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Evaluation of Healthcare Assistance and Educational Support as Social Protection Interventions among Internally Displaced Persons in Guma Local Government Area, Benue State, Nigeria

Terver Matthew Ge[1], Terkula Gaavson[2]
[1]*Department of Geography, Rev. Fr. Moses Orshio Adasu University, Makurdi, Nigeria*
[2]*Department of Political Sciences, Rev. Fr. Moses Orshio Adasu University, Makurdi, Nigeria*
gramiq.ng@gmail.com

Abstract
This study evaluated healthcare assistance and educational support as social protection interventions among internally displaced persons (IDPs) in Guma Local Government Area, Benue State, Nigeria. A descriptive survey design was adopted, and data were collected from 399 IDPs using a structured questionnaire. Frequencies, percentages and mean scores were used for analysis. The findings showed that 394 respondents (98.7%) had received healthcare assistance. Malaria and typhoid were the most frequently reported health challenges (63.4%), followed by malnutrition (20.3%). Free medical treatment was the most accessed service (84.0%), while maternal healthcare had relatively low coverage (18.0%). Respondents reported reduced frequency of illness after assistance and agreed that healthcare support improved general health (mean = 3.16), reduced medical expenditure (mean = 3.30), and improved their ability to work and earn income (mean = 2.97). Educational or vocational support had reached 82.7% of respondents. Educational materials were the most common form of support (67.9%), while only 19.8% reported acquiring a skill through a programme. Respondents agreed that educational support increased school attendance among displaced children (mean = 3.23) but did not consider its effects on employment opportunities (mean = 2.07) and income-generating skills (mean = 1.78) substantial. The study concludes that healthcare assistance has contributed positively to perceived health and reduced medical costs, while educational support has mainly helped maintain children's school participation. However, gaps in maternal healthcare and vocational training limit the overall reach of these interventions. The study recommends improved access to comprehensive healthcare, regular health education, and practical vocational programmes linked to equipment, start-up support and employment opportunities.
Keywords — healthcare assistance; educational support; social protection; internally displaced persons; Guma LGA

I. INTRODUCTION

Social protection comprises policies and programmes intended to reduce poverty, vulnerability and social exclusion and to help people access essential services throughout the life cycle [1]. For internally displaced persons (IDPs), social protection is particularly important because forced displacement can disrupt housing, livelihoods, family networks, healthcare and education. The United Nations Guiding Principles on Internal Displacement define IDPs as people forced or obliged to leave their homes, particularly because of conflict, violence, human-rights violations or disasters, but who remain within their country's internationally recognised borders [2].

Healthcare assistance is a key social protection intervention because displaced populations may face overcrowding, poor sanitation, inadequate nutrition, psychological stress and financial barriers to treatment. Support may include free or subsidised medical care, essential medicines, immunisation, maternal healthcare, health education and outreach services. Evidence from camp-dwelling conflict-affected populations in Nigeria identifies self-reported illness and related health risks among displaced people, reinforcing the need for accessible and coordinated health services [3]. Intervention research in Northeast Nigeria has also demonstrated the importance of organised outreach and links to treatment for displaced populations [4].

Educational support is similarly important because displacement can interrupt schooling, reduce household capacity to purchase learning materials and increase the risk of school absenteeism or dropout. Assistance may include school materials, fee support, scholarships, temporary learning arrangements and vocational training. Research on the educational needs of IDP children in Benue State highlights the importance of sustained educational support, while studies of education services in Nigerian IDP camps identify constraints associated with resources, funding and infrastructure [5,6].

In Nigeria, conflict, communal violence, farmer–herder clashes, insecurity and environmental disasters have forced households to leave their homes and livelihoods. Benue State has experienced repeated farmer–herder conflicts that have destroyed property and farmland and increased the number of people requiring humanitarian support. [7] discuss the socio-economic difficulties faced by IDPs in Benue State, while [8] describe humanitarian challenges affecting IDP camps in the state. These conditions make healthcare and educational support essential to protecting displaced households and maintaining access to basic services.

Although humanitarian assistance is provided in displacement settings, the extent to which beneficiaries can access different services, and the perceived effects of assistance may vary. Healthcare support may be widely available while specific services, such as maternal healthcare and preventive health education, remain less accessible. Likewise, educational

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support may help children attend school without necessarily providing adults with the vocational skills, equipment or capital needed to generate income. Evaluating these dimensions separately can help identify service gaps and improve the design of social protection interventions.

Internally displaced persons in Guma Local Government Area continue to face health and educational challenges associated with conflict-induced displacement, disrupted livelihoods and limited household resources. Government agencies, non-governmental organisations and humanitarian partners provideassistance intended to improve access to medical services and sustain educational participation. However, the availability of assistance does not necessarily mean that all services are adequate, accessible or effective. The study findings indicate high overall access to healthcare assistance, but relatively low access to maternal healthcare and health education. Educational support was commonly provided through learning materials, while participation in vocational training and the perceived contribution of training to income generation were limited. The problem addressed by this study is therefore the need to evaluate the effects of healthcare assistance on the health conditions of IDPs and the contribution of educational support as a social protection intervention in Guma LGA.

II. MATERIALS AND METHODS

Guma Local Government Area is located between longitude 7° 60¹ - 8° 12¹ E and latitudes 6° 33¹ - 7° 03¹ N. The area lies in the extreme Northern part of Benue State. It is bordered in the North by Nasarawa State, in the East by Logo LGA, in the Southeast by Buruku LGA, in the South by Tarka LGA and in the Southwest by Makurdi LGA; all in Benue State (See figure 1). Guma LGA extends over 2,925 Square Kilometers' lies athwart river Benue and its main tributary, river Katsina-Ala [9]

The area lies within the Guinea Savannah belt and shares boundaries with Nasarawa State to the north and west, Logo LGA to the east, and Makurdi and Tarka LGAs to the south. The area experiences a tropical wet-and-dry climate, with a rainy season generally extending from April to October and a dry season from November to March. Annual rainfall is estimated at 1,200–1,500 mm, with temperatures generally ranging from 30°C to 35°C [10].

Guma is characterised by low-lying plains, gently undulating terrain and flood plains associated with River Benue and River Guma. Seasonal flooding can affect homes, farms, transportation and market activities [11]. The vegetation is predominantly Guinea Savannah, with grassland, scattered trees and riverine vegetation [12]. Farming is the principal livelihood, with crops including yam, cassava, rice, maize and soybean. Fishing, trading, livestock rearing and small-scale crafts also contribute to household income [13]. Settlements include Gbajimba, Daudu, Agasha, Abinsi and Yelewata. The LGA have a population of 191,599 according to the 2006 census, and a projected population of 225,590 in 2016. The area is characterized by numerous other rivers whose basin flood at the peak of rainy season, [14]. The population is predominantly rural and largely Tiv, with farming forming an important part of local livelihoods. Conflict and displacement have disrupted access to farmland and basic services for many households.

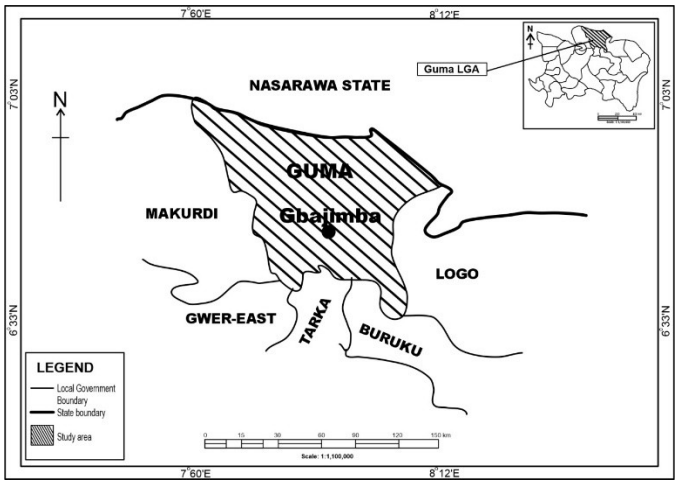


Figure 1. Map of Guma Local Government Area.

Source: Ministry of Lands and Survey, Makurdi (2025)

A. Methods

The study adopted a descriptive survey design to assess IDPs' experiences of healthcare assistance and educational support. Primary data were collected using a structured questionnaire administered face-to-face to respondents in the selected IDP camps. Questions relevant to this study covered health challenges, access to healthcare services, illness frequency before and after assistance, perceived changes in health and medical expenditure, educational support received, participation in skills programmes, and perceived effects on school attendance and livelihood opportunities.

The study population comprised IDPs in eight camps in Guma LGA: Daudu Camp I, Daudu Camp II, Ortese Camp, Gbajimba Camp I, Gbajimba Camp II, Uikpam Camp, Abagena Camp and Yelewata Camp. The population across the selected camps was reported as 96,015 by the Benue State Emergency Management Agency (SEMA). A sample of 399 respondents was determined using Taro Yamane's formula at a 5% level of significance. The camps were selected purposively, and respondents within the camps were selected through simple random sampling.

Taro Yamane's formula: $n = N / [1 + N(e^2)]$, where n is the sample size, N is the population and e is the level of precision. Substituting N = 96,015 and e = 0.05 gives a sample of approximately 399 respondents.

Data was presented using tables and figures and analysed with descriptive statistics, including frequencies, percentages and mean scores. Statistical analysis was conducted using SPSS. For the four-point rating scale, weighted mean scores were interpreted using the study's decision thresholds: 1.00–1.49 = strongly disagree; 1.50–2.49 = disagree; 2.50–3.49 = agree; and 3.50–4.00 = strongly agree.

III. RESULTS AND DISCUSSION

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A. Healthcare Assistance in Internally Displaced Persons (IDPs)

Healthcare assistance is an important component of social protection programmes designed to safeguard the health and well-being of Internally Displaced Persons (IDPs). It involves the provision of essential medical services, free or subsidised treatment, drugs, immunisation, maternal healthcare, health education, and nutritional support to displaced populations. Such assistance helps address health challenges arising from displacement, including malaria, malnutrition, injuries, and limited access to healthcare facilities.

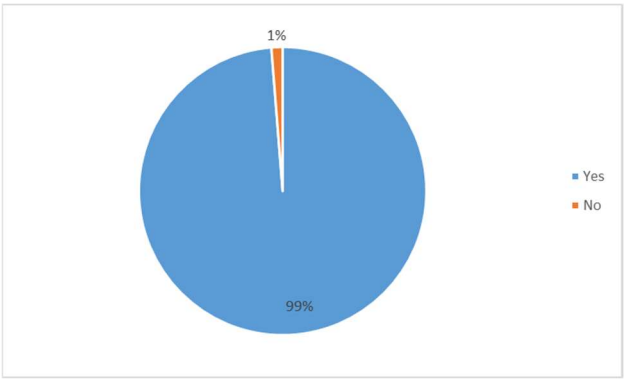


Figure 3. of whether healthcare assistance was given since displacement
Source: Authors field work, 2026

The result presented in Figure 2 showed that healthcare assistance has been widely accessed by Internally Displaced Persons (IDPs) in Guma Local Government Area since displacement. Out of the 399 respondents, 394 (98.7%) reported that they had received healthcare assistance. This finding demonstrated that healthcare assistance constitutes an important component of social protection interventions provided to displace populations in the study area. Displacement often exposes households to increased health risks due to overcrowded living conditions, poor sanitation, limited income, psychological stress, and reduced access to previous healthcare facilities. Therefore, the high level of healthcare support received suggests that humanitarian and government interventions have played a significant role in reducing health-related vulnerabilities among IDPs.

Figure 3 presented the major health challenges experienced by Internally Displaced Persons (IDPs) in Guma Local Government Area. The result indicated that malaria and typhoid were the most common health challenges reported by respondents, accounting for 253 respondents (63.4%). This was followed by malnutrition, reported by 81 respondents (20.3%), while injuries accounted for 36 respondents (9.0%) and maternal health problems accounted for 29 respondents (7.3%). The dominance of malaria and typhoid suggests that displaced households are highly exposed to infectious diseases, which was associated with poor environmental conditions, inadequate sanitation, overcrowded living arrangements, limited access to

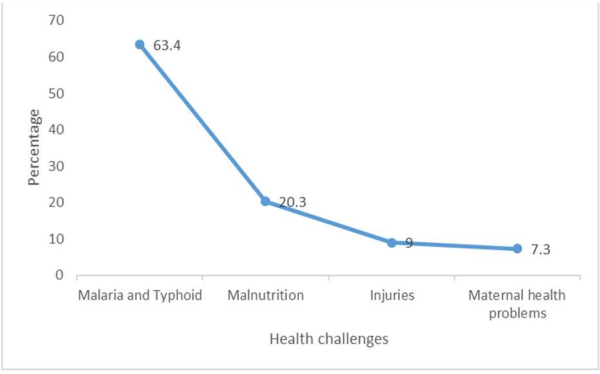


Figure 2. Major health challenges experienced by IDPs
Source: Authors field work, 2026

clean water, and reduced preventive healthcare services within displacement settings. The prevalence of malaria and typhoid among IDPs reflects the health vulnerabilities created by conflict-induced displacement. Many displaced households in Guma Local Government Area moved away from their original settlements where they had better access to farming resources, healthcare facilities, and improved living conditions. In displacement locations, limited sanitation facilities, stagnant water, inadequate hygiene practices, and poor housing conditions increase exposure to disease-causing organisms. This finding agrees with International Organization for Migration (IOM, 2023), which reported that displaced populations in Nigeria face increased risks of communicable diseases due to overcrowding, inadequate water and sanitation services, and limited access to preventive healthcare. Similarly, United Nations High Commissioner for Refugees (UNHCR, 2024) noted that health challenges among IDPs in Nigeria are often associated with poor living conditions, insufficient healthcare access, and vulnerability caused by prolonged displacement.

The finding also indicated that 20.3% of respondents experienced malnutrition indicates that food insecurity remains a major health concern among displaced households. Although food assistance programmes provide important support, prolonged displacement and irregular access to nutritious diets can affect household nutritional wellbeing, especially among children, pregnant women, and nursing mothers. Malnutrition also reduces the capacity of adults to engage in productive activities, thereby affecting household income and livelihood recovery. This supports the observation of World Food Programme (WFP, 2023) that conflict-affected and displaced populations are at increased risk of malnutrition due to disrupted food systems, loss of livelihoods, and inadequate dietary diversity.

TABLE I. HEALTHCARE SERVICES RECEIVED IN INTERNALLY DISPLACED PERSONS (IDPS)

Services	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Free medical treatment	335	84.0	60	15.0
Immunization	227	56.9	168	42.1
Maternal healthcare	72	18.0	323	81.0
Drugs/medication	200	50.1	195	48.9
Health education	186	46.6	209	52.4

Source: Authors field work, 2026

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Table 1 presented the healthcare services received by Internally Displaced Persons (IDPs) in Guma Local Government Area as part of social protection interventions. The results showed that free medical treatment was the most accessed healthcare service, with 335 respondents (84.0%) indicating that they had received this support. This was followed by immunization services, received by 227 respondents (56.9%), and drugs/medication support, received by 200 respondents (50.1%). However, access to health education (46.6%) and particularly maternal healthcare services (18.0%) was relatively lower. The finding indicated that healthcare assistance among IDPs has largely focused on curative services, especially treatment and provision of medicines, while preventive and specialised healthcare services remain less accessible. The high proportion of respondents receiving free medical treatment demonstrates the importance of healthcare assistance as a social protection intervention in reducing the health burden associated with displacement. Many IDPs in Guma Local Government Area are exposed to health risks due to overcrowding, poor sanitation, inadequate access to clean water, and reduced income for seeking medical care. Free medical treatment reduces financial barriers and enables displaced households to access healthcare services that may otherwise be unaffordable. This finding agrees with International Organization for Migration (IOM, 2023), which reported that healthcare interventions for displaced populations in Nigeria are essential because conflict-affected households often experience limited access to healthcare due to poverty, displacement, and disruption of public services.

The result also showed that immunization services were received by 56.9% of respondents, indicating considerable attention towards disease prevention among displaced populations. Immunization is particularly important in IDP settings where overcrowding and poor living conditions may increase the spread of communicable diseases. The provision of immunization services contributes to reducing disease outbreaks and improving child health outcomes. This aligns with UNICEF (2024), which emphasised that immunisation remains a critical component of humanitarian healthcare responses because displaced children are more vulnerable to vaccine-preventable diseases due to disrupted access to routine health services.

The finding that 50.1% of respondents received drugs and medication suggests that access to essential medicines remains a major component of healthcare support among IDPs. Medication assistance is important in managing common illnesses such as malaria, typhoid, respiratory infections, and other health conditions frequently reported in displacement environments. The availability of drugs reduces household healthcare expenditure and improves the ability of displaced persons to recover from illness. According to World Health Organization (WHO, 2023), ensuring access to essential medicines among displaced populations is necessary for reducing avoidable health complications and strengthening humanitarian health responses.

However, the relatively low proportion of respondents receiving maternal healthcare services (18.0%) indicates a potential gap in specialised healthcare provision for women of reproductive age. Pregnant women and nursing mothers in displacement settings require regular antenatal care, skilled delivery services, and postnatal support to reduce maternal and infant health risks. Limited access to maternal healthcare may result from inadequate healthcare facilities, shortage of skilled personnel, mobility challenges, or limited awareness. This finding corresponds with UNFPA (2023), which identified displaced women and girls as a vulnerable group requiring increased access to reproductive healthcare services, particularly in humanitarian crisis situations. Similarly, the finding that only 46.6% of respondents received health education suggests that preventive healthcare awareness among IDPs requires further strengthening. Health education plays an important role in promoting hygiene practices, disease prevention, sanitation awareness, and early healthcare-seeking behaviour. Increased health education can help reduce the prevalence of diseases associated with poor environmental conditions in displacement settlements. Plate 1 Eunice spring of life foundation in conjunction with BSEMA giving free medical care to IDPs.

Figure 4 presented information on the frequency of illness



Plate 1: IDPs receiving free medical care at Uikpam IDP camp, Guma
Source: Authors field work photos

experienced by respondents' households before and after receiving healthcare intervention in IDPs camps. The findings revealed a noticeable reduction in the frequency of illness after the intervention. Before health assistance, 190 respondents (47.6%) reported that members of their households experienced illness often, while 195 respondents (48.9%) indicated that illness occurred occasionally. In addition, 14 respondents (3.5%) reported experiencing illness very often. No respondent reported that household members rarely experienced illness before healthcare assistance. This indicates that poor access to adequate healthcare has contributed to increased vulnerability to sickness among displaced households. This finding is consistent with [3], who reported a high prevalence of self-reported illnesses among camp-dwelling IDPs in northern

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Nigeria, with malaria, fever, typhoid and diarrhoea among the

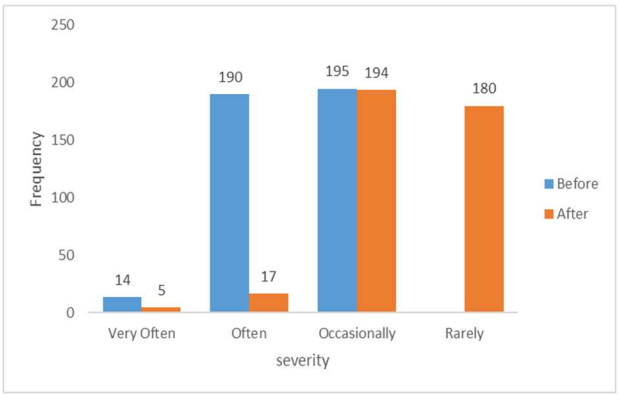


Figure 4: Frequency at which members of respondents households experienced illness
Source: Authors field work, 2026

commonly reported conditions.

After receiving healthcare assistance, the pattern changed considerably. The number of households experiencing illness very often declined from 14 to 5 respondents, while those reporting illness often reduced significantly from 190 to 17 respondents. Furthermore, households experiencing illness rarely increased to 180 respondents, while those reporting occasional illness remained almost unchanged at 194 respondents. The reduction in frequent illnesses suggests that healthcare assistance was associated with improved household health status. This observation agrees with Abdullahi et al. (2020), whose intervention study among IDPs in Northeast Nigeria demonstrated the value of organised community-based health outreach, disease screening and linkage to treatment in addressing health challenges among displaced populations. Similarly, [15] emphasised that effective healthcare management and access to essential medical services are important for improving health outcomes among IDPs in Nigeria.

TABLE II. EFFECTS OF HEALTHCARE ASSISTANCE ON THEIR WELLBEING AND SOCIO-ECONOMIC ACTIVITIES

	Rating				TWV	$\overline{X}$	Decision
	4	3	2	1			
Healthcare assistance has improved my general health condition	304	933	24	0	1,261	3.16	Agree
Healthcare assistance has reduced the money spent on medical treatment	556	717	42	0	1,315	3.30	Agree
Improved health has increased my ability to work and earn income	352	723	78	31	1,184	2.97	Agree

Source: Authors field work, 2026

Data presented in Table 2 showed respondents perceptions of the effects of healthcare assistance on their wellbeing and socio-economic activities. The results indicated that respondents agreed that healthcare assistance improved their general health condition, reduced expenditure on medical treatment, and increased their ability to work and earn income. Respondents agreed that healthcare assistance has improved their general health condition with a mean score of 3.16, indicating that healthcare interventions have contributed positively to the health status of IDPs. This finding suggests that access to medical treatment, drugs, immunisation, and other healthcare services has helped reduce the burden of illness among displaced households. Similar findings were reported by [15] in their study of IDP camps in northern Nigeria, where they found that access to organised healthcare services, medication, and humanitarian health interventions contributed to improved health outcomes among displaced populations. However, they also noted that inadequate coordination, limited resources, and uneven distribution of healthcare services continued to affect the quality of care received by some IDPs.

Respondents also agreed that healthcare assistance has reduced the money spent on medical treatment with the mean score of 3.30, showing that respondents perceived healthcare assistance as an important financial relief mechanism. This implies that social aid programmes have reduced the economic burden associated with illness by providing free medical treatment and access to medicines. For displaced households that often experience loss of livelihoods and reduced income opportunities, reducing healthcare expenses enables them to redirect limited resources towards food, education, and livelihood activities. This finding agrees with Olanrewaju et al (2019), who observed among IDPs in Nigeria that lack of financial resources was a major barrier to accessing healthcare services, as many displaced persons could not afford medical costs when health facilities were available. Similarly, Adejoha, et al (2022) found that displaced persons in Lagos faced serious healthcare access challenges because of poverty, limited income sources, and dependence on out-of-pocket payments. They emphasised that humanitarian health support reduces the financial barriers that prevent vulnerable populations from seeking timely medical attention.

The result further shows that improved health has increased ability to work and earn income recorded a mean score of 2.97 with respondents agreeing that better health conditions improved their capacity to participate in economic activities. This finding highlights the relationship between health and livelihood recovery among IDPs. Healthy individuals are more capable of engaging in farming, petty trading, casual labour, and other income-generating activities, while frequent illness can reduce productivity and household earnings. The finding corresponds with [15], who reported that poor health conditions among IDPs often limit participation in daily activities and worsen vulnerability, particularly where access to healthcare services is inadequate. It also supports Afer-Jem, et al (2026), who found that inadequate healthcare infrastructure in IDP camps in Guma Local Government Area negatively affects the physical and socio-economic wellbeing of displaced persons, limiting their ability to recover from displacement-related challenges.

ISSN: 3139-0854

B. *ASSESS THE EFFECTS OF EDUCATIONAL SUPPORT PROGRAMMES ON THE SOCIO-ECONOMIC ACTIVITIES OF INTERNALLY DISPLACED PERSONS IN THE STUDY AREA*

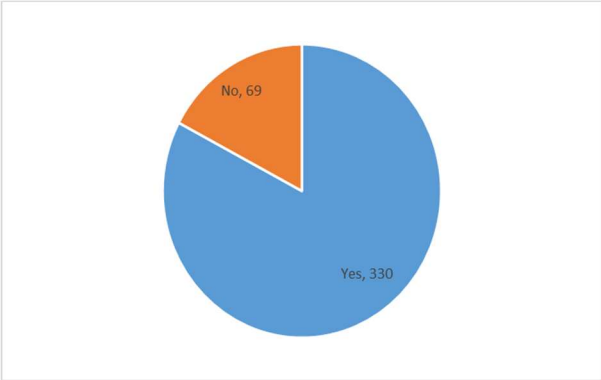


Figure 5: Benefit from any educational or vocational support programme
Source: Authors field work, 2026

Figure 5 presented information on respondents access to educational and vocational support programmes as part of social protection interventions among Internally Displaced Persons (IDPs) in Guma Local Government Area. The result showed that 330 respondents (82.7%) reported that they had benefited from educational or vocational support programmes, while 69 respondents (17.3%) indicated that they had not benefited from such programmes. The high proportion of beneficiaries suggests that educational and vocational interventions constitute a significant component of social assistance provided to IDPs in the study area. These programmes may include skills acquisition training, livelihood-oriented education, vocational training, literacy programmes, and other capacity-building initiatives aimed at improving the self-reliance of displaced households.

The finding indicates that social protection programmes among IDPs are not limited to immediate relief interventions such as food, healthcare, and cash assistance but also include empowerment initiatives designed to improve long-term livelihood opportunities. Educational and vocational support can enhance the capacity of displaced people to acquire new skills, establish small businesses, and diversify their sources of income, especially where displacement has disrupted traditional occupations such as farming. This finding agrees with Olanrewaju et al. (2019), who observed that prolonged displacement in Nigeria often results in loss of livelihoods and economic dependence, making skills development and empowerment programmes important strategies for improving the resilience of displaced populations.

The high level of participation in vocational support programmes also corresponds with the findings of [15], who noted that interventions that combine health, protection, and livelihood support contribute to improving the overall wellbeing of internally displaced populations in Nigeria. They emphasised that empowerment-focused interventions help displaced persons regain some level of independence by improving their ability to engage in productive activities.

TABLE III. TYPES OF EDUCATIONAL SUPPORT RECEIVED BY IDPS CAMPS

Variables	Frequency	Percentage
School fees support	51	12.8
Skills acquisition/vocational training	6	1.5
Educational materials	271	67.9
Scholarship support	12	3.0
Total	**340**	**85.2**
System	59	14.8
Total	**399**	**100.0**

Source: Authors field work, 2026

Data presented in Table 3 showed the different forms of educational support received by Internally Displaced Persons (IDPs) in Guma Local Government Area. The findings showed that educational materials constituted the major form of support received, with 271 respondents (67.9%) benefiting from this intervention. This was followed by school fees support received by 51 respondents (12.8%), scholarship support by 12 respondents (3.0%), and skills acquisition/vocational training by only 6 respondents (1.5%). The result indicates that educational assistance provided to IDPs has concentrated mainly on meeting immediate schooling needs through the provision of learning materials, while empowerment-oriented educational interventions such as vocational training and scholarship opportunities remain relatively limited.

The high proportion of respondents receiving educational materials suggests that social protection programmes have contributed significantly to reducing barriers to education among displaced households. Displacement often interrupts educational activities because families lose their homes, income sources, and the ability to provide basic educational requirements for children. The provision of books, writing materials, uniforms, and other learning resources helps displaced children remain engaged in education despite difficult living conditions. This finding agrees with Anzaa, David and Idris (2025), who examined educational needs of IDP children in Benue State and found that displaced children require sustained educational support, particularly learning materials and structured interventions, because displacement creates serious challenges to educational continuity. Similarly, Ogunode, et al (2022) reported that educational services for IDPs in Nigeria are constrained by inadequate instructional materials, insufficient funding, poor infrastructure, and poverty among displaced families. They argued that the provision of educational resources is essential for improving access and participation among displaced learners. Therefore, the dominance of educational materials in this study reflects the importance of basic educational support in maintaining access to schooling among IDPs in Guma Local Government Area. Plate 2 showed Benue state Government in partnership with UNICEF flag off accelerated basic education program and distribution of teaching and learning materials in IDPs camps in Guma.

ISSN: 3139-0854

TABLE IV. SKILLS ACQUIRED THROUGH THE EDUCATIONAL/ VOCATIONAL PROGRAMME IN IDPS CAMPS



Plate 2: Distribution of educational materials in Abagena IDP camp, Guma

Source: Authors field work photos, 2026.

Educational/Vocational training acquired	Frequency	Percentage
Tailoring	10	2.5
Farming	65	16.3
Hairdressing	2	.5
Carpentry	2	.5
Total	79	19.8
System	320	80.2
Total	**399**	**100.0**

Source: Authors field work, 2026

Information presented in Table 4 showed the types of skills acquired by Internally Displaced Persons (IDPs) through educational and vocational support programmes in Guma Local Government Area. The findings show that farming was the most commonly acquired skill, with 65 respondents (16.3%) benefiting from this training, followed by tailoring, reported by 10 respondents (2.5%). Hairdressing and carpentry recorded the lowest participation, with 2 respondents each (0.5%). The result indicates that vocational support among IDPs has focused mainly on farming-related skills, reflecting the agricultural background of many displaced households in Benue State. However, the overall participation rate in skills acquisition was low, as only 79 respondents (19.8%) reported acquiring any skill through the programme, while 320 respondents (80.2%) did not benefit from such training. The dominance of farming as the major skill acquired suggests that livelihood interventions among IDPs have been designed around restoring agricultural activities, which remains the primary occupation of many rural households in Benue State. Since most IDPs in Guma Local Government Area were farmers before displacement, agricultural skills training provides an opportunity for them to rebuild their livelihoods and improve food production after losing access to farmland and productive assets. This finding agrees with Teran & Dooiyor (2024), who observed that displacement significantly affected farming activities among rural households in Benue State by limiting access to farmland, inputs, and income sources. They emphasised that agricultural support and livelihood restoration programmes are essential for improving food security and economic recovery among displaced farmers.

The acquisition of tailoring skills by 2.5% of respondents indicates that some interventions have attempted to diversify livelihood opportunities beyond agriculture. Tailoring and other small-scale vocational skills can provide alternative income sources, particularly for women and youths who may face challenges returning to farming activities. This supports the argument of Akinola and Ojo (2022) that livelihood diversification programmes among displaced populations help households reduce dependence on humanitarian assistance by creating opportunities for self-employment and income generation.

However, the very low number of respondents who acquired skills such as hairdressing (0.5%) and carpentry (0.5%) suggests that vocational training opportunities remain limited and may not adequately address the diverse interests and needs of IDPs. A broader range of skills, including entrepreneurship, digital skills, food processing, trading, and other market-oriented activities, may improve the capacity of displaced persons to adapt economically. This finding corresponds with Olanrewaju et al. (2019), who noted that prolonged displacement in Nigeria often leads to economic vulnerability because affected populations lose their productive assets and require empowerment programmes that provide sustainable livelihood opportunities.

The large proportion of respondents who did not acquire any skill through the programme (80.2%) reveals an important limitation in the coverage of vocational support initiatives. Although educational and livelihood programmes exist, many IDPs may still lack access due to inadequate training opportunities, limited resources, selection constraints, or insufficient implementation capacity. This agrees with Adebayo, Yusuf & Abdullahi (2023), who found that livelihood empowerment programmes for displaced populations in Nigeria often face challenges such as inadequate funding, limited training spaces, and insufficient follow-up support, which reduce their effectiveness in promoting self-reliance.

TABLE V. PERCEPTIONS OF THE EFFECTS OF EDUCATIONAL SUPPORT AS A SOCIAL PROTECTION INTERVENTION AMONG INTERNALLY DISPLACED PERSONS (IDPS) IN GUMA LOCAL GOVERNMENT AREA.

	Rating				TWV	$\overline{X}$	Decision
	4	3	2	1			
Educational support has increased school attendance among displaced children	616	558	112	3	1,289	3.23	Agree
Educational support has improved skills and employment opportunities among IDPs	68	204	482	73	827	2.07	Disagree
Vocational training has helped me	16	84	478	128	706	1.78	Disagree

ISSN: 3139-0854

	Rating				TWV	$\overline{X}$	Decision
acquire skills for income generation							

Source: Authors field work, 2026

Data presented in Table 5 showed respondents perceptions of the effects of educational support as a social protection intervention among Internally Displaced Persons (IDPs) in Guma Local Government Area. The results indicated that educational support had a positive effect on school attendance among displaced children but had limited impact on skills development, employment opportunities, and income generation.

The study agreed that educational support has increased school attendance among displaced children with the mean score of 3.23. This indicates that educational assistance programmes have contributed significantly to improving access to education among displaced children. The finding suggests that interventions such as provision of educational materials, school fees assistance, and learning support have reduced barriers that often prevent children from attending school after displacement. Displacement frequently interrupts childrens education because households lose income sources, schools may be destroyed or inaccessible, and families may prioritise survival needs over education. This finding agrees with Anzaa, et al (2025), who found that children of internally displaced persons in Benue State face significant educational challenges due to displacement, poverty, and inadequate learning resources. They noted that educational support interventions, particularly the provision of learning materials, play an important role in restoring access to education among displaced children.

The study also agreed that educational support has improved skills and employment opportunities among IDPs with a mean score of 2.07. This indicates that respondents did not perceive educational support as having a significant effect on employment opportunities. The result suggests that most educational interventions provided to IDPs have focused more on formal education support rather than livelihood-oriented education and employability development. While educational materials and school support may improve access to learning, they may not directly translate into employment opportunities, especially among adults who require vocational training, entrepreneurship support, and access to productive resources. This finding is consistent with Duke et al. (2025), who noted that displaced populations require practical life skills and empowerment programmes to improve resilience and livelihood opportunities. They argued that humanitarian interventions that focus only on basic services may not adequately address the long-term economic challenges faced by displaced persons.

The study disagree that vocational training has not helped them to acquire skills for income generation with disagreeing mean score of 1.78. This indicates that vocational training has had limited influence on income generation among respondents. The result may be linked to the low level of participation in vocational training programmes reported earlier, where only a small proportion of respondents acquired skills such as farming, tailoring, hairdressing, and carpentry. It suggests that even where training exists, beneficiaries may face challenges applying acquired skills due to lack of start-up capital, equipment, markets, and business support. The finding supports Teran & Dooiyor (2024), who observed that displaced farmers in Benue State experienced difficulties restoring livelihoods because displacement affected access to productive resources and income-generating opportunities. They emphasised that livelihood recovery requires more than training; it must include access to farm inputs, financial support, and other productive resources.

IV. CONCLUSION AND RECOMMENDATIONS

The study concludes that healthcare assistance and educational support contribute to the welfare of IDPs in Guma Local Government Area, but their effects differ by service type. Healthcare assistance was widely accessed and was associated with improved perceived health, reduced medical expenditure and greater ability to work. Nevertheless, malaria and typhoid remained common health challenges, while maternal healthcare and health education were less accessible than free treatment. Educational support reached many respondents and was perceived to improve school attendance among displaced children, particularly through the provision of learning materials. Its contribution to vocational skills, employment opportunities and income generation was limited, as most respondents had not acquired skills through the programmes. Improving the quality, coverage and practical relevance of both interventions is therefore important for protecting health and supporting recovery among displaced households.

Recommendations from the study include:

1) Improve access to comprehensive healthcare in IDP camps and host communities by ensuring the availability of essential medicines, qualified health personnel, immunisation and timely treatment.
2) Strengthen maternal healthcare through accessible antenatal, skilled delivery and postnatal services, with particular attention to pregnant women and nursing mothers.
3) Expand preventive healthcare and health education on hygiene, sanitation, malaria prevention, safe water and early treatment-seeking behaviour.
4) Maintain and improve educational support through regular provision of learning materials, school-fee assistance and other measures that help displaced children remain in school.
5) Expand practical vocational training in areas relevant to local demand, including farming, tailoring, carpentry, hairdressing, food processing and small-business activities.
6) Link vocational training to start-up grants, tools, equipment, mentoring and access to markets so that participants can apply acquired skills and pursue income-generating activities.
7) Improve coordination and monitoring among government agencies, camp managers, NGOs and humanitarian partners to identify service gaps, avoid duplication and ensure that support reaches vulnerable beneficiaries

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