Centre for Health Ethics Law and Development

Project REACH:

Restoring Education, Access to Healthcare and Community Harmony for Internally Displaced Persons

1. Introduction

Project REACH for IDPs stems from CHELD's work in health and migration. We recognize the growing need to reach out to internally displaced persons and provide support to them, even as we provide support for migrants within and outside Africa. This project seeks to implement several programmes including research, training, and advocacy. They will address the needs of Internally Displaced Persons (IDPs) in healthcare, education, shelter, food, water, sanitation, protection, and advocacy.

This report sets out a recent medical outreach by CHELD.

2. Background: Internally Displaced Persons in Nigeria

The absence of proper healthcare services and mental health support in the camp exacerbates the traumatic effects of displacement on the IDPs, leading to cases of depression and irrational behaviour. The current situation calls for urgent intervention to provide IDPs with access to essential healthcare services, including mental health support, to help them cope with the traumatic experiences of displacement.

3. Medical Outreach

In furtherance of the objectives of Project REACH for IDPs, CHELD organised a free medical outreach for IDPs at the New Kuchigoro Camp with a team of health professionals to cater to the health needs of the IDPs resident at the camp. Our choice of the IDP Camp at New Kuchigoro is premised on the fact that the New Kuchigoro IDP Camp has the worst living conditions amongst the IDP camps in the F.C.T.

4. Activities Conducted

As the organizers of the medical outreach at the IDP Camp New Kuchigoro in Abuja, we undertook a series of comprehensive measures to ensure a successful event. Here is an overview of the steps we took leading up to the outreach:

We began by conducting thorough research and needs assessment to understand the healthcare requirements of the internally displaced persons (IDPs) residing in the camp. Through this process, we identified the prevalent health issues and determined the specific medical services needed to address them effectively.

Recognizing the importance of collaboration, we partnered with the University of Abuja Teaching Hospital and other medical institutions. This collaboration allowed us to tap into their expertise, skills, and resources. By working together, we assembled a diverse team of doctors, consultants, and specialists from various medical fields to cater to the different healthcare needs of the IDPs.

CHELD Team at the Outreach Program

To conduct the medical outreach, we obtained the necessary approvals and permissions from camp officials and relevant government authorities. This ensured that our activities aligned with the camp's regulations and that we had the official support required to do the event.

Obtaining these approvals allowed us to foster trust and collaboration with the camp officials, creating an environment conducive to the outreach.

We also engaged proactively with the IDP community before the event. Through effective communication, we informed the IDPs about the upcoming medical services and encouraged their active participation. By engaging with the recipients beforehand, we aimed to build trust, alleviate concerns, and ensure that the IDPs were aware of the available healthcare services, thus increasing their willingness to seek medical attention.

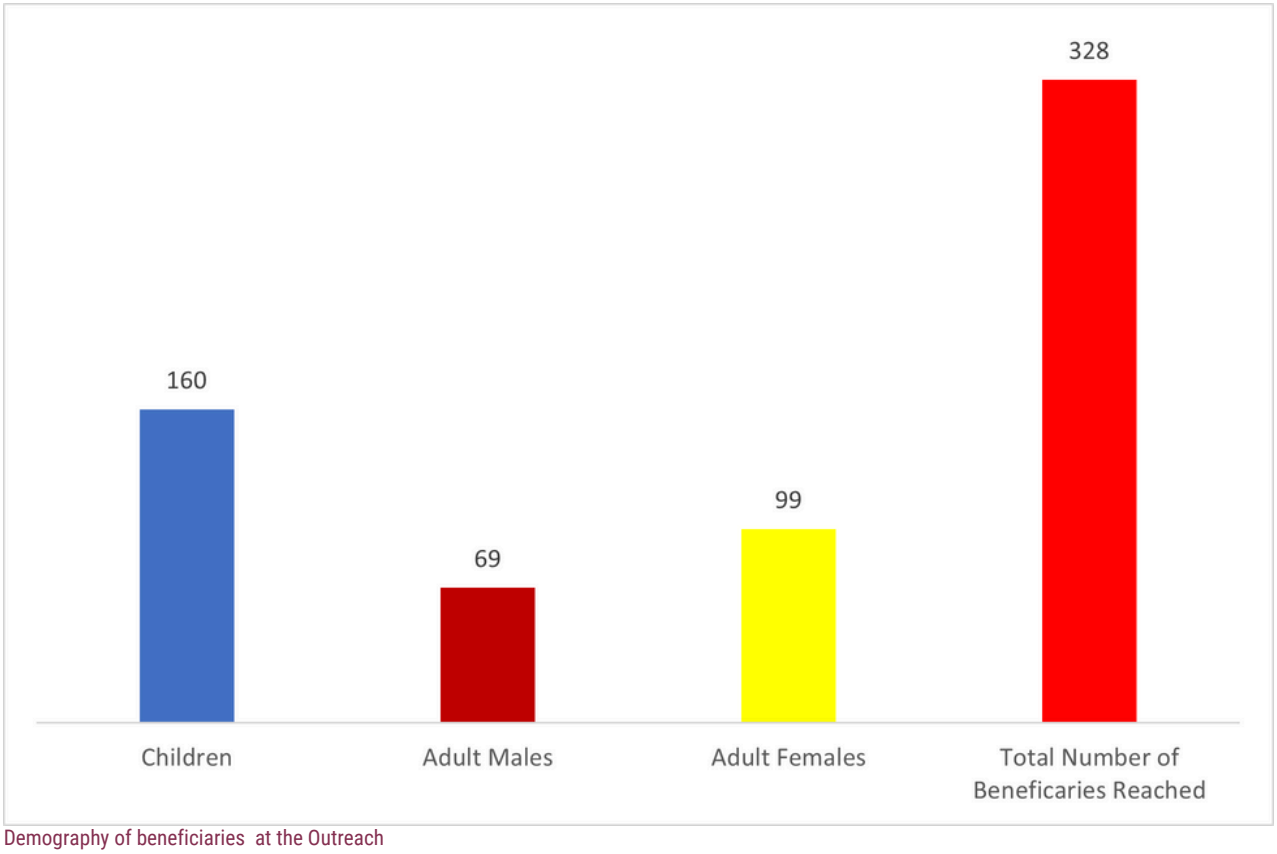
To facilitate a seamless and efficient medical outreach, we made meticulous arrangements to acquire all the necessary amenities. This involved procuring medical equipment, pharmaceutical supplies, and additional resources for the various medical departments. Additionally, we ensured a stable power supply to support the electrical equipment used in departments such as Internal Medicine, Ophthalmology, Dental, Pediatrics, Counselling, Laboratory, Pharmacy, Vital Signs, and Registration.

By following these steps, we established a solid foundation for the medical outreach at the IDP Camp New Kuchigoro in Abuja. With the collaboration of medical professionals, the support of camp officials and government authorities, and proactive engagement with the IDP community, we were well-prepared to provide vital healthcare services to the 328 beneficiaries reached during the outreach.

The order of procession -

A*dults:* Registration – Vital Signs – Internal Medicine – Counseling -- Pharmacy
OR
Registration – Vital Signs – Internal Medicine – Ophthalmology / Dental – Counselling – Pharmacy

Children: Children proceeded to spend time with counsellors immediately after registration, then they filed to see the paediatricians. Afterwards, they collected their drugs either by themselves or with the help of their parents. The paediatrician had a lollipop for every child seen.



Demography of beneficiaries at the Outreach

A number of sections were established including, Registration, Vital Signs, Ophthalmology, Internal Medicine, Dental, Paediatrics, Laboratory and Pharmacy to facilitate ease of movement between sections.

Registration - During the medical outreach at the IDP Camp New Kuchigoro in Abuja, a total of 328 individuals were registered to receive healthcare services. Among the registered beneficiaries, there were 160 children, 69 men, and 99 women.

The registration process proceeded smoothly without encountering any significant challenges. The organizers ensured that the registration area was well-organized and efficient, allowing for a seamless flow of individuals. The registration team efficiently recorded the necessary details of each beneficiary, including their demographic information and any specific medical concerns they had.

Notably, the enthusiasm among the IDPs for the medical outreach was evident. Many individuals, including women, men, and parents with children, expressed a keen interest in accessing the healthcare services being provided. The positive response and active participation demonstrated their understanding of the importance of receiving medical attention and their willingness to prioritize their well-being.

The accurate registration of 328 beneficiaries, including 160 children, 69 men, and 99 women, ensured that the medical teams were well-prepared to provide targeted healthcare services tailored to the specific needs of each demographic group. By overcoming any potential registration challenges and witnessing the enthusiastic engagement of the IDPs, the organizers were able to create an environment that fostered successful outreach efforts and the provision of essential healthcare to those in need.

Medical personnel at the pharmacy tent

Vital Signs - Blood pressure was checked at this point. Pulse rate was checked too. These vital notes were documented on the medical consultation forms given to each IDP. Afterwards, they proceeded to see any of the doctors according to their complaints.

Ophthalmology - The Ophthalmology department comprised of 2 ophthalmologists, 3 optometrists and one ophthalmic technician. Using their instruments, some tests were carried out. Refractions were carried out too. 30 reading glasses were dispensed.

Dental - 30 patients had dental procedures. The procedures were:

- 7 fillings.
- 15 tooth extractions, some people had multiple extractions
- 20 scaling and polishing.

Some persons had more than one procedure done.

There was a surgical excision. It's a minor salivary gland tumour that could have degenerated into cancer as the growth has a danger towards malignant transformation if not removed. It had stayed for about 10 years.

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Pateinets waiting in line to see an optometrist

Some persons didn't consent to tooth extractions. Why? Mainly superstitious beliefs that border on:

- Fear of death.
- Fear of subsequent extractions once one tooth is extracted.

These two superstitious beliefs were prevalent.

Counselling - Everyone assessed by the doctors went through the counselling departments before they collected their drugs from the pharmacy.

Observations from the counsellors were:

Most of the mothers are very young girls, as young as 15 years. Some of them have children in quick succession for different men.

Pateinets getting their vitals checked

A dentist attending to a patients

- The girls complain of the thoughts of insecurity as people with no familial relationships share the same space with them making them vulnerable to being raped and abused.

- The children are very hostile. The counsellors think it could be a result of the harsh and hostile environment they live in.

- Most of the girls have diseases that affect their sexual reproductive health and it is a source of deep concern for them.

- They need mental health therapy. Depression is common

- Some of the girls have lost hope. They have little regard for themselves and can cheapen their worth in exchange for crumbs.

- Some of the children are idle, lazy and feel entitled to help. Some don't think they can amount to anything. Some want to go to school but have no means. The free education available at the camp is only for primary education.

Internal Medicine - Everyone except persons with chronic eye or teeth diseases was assessed by doctors in this department as they are the first doctors for general consultation, immediately after the vital signs were checked.

Paediatrics - All the children were dewormed irrespective of their presentations. About 150 children were dewormed. Some children came without any guardian or parent because they have none. The displacement left them without family members. Malnutrition is prevalent among children.

Pharmacy - Drugs were accurately dispensed to everyone with a prescription.

Laboratory - Glucometers were used to assess sugar levels, on request from the doctors.

Registration - Basic personal information was collected from the IDPs, and thereafter they were issued with numbered cards to regulate and maintain orderliness.

Refreshments - There were light refreshments for everyone including the children

Conclusion

Overall, the outreach was successful, however, it was noticed that most of the men who came later did so because they felt we simply wanted to get their pictures for their own benefit and not to really help them.

Further interactions with them showed how heartbroken they feel when people or organizations come to them with peripheral help but more cameras. They were happy to receive care and thanked us profusely. Most of them wished we could still spend more time so that their family members who went to the farm could benefit from the free medical outreach.

Recommendations

Most of the factors that contribute to healthy living are missing in the IDP Camp. The unsafe sanitary environment makes them vulnerable to diseases as they are exposed to harsh and unhealthy realities. Shelters that are made from makeshift material in a non-habitable environment cannot ensure basic protection from natural elements.

The absence of toilet facilities also gives room to diverse pollution and the spread of diseases due to the open defecation practised in the camp. Most of the beneficiaries believe it is more important to feed than to take care of their health. Malnutrition is evident in the camp. For sustainability purposes, it is only right to have the above issues addressed. We recommend:

- Provision of basic amenities like power, water, toilet and bathroom
- Provision of conducive shelters
- Mental health support
- Provision of a fully functional and well-equipped medical facility
- Economic empowerment
- Food support programmes

Next Steps:

1. Needs Assessment and Planning: Conduct a comprehensive needs assessment to identify the ongoing gaps and challenges in the IDP Camp. This assessment should cover factors such as sanitation, shelter, healthcare, mental health, economic empowerment, and food security. Based on the assessment findings, develop a detailed plan outlining the specific actions required to address these issues effectively.

2. Collaboration with NGOs and Aid Organizations: Engage with reputable non-governmental organizations (NGOs) and humanitarian aid organizations that specialize in providing support to IDPs and addressing the needs of vulnerable populations. Collaborate with these organizations to leverage their expertise, resources, and networks to address the identified gaps in the camp.

3. Government Engagement: Establish communication and collaboration with relevant government agencies responsible for the welfare of IDPs. Advocate for their involvement and support in addressing the challenges faced by the camp residents. Seek assistance from government bodies responsible for infrastructure development, healthcare provision, social welfare, and economic empowerment programmes.

4. Infrastructure Development: Work towards improving the living conditions in the camp by advocating for the provision of basic amenities such as power, clean water supply, proper toilet and bathroom facilities, and safe and habitable shelters. Collaborate with organizations specializing in infrastructure development to ensure the implementation of sustainable solutions.

5. Mental Health Support: Recognize the importance of mental health and provide support services to address the psychological well-being of the IDPs. Collaborate with mental health organizations and professionals to establish counselling programs, trauma healing initiatives, and psychosocial support systems within the camp.

6. Establish a Medical Facility: Advocate for the establishment of a fully functional and well-equipped medical facility within the camp. Collaborate with healthcare organizations, medical professionals, and local hospitals to provide comprehensive and accessible healthcare services to the IDPs on an ongoing basis.

7. Economic Empowerment: Work towards empowering the IDPs by providing skills training, vocational programs, and income-generating opportunities. Collaborate with organizations specializing in livelihood support and economic empowerment to develop sustainable programs that enable the IDPs to become self-sufficient and economically independent.

8. Food Support Programmes: Collaborate with food security organizations and NGOs to implement sustainable food support programs. These programs should aim to provide regular access to nutritious food and promote self-sufficiency through initiatives such as agricultural training and community gardens.

Potential Collaborators:

- United Nations High Commissioner for Refugees (UNHCR)
- International Organization for Migration (IOM)
- World Health Organization (WHO)
- United Nations Children's Fund (UNICEF)
- Red Cross and Red Crescent Societies
- Local and international NGOs working in the field of IDP support and humanitarian aid
- Government agencies responsible for IDP welfare and infrastructure development

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