

A comparative assessment of the sanitary facilities in IDP camps with UNHCR and SPHERE standard provision

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Abstract:

World Health Organisation (WHO) asserts that lack of sanitation contributes to about 10% of global disease burden. With over 2.1 million Internal Displaced Persons (IDPs) in Nigerian, the provision of adequate and functional sanitary facilities to hygienically separate excreta from human contact and reduce the pathogen load in the ambient environment, and in the interruption of the transmission of the pathogens in the IDP camps is important. The research against all odds sought to do a comparative assessment of the sanitary facilities in the IDP camps with the UNHCR and SPHERE standard provisions. Twelve (12) out of the sixteen (16) official camps were assessed using of a structured checklist based on the UNHCR and SPHERE standards. Water samples from the camps were subjected to physical, chemical and bacteriological analysis in Maiduguri NAFDAC laboratory. The research revealed among others that water provision is inadequate for the IDPs. Also, the distance travelled, and time spent at a fetching point is none conforming to both SPHERE and UNHCR standards. The laboratory finding for water quality assessment indicates that there is the presence of physical, biological, and chemical contaminants harmful to health. The research findings from the camp defy the standard provisions for IDPs in both UNHCR and SPHERE. The research recommends that the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development needs to enforce strict compliance with the humanitarian standards in the Nigerian national policy on internally displaced persons in Nigeria to enhance better life of the IDPs in camps

Keywords:

Sanitary facilities, IDP camps, UNHCR, and SPHERE standards

1 Introduction

The United Nations Humanitarian Commission for Refugees (UNHCR 2016) defines internally displaced persons (IDP) as people who have been evicted from their houses for many of the same reasons as refugees but have not crossed an international border, are often persecuted, or are under attack by their government, they are frequently in more desperate situations than refugees. The UNHCR also says that the IDP outnumbers refugees two to one. (UNHCR 2016). Borno State in North Eastern Nigeria continues to struggle due to a long-

term humanitarian crisis, arising from the conflict and hostilities in the region, regarding the armed opposition group movement.

Despite the efforts of the Nigerian government, it has been observed that internally displaced persons are still facing harsh conditions, especially in the IDP camps. According to the Federal Republic of Nigeria FRN report (2012), IDPs in Nigeria face difficult living conditions such as insecurity and all forms of exploitation and abuse, including; rape, camping in congested shelters, and isolated as well as insecure or inhospitable areas. According to the assessment, Borno, Yobe, Adamawa and Taraba states that, face food insecurity mainly due to the loss of income and livelihood caused by the insurgency and displacement (Organisation for the Coordination of Humanitarian Affairs OCHA, 2014). According to the Norwegian Refugee Council NRC report (2016) and OCHA report (2017) diarrheal diseases and Cholera outbreak as well as infectious diseases are among the issues being battled in the IDP camps as the hostilities in the north east continue. This out breaks may not be far-fetched from the operational efficiencies in terms of quantity and quality of the sanitary provisions in the IDP camps. Studies (Fewtrell2005; Esrey 1996) have shown that whilst improvement in water quality and quantity can produce limited reductions in childhood diarrhoea by 15% to 20%, greater reductions can be produced through safer excreta disposal (36%) and hand washing (35-42%) (Harvey, 2007).

There is a need to research the state of the sanitation systems (water supply systems, toilet facilities, and solid waste management systems) that are provided in the IDP camps in Borno state. The challenges of water supply, toilet facilities, and solid waste management in the camps can be enhanced if the problems with the current sanitary provisions are identified by assessing their functionality. This can help to enhance the type of provision of sanitation facilities while improving their operational efficiencies in terms of quality and quantity. The findings can also contribute to the Nigerian national policy document. The research is necessary because OCHA (2017) has stated that the conflict between the Nigerian military and the NSAGs remains fragile. It has been stated that the IDP camps are not coming close to closure soon as the conflict between the Nigerian military and the NSAGs is still ongoing and some displaced persons are not yet confident to go back to their homes. (NAN 2017). The recent outbreak of cholera in one of the Maiduguri metropolitan IDP camps could be a sign that there may be unidentified inefficiencies in the sanitation facilities that have been provided in the camps. Based on the UNDP and disaster waste recovery (DWR) assessment on waste and debris (January 2015), there is accumulated waste as a result of the ongoing hostility in Borno state. It is reported that the uncollected waste is resulting into serious public health risks through decomposing waste leading to increase in vermins and high potential for spread of diseases which is even more risky for the vulnerable ones. (DWR 2015).

According to the FHI360 (2015) report, malaria is among the leading diseases presently ravaging Borno state. It has been established that poor drainages around homes breeds disease vectors which transmit diseases. If there are improper drainages in the camp, this can result in an environment that is infested by mosquitoes there by adding to the suffering of the people. It is against this background that the study aims to assess the performance of the sanitation services installations in the IDP camps in Borno state with a view to develop initiatives that will improve the living of the IDPs in terms of water, sanitation and hygiene.

This study sought to find initiatives knowing the quantity and quality that are needed and the type of toilets, water supply systems, and waste collection and disposal systems that work best, administrative procedures required for the efficient operation to address issues that are surrounding inefficiency in the operation of sanitation systems in the IDP camps in the North-Eastern part of Nigeria and sought a solution to the sanitation needs of the IDP camps. The research provided initiatives to tackle issues surrounding water supply systems, toilet facilities, solid waste management, and disposal systems as well as drainage systems within the IDP camps in Borno state. The research identified the reasons for emerging problems despite the notion of standard provisions in the SPHERE handbook and UNHCR as well as proffered solutions from in-depth research of literature reviews as well as the research itself. Furthermore, the research findings proffered solutions that could bring about a sanitised environment for the IDP camps with Cholera, Lassa fever, and diarrheal diseases mitigated to the lowest levels in Borno state. A well-sanitised environment will invariably imply adherence to the human right to water and sanitation standards (UNHCR 2013) as well as achievement of the sustainable development goal even for the vulnerable internally displaced persons.

2 Literature Review

2.1 The internally displaced persons (IDP)

In international law, there is no legal definition of who constitutes an “internally displaced person” the Guiding Principles is meant to be descriptive rather than normative in the notion of IDPs set out in the introduction, drawing attention to the characteristics of IDPs that make them inherently vulnerable (Herzegovina,1999). This notion has gained authority and is commonly used at the international level. According to the African Union Convention for Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention, 2009), the term ‘Internally Displaced Persons is defined as persons or groups of persons who have been forced to flee their homes or residence, in particular in order to avoid the effects of armed conflict, situations of generalised violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognised State border.

2.2 Internally displaced people in Nigeria

An incessant case of internal displacement of people in recent times has been experienced by Nigeria. In the Nigerian context, the cause of this precarious situation is not far-fetched. Going by history, the country has many times experienced incidences or crises leading to the displacement of people from their original abodes. For instance, the civil war that took place in Nigeria between 1967 and 1970 led to the displacement of people especially those from the Eastern region of the country. According to Ladan (2011), most of the internal displacements are caused by violent conflicts as a result of ethnic, religious or caused by political undertones. Thousands of people are yearly internally displaced because of natural disasters including flooding in the North and West part of the country, erosion in the Eastern part of the country, spillage of oil and development projects in the Niger Delta region (South-South) (Laden, 2011). Particularly, on-going hostilities and armed conflicts in Nigeria have caused many casualties and deaths; though there may not be reliable available statistics showing exactly the

number of people who lost their lives as a result of armed conflicts in Nigeria. As highlighted in IOM's first report, the majority of IDPs identified in Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe have been displaced as a result of the on-going hostility/conflict (85.68%). A smaller number was forcefully asked to leave their place of origin because of community clashes (3.33%) or natural disaster (0.99%) (IOM, 2016). Most of the persons displaced internally are living with their relatives in the host communities who are themselves poor most of whom are returnees themselves, thus straining severely already scarce resources as well as worsening and increasing poverty levels (including food and nutrition insecurity) of the affected/host communities (OCHA, 2015).

Despite efforts by the state recognised armed forces of Nigeria in the north eastern region, it is a well-known fact that the violence in the northeastern Nigeria and neighbouring countries continues. International media report almost daily hostility attacks since May 29, 2015 resulting in more than 200 deaths in northeastern Nigeria between June 27, 2015 and July 3, 2015 alone, according to the UN and international media (USAID, 2015).

According to the agency, as of June, 2015, armed opposition group attacks had internally displaced nearly 1.4 million people- 1 million and more of whom are displaced in Borno State in northeastern Nigeria, according to IOM's Displacement Tracking Matrix (DTM). This represents a slight decline from nearly 1.5 million IDPs in late April to approximately 1.4 million by late June. This was due to the return of 120,000 people to areas of origin in Adamawa (USAID, 2015). Based on USAID report, by May 2015, an estimated 168,000 people, including returning migrants, had also fled to neighbouring Cameroon, Chad, and Niger. Although the Nigerian armed forces have claimed to have defeated the armed opposition group, access to the northeast is highly constrained given the frequency of insurgent attacks.

Adamawa, Borno and Yobe the North East States of Nigeria have been under a State of Emergency since May 2013 when the government of Nigeria launched military operations to remove insurgents in the North East. The State of Emergency however was lifted in the year 2014 in all the states which it was imposed. Among the states hit by the hostility, Borno state has been the worst hit with the hostility claiming so many lives and displacing millions of people internally and externally

2.3 Sanitary systems

Sanitation is defined as safe guarding water quality, disposal properly of human excreta, waste water and garbage. it also involves rodents and insects' control, safe food handling practices as well as effective site drainage. These are important alongside Community hygiene practices, household hygiene practices and also personal hygiene practices which are very essential in achieving improved environmental and public health. Provision of health care and the aforementioned are very much inter related and as such seen as an entirety (UNHCR 2010, SPHERE 2011). The disposal indiscriminately of human faeces and other wastes poses threat to health there by requiring a change in both behaviour and hardware usage. It is even difficult for IDPs and refugees due to socio cultural habits and unfavourable environmental factors. To deviate from poor sanitation completely, sanitation measures integrated with

effective hygiene promotion for and with the IDPs will play a pivotal lead role which is very essential.

2.4 Basic standards and principles for sanitary systems in IDP/refugee camps

The sphere and UNHCR standards as seen in Table 1 state the need for general needs assessment with reference to site selection and lay out. Analyses of the findings from the needs assessment forms part of the needs assessment. This is in collaboration with seeking professional knowledge from locals. Involvement of the IDPS/refugees in the design and sitting for location plays a key role. Special focus should be given to sanitation matters at schools for affected children.

Table 1: Standard requirements of sanitary facilities (UNHCR, SPHERE 2010)

	First Option	Second Option	Third Option
Excretal Disposal	1 latrine/family (or 1 latrine / two families	1 cubicle/20 persons	1 cubicle / 100 person or defecation field
	storage	Transport	final disposal
Refuse/Garbage	1 bin, 100 litres/ families or 50 persons	1 wheelbarrow/500 persons and 1 tipper / 5,000 persons	1 landfill (50m ² and 1.2m deep)/ 500 persons and 1 incinerator and 1 deep pit for each clinic

As seen in Table 1 by UNHCR and SPHERE Longer facilities should be planned since it is difficult to predict how long a camp will stay in a given site. As soon as a defecation site is identified, construction of latrines should commence soonest. Greater time lag in the two actions poses difficulty in shifting people from their former open defecation habits. For hot climates human excreta disposed in the ground can help in fast tracking the transmission of diseases (UNHCR 2010). Human faeces contain a range of disease-causing organisms including viruses, bacteria and eggs or larvae of parasite Diarrhoea, cholera and typhoid are spread in this way and are major causes of sickness and death (WHO 2011).

3 Research Methodology

The research method adopted is qualitative. For this research, Borno state was studied out of the 5 states with high ranking IDPs, because it has the highest number of camps/ camp-like settlements with about 240. 16 IDP camps are officially known while others are unofficial camps situated in Host communities within the state. (NRC, 2016, SEMA). Borno State was also selected based on the population of the IDPs which was estimated to be 1, 370, 880 people. Twelve (12) major camps were selected purposively out of 16 officially known camps in Borno state and are varied according to the number of residents in the camp. The study was carried out in 12 officially registered IDP camps but 4 camps could not be accessed due to insecurity reports around the locations of these camps during the time of the research.

Table 2: Population and Communities with the IDP camps in Borno State

S/No	Name Of Camp	Camp Location	No Hhs	Est Populati on	Source Of Displacemen t	Gps Coord	Visit ed Y/N	Qst Administ ered
1	Girls secondary School camp	Maiduguri Municipal Council	1287	7726	Bama	N11.83225, E013.14010	Y	18
2	Farm Centre camp	jere	4,500	31,500	Jere, Mafa, Dikwa, Kala balge, Konduga, Bama&Marte	N11.86142, E013.21474	Y	67
3	Government College camp	Maiduguri Municipal Council	9478	56,868	Gwoza	N11.83515, E013.12718	Y	132
4	muna garage idp camp	Maiduguri Municipal Council	1033	6200	mmc	N11.83415, E013.11955	Y	20
5	Teachers Village camp	Maiduguri Municipal Council	1323	7938	Kukawa	N11.84307, E013.09869	Y	24
6	Bakassi camp	Maiduguri Municipal Council	1680	10083	Munguno&G uzamala	N11.79308, E013.11784	Y	29
7	NYSC camp	Maiduguri Municipal Council	738	4425	Konduga, Bama&Damb oa	N11.82590,E 013.11947	Y	16
8	MOGCOLIS camp	Maiduguri Municipal Council	485	2907		N11.84564,E 013.14880	Y	13
9	SandaKyarimi camp	Jere	951	5711		N11.84984,E 013.18254	Y	19
10	Dalori camp 1	Jere	2588	15529		N1177930, E013.22357	Y	41
11	zonal education IDP Camp	Biu LGA	342	1880	Mandaragrau, Buratai, Gur, kamuya		Y	13
12	muna el-badawey camp	maiduguri municipal council	1050	6302			N	0
13	transit camp	pulka	199	1194			N	0
14	Arabic Teachers College camp	Maiduguri Municipal Council	381	2284			N	0
15	primary school premises camp	damboa	2139	12835			N	0
16	Gubio Camp	MMC	481	2891			N	0
		Total	28,655	176,273				392

Source: FHI 360 (2016), field survey (2018)

The camps were assessed using of a structured checklist based on the UNHCR and SPHERE standards. This is to physically assess the sanitation and water facilities in the camp. The main goal was to compare objectively the well-being of the population of concern to an established global standard. The checklist was used to visually assess and observe the water sanitation and hygiene systems within the camp by the researcher. Also, water samples from the camps were collected and subjected to physical, chemical and bacteriological analysis in Maiduguri NAFDAC laboratory. The result of the checklist is discussed in the next section.

4 Data Presentation

The result of the checklist evaluation is presented. From Tables 3 and 4 respectively, it can be deduced that the average quantity of water available per person per day is 8.8 litres which is below the standard provision of both sphere and UNHCR standards. The number of containers available for each household is also inadequate as only 1 container is available for fetching and storage where as the standard stipulates 1 for fetching and 1 for storage. The average distance travelled per household is 445m which is above the requirement of the standard provision of fewer than 50 meters. The number of persons at the water tap is also more than the standard requirement as the research reveals that there is an average of 464 persons per tap. The optimum distance of a latrine from a household shelter dwelling is 50m, however, in the camps, some shelters are less than 10m from the latrines which are very unhealthy. The number of latrines is also inadequate as it reveals an average of 61 persons visiting a single drop hole. This reason could attribute to why the drop holes fill up quickly. Some of the toilets also were not properly gender segregated which could increase cases of sexual violence. The experiment carried out on the water samples also revealed that there is the presence of bacteria such as *ecoli*, *coli* forms, and *pseudomonas* in some of the water samples. The amount of free residual chlorine in the water is also inadequate compared to the sphere standard provision. Communal waste collection is the common method of waste collection across the camps visited. 2 camps practiced waste bin collection but the bins were inadequate as IDPs reveal they prefer household bins compared to communal ones. The final disposal of the waste is also not consistent hence the camps sometimes are littered with waste. There is also no proper drainage in most of the camps visited as floods were common in the camps. The sludge collected from the toilets is also discovered not to be properly disposed of by the people responsible for de-sludge. This is also a potential health hazard as it poses a life threat to IDPs in terms of faecal-oral disease transmission such as cholera and diarrhoea which was reported to have occurred in some of the camps at one point in time.

Table 3: Evaluation of the IDPs sanitation systems using UNHCR and SPHERE standards provision

S/No	Standard Provision	UNHCR	SPHERE	Case Study	Inference
1	The average quantity of water available per person per day	<20 litres	greater than 15 litres	8.8 litres	Water is inadequate
2	Water container per household average 5 members	<20 litres water container per household	One 20 litres container per 1 HH, two 10 litres per household, two 5 litres per HH	1 container for fetching and 1 for storage	The water container is inadequate
3	Distance from farthest dwelling to the water point	Less than 200m	Less than 50m	445m	Distance is far
4	Number of the person at each water point	250 Per tap, 500 per hand pump,	80 to 100 per tap, 200 per hand pump, 400 per IHDW	464	The number at the water point is slightly fair
5	Optimum distance of latrine from HH	50m	50m	15m	The distance from HH is too close and poses a public health risk
6	Number of fecal coli forms at the distribution point	0 per 100ml treated water	0 per 100ml treated water	3	Shows there is contamination and exposure to salmonella and others
7	FRC in treated water	0.5mg per litres	0.3 mg per litres	0.1mg per litres	The free residual chlorine in the water is not sufficient enough to kill bacteria
8	Latrine	1 latrine 2 families (1st option), 1 cubicle 20 persons (2nd option) 1 cubicle 100 person or defecation field	1 latrine 2 families (1st option), 1 cubicle 20 persons (2nd option) 1 cubicle 100 person or defecation field	76	A number too large per latrine implies the possibility of open defecation
9	Solid waste collection	Refuse/garbage storage 1 bin 100 litres per family or 50 persons	Refuse/garbage storage 1 bin 100 litres per family or 50 persons	Communal waste containers, no containers for solid waste collection	IDPs want to refuse bins in addition to communal waste containers
10	Solid waste transport	Transport 1 wheel barrow per 500 persons and 1 tipper per 5000 person	Transport 1 wheel barrow per 500 persons and 1 tipper per 5000 person	Wheel barrow available	This meets the requirement
11	Final disposal of waste	Final disposal 1 landfill(50cm squared and 1.2mdeep)500 persons and 1 incinerator and 1 deep pit for each clime	Final disposal 1 landfill(50cm squared and 1.2mdeep)500 persons and 1 incinerator and 1 deep pit for each clime	Waste disposed of by BOSEPA and other private vendors	Those disposed of by private vendors are done indiscriminately which poses a health risk to individuals

12	Liquid waste	Drainage at water points, sanitary facilities, and shelters	Drainage at water points, sanitary facilities, and shelters	Most water points had drainages, and most sanitary facilities had drainages but shelters had no drainages hence the floods in the camps.	Lack of drainages in the shelters is what causes floods in the camps during the rainy season which poses a serious health risk
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Source: UNHCR (2016) AND SPHERE (2012), Field survey (2018)

Table 4: Checklist parameters

S/no	Site Name	population	Number of HH	Number of Boreholes	Functional Boreholes	total daily water vol	lpd	Total Latrines(drop holes)	Total Latrines (Functional)	No of people per lat	Hygiene Promo (Last_30_Days)
1	MUNA GARAGE EL BADAWE	35658	5943	14	13	312,000	8.7	1110	800	44	yes
2	250 HOUSING ESTATE (DALORI II CAMP)	11363	1894	9	4	96,000	8.4	220	212	53	yes
3	BAKASI CAMP	33898	5650	15	11	264,000	7.7	738	615	55	yes
4	EL MISKIN TRANSIT CAMP	9963	1661	3	3	72,000	7.2	142	138	72	yes
5	FARM CENTRE	21589	3598	8	6	144,000	6.6	410	380	56	yes
6	FEDERAL TRAINING CENTER CAMP (DALORI I CAMP)	19649	3275	6	3	144,000	7.3	578	246	79	yes
7	KAWAR MAILA	1072	179	1	1	24,000	22	38	33	32	yes
8	MOGCOLIS CAMP	2542	590	2	1	24,000	10	43	41	62	yes
9	MUNA GARAGE EL BADAWE	35658	5943	8	6	216,000	6.1	955	455	78	yes
10	NYSC CAMP BORNO	4622	770	4	2	48,000	10	85	85	54	yes
11	SANGAYA	7947	1325	3	2	48000	6	75	70	113	yes
12	TEACHERS VILLAGE	19936	3323	7	5	120,000	6	636	595	33	yes
		203897	34151								

Source; field survey 2018

Interpretation of Laboratory Result of the Chemical Test

Table 5: Interpretation of laboratory result of the chemical test

S/N	Elements	Maximum Limits for Water	Health Impact	Reference
1	Odour	Unobjectionable		
2	Colour	15 CU (clear and colorless)		
3	Turbidity (mg/l)	5 NTU max		SMART SPECTROPHOTOMETER
4	PH (mg/l)	6.5 – 8.5 max	Corrosive, acidity and bases.	PH meter operation manual
5	Alkalinity (mg/l)	100 max	Nausea, vomiting, hand tremors, muscles twitching, tingling in the extremities or face and confusion.	AOAC, REVION 2, 2007, SECTION 973, 42B(b)
6.	Cl (mg/l)	250 max	Hypertension	AOAC, REVION 2, 2007, SECTION 973, 42B(b)
7.	Cd (mg/l)	0.003 max	Toxic to the kidney	AOAC, REVION 2, 2007, SECTION 973, 42B(b)
8.	TH (mg/l)	100 max	Alzheimers disease, diabetes, childhood, atopic dermatitis, and kidney stones etc.	AOAC, REVION 2, 2007, SECTION 973 – 52
9.	TDS (mg/l)	500 max	Affects taste bitter, salty or metallic	HANNA H19835, INSTRUMENT MANUAL WHO
10.	Pb (mg/l)	0.01 max	Concern interference with vitamin D metabolism, affects toxic to the central and peripheral nervous system.	AOAC, REVION 2, 2007, SECTION 973, 42B(b)
11.	No ₂ (mg/l)	0.2 max	Cyanosis and asphyxia (blue – baby syndrome) in infants under 3 months	AOAC, REVION 2, 2007, SECTION 973, 42B(b)

Source: Survey 2018 (NAFDAC)

5 Summary

The following is the summary of the findings:

- a) It was discovered that the latrine is usually de-sludge but is done once in two months. This is against the standard requirement from the UNHCR and SPHERE standards.
- b) Other challenges identified reveal that the most common illness experienced in the camp is 'Diarrhea' (32.3%). This was closely followed by the STDs (26.8%); Fever and Tuberculosis (13.4% each). Still, on the health of the IDP camps, it also discovered that there are reports of sexual violence and it is common among adolescence.
- c) The chemical analysis of the water from the IDP camp revealed that concerning the pH value of the water there is a tendency that the water will be corrosive and acidic which can be toxic to the kidney.

6 Conclusion

Based on the findings, the following conclusions can be drawn. There is a gross insufficiency in the provision of water and toilet facilities in the IDP camps, this fact is proven from the result of the analysis of the respondents' opinions, the checklist result, and the plate/figure taken during the physical assessment of the IDP camps. At the time of this research, most of the latrines were in a dilapidated state, and according to respondents, the latrines are usually de-sludge but the frequency is once in two months. Diarrhea is the most common illness experienced in the IDP camps this can be linked to poor sanitation. There are also cases and records of illnesses like STDs, tuberculosis, and fever. The chemical result of the water concerning the pH value proves it tends to be toxic to the kidney.

7 Recommendations

The following are recommended:

- a) There should be strict compliance concerning the construction of latrines and toilet facilities. They should be constructed by the provision of standards like UNHCR and sphere, as this will help in reducing the tendency to spread diseases in the camp.
- b) Attention should be given to the PH value of the drinking water as the chemical test on the water proves that it possesses a threat to the human kidney.
- c) The national policy for IDPs and refugees should specify the WASH requirements of the IDPs base on the Nigerian context. The SPHERE and UNHCR standards do not capture the entire context of Nigeria and especially North eastern Nigeria.

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