702 retweets and 93 likes, which shows that more people are talking about it due to the media advocacy of the twitter user (Moroco @ibrahimu14). Furthermore, the conditions of living of IDPs in some camps in Abuja were exposed in a 2018 Aljazeera publication which captured the readiness of some IDPs to go back to their security threatened homes for the sole reason of dying in a more dignified state. According to Idriss Ibrahim Halilu, a spokesperson of Durumi IDP camp speaking with Al Jazeera, "there are 3,000 people in this camp alone. People have been here for five years. There is no food, no water, no healthcare and schools for the children. Life here is very tough and miserable" (Mohamed, 2018). This publication, being aired by a mainstream media house like Aljazeera, obviously rattled the national government and triggered response from NEMA Head Quarters, Abuja, the government and other stakeholders in providing all basic needs of the IDPs across the affected camps. Also, IDPs at Fariya camp in Borno state claim to have been side-lined by the government as they are being referred to as illegal IDPs. Their leader, in an interview with Vanguard, exposed how over 5,000 IDPs in the camp celebrated Eid-el-Fitr without living essentials. Key among the issues highlighted by the leader were malnutrition, lack of health care services and facilities, inadequate security, and so on (Vanguard, 2018). It is however

evident that mainstream media, especially private ones play major advocacy roles. No wonder, Wallack, Woodruff, Dorfman and Diaz (1999) opinionated on the importance of orientating citizens on the need to engage more in citizen reportage, especially in areas that further amplify issues as critical as the health status and living condition of IDPs. These cases above show that the media has performed the role of a watchdog as expected in every society as media advocacy has instigated some levels of intervention towards meeting the needs of IDPs. In other words, in line with the submission of Oyero (2009), media advocacy can help in improving the health of IDPs amongst other social concerns.

Nonetheless, there are more roles for media advocacy beyond just spotting the challenges to the performance of surveillance on pushing for better policy formulation and policy implementation. This is owing to the fact that media advocacy has not adequately addressed the health situations in the IDP camps. Very glaring are the issues of equality, affordability, effectiveness, accessibility, quality and efficiency which are the overall objectives of the health policies which are still persistent realities in most IDP camps across Nigeria (Muhammad, Abdulkareem, & Chowdhury, 2017). The reasons include inadequate health personnel, lack of political will amongst public office holders, corruption and poor funding. To achieve more results, media advocacy groups can take advantage of peak periods when viewership of such media are high for instance during the 8 pm news to place their information and sensitise the public towards pushing for better care for IDPs.

CONCLUSION AND RECOMMENDATIONS

This paper concludes that IDPs are vulnerable population that have critical public health issues that demand urgent attention. It is noteworthy that in certain climes, the full capacity of the media has been discovered and efforts are constantly being made to leverage on this in encouraging or compelling civil society organisations, national governments, and other relevant stakeholders in improving health, healthcare and living condition of IDPs. However, that is not the case in Nigeria. While media advocacy remains a major strategy for improving health interventions and policies, its use and impacts on the Nigerian displacement situation has been very minimal and negligible. Factors such as illiteracy, access, affordability and legislation amongst others, have restricted the full maximization of media advocacy in addressing health concerns of IDPs in Nigeria. The healthcare facilities and interventions in IDPs' camps are still worse depiction of the poor Nigerian health situation leading to the death of many displaced persons. The study therefore argues that in spite of the fact that media advocacy has achieved minimal results in protecting the health rights of IDPs and improving health policies in Nigeria, intensifying media advocacy at all levels of governance remains key in addressing the key health concerns of IDPs. The study also recommends that since the role of civil society organizations and the media cannot be overemphasized while creating an advocacy framework for IDPs' health, hence the need for a conducive atmosphere for good media reportage and civil engagements on issues that concern the IDPs. This would include repealing toxic legislations that place media personnel or media users in precarious positions, hence freedom of expression as stipulated by the Freedom of Information Act without any fear of suppression, clampdowns or arrests. Lastly, there is dire need of political will at all tiers of the government to tackle the various health challenges of IDPs in Nigeria, especially towards improving the living condition and healthcare services within the several camps distributed across the country which are mostly reputable for being inadequately equipped to meet the expectation required for assurance of good health and wellbeing as stipulated by the goal 3 of the Global Goals for Sustainable Development.

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