

PSI PARTICIPATORY RESEARCH

On building trade union capapcity to defend the human rights of internally displaced persons (IDPs) to quality public services in Nigeria. October 2018

PSI/



Introduction

SI affiliates in the health sector in Nigeria carried out participatory research on Building Trade
Union Capacities to defend IDPs' human rights to quality public services in Nigeria.

The report of the study looks at (a) the situation of Internally Displaced Persons (IDPs) in Nigeria especially gaps in the provision of quality services; (b) the status of frontline health workers in the IDPs camps, especially health and social care workers and (c) the gaps in the provision of sustainable quality public services in the context of the rights of the IDPs and at the same time government responsibilities to provide a decent work environment and social protection for frontline health workers in conflict situations in Nigeria.

This report is to provide advocacy points for the rights of IDPs to quality public services and, at the same time, assist trade unions in advocating for the rights of frontline health and social workers in the IDPs camps. In Nigeria, there is limited research that captures IDPs' issues in the context of their rights of access to quality public services. This research gives a strong voice in support of IDPs rights to quality public services and, at the same time, provides the necessary lead on advocacy against targeting health workers in conflict situations.

In Africa, Nigeria tops the list of countries with the highest rates of Internally Displaced Persons. Since 2009, the Boko Haram Islamic extremist group has affected 14.8 million people in the Northeastern part of the country, covering Adamawa, Gombe, Borno, and the Yobe State. The conflict has claimed an estimated 20,000 lives. As of 2016, an estimated 2.16 million people have been displaced. However, several factors contribute to internal displacements (climate change, natural disasters, conflicts, etc.). The ongoing attacks by Islamist extremist Boko Haram in the Northeastern part of Nigeria has seen many citizens forcefully displaced, with the vast majority now in IDPs camps. In contrast, the others moved in with their relatives in other parts of the country. However, the majority are in IDPs camps, where they rely on government intervention and humanitarian support from donor agencies and NGOs.





While the international community makes concerted efforts to forge a Global Compact on Migrants and Refugees in 2018, it gave very little attention to those forcibly displaced, equally vulnerable, but remain within the borders. Everyone must recognize the connection between internal and cross-border displacement. And both cases must enjoy equal attention. As the former UN Special Rapporteur on the Human Rights of IDPs has expressed, "Without fully addressing their human rights, needs, and internal protection, today's IDPs will be tomorrow's refugees, trafficked or smuggled migrants." This statement underscores the high vulnerability and the seriousness of the human rights situation of internally displaced populations.

Protecting IDPs' rights to quality public services, especially health and social care services, is a paramount priority in terms of rehabilitation, management, and reintegration of those who are victims of violence or have lost loved ones to the insurgency attacks.

The Government in Nigeria should be held accountable for these citizens who are already vulnerable and have limited choices.

Their health needs should not be the responsibility of humanitarian service providers alone, as this is unsustainable.

Further to this, the Government must protect frontline health workers' rights in conflict zones to decent work and social protection.

At the same time, invest in public services and working conditions that enable valuable workers to be retained and contribute to quality public services.

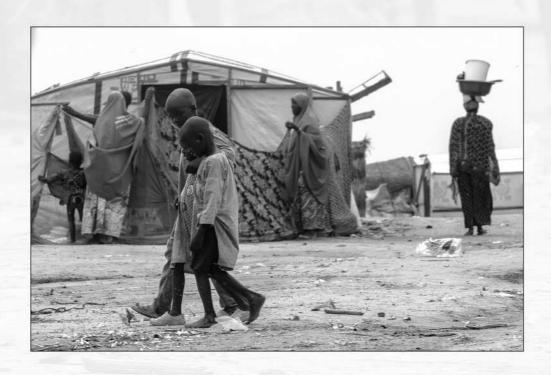


onflicts force many people to leave their homes. The extent to which people are displaced from their communities is an indicator of a war's severity. Weiss and Korn (2006).

The Internally displaced persons are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border" (UN Guiding Principles 2019).

The Federal Republic of Nigeria comprises thirty-six states, one Federal Capital Territory, 774 Local Government Areas. The Nigeria population estimate stands at over 196,000,000 people (world Bank Estimate). There are over 250 ethnic and linguistic groups. Nigeria has six geopolitical zones: North-West, North-East, North-Central, South-East, South-South, and South-West.

Nigeria is a lower-middle-income country and holds significant levels of wealth from oil and other natural resources. Nigeria's GDP rose from 2.5 in 1995 to 7.7 in 2011 (World Development Indicators, World Bank 2013)







According to the United Nations Global multi-dimensional poverty index report (2018), many Nigerians suffer from extreme poverty. The Northeast and the Northwest are the regions of Nigeria with the highest level of poverty.

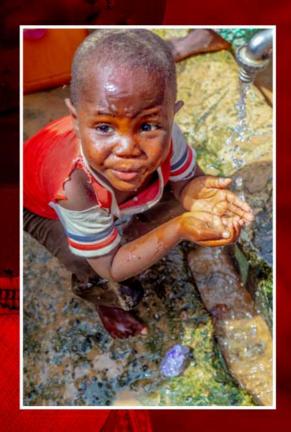
Yobe and Borno states are located in the Northeastern part of the country and among the country's 11 most impoverished nations. The Northwest recorded a poverty rate of 81.1% and the North East of 76.8%. Zamfara state in the North West has a poverty rate of 91.1%.

According to World Bank data, 131 million people estimated to be living in poverty (less than \$2 per day) in 2010, a rise from 113 million in 2004; 99 million were living on less than \$1.25 per day in 2010, compared to 84 million in 2004.

The Poverty situation is made complex by lack of public funding, poor infrastructure, conflicts, lack of social security for citizens, macroeconomic instability, low productive capacity, failing education sector, corruption, and lack of political will. The economic crisis has increased unemployment over the last decade, growing precarious work levels, anti-labour practices by the employers, employment freezes in the public sector, and non-payment of salaries.

These anomalies have resulted in deepening poverty and widening inequalities.

All these "underscore the need to reconcile fundamental goals of economic growth, productive employment, and poverty alleviation in Nigeria" (ILO 2012, p.3).



Gender inequalities

The society is patriarchal; this means that the Woman in all sphere has been the most affected by the economic crisis and widening income inequalities.

The majority of women work in the informal economy, unpaid care work, precarious and insecure forms of work, and endure unequal pay and working conditions.



Women experience discrimination daily due to customary and/or religious practices that impact their access to employment and decent work in the formal sector. Further to this, women's poor access to education results in a literacy rate of 41% compared to 58% for men.

Women are underrepresented in political decision-making, with the lowest representation of women in national elective and decision-making positions.

Nigeria is a signatory to several international treaties and conventions aimed at protecting and promoting the dignity and welfare of women - the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, 1986), ILO Conventions on Equal Remuneration (No. C.100), C111 on Discrimination, as well as the Beijing Platform of Action (1995).



Human Rights of **IDPs**

| Decent Work | Social Protection | Quality Public Servi | Social Dialogue |



Understanding the concepts of internal displacement

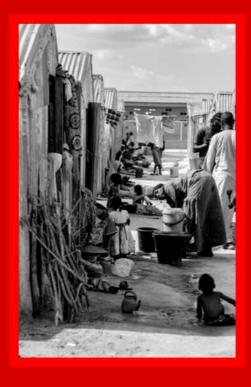
Internally displaced persons are "persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border" (Guiding Principles, Introduction, para. 2).

IDPs remain particularly vulnerable because they may be forced towards unhealthy or unwelcoming environments and may face other circumstances that make them especially vulnerable. In many instances, family groups are separated or disrupted. Women must assume non-traditional roles or face vulnerabilities. The displaced, including men, women, children, the elderly, the sick, the disabled even pregnant women, may experience profound psychosocial distress due to removal from their income and livelihood sources, making them even more vulnerable to a psychological breakdown.

Further to this, children and adolescents may not be able to go to school; they could also grapple with language barriers in their location of displacement and suspicions or abuse by the host community, armed combatants, or other parties to internal conflict. Another important factor could be the deprivation of access to international assistance by their Government. Internal displacement is often seen as an internal matter by the governments and may refuse any external interference in any form whatsoever based on the principle of national sovereignty.



Human rights of IDPs

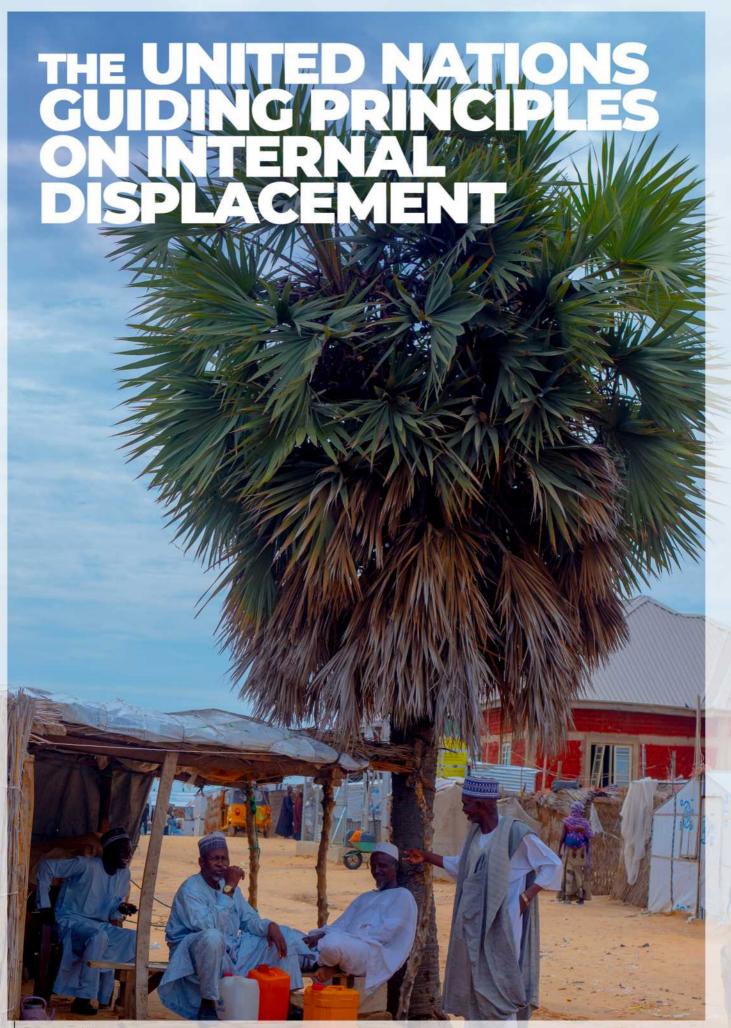




According to UN Guiding Principles on IDPs (2004), African Union Convention for the protection and assistance of Internally Displaced Persons in Africa (Kampala Convention 2009), and Nigeria policy on IDPs (2013), the internally displaced person should enjoy the same rights as other citizens in the country.

The national authorities should provide protection and assistance to them, considering their specific needs. A collaborative response system is advocated to recognize that no agency in the international arena has a mandate to protect and cater to IDPs.

The advocacy is vital because the authorities' inability or unwillingness to fulfil these responsibilities is often glaring in the absence of concerted efforts to attend to the IDPs' needs.



The UN Guiding Principles on Internal Displacement

Freedom of movement

- · IDPs should have protection against arbitrary displacement (GP 6).
- IDPs should not be arbitrarily interned or confined in camps (GP 12).
- · The IDPs should enjoy the freedom of movement and freedom of choice of residence (GP 14).
- The IDPs have the right to seek safety elsewhere in the country, leave the country, seek asylum, and be protected against forced return (GP 15).
- · It is the responsibility of authorities to support the return or resettlement of IDPs

The UN Principle on Non-discrimination

- Should apply to IDPs without any discrimination based on displacement (GP1).
- There should be no Prohibition of discrimination of any kind against IDPs (GP 4).
- · The Government should Protect IDPs against discriminatory arrest or detention
- · Government should prohibit discrimination against IDPs, in the enjoyment of political, civil, and social and economic rights (GP 22).
- IDPs should enjoy the right to humanitarian assistance without discrimination (GP 24).
- · The State should Prohibit discrimination against IDPs upon return or resettlement (GP 28).



Guiding Principle on Participation of IDPs

- Right of IDPs to request assistance and protection (GP 3).
- · Provision of information to those to be displaced and involvement in the planning and managing relocation (in non-emergency situations) (GP 7).
- The Government should ensure women's participation in planning and distributing essential supplies (GP 18).
- The IDPs have the right to participate in community and public affairs (GP 22).
- · The IDPs have the right to participate in the planning and managing return or resettlement (GP 28).
- The IDPs have the right to participate in public affairs upon return or resettlement (GP 29).

The UN Guiding Principle on Displaced Women

- Prohibition of discrimination against IDPs because of gender (GP 4).
- The Government should consult with displaced women in planning and managing their relocation (GP 7).
- · Protection against gender-specific violence (GP 11).
- · IDP should have full participation in the distribution of essential supplies (GP
- The Government should pay special attention to the health needs of women (GP 19).
- · Equal rights of women and men to obtain documentation (GP 20).
- · The Government should give full and equal participation of women and girls in education programs and access to education and training facilities (GP 23).

The UN Guiding Principle on Displaced Children

- Prohibition of discrimination against IDPs because of age (GP 4).
- · The Government should prohibit restriction to liberty, including forced labour, sexual exploitation, etc. (GP 11).
- The Government should prohibit recruitment, participation, or permission of displaced children in armed hostilities (GP 13).
- · Right of family unity and responsibility of authorities to facilitate reunification (GP 17).
- · The Government should provide the internally displaced children access to universal basic education. (GP 23).
- Access to educational and training facilities, particularly for adolescents (GP 23).

A central part of the PSI's work on building the capacity of trade unions to defend the human rights of IDPs to quality public services is to:

- 1. Provide an evidence base for trade union advocacy.
- 2. Identify and map IDP members and workers delivering public services to IDPs. and
- 3. Identify needs for union interventions, representation, and field information necessary for the unions in defining strategies for outreach, organizing social dialogue, bargaining, advocacy, and campaigns. Without these, The Government cannot achieve universal access to healthcare and the rights of workers to decent work and social protection will be unattainable.

Guidelines on decent work for frontline public emergency services workers

"Disaster" is "a serious disruption in the functioning of a community or a society at any scale due to hazardous events interacting with the condition of exposure, vulnerability, and capacity, leading to one or more of the following: human, material, economic, and environmental losses, and impacts." Disasters can have causes that are:

- a) Biological (such as epidemics),
- b) Hydro-meteorological (such as wildland fires, floods, landslides, avalanches, droughts, tsunamis, hurricanes, typhoons, cyclones, and tornadoes),
- c) geological (such as earthquakes, volcanic eruptions), and human (such as industrial accidents, conflicts, terrorist attacks).

Public emergency services are the Government-funded social services such as police, firefighting, emergency medical services, search, rescue, and evacuation services. Other services regularly called upon to respond in emergencies, such as health and social services, armed forces, security, and surveillance services, bomb disposal units, local governments, mortuary and body-handling services.



Ensuring decent work for frontline health and social care service workers in IDP camps.

The Government should recognize the critical role of employers' and workers' organizations in crisis response, considering the Freedom of Association and Protection of the Right to Organize: Convention, 1948 (No. 87) and the Right to Organize and Collective Bargaining Convention, 1949 (No. 98).

The Government should; Implement policies that aim to address obstacles to the full exercise of freedom of association and the right to collective bargaining; Conventions Nos 87 and 98, Workers' Representatives Convention, 1971 (No. 135), Labour Relations (Public Service) Convention, 1978 (No. 151), and the Collective Bargaining Convention, 1981 (No. 154).

The Government should: Protect workers against anti-union discrimination and take measures to eliminate other forms of discrimination in the Public Emergency Services sector; respect, promote and realize equality of opportunity and treatment for women and men; Equal Remuneration Convention, 1951 (No. 100); Equal Remuneration Recommendation, 1951 (No. 90); Discrimination (Employment and Occupation) Convention, 1958 (No. 111); Discrimination (Employment and Occupation) Recommendation, 1958 (No. 111).

Over the years, government funding for healthcare continues to depreciate with successive government regimes. Pro-poor expenditure and spending on social sectors are far lower than required by international agreements to which Nigeria is a signatory.

For instance, the African Union governments signed the WHO Abuja Declaration, a commitment by sovereign nations in the continent to spend 15% of its annual budget on the health sector. Currently, Nigeria spends less than half of the required expenditure level. Therefore, the Nigerian health system is weak and vulnerable, with an acute shortage of human resources for health.

PSI According to the UNDP Human **Teachers** Development Report (2015), Nigeria has 30,098 Primary Healthcare Centres, 3992 Village Secondary healthcare facilities, and 84 Tertiary healthcare facilities. Low level of funding for social and healthcare services is a major contributory factor to Nigeria's' inability to meet the commitment to achieve Universal Health Coverage (UHC) and International Labour As the participatory research Organization (ILO) universal social carried out for this report shows, protection floors. most public service workers providing services in IDPs There is, therefore, need for trade unions to camps in Nigeria do not enjoy an prioritize building the capacities of optimum level of decent working members to effectively be a voice in labour conditions. It is, therefore, and economic issues in the country. imperative that the Federal Government map out strategies to implement decent work in this sector. As the ILO posits, Decent Work Agenda should be an integral part of national development strategies and frameworks. It is not only crucial that the Government creates jobs, but also that the jobs are of good quality. They should secure the livelihoods of workers and their families and achieve gender equality.

Social Protection

he state and non-state actors' interventions to protect against poverty, vulnerability and risk are referred to as social protection. Nigeria's workers are unable to enjoy universal rights to social security and health as enshrined in the ILO objectives for the social protection floors initiative, and also in implementing the social protection under the United Nations 2030 Sustainable Development Goals.

Nigeria total social protection expenditure was only 0.4% of GDP in 2009; this stands for only 1.4% of total government expenditure (Hagen-Zanker and Tavakoli 2012). This spending is less than other sub-Saharan African countries. It is also far less than the cost of a basic social protection package of 3.9% of GDP on average for West African countries, as estimated by ILO in 2008. This low social protection floor implies that there is a 95% shortfall in funding required to finance the necessary social protection package. Social protection coverage in Nigeria (health insurance, pensions, unemployment protection and tax-based social benefits) is minimal. There is no comprehensive system for providing social welfare to the large proportion of the population that lives in poverty and unemployment (UNECA 2014).

The primary focus of Nigeria Vision 20:2020 (National Planning Commission 2009), was to map out strategies to guarantee the well-being and productivity of the people of Nigeria. Priorities cover the eradication of extreme hunger and poverty, access to quality, and affordable healthcare, sustainable access to potable water and basic sanitation, and accessible and affordable housing. However, resources are inadequate, and implementation is fragile.





Quality public services

According to PSI definition, quality public services are provided on the principle of universalism, are publicly funded, accountable and acceptable, and delivered with equality, dignity, and respect. Quality public services also offer high standards of services that involve the participation of members of the community and trade unions. They are delivered through fair taxation and are rooted in human rights, for example, the right to health, education, and water.

The health sector is "...plagued with problems" (NHIS 2010) with low efficiency and effectiveness, inadequate budgetary allocations, ineffective use of resources in running the health system, and unbalanced and inequitable distribution of resources. The National Strategic Health Development Plan is seen mainly as inadequate, and implementation is under-resourced (Holmes and Akinrimisi 2012). Another problem is that individuals bear the bulk of health costs through out-of-pocket expenses. There is poor access to quality public health services, as the private sector provides most services.



The federal government expenditure budget for 2018 is 8.6 trillion Naira, out of which the Government allocated 340.4 billion Naira to the Federal Ministry of Health. This allocation is a nominal increase of 10% above the 2017 budget, and overall, 4% of the total 2018 budget (FMFBP 2018). Total expenditure on healthcare is financed by the Federal Government from a mix of Government, private and external funding, with a disproportionate share of funding coming from out-of-pocket spending. Also, fewer than 5% of Nigerians have health insurance coverage (WHO Health Statistics, 2013). This budgetary allocation does not bode well for the implementation of Universal Health Coverage (UHC) in Nigeria.

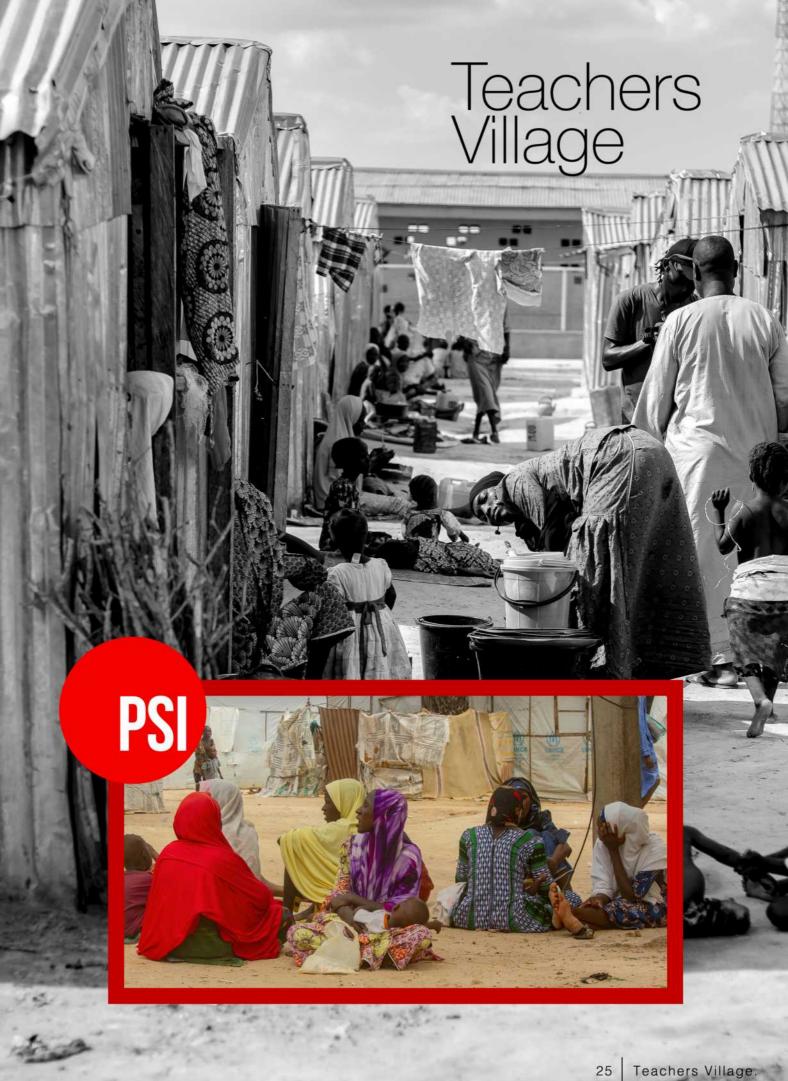
Recent years have seen further deterioration in the quality of public services in Nigeria. The decline in public services has significantly affected education, healthcare delivery and infrastructure. In the health sector, this has been compounded by low access to essential health services, poor implementation of healthcare programmes, and a weak healthcare structure (Nigerian National Health Conference Communiqué 2009; Obansa and Akinnagbe 2013; WAHSUN 2012, 2014, 2015). The low level of funding and poor-quality services in the public sector has also contributed to the growth of the private medical practice in Nigeria. It is a commonplace to see the majority of pregnant mothers patronizing unskilled Traditional Birth Attendants (TBAs) instead of public healthcare centres. There is a severe infrastructure deficit resulting in a poor state of healthcare facilities.

According to the WHO, Nigeria has one of the most extensive stocks of Human Resources for Health (HRH) in Africa. Like the other 57 Human Resources for Health (HRH) crisis countries, Nigeria has densities of nurses, midwives and doctors that are far too low to deliver essential health services effectively. Key challenges identified by the WHO include system-wide problems, and the inadequate production and inequitable distribution of health workers across the country.

Nigeria has developed an HRH policy, strategy, and plan to ensure the continual availability of an adequate pool of skilled human resources for health. The HRH Strategic Plan 2008-2012 has been poorly implemented and has not been successful in aligning health worker supply with health sector needs. Similarly, the objective of promoting equitable distribution and retention of the quality and quantity of HRH, to ensure universal access to quality health services, has not been realized.









Social dialogue and collective bargaining in Nigeria

Freedom of association and the right to collective bargaining are fundamental rights, embodied in ILO conventions. Through social dialogue, unions play a crucially important role in fighting poverty, implementing decent jobs, and building institutional capacities. Collective bargaining is well established in Nigeria. The Government regulates labour relations through the Nigerian Labour Act 2004. The Trade Unions (Amendment) Act 2005 provides the possibility for sustaining a pluralistic democratic approach to collective bargaining (Opute 2011). There are two trade union centers in Nigeria – the Nigeria Labour Congress (NLC) which has 44 affiliates and the Trade Union Congress of Nigeria (TUC) which has 29 affiliates. Collective bargaining in the public sector takes place at three levels through National Public Service Negotiating Councils (NPSNCs).

However, the collective bargaining process remains under-developed (Oyewunmi & Oyewunmi, 2014). In the public sector, collective bargaining is often bypassed by unilateral wage commissions, which set wages and conditions of employment (Francis Tude & Gbajumo-Sheriff 2011). Common breaches of collective agreements entered into with the Government and employers has led to a prevalence of strike action, affecting health workers, government workers and workers in gas and electricity.

WAHSUN (2012) has expressed concern about the efforts by the Government to pass anti-strike legislation, "aimed at circumscribing the legitimate right of workers including those in the health sector to withdraw their labour-power as a final alternative within industrial relations practice". Also, the Government often makes unilateral decisions without consulting with the trade unions, which has also led to striking action. For example, in 2012 the Nigeria Labour Congress (NLC) and the Trade Union Congress (TUC) of Nigeria staged a general strike in protest of the Government's removal of fuel subsidies – a unilateral decision taken without consulting the social partners and which has led petrol prices to double.

According to the ILO social dialogue and tripartism, as well as transparency in decision-making, are "currently at a low ebb in Nigeria" (2012, p.5). There have been increasing infringements of freedom of association and right to collective bargaining as a result of the global economic crisis, which has impacted on the role of unions and rates of unionization, which the ILO argues, "...does not augur well for workplace democracy" (ILO 2012, p.6).

Restrictions on union organizing and collective bargaining rights are further compounded by intimidation, victimization, and violence by employers (ITUC 2015). Police rarely allow unions to hold public demonstrations, and routinely use force to disperse protesters.

The ITUC Global Rights Index 2015 gives shocking examples of arrests of union organizers for organizing strikes and of the victimization of workers in 2014. In one case, two union leaders were arrested by state security service, when they tried to organize a strike for health workers who had not been paid for six months and were going hungry.

Victimization and threats of dismissal led to the sacking of 16,000 resident doctors who went on strike over pay and the suspension of their residency program. The Federal Government only reinstated the doctors after the Doctors called off the strike. In another example, the new management of electricity companies threatened to dismiss over 5,000 workers for striking against privatization, the outsourcing of their jobs, anti-union practices and poor working conditions.

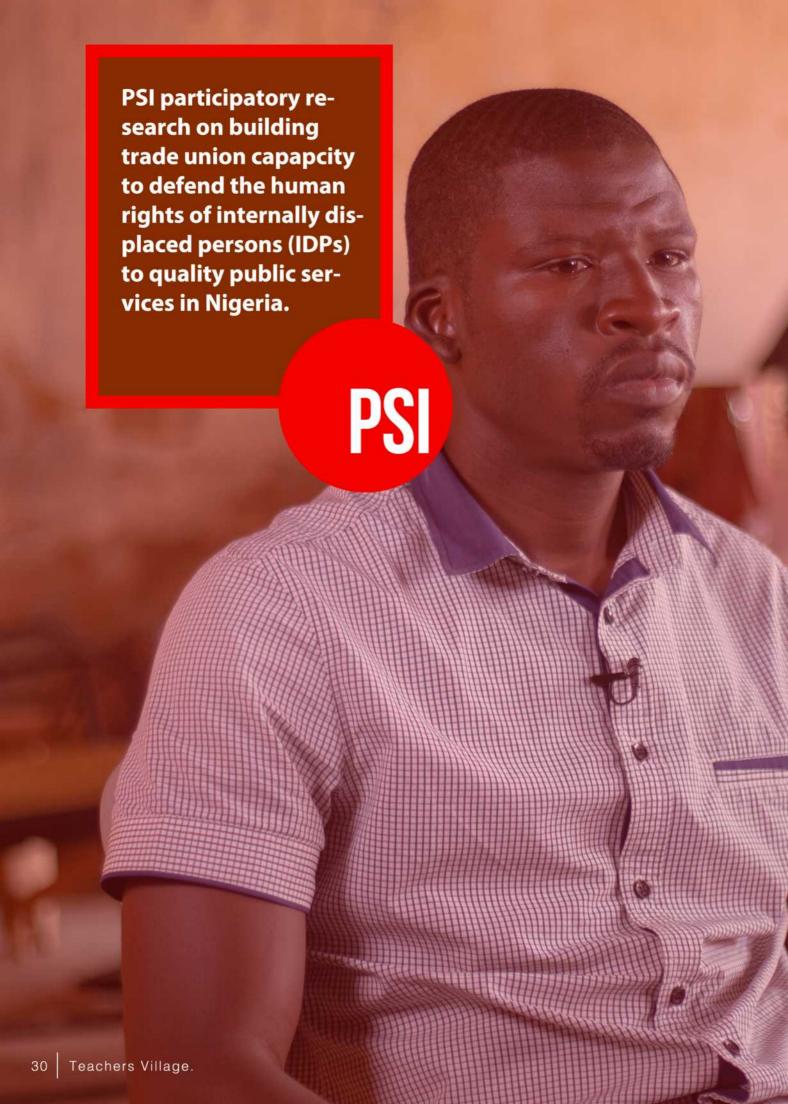
Over 50% of workers lost their jobs in the privatization process, and union leaders were among those targeted. These examples show how Nigeria has been in breach of the Government's commitments entered into under ILO Conventions, on collective bargaining and freedom of association.

Building the capacities of the Government and social partners for effective social dialogue is a core objective of the ILO Nigeria Decent Work Programme. The ILO argues that unions are unable to play a full and active role in the labour market. The social dialogue remains ineffective; there is non-reporting on international labour standards.

There is a lack of capacity in the Federal Ministry of Labour and Productivity, a low commitment to gender equality, and a weak labour inspectorate system. The Federal Ministry of Labour and Productivity has been supported by the ILO to enhance its human and institutional capacities. However, the Ministry has limited power and cannot take an active role in leading initiatives in employment creation. This scenario has affected the ability of the National Labour Advisory Council (NLAC) to play a significant role in employment and social dialogue.

There is no gainsaying that Nigerian workers in emergency services need to benefit from decent work and social protection. More public service workers, especially in the health and social care sector, put their lives on the line daily while saving people's lives. There is a need for the Government at all levels in the country to ensure their rights are protected. Workers, on the other hand, have to advocate for rights of citizens to access quality public services which only the Government can provide.





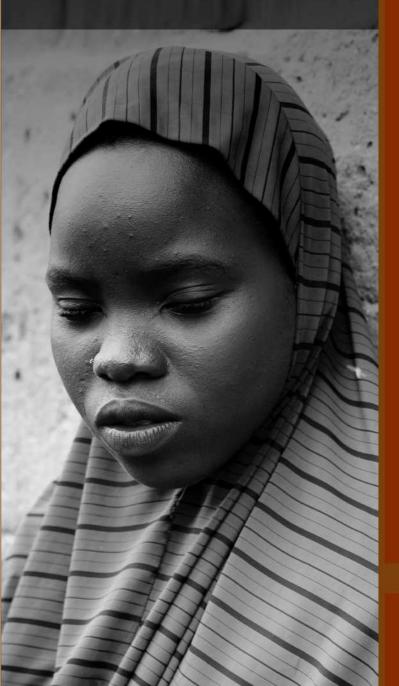




Internal Displacement Policies in Nigeria.

Introduction

The Nigeria National Policy on Internal Displacement provides a framework for national interventions aimed at preventing and protecting citizens, and in some cases, non-citizens, from incidences of arbitrary and other forms of internal displacement; meet their assistance and protection needs during exile, and ensure their rehabilitation, return, reintegration and resettlement after displacement.





The policy spells out principles guiding humanitarian assistance and implementation of durable solutions in situations of internal displacement in Nigeria.

This policy draws from the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), the UN Guiding Principles on internal displacement and the Sphere Minimum Standards for Humanitarian Assistance.

Obligations & responsibilities of Government.

Government is considered the primary duty bearer with the responsibility for the protection of internally displaced persons.

The protection rendered by the Government should be responsive, i.e.

- 1. Aiming to prevent imminently or stop ongoing violations.
- 2. Remedial, i.e., aiming to provide redress (e.g., access to justice, reparation, or rehabilitation) of past breaches; or
- 3. Environment building, i.e., aiming at creating the necessary legal and institutional framework, capacity and awareness that is necessary to promote respect for human rights of internally displaced persons and prevent future violations.

In the above context, international human rights law imposes on Government three significant obligations with regards to ensuring the realization of the rights of internally displaced persons:

- a) The obligation to respect the human rights of internally displaced persons, i.e., to refrain from actively violating them.
- b) The obligation to protect such rights, i.e., to intervene and take protective action on behalf of the victims of internal displacement against threats by others or stemming from their displaced situation.
- c) The obligation to fulfil these rights, i.e., to provide goods and services necessary to allow internally displaced persons to enjoy their rights fully; and to discharge these obligations without discrimination.

This policy seeks to provide a framework for national accountability and responsibility to protect and promote the rights of internally displaced persons, families and host communities as well as adopt strategic measures for coordinated gender-sensitive response to all types and phases of internal displacement in Nigeria.









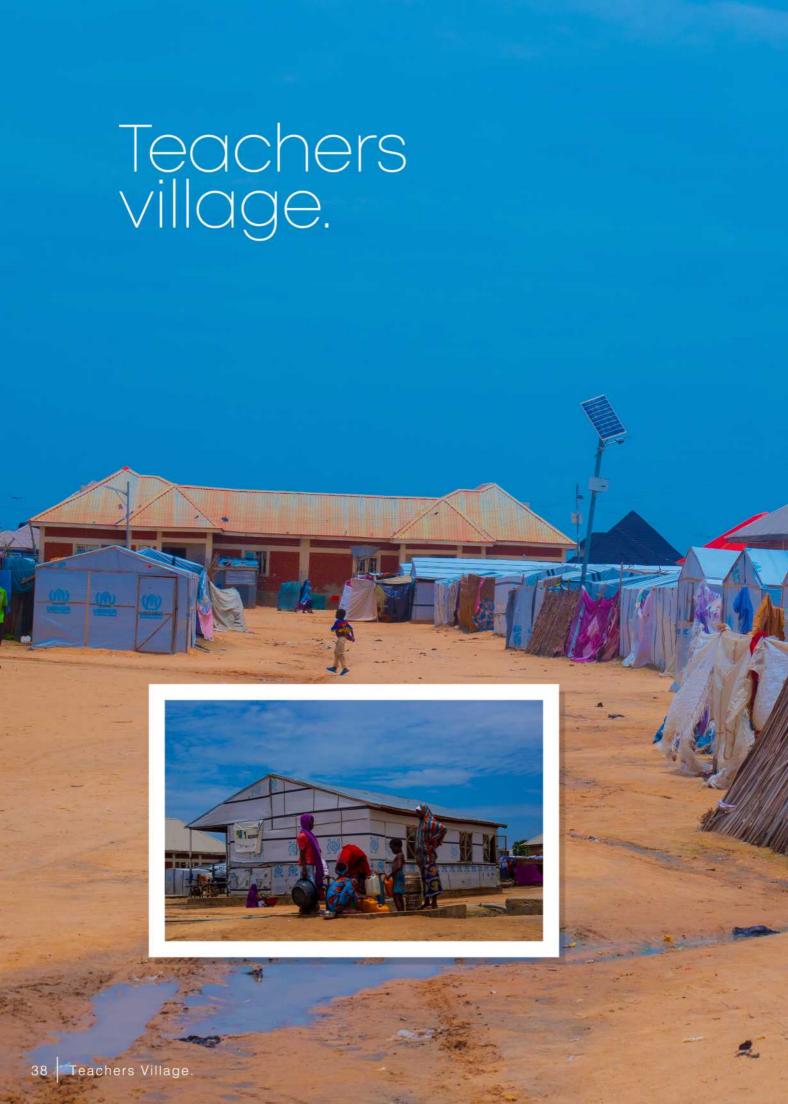
Health System in Borno

The Federal Government created Borno state from the North Eastern Protectorate, with the capital in Maiduguri in 1976. The growth rate then was about 3.0%. The current population in the State is estimated at 4.5 million (2006 census). The children under five years of age are estimated at 907,224 (20% of the total population) with one of the worst mortality indices in the country. Infant mortality stands at 109/1000LB1 while under-five mortality is 222/1000LB1 with maternal mortality ratio is taken as 545/100000LB.

The state has 32 general hospitals, one specialized hospital and one fully equipped hospital with a combined bed capacity of 3,430 beds. The federal health institutions are located in Maiduguri. The University of Maiduguri Teaching Hospital has the 1000-bed capacity, the Neuropsychiatry Hospital 100-bed capacity and the Police Hospital has a 30-bed capacity.

There are about 449 PHC facilities owned by LGAs consisting of Primary Health Centre (48), and Health Clinics (140), Dispensaries and Health Posts (195), and Maternal & Child Clinics (34). There are 36 private health clinics, and three Missionary/NGO owned clinics. Physical accessibility of health facilities was one of the most important factors influencing patient utilization of health services.

During the critical periods of the insurgency, people find it very challenging to get to a health facility due to travel restrictions and fear of being attacked. Many pregnant women were reported to have died as a result of complications during pregnancy/delivery due to failure or delay in accessing healthcare facilities. Further to this, transport restrictions have severely impacted access to healthcare provision. The human resource for health capability of the state has also declined drastically as a result of the internal displacement of (especially non-indigenous) health workers and the suspension of programs providing external technical assistance.







Health System in Yobe

Yobe state, like many other states in Nigeria, operates a pluralistic healthcare delivery system with conventional and traditional healthcare delivery systems working alongside each other. With a total of 528 health facilities, comprising of 508 public and 20 private clinics and hospitals respectively. Yobe state remains one of the worst states in the Northeast zone displaying shocking health statistics. Women who received antenatal care from a health professional during the last live birth was 36% compared to a zonal average of 43%. The pregnant women delivered by health professionals was 9.3% compared to the zonal average of 15.5%.

The main health problems afflicting the people of Yobe are Malaria, Diarrhoea diseases, Respiratory tract infections including Tuberculosis; Anemia, Malnutrition, Hypertension and HIV/AIDS. However, out of the public health facilities, there is a Federal Medical Centre at Nguru.

Yobe has twelve General Hospitals located in 12 LGAs and 495 PHC facilities, distributed amongst all LGAs. Though these provide some primary health and secondary care services, the quality of care is inadequate because drugs and medical supplies are either unavailable or inadequate to cater to the needs of the citizens. Further to this, several health facilities are in deplorable conditions acute shortage of skilled healthcare workers.

Underlying this situation is poor management and a weak institutional arrangement that has led to duplication of functions and services delivery, poor coordination and inadequate funding. Between June 2011 and August 2014 there were numerous documented attacks by Boko Haram within Yobe state resulting in an estimated; 1,341 fatalities. Incidents peaked in October 2012, with over 12 reported attacks and 140 deaths with 252 deaths in Yobe state in the first six months of 2014 alone.

Profile of Researchers:

The PSI participatory research was conducted by members of NANNM and MHWUN in Borno and Yobe states; they are healthcare practitioners in the employment of state government in both states. They were taken through project orientation and particularly research training in Abuja and were sent to the camps in their respective states to administer questionnaires and conduct FGDs.

Profile of Respondents:

Respondents were pulled out of health and social care workers in 5 IDP camps in Borno 3 IDP camps in Yobe states, respectively. Most are working with NGOs, and International Humanitarian agencies and others are public servants providing services to IDPs.

Majority of the respondents are mostly young workers and also male, this is largely due to the fact that girl-child education in the Northern part of Nigeria is deficient. As a result of socioeconomic, religious, and cultural belief in early girl-child marriage, and the fact that women are constrained with family ties, religion and safety issues. Therefore, more male health workers are employed to render services in the camps.

Another important factor is also that vacancies are not filled immediately by the Government, hence giving rise to gaps in the availability of necessary human resources for health care services.

It is difficult to ascertain actual numbers of health workers employed by humanitarian organizations and NGOs in both states. From the findings of this report, 66 of the respondents in Borno and 14 in Yobe, respectively, work with NGOs. The implication is that the Union has an opportunity to organize healthcare workers into the union in both states.

From the number of respondents interviewed in this research, healthcare workers who are IDPs and working in IDP camps in Borno state are 25 and 9 in Yobe state. The research found ten workers in Borno and 6 in Yobe who render voluntary services to support existing staff in the IDP camps visited.

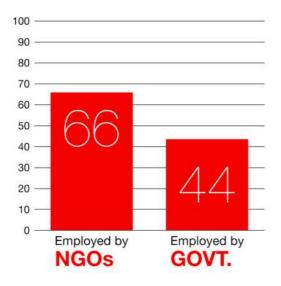




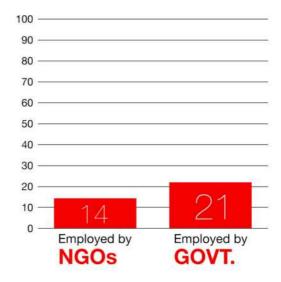


See the table below:





















Three female health workers were kidnapped by the insurgents on 1st March 2018, during a Boko Haram raid in the remote town of Rann, in Borno state. The insurgents had killed three other aid workers and eight Nigerian soldiers the same day.

During this study, two of the three kidnapped women, Hauwa Liman and Saifura Khorsa, who were working for the International Committee of the Red Cross (ICRC) were brutally murdered by Boko Haram insurgents in September and October 2018 respectively. The scenario erupted severe reactions from both international and local organizations, which strongly spoke against the heinous act.

The PSI is actively involved in "Not a target" campaign for its members who are predominantly health and social services workers around the world. The PSI and its affiliates in Nigeria strongly spoke against the targeting of healthcare workers in a conflict situation.

At present, over 300 healthcare workers have been affected by the insurgent's attacks in the Northeastern part of Nigeria.



The respondents reported several challenges facing them in the camps. For instance, from the overall analysis, 41.9% of respondents attested to incidents of sexual harassment by aggressive IDPs and security personnel.

In comparison, 54.2% reported incidents of feeling insecure while working in the camps.





IDP Camps in Borno and Yobe States

Borno State IDP camps:

- 1. Bama IDP camp
- 2. Kofa IDP camp
- 3. NYSC IDP camp
- 4. Teachers IDP camp
- 5. Muna IDP camp
- 6. Dalori IDP camp
- 7. Dikwa IDP camp
- 8. Kunduga idp camp









Yobe State IDP camps:

- 1. Pompomari IDP camp
- 2. Kukareta IDP camp
- 3. Kasiasa IDP camp



Respondents who have access to Decent work and social protection in Borno and Yobe State.

Respondents' access to social protection:



Source: Participatory research September, 2018





Recommendations

Government:

- Emergency response is a public service, therefore a government responsibility. The Government should build adequate infrastructure in available facilities to enable efficient response by public service workers in conflict situations.
- National authorities have the primary responsibility to provide protection and assistance to IDPs.
- · No specific international agency has the mandate to protect IDPs, unlike in a refugee situation, so a collaborative response is advocated.
- The Government should see into its ultimate responsibilities and address all issues related to forced displacement vis-à-vis root causes, security, prevention of conflict etc. IDPs are human beings and have equal rights as any other Nigerian citizen. Therefore, they have the right to access quality public services provided by the Government.
- · The National bill on IDPs and the National IDP strategic Plan should be given priority and passed without delay by the National Assembly.
- The Government should provide the needed leadership for proper coordination in all interventions related to IDPs (NCRMI should lead the coordination)
- · The Government should ensure Decent work and social protection for healthcare workers and social service providers delivering services for IDPs
- · Government as a matter of urgency should equip and rehabilitate all healthcare facilities, schools, and accommodations in affected areas (attention to IDPs and the overstretched host communities)
- The Government should expedite action to ensure prompt compensation of workers who lost lives and properties to insurgency attacks in the two states.
- · There is a need for transparency in the execution of all budgets on IDPs, from Federal to State levels, with the view to fighting corruption.
- State governments should employ more healthcare professionals in the two states to ease the burden of burnouts and massive work overload on healthcare workers in the field.

- Government at all levels should strengthen measures to address rape and all forms of gender-related violence and ensure protection, rehabilitation, and psychosocial support to victims of insurgency.
- · Policymakers need to consider and meet the basic needs of the IDPs. One way to avoid dependency on relief materials is to design a clear time-bound strategy for types and scale of relief assistance. From the earliest stages, aid should be developed with the longer-term aim of restoring self-sufficiency, rehabilitating community-owned infrastructure and restarting livelihood activities in communities of origin to encourage the eventual return of displaced families. Government should provide incentive for such activities as the reconstruction of public and private assets, community infrastructure and private housing, involving civilian populations affected by conflict, thus aiding in the process of resettlement, recovery, and reconciliation.



Trade Unions:

There is an urgent need for trade unions to build their capacity to engage Government, donors, NGOs, and all key players to ensure policies are put in place to protect the lives of all frontline health workers in IDPs camps. Engage Government through social dialogue framework to address the key issues and recommendations from this study.

This document provides insights into the plights of health and social workers who are yet to be unionized, and have their capacities built to advocate for decent work, social protection and quality public services for IDPs.

The trade unions should begin advocacy and campaign and where necessary, solicit international trade union support to stop targeting health and social care workers for abduction and killings by the insurgents. Trade unions should advocate for protection of the lives of frontline health and social care workers in IDP camps.

Trade unions have a new role to play in supporting workers who are affected by insurgency; workers who lost their properties, as well as families of those who lost their lives. At the same time, the trade unions should be at the forefront of advocating and defending the rights of IDPs to health.

Health and social care workers who are themselves IDPs and working in IDPs camps should also exercise their rights to access quality public service, decent work and social protection. Through PSI's international networks, the project can further support other victims of a natural disaster such as global warming, flood and workers and conflict.







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Yobe team of 8 advocacy visits to the State honorable Commissioner of Health.



Cross section of some IDPS living in one host Community in Borno



PSI team with women and children in one IDP camp in Abuja.

Case study on IDPs

My name is Ginu Alfai, an IDP worker and also an IDP. In 2015, I was employed by an NGO and posted to Dikwa IDP camp in Borno State. On our arrival to the centre, food and other essentials were distributed by the state emergency Management Authority (SEMA) to all the IDPs in the camp. At every point in time, the non IDPs from the host communities will infiltrate our base to participate in the collection of food and other essential that was brought to us by SEMA.

These materials are not even sufficient for us at the IDP camp. I struggle and fight to even get these materials from the donors; materials that were supposed to be in excess. At times we lack food, cloth or any other relief material, my family and I sometimes go to bed without food for days. There was a night we had nothing to eat, and we drank water to bed that night. Our slogan is "Sleep No Food to Chop". We are suffering here. Can our Government do something? We want food, shelter and a sense of belonging; we also reserve the right to benefit from our own country.

Even as a registered nurse, I have to beg and plead for a job in the healthcare clinic, I was treated with contempt because I am an IDP. Reluctantly, I got a job offer and was hoping to geta written agreement as related to the job, knowing that our jobs are certified. The reason I begged for the job was that I was hoping to be paid by the Government or the NGO to enable me to meet my needs. I had not worked for up to 2 years when the management sacked me. I do not even know what decent work is or the social protection of a public servant.

My name is Janet Mala, I am a teacher and a member of the Nigeria Union of Teachers (NUT). I am an IDP and also teach in the camp. I came here with my daughter because of the bomb blast in Goza 5 years ago. I work here in primary school. My husband, a Nurse, was killed by Boko Haram on our way to Bama.

The car we took had a flat tyre, 30km away from Bama at the edge of the Sambisa forest. We were all scared as it was late around 6:45 pm, not knowing that the Boko Haram men were within. Before you know it, we started hearing some noise and gunshot, and we started running until we got to the army checkpoint.

Unfortunately, the Boko Hama members attacked the army checkpoint and killed my husband and my son with one army officer. Another group of soldiers came to our aid, and since then, life has been difficult. I had high blood pressure and lost everything. I received assistance from my Union. When I got to the camp, life was not easy; I had to start from scratch. There was no source of funding from anybody to start a new life in the IDP camp, but with time I got used to the unique experience.



My name is Mairo I work as a teacher in the IDP camp.

There are times when the students lack the zeal to study due to the happening in the centre. Lack of food, tattered clothes, lack of health facilities provided for the sick students.

The conditions of learning are not conducive, the tents used for classes are all torn, and classes take place in an open area with the sun scorching above the pupils' body and rainfall too. There is no way the students can assimilate or learn. The student must trek some distance home to get water to drink during school hours, and as a result, the student won't want to come back to school. Even as a teacher, the urge to teach the students is low because there is no encouragement from the Government (state and local Government) or NGOs.

Imagine the Local Government official trying to make money out of our misfortune, asking us to pay some amount of money to purchase tools that are to be used to empower the women and to help the schools (these materials are supposed to be free). The Local Government Council has abandoned us; they only know us whenever the election is around the corner. They come down for campaign whenever we have needs; they discard us.









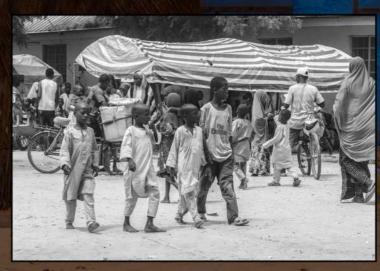










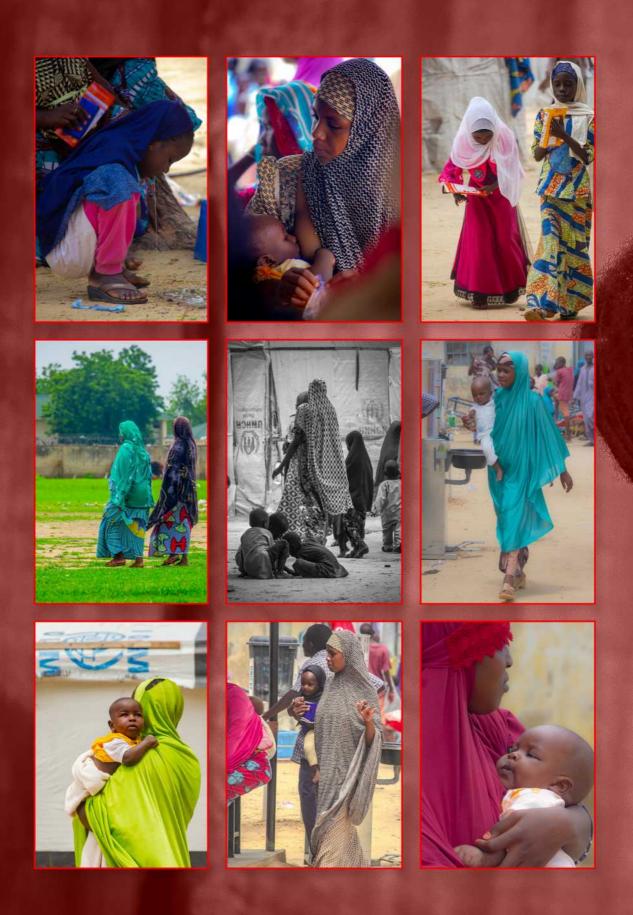


























































































































94 Borno and Yobe State IDP camps















































































