



Implications of Poor Feeding on Displaced Children in Adamawa Camp in Nigeria

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Abstract: The paper examines the implications of poor feeding on the displaced children by Boko Haram in North Eastern region of Nigeria using Adamawa camp as a unit of analysis. The paper used secondary data such as text books, journals and newspapers. The findings shows that most of the displaced children in Adamawa camp are in serious pathetic problems due to the way they left their houses without any adequate preparation as a result of the activities of Boko Haram insurgence, analysis of their camp situation indicate that some of them lack money to purchase basic necessity of life and the food provided lacks basic ingredient for growth and development of child as a result is creating problems to the survival of the displaced children leading to illness and death of many of them. Recommendations were made on how to improve the situation in the camp.

Keywords: Displace, Nutrition, Camp, People & Nigeria

1. Introduction

Internal displacement in Nigeria is a recurring and large-scale phenomenon and has affected most of the country's 36 states. Africa's largest populated country has seen many waves of displacement, both small and large scale, caused essentially by conflict, generalized violence, natural disasters and human rights violations. As at the end of 2014, of the global 38 million forcefully displaced by armed conflicts and generalized violence, Nigeria accounted for at least one million. Between July and October 2012, National Emergency Management Agency (NEMA) estimated in a published report that a total of 7.7 million people were affected by the flood disaster across the federation. Out of the affected population, 2.1 million people were internally displaced (IDPs); 363 persons died and 18,282 people were treated for injuries they sustained during the flooding. As at January 2014, about 165,000 people were displaced by both floods and conflicts in IDP camps in Nigeria. Having recognized that in Nigeria and elsewhere in the world, IDPs are amongst the most vulnerable populations (Daily Trust, 2016 & Akinsola, 1993).

It is against this background that this paper seeks to answer question of impacts of displaced children by Boko haram in North East of Nigeria, millions of children were displaced

which constitute tremendous effects to them, many of them are without families, basic necessity of lives are lacking this and many other issue is the major concern of this paper.

2. Research Questions

The following research question will be analysed:

1. What are the conditions of the displaced children in Adamawa Camp?
2. What are the implications of poor nutrition on the children?
3. What are the ways of improving their situation?

3. Objectives of the Study

The objectives of the study are as follows:

1. To examines the conditions of the displaced children in Adamawa Camp
2. To explores the implications of poor nutrition on the children
3. To suggest strategies ways of improving the situation

4. Literature Review

First, increasing violence, which often stems from competition for access to political power and access to

resources, as well as failure to address past socio-economic and political imbalances, injustices and inequities across the federation, continues to cause internal displacement in Nigeria. Second, the role of armed militant/insurgent/criminal groups as new agents in forcing people to flee from their habitual places of residence is also a significant trend, especially in areas where government security forces had little reach or capacity to combat such groups or deploy actual counter-insurgency operations. One of the latest largest waves of internal displacement took place in late December 2011, following a series of attacks by Boko Haram insurgents/armed groups and subsequent clashes with the army, which caused the displacement of about 90,000 people. Since January 2012, thousands of IDPs have reportedly moved and families split up in order for women and children to flee to safer areas outside the troubled north-eastern States of Adamawa, Borno and Yobe. In February 2015, the displacement tracking matrix of the International Organization for Migration (IOM) identified nearly 1.2 million IDPs living in the North-eastern States of Nigeria. In addition, NEMA registered over 47, 000 IDPs in central part of Nigeria. Another trend of displacement is the fact of protracted and neglected situations. Many of Nigeria's IDPs are believed to have been displaced for years due to conflicts, generalized violence and/or natural disaster and continue not to enjoy a number of rights, such as the right to an adequate standard of living. IDPs who return home soon after the event that made them flee their home are sometimes faced with the destruction of property, crops, infrastructure and acute ethnic and/or religious tensions, particularly in central and northern Nigeria. These adverse conditions prolong their situation of hardship, render them unable to access durable solutions following their displacement, and regain the full enjoyment of their rights.

More than two million urban Nigerians, particularly slum-dwellers and other marginalized people have been forcibly evicted from their homes since 2000. Most notable in Lagos, Abuja and Port Harcourt. These government-sanctioned evictions are usually carried out in the name of security and urban renewal programmes. In 2012, tens of thousands of people were forcefully evicted in Abonnema and Makoko slums in Rivers and Lagos States respectively. Further demolitions took place in 2013, mostly because of development programmes. The country ratified the Kampala convention on 17 April 2012 and rewrote the draft policy on IDPs in July 2012 to incorporate the provisions of the Convention. One year on, however, the Federal Government is yet to adopt the policy, and/or enact a domestic law to implement the Convention. The absence of such frameworks as a means of clearly defining roles and responsibilities has, and will continue to, hamper humanitarian and development efforts to mitigate the effects of internal displacement. They are also essential to a holistic approach in supporting IDPs' search for durable solutions, and in preparing for and preventing future displacement (Daily Trust, 2016).

Understanding the Framework for National Responsibility to Prevent Internal Displacement, Protect and Assist IDPs

through a national policy and implementing legislation for the domestication of the Kampala Convention in Nigeria National responsibility is fundamental to ensuring an effective approach to internal displacement. The fact that IDPs remain within the borders of their country means that it is their own State that bears primary responsibility for protecting and assisting them and for safeguarding them against forced displacement in the first place. This principle is affirmed in international standards, namely the Guiding Principles on Internal Displacement (1998), the African Union (Kampala) Convention on IDPs (2009), and regularly restated, both by the international community and by individual States. Although there exists broad consensus on the normative principle of national responsibility, realizing it often proves challenging in practice. For example, governments may lack adequate capacity to address internal displacement, especially if large numbers of people are involved, if they constitute a large percentage of the country's population, or if the displacement persists for several years.

The State's exercise of its national responsibility for IDPs, therefore, must be the basis for an effective response to internal displacement. It is not a matter of navigating around the principle of national responsibility but of being guided by that principle and consciously gearing all efforts to achieve an effective response. The primary role of the State is clear, both recognized in international law and regularly reaffirmed in international statements. Most notable is UN Resolution 46/182 (1991), Strengthening the Coordination of Humanitarian Assistance, which remains the normative basis for international humanitarian action:

The sovereignty, territorial integrity and national unity of States must be fully respected in accordance with the Charter of the United Nations. In this context, humanitarian assistance should be provided with the consent of the affected country and in principle based on an appeal by the affected country. Each State has the responsibility primarily to take care of victims of natural disasters and other emergencies occurring on its territory. Hence, the affected State has the primary role in the initiation, organization, coordination, and implementation of humanitarian assistance within its territory (Daily Trust, 2016; Babatunde, 2003).

USAID/FFP recently provided nearly \$18 million in assistance to address the emergency food needs of more than 150,000 IDPs and host community members in Adamawa, Borno, Gombe, and Yobe states. USAID/FFP is providing cash transfers and food vouchers to beneficiaries who have lost their livelihoods, thereby increasing household purchasing power, diversifying diets through improved access to food, preventing malnutrition, and supporting local market activity. In addition, USAID/FFP is supporting education on breastfeeding, dietary diversity, and IYCF practices (USAID, 2016; Hamiton, 2002).

USAID/FFP recently provided \$4.6 million to a partner organization to support emergency food assistance through cash transfers to more than 50,000 individuals in Borno State. The seven months of assistance will enable households to

cover their basic food needs until the beginning of the next planting season in March 2016 Health & Pamaretto (2005). The partner will also work with IDP women to prepare a fortified, nutritious porridge using local ingredients for children younger than five years of age and pregnant and lactating women, in addition to supporting nutrition sensitization activities. USAID/FFP has also provided more than \$25 million to the UN World Food Program (WFP) and NGOs to address urgent food needs of Nigerian refugees and conflict-affected households in Cameroon, Chad, and Niger Manandhaar, Krishna & Patoway (2008). Using a combination of cash and voucher programming, in-kind food assistance, and local and regional procurement, USAID/FFP is supporting food distribution, blanket and targeted supplementary feeding, and food-for-asset activities to improve the health and nutritional status of vulnerable populations. Despite successive gains by military forces in the region, Boko Haram violence in northeastern Nigeria and neighboring countries continues. International media report almost daily Boko Haram attacks since May 29, resulting in more than 200 deaths in northeastern Nigeria between June 27 and July 3 alone, according to the UN and international media. In addition, Boko Haram attacks in Chad's capital city of N'Djamena on June 15 resulted in 34 deaths and dozens of injuries. OCHA estimates that 4,700 civilians in Cameroon, Chad, Niger, and Nigeria died as a result of Boko Haram-related violence between October 2014 and June 2015. As of June, Boko Haram attacks had internally displaced nearly 1.4 million people—more than 1 million of whom are displaced in Borno State—in northeastern Nigeria, according to IOM's Displacement Tracking Matrix(USAID,2016& Olanipekun, Obatolu, Fasoyiro & Ogunba, (2012). This represents a slight decrease from nearly 1.5 million IDPs in late April to approximately 1.4 million by late June, following the return of 120,000 people to areas of origin in Adamawa (Vanguard, 2016 & Osei, Houser, Bukusu, Joshi, & Hammer (2010). According to international non-governmental organizations (NGOs) operating in northeastern Nigeria, some of those returning are moving toward their regions of origin, mostly to urban areas closer to their homes in Adamawa. Homes, infrastructure, crops, and livestock were destroyed or looted across swaths of territory due to the Boko Haram insurgency, leaving a majority of returnee households with little or nothing to return to, particularly in the absence of humanitarian organizations and basic service providers in many of the areas. In addition to internally displaced populations, approximately 168,000 Nigerian refugees and other nationals have fled to Cameroon, Chad, and Niger, UNHCR reports. Boko Haram attacks in neighboring countries have also caused significant internal displacement, including an estimated 81,700 people in northern Cameroon (USAID,2016 & Goon, Toriola, Shaw, Amusa, Monyeke, Akinyemi & Alabi, 2011).

5. Method of Data Collection

The method of data collection was that the paper used

secondary data such as text books, journals and newspapers.

6. Findings

6.1. Children Are Being Used Bombing

Many of the children suffer from plethora of bombing, some of them were detonate time bomb and carry them to where crowd of people are, leading to massive destruction of lives and properties of many innocent citizens.

6.2. Lack of Access to Good Drinking Water

New papers reports that more than 75 percent of the IDP camps in northeastern Nigeria lack hand-washing and drainage facilities and the number of people sharing toilets exceeds Sphere standards.

6.3. Lack of Access to Basic Health Services

Good and safe drinking water is lacking in all the camps, due to lack of provision basic infrastructural facilities in the Camp. Though many national and international donors have tried to provide them with water but the provision of this basic thing is still in short supply. Health care services remain inadequate in northeastern Nigeria, particularly in Borno where Boko Haram insurgents had destroyed at least 75 health facilities, the UN reports that over 5 million people are currently in need of health care in the region due to lack of access to good drinking water.

6.4. Emergence of Beggars

Many of the children who lost their parents resort to begging due to the fact that they don't have means of survival as a result many of them are expose to dangers such as prostitution, child trafficking and child labour which is affecting their lives UNICEF Policy Review(1990).

6.5. Lack of Access to High Nutrition Food

The National Emergency Management Agency said that about 450 children have died of malnutrition in 28 Internally Displaced Persons' camps in the state in 2015. According to them, about 6,444 severe cases of malnutrition was recorded in the camps, 25,511 have mild to moderate symptoms, while 177,622 among them were not malnourished. They attributed the large number of malnutrition to lack of access to highly nutritious foods in the camps. Poor feeding practices, such as inadequate breastfeeding, offering the wrong foods and not ensuring that the child gets enough nutritious food also contribute to malnutrition. "The food that is mostly served in the camps is always adults in nature which affect the health, growth and physical development of the children. Even if the children get enough to eat, they will become malnourished if the food they eat does not provide the proper amounts of micro-nutrients, vitamins and minerals to meet daily nutritional requirements WHO (1996) & Amosu, Degun, Atulomah, Olanrewaju (2011). The effects of inadequate nutrition and malnutrition include stunting and recurrent

infections or chronic diseases. Poor nutrition in terms of foods and feeding behaviours, especially during the first two years of life can lead to low immunity, significant illness, late development and death, government is partnering with an NGO, Community-Based Management of Acute Malnutrition (CMAM), in treating children with severe acute malnutrition in the camps Hakeem, Shaikh, Asar (2004) & Okoroigwe, Florence Chizoba, Okeke, Elizabeth Chinwe (2009).

7. Conclusion

The paper examined the implication of poor feeding on displaced children using Adamawa Camp as a unit of analysis, the findings revealed that Children are being used bombing, Lack of access to good drinking water, Lack of access to basic health services, Emergence of beggars, Lack of access to high nutrition food.

References

- [1] (Vanguard, 2016 21,February). 450 children died of malnutrition. Read more at: <http://www.vanguardngr.com/2016/02/450-children-died-of-malnutrition-in-28-idp-camps-in-Daily> Trust (2016, 29,June). Strategy of adopting internal policy on IDP. Read more at <http://www.dailytrust.com.ng/news/law/strategies-for-adopting-national-policy-on-idps/117501.html#EsZM5oTYLQzTa29d.99>.
- [2] Echo fact sheet (2015) Nigeria. Retrieved from <http://reliefweb.int/report/nigeria/echo-factsheet-nigeria-november-2015..>
- [3] USAID (2016) Nigeria-complex fact sheet. Retrieved from https://www.ecoi.net/file_upload/1788_1438002237_nigeria-ce-fs02-07-23-2015.pdf.
- [4] Akinsola, H. A (1993). *A to Z of community Health and Social Medicine in Medical and nursing*. Longman: Nigeria.
- [5] Babatunde, S. O. (2003). Socio-economic factors determining feeding pattern A school age children. *Nigeria School Health Journal* 1(5) 1-12.
- [6] Goon, T. D, Toriola L. A, Shaw S. B, Amusa O. L, Monyeki A. M, Akinyemi O. & Alabi, A. O (2011). Anthropometrically determined nutritional status of urban primary school children in Makurdi, Nigeria. *BMC Public Health*. Vol. 11: 769.
- [7] Hamiton, W (2002). Socio-economic status and food distribution. *Journal of Nutrition* 2 (17-27).
- [8] Health L. D. & Pamaretto S. K (2005). Nutrition status of primary school children in Townsville. *Australian Journal of Rural Health*. Vol. 13. Iss. 5 pg 282- 289.
- [9] Manandhaar N, Krishna G, & Patoway S (2008). Nutritional status of Primary School Children. *Journal of Institute of Medicine*. Vol. 30 No. 2.
- [10] Olanipekun, O. T, Obatolu A. V, Fasoyiro B. S & Ogunba, O. B (2012). Assessment of nutritional status of primary school children in Ibadan, southwest Nig. *Nutrition and Food Science, Vol, 42* Iss. 6.
- [11] Osei, a, Houser R, Bukusu S, Joshi T & Hammer D (2010). Nutritional status of primary school children in Garhwali Himalayan villages of India. *Food & Nutrition Bulletin; Vol. 31* No 2. Pp 221-233.
- [12] World Health Organization (WHO) (1996). Physical status: the use and interpretation of anthropometry. *Technical Report series 854*: Geneva WHO.
- [13] Amosu AM, Degun AM, Atulomah OS, Olanrewaju MF(2011). A Study of the Nutritional Status of Under-5 Children of Low-Income Earners in a South-Western Nigerian. *Community Current Research J. of Biol Sci.* 3 (6): 578-585.
- [14] Hakeem R, Shaikh AH, Asar F(2004). Assessment of linear growth of affluent urban Pakistani adolescents according to CDC 2000 references. *Ann Hum Biol.* 31, 282-291.
- [15] Okoroigwe, Florence Chizoba, Okeke, Elizabeth Chinwe(2009). Nutritional status of preschool children aged 2 - 5 years Aguata L. G. A of Anambra State, Nigeria. *Int J Nut Metab.* 1 (1): 009-013.
- [16] UNICEF Policy Review(1990). *Strategy for improved nutrition of children and women in developing countries*. Macmillan: New York: USA.