

ASSESSING THE REALISATION OF THE RIGHT TO WATER AND SANITATION FOR INTERNALLY DISPLACED PERSONS IN NIGERIA: A CASE STUDY OF UHOGUA IDP CAMP, BENIN CITY, EDO STATE

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Water, sanitation and hygiene (WASH) are internationally recognized as essential components of the right to human dignity and health. The rise in insurgency particularly in the North-Eastern part of Nigeria, has led to displacement of several persons, leaving many vulnerable to poor living conditions. Internally Displaced Persons Camps (IDP) are often characterized by overpopulation which often worsens the challenges related to access to water, sanitation and hygiene. This study assesses the gap, if any, between the international human rights standards of availability, quality and safety, accessibility, affordability and sustainability and the realities of WASH implementation in the privately coordinated camp- "Home for the Needy" Internally Displaced Persons camp in Uhogua, Benin City, Edo State (known as Uhogua IDP camp.) The research adopted a mixed legal research methodology that combines traditional doctrinal analysis of existing laws on WASH and international legal documents and qualitative methods through interviews and physical observation so as to assess water and sanitation conditions. The findings reveal an implementation gap despite the camp's organized structure: inadequate and poorly maintained toilet facilities compromising privacy and dignity while residents endure irregular water supply due to lack of electricity. The study concludes that, in order to improve WASH conditions, there should be stronger state involvement. Collaboration between the state and the camp's private administration is significant to the provision and management of WASH facilities in Uhogua IDP camp.

Keywords: Right to water, sanitation, hygiene, IDPs, Uhogua Camp

1. Introduction

According to the United Nations Guiding Principles on Internal Displacement, Internally Displaced Persons (IDPs) 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 in order 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."¹ The prolonged insurgency in Nigeria, especially in the North-East region has led to the displacements of over 3 million Nigerians, who now reside in formal or informal camps created for internally displaced persons (IDP).² Reports have shown that IDP camps are generally characterized by overcrowding and this has resulted in poor access of water and sanitation facilities, environmental pollution, lack of privacy and disease outbreak. These conditions have been shown to greatly affect the residents especially women and children as regards their right to healthy living conditions and human dignity.³

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¹ United Nations Guiding Principles on Internal Displacement (UN Doc E/CN.4/1998/53/Add.2, 1998) Principle 5.

²International Organization for Migration (IOM),Displacement Tracking Matrix (2024) <<https://dtm.iom.int/nigeria>> accessed 14 March 2026

³Internal Displacement Monitoring Centre, Global Report on Internal Displacement (2019) <<https://www.internal-displacement.org/global-report/grid2019/>> accessed 13 March 2026 ; D A Bata and others 'Evaluation of Water, Sanitation and Hygiene Facilities in Ekilisiyar Yan'uwa A Nigeria Internally Displaced Persons Camp in Maiduguri, Borno State, Nigeria' (2024) 28(10B Supplementary) *Journal of Applied Sciences and Environmental Management* 3339

The United Nations defines Human rights as “rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status”.⁴ This definition affirms the universality of human rights. Human dignity entails “the intrinsic worth every individual has by virtue of them being humans”.⁵ By virtue of this, the right to health is a necessary component of human dignity. In Nigeria, the right to human dignity and health are contained in section 34 and 17 respectively of the Constitution of the Federal Republic of Nigeria 1999 (CFRN).⁶ Therefore, the deprivation of health care which is essential in maintaining human life, bodily integrity and basic living condition can be seen as a violation of the right to human dignity. The United Nations Declaration on Human Rights (UDHR) 1948 defines the right to health as “everyone having the right to a standard of living adequate for the health and wellbeing of himself and of his family...”⁷ There are various inalienable rights which aim to protect the dignity and standard of living and chief among these is the right to Water, Sanitation and Hygiene (WASH). WASH is an important component of public health, that is, the promotion of individual health, protection of human dignity and prevention of disease outbreak.⁸ WASH principles have gained root in international human rights law and are recognized by the United Nations (UN),⁹ World Health Organisation (WHO)¹⁰ and international instruments such as International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966,¹¹ Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 1979,¹² and the African Charter on Human and People’s rights (ACHPR) 1981.¹³ These bodies and instruments strongly advocate and recognize that WASH are minimum standards of necessities for good living and as such the States have a duty to ensure that WASH policies and laws are implemented and facilities made available for members of societies especially those in vulnerable settings.¹⁴ However, despite this global recognition, there has been a notable implementation gap in actualizing these WASH standards in IDP camps due to factors like economic limitation, lack of infrastructures, institutional issues and ignorance. This article examines the gap between the international human rights standards and the realities of WASH implementation in “Home for the Needy” Internally Displaced Persons camp in Benin City, Edo State popularly known as Uhogua IDP camp. It assesses whether the water and sanitation conditions of the camp aligns with globally recognized human right standards of availability, quality and safety, accessibility, affordability and sustainability. It will also propose recommendations for a right-based approach to WASH in vulnerable settings. The findings reveal

⁴ United Nations Office of the High Commissioner for Human Rights, 'What are Human Rights?' (based on the Universal Declaration of Human Rights 1948) < <https://www.ohchr.org/en/what-are-human-rights> > accessed 17 February 2026

⁵ C. McCrudden, 'Understanding Human Dignity' (2013) < <https://pure.qub.ac.uk/en/publications/understanding-human-dignity> > accessed 20 March 2026.

⁶ Constitution of the Federal Republic of Nigeria 1999 (as amended) s. 17 and s.34

⁷ United Nations General Assembly, Universal Declaration of Human Rights (adopted 10 December 1948 UNGA Res 217 A(III)).

⁸ Bethel Oluwatosin Adedeji and others, 'An Assessment of the State of Water Sanitation and Hygiene (WASH) in Heipang Internally Displaced Persons (IDP) Camp, Plateau State, Nigeria' (2021) 2(4) *Hmlyn Journal of Human and Cultural Studies* 1.

⁹ United Nations General Assembly, 'The Human Right to Water and Sanitation' (Resolution adopted by the General Assembly on 28 July 2010) UN Doc A/RES/64/292 (2010).

¹⁰ WHO, 'Water Sanitation and Hygiene' (2014) < <https://www.who.int/health-topics/water-sanitation-and-hygiene-wash> > accessed 20 February 2026.

¹¹ International Covenant on Economic, Social and Cultural Rights 1966, 993 UNTS 3.

¹² Convention on the Elimination of All Forms of Discrimination against Women 1979, 1249 UNTS 13 (adopted 18 December 1979, entered into force 3 September 1981).

¹³ African Charter on Human and Peoples' Rights 1981, 1520 UNTS 217 (adopted 27 June 1981, entered into force 21 October 1986).

¹⁴ Pedi Chiemena Obani, “*Strengthening the Human Right to Sanitation as an Instrument for Inclusive Development*” (CRC Press/ Taylor & Francis 2018)

an implementation gap despite the camp's organized structure: inadequate and poorly maintained toilet facilities compromising privacy and dignity while residents endure irregular water supply due to lack of electricity. The study concludes that, in order to improve WASH conditions, there should be stronger state involvement. Collaboration between the state and the camp's private coordination is significant to the provision and management of WASH facilities in Uhogua IDP camp.

The next section considers how the 1999 Constitution and international legal instruments conceptualise and explain the right to WASH and its principles. Section 3, describes the study setting. Section 4 discusses the methodology. Thereafter, section 5 presents findings from the field work and analysis of the implementation gap. Finally, section 6 presents recommendations and conclusion of the study.

2. The Human Right to Water and Sanitation: International Laws and the 1999 Constitution

Abdullahi *et al* opines that conflict and insecurity are factors that create conditions of vulnerability as witnessed amongst IDPs, who as a result suffer scarcity of food, poor access to water and lack proper hygiene practices.¹⁵ Also, Adedeji *et al* observes that IDPs are forced to live in deplorable conditions in camps, with few basic amenities, inadequate water and sanitation facilities which pose risks to their health and wellbeing. In addition, the challenge of accessing water in the camps, exacerbate sanitation and hygiene practices.¹⁶ In a study by Florence *et al*, WASH practices are emphasized to be an indispensable human right. Denial of this right has psychological implications resulting in anxiety, embarrassment and stress.¹⁷ In light of this, WASH practices can be seen as not just a humanitarian concern but as essential practices for safeguarding the health and wellbeing of individuals in a society and especially, in vulnerable settings.

International human right law recognizes the state's *primary* role in ensuring WASH practices especially in vulnerable settings like IDP camps. The state's obligation is observed through the tripartite framework - respect, protect and fulfil, which was first propounded by Henry Shue and has been adopted in international human rights law.¹⁸ This framework in relation to WASH rights posits as follows:

- 1) Respect: The state and its agents have a duty to refrain from interfering with existing access to water supply and sanitation
- 2) Protect: The state must protect an individual's WASH rights from third party interference that seeks to deprive them of the enjoyment of such rights.
- 3) Fulfil: The state should play a proactive role through its policies, funding and infrastructure to ensure the facilitation and implementation of WASH rights.

This principle has also been adopted by the UN Special Rapporteur on the human rights to safe drinking water and sanitation, which focuses on how the State and independent regulatory bodies have a duty to ensure the actualization of WASH standards, as a way of protecting human rights. The human right to water and sanitation is firmly established under international law. Article 11 of the ICESCR provides for the rights of individuals and their family to enjoy an adequate standard of living and the continuous improvement of such conditions, which includes adequate food, clothing and housing. While article 12 recognizes the right to enjoy the highest standard necessary

¹⁵ Abdullah Ahmed Tahlil and others, 'Knowledge, Attitude, and Practice of Water, Sanitation, and Hygiene among Internally Displaced Persons in Somalia' (2025) 44(1) *sJournal of Health, Population and Nutrition* 303.

¹⁶ Bethel Oluwatosin Adedeji and others n8

¹⁷ Florence Dery and others, 'Understanding Empowerment in Water, Sanitation, and Hygiene (WASH): A Scoping Review' (2020) 10(1) *Journal of Water, Sanitation and Hygiene for Development* 5.

¹⁸ Barbara Frey, 'Henry Shue, Basic Rights: Subsistence, Affluence and U.S. Foreign Policy' (2017) 2(1) *Business and Human Rights Journal* 189.

for physical and mental health. This includes the state's improving environmental hygiene, prevention, control and treatment of diseases.¹⁹ Although these provisions do not explicitly mention WASH, the United Nations Committee on Economic, Social and Cultural Rights, in General Comment No. 15 (2002), have interpreted it as encompassing the human right to water. The Committee emphasizes that this right entitles everyone to safe, physically accessible, acceptable and affordable water for use.²⁰ These standards are recognized as the minimum standards to ensure the State's compliance, in order to guarantee public health and preserve human dignity especially in vulnerable settings like the IDP camps. In 2010, the United Nations General Assembly adopted Resolution 64/292, and further recognized access to safe and clean drinking water and sanitation as distinct human rights essential for the full enjoyment of life.²¹ Therefore, this resolution clearly recognized both water and sanitation as necessary conditions to be implemented in a state, especially among vulnerable population in order to promote health and dignity.

At the regional level, the African Commission posits that the right to water and sanitation are necessary components in fulfilling obligations under article 16 of the African Charter on Human and Peoples' Rights (ACHPR) which relates to the right to health. Member states have a duty to protect the health of their people and provide medical care. Article 24 of the ACHPR, recognizes the right to a favourable environment for development.²² By virtue of these provisions, the African Commission has interpreted these sections to create a duty on the state to protect the public health of individuals and ensure a safe and healthy environment. The manifestation of which are embedded in WASH practices, which includes access to safe water, proper waste disposal, hygiene conditions. In the landmark case of *Social and Economic Rights Action Centre and Another v. Nigeria*,²³ the commission held that the oil spillage on the Niger Delta land resulted in environmental degradation and posed a risk to health and as such was in contravention of article 16 and 24 of the ACHPR.

Furthermore, by the provision of article 14 of Convention on the Elimination of All Forms of Discrimination Against Women, the state has a duty to ensure that the right to an adequate standard of living, including water and sanitation are accessible to women in rural areas.²⁴ In the same vein, article 24 of the Convention on the Rights of the Child (CRC) saddles states with the responsibility of conducting hygiene and environmental sanitation education to promote child health.²⁵ The World Health Organisation (WHO) emphasizes that safe drinking water, sanitation and hygiene are necessary to prevent illnesses such as diarrhea and encourages health and well-being of individuals and communities.²⁶ It further opines that global policies to improve WASH conditions and healthy living has in time past reduced death rates. This affirms the essentiality of WASH to public health and reinforces the state's obligation.

In Nigeria, the right to WASH is not expressly stated in the Constitution of the Federal Republic of Nigeria 1999 (as amended), but could be implied from certain constitutional provisions, particularly section 17 and 20 of the constitution, which saddles the government with the duty of

¹⁹ International Covenant on Economic, Social and Cultural Rights 1966, 993 UNTS 3, arts 11 and 12

²⁰ Committee on Economic, Social and Cultural Rights, General Comment No 15: The Right to Water (Arts 11 and 12 of the Covenant) (2002) UN Doc E/C.12/2002/11

²¹ United Nations General Assembly n9

²² African Charter on Human and Peoples' Rights 1981, 1520 UNTS 217 (adopted 27 June 1981, entered into force 21 October 1986) arts 16 and 24

²³ *Social and Economic Rights Action Center (SERAC) and Another v Nigeria* (2001) AHRLR 60 (ACHPR 2001).

²⁴ CEDAW n12

²⁵ Convention on the Rights of the Child 1989, 1577 UNTS 3 (adopted 20 November 1989, entered into force 2 September 1990).

²⁶ WHO n10

protecting citizen's health and environment.²⁷ By virtue of Section 17(3)(d) of the constitution, the state is to ensure that "there are adequate medical and health facilities for all persons." Although WASH is not explicitly mentioned in this provision, however, it is a fact that water and sanitation are indisputable factors in ensuring public health. Therefore, WASH services can be implied to be necessary in ensuring functional and adequate health care facilities. Furthermore, section 20 of the constitution provides that "The State shall protect and improve the environment and safeguard the water, air and land, forest and wildlife of Nigeria." The statement "safeguard the water" creates an implicit duty to ensure that water resources are protected from pollution that could affect human health adversely. Also, the duty to "improve the environment" is directly linked to proper sanitation and hygiene conditions. This is because conditions like sewage overflow, improper waste disposal and open defecation leads to environmental pollution and degradation that results in health hazards. These implied rights to WASH like other rights under chapter 2 of the constitution falls under the Fundamental Objectives and Directive Principles of State Policy and as such is a non-justiciable right. That is, these WASH rights are policy based and can only be enforced by government action except when linked to an enforceable fundamental right. For example, in the instance where failure to enforce WASH rights contravenes one's right to life or human dignity. In order to address humanitarian needs among persons in vulnerable settings- those who have been affected by conflict, natural disasters and displaced, the Nigerian government established the National Emergency Management Agency (NEMA) and State Emergency Management Agency (SEMA) both at the federal and state levels respectively.²⁸ Through these agencies, the Nigerian government can carry out its obligation towards fulfilling WASH standards in IDP camps. These may include providing more toilet facilities, sensitization on hygiene practices, and provision of accessible water supply.²⁹

In light of these, it has been established that although not all international laws and treaties have a binding effect on Nigeria. However, international laws and treaties have largely influenced Nigeria's recognition and implementation of WASH standards, even to the extent of shaping the state's obligation.

3. Study Setting: *Uhogua* IDP CAMP

Uhogua Internally Displaced Persons Camp is located in Ovia North-East local government area, Benin City, Edo State, Nigeria. The founder is Pastor Solomon Folorunsho of the Internal Christian Centre for Missions (ICCM). The camp was originally established in 1992 as an orphanage home but later expanded into an IDP camp that accommodates Christians displaced from North-East, Nigeria.³⁰ The Camp's registered name is 'Home for the Needy' (HFN) IDP camp, *Uhogua*. Camp officials stated that the camp is approximately fifty acres of land in size and serves as residence to a population of over 4,000 internally displaced persons (mostly women and children). The camp has infrastructures like school buildings- secondary and primary classrooms, a primary health-centre, administrative building, a church, a make-shift kitchen, and toilet facilities. There are blocks and make-shift residential houses. Interviews with camp officials revealed that each room accommodates over 70 persons. The male and female residential quarters are not in close proximity.

²⁷ Constitution of the Federal Republic of Nigeria 1999 (as amended) s. 17 and s.20

²⁸ Bethel Oluwatosin Adedeji and others n8

²⁹ Godwin Onyemaechi Nnadi and others, 'The National Emergency Management Agency (NEMA) and the Challenge of Effective Management of Internally Displaced Persons in North-Eastern Nigeria' (2020) 25(5) *IOSR Journal of Humanities and Social Science (IOSR-JHSS)* 1.

³⁰ D O Iweze, 'Faith-Based Organizations' Intervention for the Internally Displaced Persons from the Northeast Nigeria's Region at *Uhogua* Camp in Edo State' (2024) 22(3) *African Identities* 772

The IDP camp has a unique management-style, given that it is privately funded by the resources of ICCM, which is spear-headed by Pastor Folorunsho. Welfare support includes feeding, education, WASH facilities, electricity and clothing. A few residents stated that the government has made little to no contribution in the administration of the camp and similarly, the residents receive very little aid from international humanitarian bodies or NGOs. Based on the information as to population size of the camp and its management-style, there is a need to assess the camp's compliance to WASH principles as regards the human right to Water and sanitation.

4. Research Methodology

This study adopts a qualitative approach as it examines the access to water, sanitation and hygiene (WASH) facilities in Uhogua IDP camp, Nigeria. This approach was adopted due to its suitability in examining the lived experiences, conditions and practices within the camp rather than utilizing numerical data. The qualitative study consists of interviews and focus group discussions with IDPs camp managers and health service providers. The total number of persons interviewed were 35, which includes 10 male residents, 20 female residents, 3 camp officials and 2 healthcare providers. The required consent was obtained from the administrators of the IDP camp for interviews and field investigations. The identity of interviewed participants was kept anonymous. Primary data was obtained through oral interviews and physical observation. Photographs of relevant water and sanitation facilities were taken to support observational findings. Secondary sources such as documented online reports on the camp were utilized for comparative purposes with present realities. Overall, the study is non-experimental, non-statistical rather it uses a descriptive approach to assess whether the WASH conditions in the camp aligns with internationally recognized standards.

5. Findings and Discussion

5.1 Water and Sanitation Conditions in Uhogua IDP Camp

In alignment with the United Nations CESC general comment, the following principles or standards were used in accessing WASH conditions and facilities in Uhogua IDP camp: availability, accessibility, acceptability, quality and safety.

5.1.1 Access to Water

At the time of field observation, two functional borehole units were available within the camp. One for the male quarters and another for the female quarters respectively. There were also three tanks each for storing water and four functional points for accessing tap-water in the respective quarters. Field observation also revealed an abandoned solar-powered borehole facility within the camp. According to Camp Official A, "the tank was donated by the state government and was never activated for use and it seems to be rotting away."

Interviewee-respondents generally agreed that access to water is a right necessary for basic living and includes such use as drinking, bathing, washing, cleaning and cooking. Interviews revealed that residents believe the borehole water to be safe and use it for all daily activities in the camp. This was observed in the course of the study.

Camp official A stated that

there has been no record of water-borne disease outbreak despite the fact that the water has not been subjected to purification methods (filtration, chlorination, sedimentation, boiling).

This statement was corroborated by Camp Official B and Healthcare provider A. However, there were notable complaints as to the regular availability of water.

An interviewee stated:

We pump boreholes twice a day - morning and evening. We use one generator to pump the girls' side, then take it to the boys' side to pump. Sometimes, the water will still finish before morning.

Camp official B disclosed that:

the camp has never had electricity supply and the electric poles surrounding the camp were never activated by the government after construction. A careful observation showed that the residents were limited to the generator supply for pumping their water.

Another Interviewee stated that:

They live by faith...when there is no money to buy fuel in the camp, we manage what little water we have left till we can buy fuel to pump water

It was also observed that the shortage of water was a factor of not only the residents within the camp utilising the water supply but is made acute by the free access given to members of the Uhogua community to the camps' water supply.

An interviewee stated that

when there is no water in the camp, the residents that can afford buy sachet water from shops in the community.

Camp official C stated that

The camp has no electricity and fuel is being paid for mostly by the founder. Fuel is expensive. We all have to manage the little we have. We do not complain.

Apart from the borehole units, there is currently no alternative water supply to the IDP camp. This has resulted in a strain in accessing water to sufficiently cater for the daily needs of the IDPs.

Comparatively, studies in other IDP Camps show similar trends even though the inadequacies relate to other indices. For instance, studies in Ekilisiyar Yan'uwa Camp in Borno state with a population size of 1952 IDPs at the time of study, showed that the camp also had a borehole as the primary source of water for majority of its residents. However, it is acknowledged that the camp observed better WASH standards as most residents (98.4%) had access to water. Although, there was adequate water supply in the camp, distribution points were inadequate to increase water tracking during the day.³¹ Similarly, findings in Kyangwali Refugee Camp, Uganda, which was residence to 114,716 IDPs, showed that borehole was the primary source of water for the residents and a majority of persons (64%) had access to water.³² However, these studies contrast with the findings in Heipang IDP camp, which was a residence to 3,026 IDPs and had only one "well" in the camp as the primary source of water and the well was often dried up all year round. This left the residence with little or no access to water within the camp premises and residents had to source externally for water.³³

³¹ D A Bata and others n3

³² UNHCR (2019). Uganda - WASH KAP Survey Kyangwali Refugee Camp, November 2019 <https://microdata.unhcr.org/index.php> accessed 20 March 2026

³³ Bethel Oluwatosin Adedeji and others n8



Fig 1: Water tank for water storage



Fig 2: Abandoned solar-powered borehole



Fig 3: Water tanks and tap outlets

Dependence on boreholes or wells as sole source of water is problematic in Nigeria. This is because, as seen in Uhogua IDP Camp, access may usually be impeded by infrastructural and fiscal factors. Lack of constant power supply and funds for powering generators constitute setbacks to the use of boreholes.

5.2 Sanitation Facilities and Environmental Hygiene

5.2.1 Toilet Facility

At the time of observation, there were fifteen toilets (water-closet type) available in the male and female quarters respectively. The toilets are a reasonable distance from the residential areas. However, the pressure has resulted in frequent blockages, rapid filling of septic tanks, which disperses an offensive odour all the way to the living areas.

The toilets are the primary points of defecation in the camp. Most interviewees at the camp believe they have a right to clean functional toilets. Interview responses indicated that the toilets are usually cleaned every two days by adult residents. However, physical observation showed toilets overflowing with faeces and emitting offensive odour. Investigation showed that during prolonged periods where water is not available or accessible, due to a limited generator - power pumping, the toilets are left untidy. This situation has led to females having personal buckets as alternative for toilets, as a means to promote hygiene and prevent infections especially during menstrual cycles.

The implication of this with regards to quality and safety standards, is that the Camp has limited sanitary infrastructure and the necessary access to water to promote hygiene.

With regards to privacy and acceptability, interviews revealed that there has been a transition from pit- latrines to water closets, which are more convenient. Nonetheless, observation showed that toilet entrances use make-shift coverings rather than doors. This has made residents, especially adolescent females express feelings of discomfort, as outsiders and passers-by have a partial view of users.

An Interviewee stated that

it is comfortable using the water closet-toilets compared to the pit toilets which were formerly used. But sometimes they are shy to use the toilet because someone outside can see them while using the toilets

Therefore, there is a need for better constructed toilet infrastructures to support privacy and dignity of residents when using the facilities. Summarily, although there has been an improvement in the quality of toilet facilities, there is still a need to improve structural conditions and quantity of toilet facilities in order to sufficiently accommodate the population in the camp. This is crucial so as to ensure full compliance with global WASH standards.

Comparatively, in Ekilisiyar Yan'uwa Camp, Maiduguri, it was found that majority of the IDPs (91.7%) had access to toilet facilities. However, these toilets were latrine-type and the study failed to state clearly how many toilet facilities existed on the camp, so that a more accurate population-toilet ratio could be accessed.³⁴ Further, the IDPs expressed the lack of safety while utilizing the latrines on site.³⁵ In contrast, the result in Heipang IDP camp showed that 3,026 residents shared 8 toilets. Therefore, the available toilet facilities were adjudged below WASH standard and limited proper access to toilet facilities.³⁶ Similarly, in Minawo Camp, Cameroon, it was reported that 56,803 IDPs shared 2800 toilet facilities (an average of 20 persons to 1 toilet). Some families had to self-construct toilets for the sake of privacy and to promote personal hygiene. This was deemed below WASH standards and brought about a need for more toilets to be constructed.³⁷ From the observations of these studies a popular consequence of a larger population size to toilet ratio in IDP camps is undue pressure on the toilet facilities, which leads to inadequate, unclean toilets which can encourage the practice of open defecation. Furthermore, with regards to safety, in this present study, the transition from pit-latrine to water closets was stated by IDPs to bring about the convenience and safety.

³⁴ D A Bata and others n3

³⁵ *ibid*

³⁶ Bethel Oluwatosin Adedeji and others n8.

³⁷ Pr Mouhaman Arabi, 'Water and Sanitation in the Minawao Refugee Camp, Far North Cameroon' (2019) 4(1) *International Journal of Resource and Environmental Management* 1, 7–12.



Fig 4: Unclean toilet facilities without doors.

This study shows that inadequate access to functional toilet facilities affect a number of aspects of IDPs' wellbeing including privacy and attendant dignity, safety, health and environmental hygiene. This is also indicated by other studies referenced.

5.2.2 Environment and Waste Management

At the time of investigation, the general camp grounds were relatively clean. There was no visible trace of stagnant water or open defecation. Solid waste baskets were positioned in strategic areas on the camp ground.

Interviewees attested to camp officials holding regular meetings for camp sanitation guidelines touching on proper waste disposal, hand washing, allotment of duty for sweeping and clearing. That is, all the procedures necessary to promote hygiene and a clean environment.

Again, observation showed a major waste dump/site, where all wastes are disposed of. However, there was a strong odour especially around the septic tanks that spread into living areas.

Camp official C disclosed that

Twice a month the waste management comes to empty the waste site. This costs about ₦200,000. Also, there is regular disposal of the septic tanks at least twice a month because of how full they easily get. This disposal costs about ₦250,000 for the 3 tanks for the respective quarters.

The processes of waste disposal and emptying the septic tank have been a source of financial pressure borne majorly by the camp founder. This raises concern as to the possibility of the long-term sustainability of current sanitation arrangements. Therefore, it has become crucial for an alternative arrangement or aid which does not rely solely on private funding to be established.

Overall, despite the presence of an organized system of waste disposal and sanitary arrangement, the financial implication creates a limitation in maintaining sanitation standards in the long-term. In this study, physical observation shows no sign of open defecation around Uhogua camp. However, in Ekilisiyar Yan'uwa camp, it was discovered that some IDPs (8%) used alternative methods to latrine which included open defecation. The researchers discovered that this was due

to inadequate toilet facilities to meet the population size and the poor conditions of the toilets.³⁸ In Minawo camp, it was observed that in some areas of the camp open defecation was practiced due to absence of latrines. One reason adduced for this was that not all latrines in the camp were connected to septic tanks and as such some latrines were full of excreta.³⁹ In Heipang IDP camp, open defecation in fields and bushes were reported which was as a result of irregular water supply, that has led to toilet facilities being unclean for use.⁴⁰

With regards to waste management, the findings in this study show that in Uhogua camp, waste bins are emptied in a designated space pending the monthly removal/disposal by a waste management company. However, this contrasts with the result in Heipang IDP camp, where it was discovered that although there is a general refuse dump, littering and dispersal of solid waste around camp premises still occurred and had posed a challenge. This has in turn necessitated burning of piled refuse on camp premises.⁴¹ In the Ekilisiyar Yan'uwa camp, physical observation showed that although most of the residents utilized the waste bins provided for waste disposals, other methods such as burning and open field disposal have been utilized also.⁴² Similarly, in Minowa camp, residents were reported to have made use of waste bins, open dumps or burning of their wastes. Some residents stated that they utilized open dumping or burning because the nearest waste bins were far from them or already overflowing with wastes.⁴³ The practice of improper waste disposal causes environmental pollution which poses health risks to persons living in such areas. The culture of improper waste disposal demonstrates lack of alignment with the WASH minimum standards.



Fig 5: camp ground with waste bins



Fig 6: Waste disposal site on campground

6. Conclusion and Recommendations

Water and sanitation are essential for a healthy living for individuals and the community. The conflict in the North-East led displacements of Nigerians necessitating the establishment of IDP camps around the country including the “Home for the needy” (Uhogua IDP camp). Over the years,

³⁸ D A Bata and others n3

³⁹ Pr Mouhaman Arabi n37

⁴⁰ Bethel Oluwatosin Adedeji and others n8

⁴¹ Bethel Oluwatosin Adedeji and others n8

⁴² D A Bata and others n3

⁴³ Pr Mouhaman Arabi n37

the population size of the camp has increased and has made it a place of interest with regards to assessing the water and sanitation conditions of the camp in alignment with globally recognized standards. This is necessary to promote the right to healthy living among residents of the camp. This study reveals that there exists a partial but insufficient compliance with the internationally recognized WASH standards. The Uhogua Camp's irregular water supply due to lack of electricity or high cost of alternative power sources, inadequate toilet facilities compared to population size (impacting on privacy, safety and health), lack of purification mechanisms and open waste disposal impair a full realisation of the right to WASH. These gaps are accentuated by minimal to none state/local government support. It was found that two projects executed by the state have never functioned to benefit residents due to poor commitment to the welfare of the camp. Private funding and management alone is clearly inadequate for WASH realisation in IDP Camps in Nigeria. In view of the challenges highlighted, this paper recommends stronger state (state and local government authority) participation in providing safe, accessible supply of water and necessary infrastructures/amenities for sanitation in alignment with the global right to WASH. Immediate implementation steps should include providing cost-effective (cheaper) power source (such as solar-power sources) for the camp to support electricity supply, constructing more functional toilet facilities (supporting safety, privacy and dignity), providing water storage tanks in different parts of the camp, subsidizing waste disposal cost. There is need for more health professionals in the camp's primary health centre.

Overall, promoting water and sanitation practices goes beyond disease prevention but also encompasses the protection of human dignity. It is a step towards institutionalizing right-based protection and enforcement in Nigeria especially in vulnerable settings like the IDP camp.