

## Experiences of Caregivers on Health Challenges of Internally Displaced Children in Banditry-Affected Communities of Sokoto State, Nigeria

<sup>1</sup>U.A. Tarah, <sup>2</sup>U. Yunusa, <sup>2</sup>S. Ahmed, <sup>3</sup>S. Abdullahi

1. Department of Nursing Services, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria

2. Department of Nursing Sciences, Bayero University, Kano, Nigeria

3. College of Nursing Sciences, Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria

### Abstract

**Background:** In northwest Nigeria, banditry defined as the use of armed force by organized groups has become a major security threat, displacing thousands of individuals, including children. These displacements pose significant risks to the health and wellbeing of affected children. This study explored caregivers' experiences on health challenges faced by internally displaced children in banditry-affected communities of Sokoto State, to inform health policy and intervention strategies.

**Materials and Methods:** A qualitative phenomenological design was employed to capture the lived experiences of caregivers. Participants were purposively selected from internally displaced persons (IDP) camps within Sokoto State. Data were collected through in-depth semi-structured interviews conducted in the local Hausa language, transcribed verbatim, and translated into English. Thematic analysis was conducted manually to identify emerging themes and patterns.

**Results:** The study identified several themes, including adaptation and daily survival, health problems associated with displacement, and challenges in accessing healthcare services. Caregivers reported frequent illnesses among children, such as malaria, malnutrition, diarrhea, and respiratory infections.

**Conclusion/Recommendations:** Internally displaced children in Sokoto State face severe and multifaceted health challenges. The study recommends strengthening mobile healthcare services, integrating culturally sensitive health education, and expanding community-level support programs. Insights from caregivers should inform the design of targeted interventions and healthcare policies that address the specific needs of displaced children and their families.

**Keywords:** Internal Displacement, Caregivers, Health Challenges, Children, Banditry

### Introduction

Banditry, as an armed violence by organized groups, has become a major security crisis in Nigeria's North-west, displacing thousands, including children.<sup>1</sup> Internal displacement, driven by conflict, violence, and disasters, is a major humanitarian challenge globally, affecting millions of children and their host communities.<sup>2,3</sup> By 2023, nearly 40 million people were internally displaced due to conflict, with children accounting for nearly half.<sup>4</sup> In Africa, and especially

Nigeria, this crisis is compounded by banditry, insurgency, environmental degradation, and poor governance.<sup>5,6</sup>

In northern Nigeria alone, about 9.3 million people have been displaced, including over 2.9 million children.<sup>5</sup> This underscores the urgent need for effective responses to both immediate and long-term needs. According to UNICEF, over 354,000 children in the northwest were projected to suffer from severe wasting in 2023, highlighting the devastating effects of displacement on child health and nutrition.<sup>7</sup>

In Sokoto East, displacement is widespread—many residents know someone affected, highlighting the crisis's severity. Children face unique vulnerabilities, including malnutrition, injury, poor mental and reproductive health, and disrupted access to healthcare.<sup>1,8,9</sup> Conflict-related displacement has worsened childhood malnutrition and social instability,

### Correspondence to:

Usamatu Abubakar Tarah

Department of Nursing Services,  
Usmanu Danfodiyo University Teaching Hospital,  
P.M.B. 2370, Sokoto, Nigeria

Email: [usamatarah@gmail.com](mailto:usamatarah@gmail.com)

as shown by Abdulmalik et al.<sup>10</sup> Similarly, infants exposed to conflict in their first year are 7.7% more likely to die before age one.<sup>11</sup> Emotional trauma, PTSD, and depression are also prevalent among displaced children and caregivers.<sup>11</sup>

Caregivers, parents, relatives, or guardians—play a vital role in supporting displaced children. However, research reveals poor health attitudes among IDP family heads, limited awareness, and barriers to healthcare access, further endangering child wellbeing.<sup>8</sup> In Sokoto and other northwestern states, children in overcrowded, poorly resourced host communities are especially at risk.<sup>13</sup> While many studies link conflict with poor health outcomes, little research explores caregivers' experiences regarding their children's health challenges, particularly in Sokoto State. This study addresses that gap, aiming to explore the experiences of caregivers of internally displaced children in banditry-affected communities of Sokoto State

### Materials and Methods

**Study Design:** This study employed a qualitative research, specifically utilizing a phenomenological approach to explore the lived experiences of caregivers on health challenges encountered by internally displaced children. Phenomenology, developed by Edmund Husserl, offers a comprehensive framework for exploring individuals' lived experiences without preconceived notions or assumptions.<sup>1</sup>

**Sampling and Recruitment :** The researchers employed purposive sampling technique to recruit participants with relevant experiences across the IDP camps within the state, namely Guiwa eka camp, Guiwa lowcost camp, Ramin kura camp, Gidan igwe camp and Shiyar gagi camp. This method ensured that, the sample was well-aligned with the research objectives, allowing for a detailed exploration of the phenomenon.

The study's inclusion criteria emphasized the necessity for participants to have personal experiences of internal displacement lasting at least six months, ensuring they possess relevant insights into the challenges faced during this period. In contrast, the exclusion criteria are stringent, ruling out displaced individuals without affected children, as their experiences may not align with the study's focus. Additionally, non-residents of Sokoto are excluded to maintain the study's geographical relevance, as well as caregivers who are unwilling or unable to communicate effectively about their experiences. The study targeted a sample of 24 participants, with saturation achieved after interviewing 11 individuals. Saturation, a principle from grounded theory, indicates that data collection can

cease when no new information emerges.

**Data Collection:** Data was collected through in-depth interviews with caregivers, involved individual interactions focused on their experiences of the health challenges faced by their children while internally displaced. The interview guide was translated into Hausa by Amsoshi Language Services, a registered translation organization affiliated with the Department of Hausa Language, at Usman Danfodiyo University, Sokoto. These interviews were conducted in the natural settings of their camps. The in-depth one-on-one interviews lasted between 1000H and 1035H to 1000H and 1040H (30 to 40 minutes) per participant. Two participants were interviewed at Guiwa Eka Camp, Guiwa Lowcost Camp, Ramin Kura Camp, and Gidan Igwe Camp, while three participants were interviewed at Shiyar Gagi Camp, resulting in a total of 11 participants.

Data saturation was confirmed when no new information emerged, and two additional interviews were conducted to ensure that no further insights would be gained. The data collection process took place over two weeks, from April 22 to May 6, 2024. Data were captured using a voice recorder, translated into English, and transcribed within 24 hours, when the information was fresh in the researchers' minds. To further validate the results, follow-up interviews were conducted, allowing participants the opportunity to comment on the findings. The process of member-check was employed to enhance the validity of the findings, by allowing participants to review and confirm the accuracy of their responses. Of the 11 participants involved, 10 confirmed that the translated interview quotes from Hausa to English were complete and accurate, thereby reinforcing the reliability of the data.

**Data Analysis:** Data were analyzed using a reflective inductive approach as outlined by Braun and Clarke.<sup>1</sup> The process involved familiarization with the data, manual coding in Microsoft Word, and categorization of extracts into families and overarching themes based on study objectives. Bracketing and reflexivity were rigorously applied to enhance credibility. Researchers critically examined assumptions such as uniform health challenges among displaced children, and used reflexivity to balance empathy with objectivity, avoiding confirmation bias. A reflective journal was maintained throughout to document thoughts, feelings, and potential biases during data collection and analysis. Inter-coder reliability was ensured by employing two independent coders, followed by discussion to align interpretations. A third-party review confirmed at least 80% agreement in coding consistency. An audit trail was also maintained to document research decisions and enhance trustworthiness.

**Ethics:** Informed consent was obtained verbally from participants. Confidentiality was maintained by avoiding the collection of personal identifiers and ensuring that data was used solely for research purposes and ethical approval (reference number SMH/1580/V.IV) was secured from the Sokoto State Ministry of Health's research ethics committee.

## Results

### Socio-Demographic Characteristics of Interviewed Participants

Most participants were aged 41–50 years (n=4), and the majority identified as Hausa (n=4) or “Other” ethnic groups (n=5). Education levels were very low: 10 participants had no formal education, and only 1 had primary education. In terms of occupation, 7 participants reported occupations under “Others Specify,” while 4 were unemployed.

All participants were Muslim, with no representation from other religions. Most were married (n=6), followed by divorced/separated (n=3) and widowed (n=2). Participants originated from various LGAs, with Isa (n=3) being the most common. Displacement locations were spread evenly, each site having 2–3 participants. The majority had been displaced for over a year (n=9), indicating prolonged displacement experience.

### Experiences of Caregivers on Health Challenges of Internally Displaced Children, In Banditry Affected Communities of Sokoto East Senatorial District

The qualitative analysis of the caregivers' experiences highlights the challenges of internal displacement on the health and wellbeing of children. The themes derived from the coded data can be categorized into four as follows:

- I. Adaptation and Daily Survival
- ii. Health Problems of Displacement
- iii. Challenges in Accessing Healthcare
- iv. Resource Constraints and Coping Mechanisms

#### I. Adaptation and Daily Survival

Displacement due to banditry, has forced many caregivers to leave their homes and seek refuge in IDP camps. This theme, revealed the myriad ways in which the displaced children adapt to their new environments and navigate the challenges of daily survival. Data showed that, the adjustment process is multifaceted, involving both psychological and practical adaptations. The experiences of the caregivers range from relief at escaping violence to the harsh realities of sustaining the livelihoods of the children through begging and hawking. Excerpts below from some of the participants poignantly described the situation of the displaced children;

*“There is no peace in our villages. Here, at least we are*

*not living in fear, but begging and hawking have become part of our daily routine to feed our children.” (P7)*

*“The scarcity of water and no toilet facilities are big problems. Our children are frequently sick, and many are suffering from severe acute malnutrition.” (P5)*

*“The hunger is severe. Sometimes the children are deceived by boys offering food, which leads to more problems like fornication.” (P10)*

The data also indicated that, the transition from their previous homes, where life was more stable, to displacement camps involved navigating new social dynamics and often dealt with a lack of infrastructure. Some direct quotes from the transcript supporting this assertion are as follows;

*“Initially, my children were begging, but now they are helping me hawk my business. They sell rice for me, and sometimes they hawk sachet water. None of my children are begging anymore. We are running the business together, which provides us with our source of income.” (P4)*

To meet the daily needs of the children, the subtheme of “daily survival strategies” emerged, highlighting the caregivers' struggles to find ways to earn money through hawking and minor work, as well as their reliance on community support. This is illustrated in the excerpt from the quoted transcripts below

*“Initially, my children were begging, but now they are helping me in hawking. They sell rice for me, and sometimes they hawk sachet water.” (P4)*

*“We have to go out and do some minor work or beg before we can get something to feed them. If they are sick, we have to beg for the drugs.” (P5)*

*“Later, we came up with the idea of contributing money among ourselves to raise funds for taking seriously ill children to the hospital for treatment.” (P6)*

#### ii. Health Problems of Displacement

Findings from the interviews, revealed a clear contrast between the health conditions of the children, before and after displacement. Before displacement, according to the interviewed caregivers, children often enjoyed better health conditions, due to stable living environments and access to necessary resources. Post-displacement, the situation deteriorated drastically, due to lack of food, poor living conditions, and lack of healthcare. Below are some of the responses picked from the transcripts:

*“Before the bandits set our home on fire, we and our*

**Table 1: Socio-Demographic Characteristics of Interviewed Participants (n=11)**

Variables		Frequency	Percentage
Age	18-30 Years	2	18.2
	31-40 Years	3	27.3
	41-50 Years	4	36.4
	51-above Years	2	18.2
Gender	Male	0	0.0
	Female	11	100.0
Ethnicity	Hausa	4	36.4
	Fulani	2	18.2
	Yoruba	0	0.0
	Igbo	0	0.0
	Others Specify	5	45.5
Educational Status	No formal	10	90.9
	Primary	1	9.1
	Secondary	0	0.0
	Higher/Tertiary	0	0.0
Occupation	Unemployed	4	36.4
	Civil Service	0	0.0
	Business/Trade	0	0.0
	Artisan	0	0.0
	Others Specify	7	63.6
Religion	Islam	11	100.0
	Christianity	0	0.0
	Others Specify	0	0.0
Marital Status	Single	0	0.0
	Married	6	54.5
	Divorced/Separated	3	27.3
	Widowed	2	18.2
Place of Origin	Isa	3	27.3
	Sabon Birni	2	18.2
	Goronyo	2	18.2
	Wurno	1	9.1
	Raba	2	18.2
	Gada	0	0.0
	Illela	0	0.0
	Gwadabawa	1	9.1

*children were healthier and had a peaceful life. I had a business and we were not doing badly."(P1)*

*"Back at home, even though we were struggling for survival, it was manageable. Now, we are shouldering all responsibilities alone in catering for the children."(P6)*

*"There is no basis for comparison between our peaceful*

*life at home and the situation here at the IDP Camp. Here, if some of the children are sick, we only buy drugs from the vendors with our own money and administer them."(P1)*

Other issues related to the deteriorated health condition of the children post-displacement, according to the data, are factors such as overcrowding and inadequate healthcare. This has been associated with slow recovery

from illnesses and ongoing malnutrition. In relation to this, are insights made by participants below;

*"Since we came here, my child's health has worsened. The congestion and overpopulation make it hard for them to recuperate from sickness." (P4)*

*"The children are always hungry and get sick often. They recover very slowly because of the poor healthcare conditions here." (P9)*

### iii. Challenges in Accessing Healthcare

Data analysis has shown that, accessing healthcare is a significant challenge for internally displaced children. The theme "Challenges in Accessing Healthcare" revealed the difficulties these children face in obtaining medical care. The data suggested that displaced caregivers often rely on purchasing medications from informal vendors or collectively contributing to afford healthcare services for their children. Participants also reported that local government health workers use to provide support; however, the measures are generally inadequate to meet their needs. This is further illustrated by the responses from study participants quoted below:

*"When we need medicine, we usually buy drugs from vendors because going to the hospital is too expensive for us." (P2)*

*"The health workers from the local government help us sometimes, but mostly we have to contribute money to cover the costs of medical care." (P8)*

Analysis also revealed that, caregivers adopt various methods to manage their children's health, including cautioning them against harmful behaviors and pooling resources to afford treatment. In relation to this, below are few responses from some participants interviewed;

*"We caution our children to stay healthy and contribute money among ourselves for hospital visits. I also started a small business to help cover the costs." (P11)*

*"We do what we can within our means. Sometimes hawking is the only way to earn enough to buy the necessary medicines." (P4)*

Though previous responses highlighted precarious access to healthcare, the data analysis indicated that, a few participants presented a contrasting view, sharing experiences of taking their children to hospitals whenever they are sick and sometimes receiving visits from healthcare workers at the camp. These accounts are traceable in the following responses:

*"When they are sick, we used to take them to the*

*hospital, where they will be checked and receive some injections." (P5)*

*"Even this afternoon, a group of local government health workers were here to see our children. They are doing their best." (P6)*

### iv. Resource Constraints and Coping Mechanisms

Data analysis has shown that, the lack of resources is a significant barrier to meeting the health needs of children. Displaced caregivers and their children struggle with limited financial means, inadequate shelter, and insufficient food and water, making it difficult to provide proper care, and affecting their ability to meet basic needs of the children and forcing them to develop coping mechanisms to survive. Some of the participants stated that;

*"The major problem here is money. We lack resources and shelter, and this makes it very hard to meet our children's health needs." (P6)*

*"Begging is sometimes the only option to get enough money for our children's health. It's a struggle every day to find enough resources." (P6)*

Deduced from the data, caregivers cope with these constraints by adopting various strategies, such as engaging in small businesses, hawking, and relying on community support. According to the participants, these mechanisms help them navigate the daily challenges of displacement affecting their children. The following are responses from the study participants;

*"We struggle, but we are doing our best by hawking and managing small businesses to get by." (P3)*

*"Community support is crucial. We often pool our resources and help each other out whenever we can." (P7)*

Data analysed also depicted that, in an attempt to meeting basic needs of the children, caregivers employ other various strategies to meet children's health needs amidst severe financial constraints, including begging, contributing money, and relying on community support. Participant responses below demonstrate that;

*"I am running my business. I am occupied with the struggle just to cater to my children." (P3)*

*"Life is indeed filled with serious despair. I use the word 'despair' because anyone not forced to migrate from their home must be in a sorrowful situation. Where we are now, we always have to go out and beg before we can eat." (P10)*

## Discussion

### The Socio-Demographic Data

This study offers localized insight into the socio-demographic characteristics of caregivers in displaced communities in Sokoto State. Most participants were women aged 41–50, reaffirming the gendered nature of caregiving in displacement settings.<sup>1</sup>

The majority identified as Hausa and Fulani, with no Yoruba or Igbo participants, reflecting regional ethnic patterns among displaced populations.<sup>2</sup> A key finding was the widespread lack of formal education—most had none and likely relied on Islamic schooling, emphasizing the role of religious institutions in educational access during displacement (Miles).<sup>3</sup>

Economically, participants faced high unemployment and relied on informal trade, consistent with earlier reports on livelihood struggles in displaced communities.<sup>4,5</sup>

All respondents were Muslim, and varied marital statuses—especially widowhood—highlight the social disruption caused by conflict, reinforcing existing findings.<sup>1</sup> Participants originated from multiple LGAs in Sokoto East, indicating a broad geographic spread that complicates aid distribution, as noted by UNICEF (2018) and IOM (2019).<sup>6,7</sup> Most had been displaced for over a year, underscoring the need for long-term, culturally-sensitive interventions beyond emergency support.<sup>1,5</sup>

### Experiences of Caregivers on the Health Challenges of Internally Displaced Children

The study here identified four themes that shed light on the challenges faced by internally displaced children including adaptation, daily survival, health effects of displacement, barriers in accessing healthcare, and coping mechanisms.

**Adaptation and Daily Survival:** Internally displaced caregivers encounter substantial challenges in helping their children adapt to new environments while ensuring daily survival. This aligns with findings by Bürgin et al. (2022) and Ncube et al. (2021), which emphasize the impact of displacement on daily life and coping strategies through informal labor. This study specifically highlights the unique adaptation strategies employed by caregivers in Sokoto State, providing localized insights into the daily survival tactics of internally displaced populations in the region. These findings suggest potential avenues for support to help these families adjust to their new circumstances.<sup>8,9</sup>

**Health Problems of Displacement:** The health effects of displacement were pronounced among children,

with increased vulnerability to malnutrition and infectious diseases due to overcrowded and unsanitary living conditions. This finding aligns with studies by Bendavid et al. (2021), Eran et al. (2021), and Abdulmalik et al. (2023), highlighting the heightened health risks faced by displaced populations. The research provides specific evidence of the health challenges faced by internally displaced children in Sokoto, emphasizing the urgent need for targeted health interventions to address malnutrition and infectious diseases in this context.<sup>10,12</sup>

**Challenges in Accessing Healthcare:** Accessing healthcare by the children at IDP camps posed significant challenges, including financial constraints, neglect from healthcare workers, and inadequate medical facilities, echoing findings by Nmadu et al. (2022) and Orach and De Brouwere (2021) on barriers to healthcare access in conflict-affected areas. This study elucidates the particular barriers to healthcare access faced by caregivers in Sokoto's IDP camps, thereby informing policies aimed at improving healthcare delivery in similar contexts.<sup>1,13</sup>

**Resource Constraints and Coping Mechanisms:** Caregivers grappled with resource constraints, and adopted various coping mechanisms, such as informal economies and community support networks, similar to findings by Salami et al. (2020) and Jacobsen et al. (2019) on economic challenges and resilience-building strategies among displaced populations. The study revealed the specific coping strategies utilized by caregivers in Sokoto, contributing to the understanding of resilience and resourcefulness among displaced communities, and highlighting the importance of community support in enhancing survival during displacement.<sup>14,15</sup>

### Acknowledgements

We acknowledge all the participants, Supervisors and teachers for their time and contribution to the study.

### Conflict of Interest/Declaration

Authors declare no competing interests.

### Sources of fund

The authors received no external funding for this study

### References

1. Michael R, Imti O. Armed conflict and child health. *Br Med J*. 2015. <http://dx.doi.org/10.1136/adc.2009.178186>
2. Jakob K. Root causes and prevention of internal displacement: the ICRC perspective [Internet]. Geneva: International Committee of the Red Cross; 2023 [cited 2025 Jul 20]. Available from:

<https://www.icrc.org/en/doc/resources/document/s/statement/displacement-statement-231009.htm>

3. Vasileiou K, Barnett J, Thorpe SJ, Young T. Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Med Res Methodol*. 2018;18(1). <https://doi.org/10.1186/s12874-018-0594-7>.
4. United Nations High Commission for Refugees; National Commission for Refugees, Migrants and Internally Displaced Persons; Grassroot Initiative to Strengthen Community Resilience. Protection monitoring report: Katsina, Sokoto and Zamfara. 2021.
5. Onyadike O. Inside Nigeria's banditry epidemic. *The New Humanitarian*. 2023 Jan 30 [cited 2025 Jul 20]. Available from: <https://www.thenewhumanitarian.org/news-feature/2023/01/30/Nigeria-banditry-Zamfara>
6. Makinde OA, Olamijuwon E, Mgbachi I, et al. Childhood exposure to armed conflict and nutritional health outcomes in Nigeria. *Confl Health*. 2023;17:15. <https://doi.org/10.1186/s13031-023-00513-0>
7. United Nations Children's Fund (UNICEF). Humanitarian Situation Report: Nigeria. Abuja: UNICEF; 2022. Available from: <https://www.unicef.org/documents/nigeria-humanitarian-situation-report-no4-year-end-31-december-2022UNICEF>
8. Okojie LI, Abdul-Qadir AB. Impact of armed banditry on healthcare delivery in Anka local government area of Zamfara state. *Gusau Int J Manag Soc Sci*. 2022;5(3). Available from: <https://gijmss.com.ng/index.php/gijmss/article/view/137>
9. Eran B, Ties B, Nadia A, Ana L, Espoir Bwenge M, Emelda AO, et al. The effects of armed conflict on the health of women and children. *Lancet*. 2021;397:522–32. doi:10.1016/S0140-6736(21)00131-8
10. Abdulmalik J, Ani C, Akinbode A, Yahya S, Idemudia E. Armed conflict and childhood malnutrition in Nigeria: insights from a nationwide survey. *Confl Health*. 2023;17(1):1–14. doi:10.1186/s13031-023-00513-0
11. Bendavid E, Boerma T, Akseer N, Langer A, Malembaka EB, Okiro EA, et al. The effects of armed conflict on the health of women and children. *Lancet*. 2021;397(10273):522–32. doi:10.1016/S0140-6736(21)00131-8
12. Nidzvetska S, Rodriguez-Llanes JM, Aujoulat I, Gil Cuesta J, Tappis H, van Loenhout JA, et al. Maternal and child health of internally displaced persons in Ukraine: a qualitative study. *Int J Environ Res Public Health*. 2017;14(1):54. doi:10.3390/ijerph14010054
13. Nmadu A, Nmadu CP, Abba KA, Bello-Muhammad BF. Caregiver perspectives on health challenges of internally displaced children in Sokoto, Nigeria. *Int J Healthc*. 2022;8(1):1–12.
14. William FN. Ethnic identity and internal displacement in northern Nigeria. *J Ethn Cult Stud*. 2019;6(2):44–55.
15. Miles WFS. Islamic schools and the education of children in the Hausa community. *J Islam Educ Stud*. 2022;1(1):13–27.
16. Grace WA. Challenges of internally displaced persons (IDPs) in Nigeria: implications for counselling and the role of key stakeholders. *J Innov Psychol Soc Dev*. 2017;5(2). Available from: <https://seahipaj.org/journalsci/june2017>
17. Attah ZO. Rights of the internally displaced persons [Internet]. Lagos: Vanguard; 2022 [cited 2025 Jul 20]. Available from: <https://www.vanguardngr.com/2021/09/fec-approves-new-policy-on-internally-displaced-persons/>
18. International Organization for Migration. Forced migration or displacement [Internet]. 2023 [cited 2025 Jul 20]. Available from: <https://www.migrationdataportal.org/themes/forced-migration-or-displacement>
19. Bürgin D, Anagnostopoulos D, Vitiello B, Sukale T, Schmid M, Fegert JM, et al. Impact of war and forced displacement on children's mental health – multilevel, needs-oriented, and trauma-informed approaches. *Eur Child Adolesc Psychiatry*. 2022;31(6):845–53. doi:10.1007/s00787-022-01974-z
20. Ncube M, Moyo D, Makunedaka G. Socio-economic challenges facing internally displaced persons in Zimbabwe: a case study of Chisumbanje and Marange. *J South Afr Stud*. 2021;47(4):645–61.
21. Orach CG, De Brouwere V. Barriers to accessing healthcare for internally displaced persons in Uganda: lessons from Wakiso district. *BMC Int Health Hum Rights*. 2021;21(1):14.
22. Salami B, Stella I, Oluwakemi A, Mia T, Chizoma N, Hayat G, et al. The health of internally displaced children in sub-Saharan Africa: a scoping review. *BMJ Glob Health*. 2020;5(8):e002584. doi:10.1136/bmjgh-2020-002584
23. Jacobsen K, Landau LB, Maystadt JF. What's in a number? The politics of counting internally displaced persons. *J Refug Stud*. 2019;32(2):202–28.
24. Médecins Sans Frontières (MSF). Nigeria: The humanitarian situation in the northeast. Geneva: MSF; 2021.
25. Meyer SR, Popham F, Joshi M. The role of social support in promoting refugee resettlement: the experience of settled Yazidi women in Winnipeg. *Can J Public Health*. 2017;108(1):12–7.