



# IPSS

Institute for Peace and  
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**ADDIS ABABA UNIVERSITY**  
**SCHOOL OF GRADUATE STUDIES**  
**INSTITUTE FOR PEACE AND SECURITY STUDIES**

**EXPLORING THE IMPACTS OF DISPLACEMENT ON  
HEALTH SECURITY OF IDPS IN ADDIS ABABA: THE  
CASE OF BOLE SUB-CITY**

**BY: LEMLEM SHIFERAW**

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Addis Ababa

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**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE  
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**APPROVED BY BOARD OF EXAMINERS**

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## **Abstract**

*The growing number of internally displaced persons (IDPs) in Ethiopia is attracting humanitarian concern. There have been influxes of IDPs migrating to Addis Ababa abandoning their habitual residence for the sake of getting relief. However, these IDPs are facing several challenges. Thus, this study focused on the impact of displacement on the health security of internally displaced persons in Addis Ababa: the Case of Bole Sub-City. The main objective of the study is to investigate the impacts of displacement on the health security of IDPs in Addis Ababa. It tried to answer three questions. These are: What are the health security challenges of the IDPs in Addis Ababa; what factors that contributed to health security challenges of the IDPs in Addis Ababa and how health security challenges of the IDPs could be addressed. To achieve these objectives, the research targeted two data sources; internally displaced persons located in Bole Bulbula and the concerned stake holders. Concerning the sampling technique employed in this study was purposive sampling for selecting the IDPs and key informants. The instruments used to collect data were interview, Focused group discussion, and observation. Then, as the obtained result indicated these IDPs are facing several health challenges due to the problem in getting the basic needs and health care services. So, they were mostly suffering from infectious diseases which broke out recurrently. These diseases are like mumps, measles, diarrhea, malaria, and tuberculosis. They are also suffering from malnutrition especially children and expectant and nursing mothers. These all were resulted from the lack of access to basic needs and healthcare services. However, the responses of the government were not satisfactory and made it their survival worse. But some relieving actions were made as immediate solutions even if they were not successful enough Besides, no humanitarian agencies were requested to offer support to these IDP population; no involvement of NGOs or other humanitarian agencies as the (African Union) Kampala Convention on Internally Displaced Persons (IDPs) Guiding Principles demand. The government's response was not as it was expected to save the lives of these people and maintain the health security as well as human security. As a result, it is recommended that these IDP populations need at least temporary relief owing to the dire challenges they are facing. The very basic needs like water, shelter, clothing, latrines and health care should be addressed until a long-lasting solution is rendered. Moreover, by taking into consideration the cost of human lives these problems may cause, durable solutions are required. These are like returning to their habitual residence or resettling this IDP population will help to improve the situation; and it can bring life-long change.*

**Key words:** *Internally Displaced Persons, health security Bole Sub-City, Kampala Convention on IDPs, durable solution, temporary relief and infectious disease.*

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## ACRONYMS

**AU:** African Union

**CHS:** Commission on Human Security

**GRID:** Global Report on Internal Displacement

**HIV:** Human Immunodeficiency Virus

**IDMC:** Internal Displacement Monitoring Center

**IDP:** Internally Displaced Persons

**PTSD-** Post Traumatic Stress Disorder

**TB:** Tuberculosis

**UNDP:** United Nations Development Program

**UNGP:** United Nations Guiding Principles

**UNHCR:** United Nations Higher Commission for Refugees

**VPD:** vaccine-preventable disease

**WHO:** World Health Organization

# Table of Contents

<i>Abstract</i> .....	iv
Acknowledgments.....	v
Acronyms.....	vi
Table of Contents.....	vii
<b>Chapter One</b> .....	<b>1</b>
<b>1.Introduction</b> .....	<b>1</b>
1.1. Background of the Study .....	1
1.2.Statement of the problem.....	4
1.3.Research Questions.....	5
1.4.Objectives of the Study.....	6
1.4.1.General objectives of the study.....	6
1.4.2.Specific Objectives of the Study.....	6
1.5.Scope of the Study .....	6
1.6.Significance of the Study .....	6
1.7.Limitations of the Study.....	7
Organization of the Study .....	7
<b>Chapter Two</b> .....	<b>8</b>
<b>2.Review of Related Literature</b> .....	<b>8</b>
Introduction.....	8
2.1. Conceptual Framework of the study .....	8
The concept of Human security .....	8
2.1.1.Elements of Human Security .....	10
2.1.2.Human Security as ‘Freedom from Want’ and ‘Freedom from Fear’ .....	11
2.1.4.Human Security, Human Development and Human Rights .....	12
2.1.3.The Relationship between Health and Human Security.....	15
2.1.5.Understanding Internally Displaced People.....	18
2.1.6.What Challenges Do Internally Displaced Persons Face? .....	20
2.1.6.1.Basic need insecurities .....	21
2.1.6.2.Health Insecurities.....	22
2.1.7.Impacts of displacement on Health .....	23

2.1.7.1 Communicable Diseases .....	25
2.1.7.2 Vector-Born Diseases .....	25
2.1.7.3 Vaccine-Preventable Disease .....	25
2.1.7.4 Sexual, Reproductive and Maternal Health .....	26
2.2. Legal Framework of the study .....	27
2.2.1. Basic Provisions of UNGP on Internal Displacement .....	27
2.2.3. AU Convention for Protection and Assistance of IDPs .....	28
2.2.4. Ethiopian Health Policy .....	30
2.2.5. Conclusion .....	30
<b>Chapter Three</b> .....	<b>31</b>
<b>3. Research Methodology</b> .....	<b>31</b>
3.1. Research Design.....	31
3.2. Description of the Study Area.....	32
3.3. Sampling procedure .....	33
3.4. Data collection Technique .....	33
3.4.1. Data collection Tools .....	33
3.4.1.1. Observation .....	33
3.4.1.2. In-depth Interviews .....	34
3.4.1.3. Key informant Interview:.....	34
3.4.1.5. Focused group Discussion .....	34
3.5. Document Review.....	35
3.6. Method of Data Analysis and Interpretations .....	35
3.7. Ethical Consideration.....	36
<b>CHAPTER FOUR</b> .....	<b>37</b>
<b>4. Results and Discussion</b> .....	<b>37</b>
4.1. Demographic Characteristics of the Respondents.....	37
4.2. Challenges of the internally displaced persons .....	38
4.2.1. Basic need insecurity .....	38
4.2.1.1. Food Insecurity .....	39
4.2.1.2. Clothing and Shelter.....	41
4.2.1.3. Clean Water and Sanitary Facilities .....	43
4.2.3. Health insecurities.....	45

4.3. Impacts of Displacement on Health Security.....	47
4.3.1.Malnutrition .....	48
4.3.2.Communicable Diseases .....	49
4.3.3. Vaccine- preventable Disease .....	50
4.3.4.Sexual and Reproductive Health risks .....	51
4.3.5.Vector- borne diseases .....	52
4.3.6.Lack of Access to Drugs .....	53
4.4. Government Responses.....	54
4.4.1.Access to basic needs.....	54
4.4.1.1.Food Insecurity .....	55
4.4.1.2.Shelter and Clothing.....	55
4.4.1.3.Clean water and sanitary facilities .....	56
4.4.2.Health Insecurity .....	56
4.5. Hindering Factors for Policy Responses.....	58
4.5.1.Language Barriers .....	58
4.5.2.Lack of awareness.....	59
4.5.3.Financial Barriers.....	60
4.5.4. Budget Constraints.....	61
4.5.6.Lack of prior policy and strategy .....	61
<b>Chapter Five .....</b>	<b>64</b>
<b>5. Conclusions and Recommendations .....</b>	<b>64</b>
5.1.Conclusions.....	64
5.2.Recommendations.....	66
<b>References.....</b>	<b>67</b>
Appendices	

# Chapter One

## 1. Introduction

### 1.1. Background of the Study

What makes the matter of displacement in our world a very serious issue is being unsecured. Given the insecurity of any region which causes death, injuries, displacement, human rights abuses, health adversity, malnutrition and other negative consequences are the result of natural or man-made disasters. According to Internal Displacement Monitoring Center (IDMC, 2023), people who are living in displacement become 71.1 million (seventy-one million) at the end of 2022 which means, including the number of displacements in Ukraine. Majority of the displacements are happening due to violence and armed conflict including the case of Ukraine. There are some countries in which the number of displacements is higher but it is not because of violence and armed conflict it is rather caused by natural disaster like flooding, cyclone, wild fire, earth quake and others. For instance, flooding left 8.2 million people in internal displacement Pakistan in August 2022 (BBC News, August 2022).

The rate of Global Displacement is growing high even if in Europe and North America does not constitute significant numbers. Exceptionally, the war in Ukraine has resulted 16.2 million displacements which had never been recorded in any single country as Global Report on Internal Displacement (GRID, 2023). However, the African and Asian continents constitute the largest number of displacements particularly in the Sub-Saharan African countries (IDMC, 2022). Unluckily the Sub-Saharan African countries suffer from the largest internally displaced people due to violence and Armed Conflict. In the sub-Saharan Africa countries like Democratic Republic of Congo, Ethiopia, Nigeria, Somalia and Sudan account for the largest number of displacements in the Region (IDMC, 2023).

Despite Asian countries like Pakistan, Philippines, China and India, suffer from disaster-triggered displacements, violence and armed conflict driven displacement surpass the number from time to time in Africa. Out of the total displacement number 71.1 (Seventy-one point one) million, natural disaster caused only 8.7 (eight point seven) million displacements as it has been reported by Global Report on Internal Displacement (GRID, 2023) while the rest 62.5 million displacements are triggered by violence and armed conflict. In other words, displacements caused by conflict and violence are much more severe than drought, famine and others, and the negative consequences are

immeasurable since it has the impact on human security. However, disaster triggered displacement increased by 45% while violence and armed conflict caused displacements showed 17% increase. Drought-induced displacement affected countries like Somalia, Ethiopia and Kenya (IDMC, 2023). In Ethiopia, drought-triggered displacements accounted for 686,000 and the most affected regions are Oromia and Somalia (Ibid). The situation was acute because these areas were affected by conflict previously.

Displacements usually cause human security crisis. In addition, the research conducted by Yigzaw & Abitew (2019), asserts that displacements have dire effect on the displaced and host community since it has impacts on human security which constitutes food security, economic security, educational security, health security, personal security, environmental security and political security. In other, words such a displacement destructs the social fabric of communities and leaves the IDPs in humanitarian crisis. Forced displacement results in a unique set of health needs as people go through different displacement routes, inside and across borders, getting exposed to a variety of social, economic, legal, and environmental challenges (DeJesus, 2018).

According to the Global Fund Report (2022), to address the emerging dangers to global health security and to give an end to the public health threats like malaria, Tuberculosis (TB), and Human Immunodeficiency Virus (HIV), it is necessary to reach the most vulnerable people with prevention and treatment services, wherever they are. That means directing a sharper focus on challenging operating environments (COEs) – countries or regions that experience infectious disease outbreaks, natural disasters, armed conflicts or civil unrest, weak governance, climate change-related crises and/or mass displacement (Ibid).

As the report publicized by the Global Fund (2022), before the conflict began in February 2022, Ukraine had a ‘high disease burden’ even. It is one of the thirty ‘high burden’ drug resistant TB countries and it has the second-largest HIV epidemic in Eastern Europe and Central Asia. Since the beginning of the conflict, hospitals have been destroyed and damaged and displaced people lack access to health care, interrupting treatment for people with HIV and TB. It might not be so simple to meet these needs and improve the health of those who are displaced by force (Thomas & Thomas, 2004). Living in the ‘makeshift shelters and experiencing being homeless expose the IDPs for different challenges. Of these challenges, inability to get food, poor sanitation and hygiene, and

lack of access to health care services is at the top of lists. This is to state some of the several challenges they face. Such conditions jeopardize human security.

Population displacement is a worldwide problem that has a substantial impact on people in the wake of conflict, natural disasters, and outbreaks of public health emergencies. People always migrate in search of safety. Internally Displaced Persons (IDPs) are extremely vulnerable and exposed to new dangers as a result of displacement. (Khan & Ahmad, 2014). A higher chance of disease and demise is the outcome of these dynamics. Conflicting parties often purposefully deny IDPs access to medical care and humanitarian aid. Furthermore, the arrival of IDPs may have an impact on regional health systems, and the host community ultimately bears the brunt of the internally displaced people's suffering, as the report by WHO (WHO, 2012).

As Global Fund (2022:39) reports,

*In 2022, the world faces unprecedented global health challenges that are putting the most vulnerable communities more at risk. COVID-19 has caused huge loss of life, human suffering and economic and social disruption across the world. Hard-won gains against HIV, tuberculosis (TB) and malaria are being reversed, with devastating consequences for the poorest and most vulnerable communities. Climate change and increasing conflict and displacement are affecting the epidemiology and transmission of existing diseases and facilitating the emergence of new ones. Inequities have deepened and poverty is increasing, particularly in countries affected by conflict, disaster and insecurity.*

It is obvious that health is an inextricable component of the complex web of issues. Health is very crucial to the pursuit of human security and primary health care is a component of human development (UNDP, 1994). According to Anderson (1999), internally displaced persons living in the camp face health security challenges like infectious diseases linked to poor sanitation; mental health problems because of their displacement, intellectual and physical disability among children; poor health among pregnant women and infants; and chronic diseases such as diabetes due to their inability to access enough food.

## **1.2. Statement of the problem**

The problem to be addressed in this study is the impact of displacement on the health security of the internally displaced persons residing in Addis Ababa. Being internally displaced people (IDPs) usually means living in higher poverty and having less favorable employment prospects than other internal migrants since they come from disadvantaged communities, which makes them even more vulnerable after being displaced. Similarly, Addis Ababa is hosting a large number of IDP populations without having the proper facilities, especially the Bole-Bulbula site where a larger number of IDPs live in a makeshift house. These populations are widely suffering from all human insecurities like food security, health security, environmental security, economic security and they face other forms of human insecurity.

The internally displaced persons in Ethiopia are facing severe health challenges due many reasons. IDPs face challenges in getting enough food, they lack physical and legal security and even their death rates could be 60 times higher than the non-displaced population in their home countries (Weiss and Kom, 2006). They are facing difficulty in fulfilling their basic needs like food, health, shelter, water, sanitation and hygiene because of the displacement. In connection with this, the provision of health services alone cannot save lives if the essential health needs of internally displaced people (IDPs)—security, food, water, shelter, sanitation, and household items—are not met (Leus, Wallace & Loretto, 2001). Poor nutrition, poor sanitary conditions, lack of potable water and lack of access to health services make IDPs prey to a host of diseases, most of which could be preventable. Such common disease conditions include diarrhea, acute respiratory infections, tuberculosis, malaria, cholera, measles and meningitis (Amoo et al., 2018).

The health needs of displaced populations vary broadly. Measles, a lack of sanitation, malaria, diarrhea and acute respiratory infections all lead to the health risks or crude mortality rates amongst displaced populations, especially in under-developed countries (Thomas & Thomas,2004). There is no employment, livelihood, clothing, and there is no opportunity to go to the health center when they are in need of medical treatment even if they are on the health risks since they are unable to get health facilities. Hence, the human security is impacted negatively because of the displacement. As Roses (2012:257) argues that:

The various categories of human security are directly related to the determinants of health: economic security with educational and employment opportunities; food security with safe

and adequate nutrition; environmental security with clean air, water, and sanitation and adequate green spaces; personal security with protection from threats such as war, ethnic tension, crime, gang violence, rape, domestic violence, child abuse, and self-inflicted harm, such as suicide and drug abuse; community security with policies that promote healthy lifestyles and strong family and social networks; and political security with the protection of human rights.

There are empirical studies conducted by different researchers. Of these researches the one conducted by Masresha (2020) has focused on the challenges of IDPs in the socio-economic, livelihood strategies, challenges, occupational and residential aspiration and put the findings as there were major challenges like inadequate clothing and food relief, joblessness, uncomfortable housing, and inefficient flood control. The study conducted by Eba and Shifa (2020) asserted that internally displaced persons face high anxiety and depression and also showed that there was a significant effect on their mental health. Similarly a research conducted by Madro et al., (2020) the internally displaced persons face high depression and post-traumatic stress disorder (PTSD). As the assessment conducted on the prevalence of depression and anxiety among internally displaced person was found to be significant (Gemed, 2020). The internally displaced persons are vulnerable to the danger of homelessness, marginalization, lack of service, health hazards and economic impacts (Teddl, 2008).

However, this study mainly focuses on the health security of the IDPs in Addis Ababa while the previous researches assessed the Socio-economic impact and the health security particularly on mental health. Thus, this study examined what the health security challenges the IDPs found in the capital city, Addis Ababa face in general but exceptionally it didn't include the mental health, sexual reproductive health and maternal health. Finally, the previous studies are different from this study by its location and this study aimed to fill the knowledge gap that the previous studies didn't explore.

### **1.3. Research Questions**

- ✓ What are the health security challenges of the IDPs in Addis Ababa?
- ✓ What are the factors that contributed to health security challenges of the IDPs in Addis Ababa?
- ✓ How has the government responded to the health security challenges of the IDPs?

## **1.4. Objectives of the Study**

### **1.4.1. General objectives of the study**

The main aim of this study is to investigate the impacts of displacement on the health security of IDPs in Addis Ababa.

### **1.4.2. Specific Objectives of the Study**

The specific objectives of the study are aimed to:

- Identify the health security challenges of IDPs in Addis Ababa
- Assess what factors contribute to the health security challenges of the IDPs in Addis Ababa
- Explore how the government has responded to the health security challenges of the IDPs

## **1.5. Scope of the Study**

This research is limited to study the effects of displacement on health security of IDPs in Addis Ababa: the case of Bole Sub-City. This research aims at scrutinizing the displacement caused by different reasons and tries to show the impacts of displacement on human security specifically on health security of the IDPs. Thus, the study is limited to explore the effects of internal displacement on health security of the population under study, the IDPs located in Bole, Addis Ababa.

## **1.6. Significance of the Study**

The study focuses on the impact of displacement on the health security of internally Displaced Persons (IDPs) in Addis Ababa: the Case of Bole Sub-City. The tragedy of Displacement in Ethiopia has been causing a dreadful effect on the lives of IDPs. Displacement tends to result in powerlessness and reliance of victims on others for survival. Involuntary dislocation is intimately connected with basic need insecurity and health insecurities. For this reason, the plight of IDPs, who are not getting the support from any institution comparing to refugees, deserve research and policy attention.

This study has revealed the challenges that these IDPs are facing. It is also essential to provide detailed information on the vulnerability of these IDPs to various health problems and their susceptibility of a myriad of infectious and non-communicable diseases. Since the health security

challenges constitute the human security challenges, they demand attention to filling gaps. The identified gap gives opportunities to look for durable solution by the stake holders. It also provides information to researchers who are interested to conduct a study in health security especially on mental health, reproductive health and Post-Traumatic Stress Disorders; and it lays foundation for further investigation. Moreover, the study helps the concerned authorities and stake holders to adopt durable solutions.

### **1.7. Limitations of the Study**

The aim of this study was to dig out what impact the displacement has had in human security particularly on health security of the IDPs found in Addis Ababa, Bole Sub-City. This research has a limitation in its generalizability since the study was conducted purely in qualitative ways as reproductive health; mental health and Post-Traumatic Stress Disorder were required to be quantified. Moreover, it was conducted to investigate IDPs found in Bole Sub-City, around Bulbula only so that it is difficult to generalize other groups of IDPs living in Addis Ababa.

### **1.8. Organization of the Study**

This study is organized in to five chapters. The first chapter deals with the introduction which includes background of the study, statement of the problem, research questions, objectives of the study, significance of the study, scope of the study, limitation of the study and organization of the study. The second chapter deals with review of related literature. Under this chapter a detailed literature reviews have been presented.

The third chapter deals with research methodology which includes research design, description of the study area, sampling population and sampling technique, instruments of data collection, data collection procedures and data analysis procedures. The fourth chapter is about data analysis and discussion. In this chapter a detailed analysis along with discussion of the findings is presented. Finally, in the last chapter, conclusions and possible recommendations have been drawn.

## **Chapter Two**

### **2. Review of Related Literature**

#### **Introduction**

The literature review focuses on the conceptual framework of the study and the legal provision which focuses on the United Nation Guiding principle on Internally Displaced Persons; how to treat the internally displaced persons especially with regard to the right to health and all the treatments the IDPs deserve. The study intends to relate the available literature with research questions and the real situation of the IDPs under study. This literature review is organized based on the human security approach and concentrating on what internal displacement means and how it challenges the health security of IDPs. So, it ranges from the human security perspective, the wider, to (single component) the health security as one of the components of human security. It also tries to how IDPs right is protected and how their right to health should be achieved.

#### **2.1. Conceptual Framework of the study**

##### **The concept of Human security**

As Commission on Human Security (CHS, 2003) defines: “Human security aims to protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment. Human security means protecting fundamental freedoms – freedoms that are the essence of life. It means protecting people from critical (severe) and pervasive (widespread) threats and situations. It means using processes that build on people’s strengths and aspirations. It means creating political, social, environmental, economic, military and cultural systems that together give people the building blocks of survival, livelihood and dignity.” The notion of "human security" refocuses security discourse from the national/state level to individuals as potential victims; it goes beyond physical violence as the sole relevant threat or vector; and it goes beyond physical harm as the sole relevant damage (Gasper, 2004).

Human security focuses on ‘**freedom from fear**’ and ‘**freedom from want**’ which makes it different from the national security of a state, in which sovereignty of a territory is the main concern. In the traditional school of thought, the land or the state is the primary issue while in the non-traditionalist keeping the safety of human beings first and then the territory. Thus, during a

conflict or other natural disaster people flee or migrate or become displaced. Then people become in need of all the elements of Human security so that humanitarian assistance would be provided. However, the provision of this humanitarian assistance can be limited for various reasons.

Human security means a shift of attention from a state centered to a people-centered approach to security, which requires a rethinking of state sovereignty. As (Haq 1995:115) defines Human security: “It is the security of individuals, not just nations. It is the security through development, not through arms. It is also the security of all the people everywhere - in their homes, in their jobs, in their streets, in their communities, in their environment.”

Human security protects the existence of entire social groups (including children, civilians in a war zone, ethnic minorities, and so on) from persecution and violence (Acharya, 2001). Human security is also concerned with violent conflict and with deprivation (Muguruza, 2007). According to Tadjbakhsh & Chenoy (2007),

*The simplest definition of security is ‘absence of insecurity and threats’, i.e. freedom from both ‘fear’ (of physical, sexual or psychological abuse, violence, persecution, or death) and ‘want’ (of gainful employment, food, and health). Human security, therefore, deals with the capacity to identify threats, to avoid them when possible, and to mitigate their effects when they do occur. This broadened use of the word ‘security’ encompasses two ideas: one is the notion of ‘safety’ that goes beyond the concept of mere physical security in the traditional sense, and concepts the other, the idea that people’s livelihoods should be guaranteed against sudden disruptions.*

Thus, human security broadens the focus from the security of borders to the lives of people and communities inside and across those borders. It includes the security against economic privatization, an acceptable quality of life and a guarantee of fundamental human rights. It recognizes the links between environmental degradation, population growth, ethnic conflicts, and migration. The essence of human security does not mean to substitute the role of the state but it rather reinforces its role and responsibility (Ibid).

As the UN Secretary General Kofi Annan, (2001:1) pointed out:

Human security in its broadest sense embraces far more than the absence of violent conflict. It encompasses human rights, good governance, access to education and health care and ensuring that each individual has opportunities and choices to fulfill his or her own potential. Every step in this direction is also a step towards reducing poverty, achieving economic growth and

preventing conflict. Freedom from want, freedom from fear and the freedom of future generations to inherit a healthy natural environment —these are the interrelated building blocks of human, and therefore, national security.

Human security can be said to have two main aspects. It means, first, safety from such chronic threats as hunger, disease and repression. And second, it means protection from sudden and hurtful disruptions in the patterns of daily life—whether in homes, in jobs or in communities. The scope of this definition is vast: Virtually any kind of unexpected or irregular discomfort could conceivably constitute a threat to one's human security (UNDP, 1994)

A definition given by Thakur (1997:5) about human security:

Human security refers to the quality of life of the people of a society or polity. Anything which degrades their quality of life – demographic pressures, diminished access to or stock or resources, and so on – is a security threat. Conversely, anything which can upgrade their quality of life – economic growth, improved access to resources, social and political empowerment, and so on – is an enhancement of human security.

After the publication of Human Development Report in 1994, there has been a great change in conceptualizing the human security and its relation to health (Roses, 2012).

### **2.1.1. Elements of Human Security**

“What do we mean by human security? We mean, in its most simple expression, all those things that men and women anywhere in the world cherish most: enough food for the family; adequate shelter; good health; schooling for the children; protection from violence whether inflicted by man or by nature; and a State which does not oppress its citizens but rules with their consent (Frechette,1999:3). As UNDP (1994) classified, human security comprises seven elements. These are:

**Economic security:** Assured basic income: access to employment and resources. (e.g., freedom from poverty);

**Food Security:** Physical and economic access to food for all people at all times. Hundreds of millions of people in the world remain hungry either through local unavailability of food or, more often, through lack of entitlements or resources to purchase food.

**Health Security** Access to medical treatment and improved health conditions. Poor people in general have less health security and in developing countries, the major causes of death are infectious and parasitic diseases. (e.g., access to health care and protection from diseases);

**Environmental Security:** Living in a healthy physical environment which is spared from desertification, deforestation and other environmental threats that endanger people's survival. (e.g., protection from such dangers as environmental pollution and depletion);

**Personal Security:** Individual security from physical violence. Threats can take several forms, for example: threats from the State, foreign states, other groups of people (ethnic tension), individuals or gangs; threats directed against women or children based on their vulnerability and dependence; threats to self (e.g., physical safety from such things as torture, war, criminal attacks, domestic violence, drug use, suicide, and even traffic accidents);

**Community security** Most people derive their security from membership of a social group (family, community, organization, political grouping, ethnic group, etc.). Tensions often arise between these groups due to competition over limited access to opportunities and resources.

(e.g., survival of traditional cultures and ethnic groups as well as the physical security of these groups);

**Political security:** Living in a society that guarantees basic human rights and freedom of expression. (e.g., enjoyment of civil and political rights, and freedom from political oppression)

### **2.1.2. Human Security as 'Freedom from Want' and 'Freedom from Fear'**

The concepts of 'freedom from fear' and 'freedom from want' are part of Human security. 'Freedom from fear' has narrower sense and tries to understand human security as protecting individuals from violent conflicts while at the same time seeing these threats as strongly associated with poverty, lack of state capacity, and other forms of inequities. Whereas 'freedom from want', is more broadly related to development, an umbrella that takes in all sorts of issues, including terrorism, refugees, democracy, peacekeeping, development, and many other types of security agendas (Hanlon & Christie, 2016).

The Commission on Human Security (CHS) final report Human Security Now (New York, 2003) states: "Human security means protecting vital freedoms. It means protecting people from critical and pervasive threats and situations, building on their strengths and aspirations. It also means

creating systems that give people the building blocks of survival, dignity and livelihood. Human security connects different types of freedoms – freedom from want, freedom from fear and freedom to take action on one’s own behalf.” But freedoms depend also on other determinants, such as social and economic arrangements such as, facilities for education and health care (Sen, 2001).

The human security strengthens the right of people to live in freedom and dignity, and being free from poverty and despair. Such an approach recognizes that all individuals, in particular vulnerable people, are entitled to freedom from fear and freedom from want, with an equal opportunity to enjoy all their rights and fully develop their human potential (McAdam & Saul, 2009). Freedom from fear implies safety from violence and violations of human rights; freedom from want implies at least a minimal level of health, diet and income. A number of challenges need to be handled from the perspective of "Human Security," which is centered on the individual, in order to ensure "Human freedom and potential," necessitating collaboration between the various actors in the international community, including governments, international organizations, and civil society.

One definition of human security is the preservation and defense of each person's life and dignity. Thus, the definition of human security broadens from understanding human security only as safety from violent threats to the social, psychological, political, and economic factors that promote and protect human well- being i.e., it encompasses both senses (Muguruza ,2007).

#### **2.1.4. Human Security, Human Development and Human Rights**

Human security joins the main agenda items of security, human rights and development. It is a broad and comprehensive framework in the sense that it integrates these agenda. As Muguruza, (2007) explains Human security involves the “conceptual space” of human development, which is characterized by individual centric and multi-dimensional and is defined in the context of human choices and freedoms. By putting security, human rights, and development into a single human security framework, the goals of each separate agenda are more effectively achieved (Tadjbakhsh & Chenoy, 2007). Respect for human rights is critical for a successful development strategy. As human security creates a good condition for human development, it offers an opportunity to broaden people’s choices. Muguruza, (2007) argues that human security can only be achieved if there is a sustained development. The United Nations Development Program’s 2000 Human Development Report forcefully argued that development strategies have to be anchored in human

rights reasoning and have to be influenced in their conception and implementation by international human rights norms.

Human security focuses on ensuring the survival and dignity of human beings through freedom from fear and freedom from want. The course of widening the real freedoms that people delight in can be considered as development (Sen,2001). Human development is understood as the continuing expansion of human freedom/human flourishing beyond these 'freedom froms'. Human development shifted and 'pluralized' the macro-growth emphasis of traditional economic development to the opportunities and capabilities of people just as human security shifts and pluralizes conventional state security (Khagram, Clark & Raad,2003).

Respecting human rights and fundamental freedoms is the cornerstone of human security, and protecting human rights is the path to achieving personal, national, and global security. Seidensticker and Oberleitner (2002) argue that human rights and human security complement one other; for example, human security can help concentrate international law on people-centered issues as cited in (Tadjbakhsh & Chenoy,2007). Respect for human rights is necessary for human security to be achieved (Ramcharan,2002). Without respect for human rights and fundamental freedoms, the attainment of lasting peace would be impossible and human security would remain poorly achieved. This is a challenge facing the international community currently. From the regional perspective it is important to emphasize the values of equity and justice both at national and international level to ensure successful realization of human security at country level.

'Promoting human security would maximize the traditional notion of security precisely because having a developed, well-fed, community-oriented society that enjoys basic human rights and security would ensure stability and peace at all levels' (Hanlon & Christie, 2016). Conceptually, security and development are closely related; nevertheless, security places a greater emphasis on protection, whereas development places a greater emphasis on achievement. Human development has a broader, holistic scope: widening all people's choices and freedoms. Such a framework enables the international cooperation to respond to the present international discussion on how to integrate the security and development agendas and to put pressure for better 'coherence', 'effectiveness' and the 'efficacy of the 'international cooperation system' (Muguruza, 2007).

Human security takes the attention away from the narrow military or geo-strategic concerns and the high politics of 'national security' by attracting the international attention to be on daily human

needs. From the perspective of human security, the security threat arises from the internal factors that deny human rights, political indiscriminate and economic growth. 'Human security is not a concern with weapons. It is a concern with human dignity. In the last analysis, it is a child who did not die, a disease that did not spread, an ethnic tension that did not explode, a dissident who was not silenced, a human spirit that was not crushed' (UNDP, 1994: 22).

As Ramcharan (2002) defines 'security is a condition or feeling of safety, of being protected' and he says human security can be defined by the international human rights norms. Human security is achieved when and where individuals and communities have the options necessary to end, mitigate, or adapt to threats to their human, environmental, and social rights; have the capacity and freedom to exercise these options; and actively participate in attaining these options. Sometimes, a person's inability to exercise their substantive freedoms is directly related to their level of economic poverty, which denies them the ability to satisfy their hunger, obtain adequate nutrition, find relief from treatable illnesses, be adequately clothed or housed, or access adequate drinking water or sanitary facilities (Sen,2001). The human security approach emphasizes the interconnectedness of rights, development, and security to ensure citizens' dignity and incorporates human rights into daily activity. (Tadjbakhsh & Chenoy, 2007).

Acharya (2001) states that human security must be geared first and foremost to human need and the safety and dignity of the individual protected through a political system geared to human rights and democracy. Human security and human development move the sustainable development field from a primarily needs-based focus to a rights-based focus in the quest of improving opportunities and capabilities. The practical implication of this broadening is that civil and political rights along with economic, social and cultural rights become an integral component of the social pillar of sustainable development (Khagram, Clark & Raad,2003). It therefore provides a most basic, practical tool for individual empowerment through universally set-out entitlements and obligations.

Well-defined human rights are integral to human security policy. The attainment of human security is dependent on respect for human rights. Human security provides a framework of state accountability necessary for operationalizing human rights (Tadjbakhsh & Chenoy, 2007). While poverty and denial of human rights may not be said to 'cause' civil war, terrorism or organized crime, they all greatly increase the risk of instability and violence. Similarly, war and atrocities are far from the only reasons that countries are trapped in poverty, but they undoubtedly set back

development. The tolerance of human rights violations for the sake of economic development or social stability has no place in the human security paradigm.

### **2.1.3. The Relationship between Health and Human Security**

Achieving human security requires and benefits from good health. It is necessary because safeguarding human life is at the core of security. Human security is fundamentally centered on health security, and preventable death, illness, and disability are considered "critical pervasive threats" to human security. Here, "health" refers to more than merely the absence of disease. "Health is a state of complete physical, mental and social well-being" (CHS, 2003). Both subjective and objective well-being can be used to define health. Subjective well-being and future confidence are referred to as the subjective aspects, while the objective refers to physical wellness.

Globally, there is growing recognition of the importance of health for both individual well-being and human development. It is, in fact, a fundamental requirement for development if people are to live as optimally as possible. Individual well-being and human development, however, cannot be attained if people do not feel safe and are not adequately protected from threats. Human rights, human security, and health security are thus intimately related. (WHO, 2002).

While Kofi Annan sent a message to the Consultation on Health and Human Security, organized by the Regional Office, as cited in the report of World Health Organization he stated:

*Health is one of the key building blocks of society. It is essential for economic growth, poverty reduction and social justice. It is a prerequisite for hope ... We live in an age when the separation between national and international on the issue of health agendas no longer works and no longer exists. There is no dividing line between "foreign" and "domestic" infections. We know that poverty lies at the root of many ills, and that ill health in its turn has a devastating effect on the economies of developing countries. If we are going to break this vicious circle, and ensure human security for the entire world's people, we will have to make a major investment in public health in the developing world (WHO, 2002: 91).*

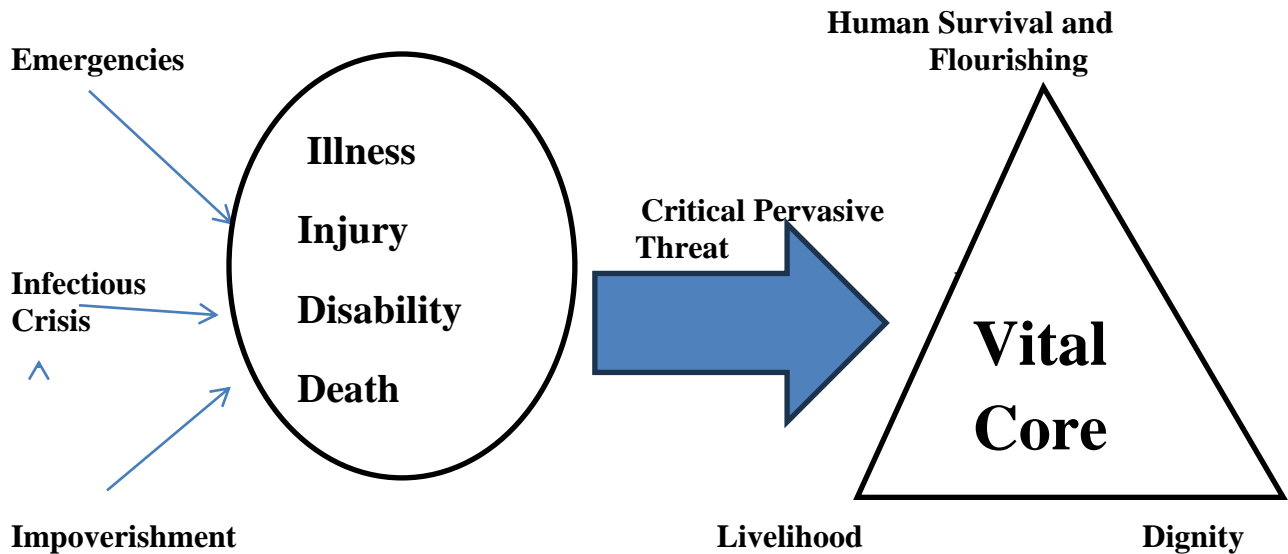
Human security and health are socially and knowledge-constructed concepts. The knowledge base produces pharmaceuticals and vaccines, among other medical technologies. Additionally, it teaches the populace how to safeguard their own health by engaging in democratic decision-making, seeking medical attention, and adopting healthy behaviors. In order to achieve human security and

health, knowledge systems such as data and analyses on the risks and spread of disease, as well as health-related information, should be encouraged and made publicly available. (CHS, 2003).

For everyone to have access to the necessities of life—food, nutrition, clean water to drink, hygienic conditions, housing, and sanitation—peace and development are prerequisites for good health and human security (Ibid). As Commission on Human Security (CHS, 2003:126) expresses how health and Human security are inseparable:

*Health and human security are inextricably linked, but good health is not synonymous with security. Nor does security encompass all aspects of human health. So, which health challenges are linked particularly to human security? Health security and military security are directly related. Indeed, from a historical perspective, the legitimacy of rulers has depended on their capacity to protect the health of the public, through military and other means.*

**Conflict and Humanitarian**



**Fig. 2.1) Human Security and its relationship to health**

**Adapted from Commission on Human Security (CHS,2003)**

Human security approaches have the potential to contribute to improved health for several reasons as Takemi, Jimba, Ishii, Katsuma & Nakamura (2008) describe:

1. “As a human-centered approach, human security focuses on the actual needs of a community, as identified by the community.”
2. “Human security highlights people’s vulnerability and aims to help them to build resilience to current and future threats, and to help them to create an environment in which they can protect their own and their family’s health even in the face of other challenges.”
3. “Human security aims to strengthen the interface between protection and empowerment. In the context of public health, a protection approach aims to strengthen institutions in a society to prevent, monitor, and anticipate health threats.”

Conversely, an empowerment approach seeks to increase people's and communities' ability to take charge of their own health. Human security also looks at the interface between these two approaches, and encourages those with political and economic power to create an enabling environment for individuals and communities to have more control over their own health. ‘Good health and human security for all depend on peace and development—to ensure universal access to the basic requirements of food, nutrition, clean drinking water, hygiene and sanitation, and housing’ (CHS,2003). Peace reduces the threat of violent conflict and illegal trafficking in people and drugs, thereby also reducing the threat of HIV/AIDS transmission through sexual violence, exploitation and intravenous drug use. Development is especially important for good health by promoting basic education, especially of women, and secure economic livelihoods.

Conversely, how poverty has its own negative impact on communities’ health. Poverty and its related health threats are not only morally unacceptable—they also generate conditions for new pathogens, disease transmission and social and political pathologies. ‘Reducing violence protects victims—and also reduces the “culture of violence” that perpetuates it. Ensuring the health security of the public is, like police and fire protection, an indivisible good, with strong multiplier effects. Improvements in health anywhere benefit everyone everywhere. Protecting the health of the public—locally, nationally, globally—is thus a core public good’ (CHS, 2003). Poverty-related health threats are perhaps the greatest burden of human insecurity. Most preventable infectious diseases, nutritional deprivation and maternity-related risks are concentrated among the world’s

poor. Poverty and disease set up a vicious spiral with negative economic and human consequences. And all forms of violence—collective, interpersonal and self-directed—are public health problems. Indeed, the growing social crises of violence all have strong health dimensions.

### **2.1.5. Understanding Internally Displaced People**

Africa has many more internally displaced persons (IDPs) than refugees – in fact, there are nearly five times as many IDPs. According to GRID (2023) 71.1 million people have been displaced from different parts of the world. Of the total displaced number, the African continent takes the largest portion especially in the Sub-Saharan. The greater number of internally displaced Persons is found in the global south, refugees are dispersed across the globe, with a presence in almost every country.

Internally displaced persons, who have fled their homes for the same reasons as refugees, but who have remained inside their own countries, do not have this protection and assistance. The majority of IDPs relocate to cities from rural areas, which has significant humanitarian, economic, and societal repercussions. They are therefore generally more vulnerable to threats to their health, safety, and well-being; have less access to safe food and water, medical care, and other basic needs; and enjoy less assurance of their human rights (Toole, 2005). IDPs require special protection and assistance because displacement creates specific needs and vulnerabilities not experienced by others. Beyani (2006: 37) states:

*Displacement, whether caused by conflict, violence or disaster, usually leads to extreme poverty and renders IDPs highly vulnerable. It typically results in loss of land, homes and property, loss of employment or livelihood, food insecurity, lack of access to basic services, including water and sanitation and health care, and poor access to education. Displacement may cause IDPs to be more at risk of violence, including sexual and gender-based violence, trafficking and other forms of abuse, either in the context of ongoing conflicts or due to the perilous and poor conditions in which IDPs find themselves. Displacement causes disintegration of community and family cohesion, and of socioeconomic networks and support mechanisms.*

Of the IDPs the most vulnerable ones are women and children (Hampton,2014).In camp and non-camp situations, they are victim to rape, sexual assault, forced recruitment and other forms of forced labor. In many instances, vulnerable women and children are forced to sell their goods and even their bodies in order to procure scarce food and other rations (Ibid). Thus, the need for

improved protection for IDPs has increasingly become the focus of human rights and humanitarian organizations working with displaced populations. In Africa, in particular, insecurity has seriously hampered humanitarian access to vulnerable displaced populations.

The social profile of IDPs rests on the common features although internal displacement forms are often context dependent. Firstly, IDPs are apparently uprooted basically from relatively 'poor and marginalized' areas where conflict and violence are concentrated in that country. Secondly, IDPs are not likely to move to very far distances, at least for the first time, often within the same region of the country. Thirdly, even there are times that IDPs could be displaced recurrently owing to the ongoing risk of violence and poor living conditions during displacement (Cantor & Apollo, 2020). Fourthly, the vast majority of IDPs live in host communities instead of leaving in the camps, with less than one percent leaving in managed camps and another 11% live in self-settled camps in the sub-Saharan Africa (World Bank 2017)

Significant attention in the literature on internal displacement has principally been around conflict as a principal root cause of internal displacement in Africa. However, the reality of internal displacement in Africa portrays the fact that internal displacement is a consequence of the key factors. The Kampala Convention under article 1(k) the Protection and Assistance of Internally Displaced Persons in Africa recognizes four drivers of internal displacement, namely, armed conflict, situations of generalized violence, violations of human rights, and natural or human-made disasters (Kampala Convention, 2009).

According to UNHCR (2010) the total number of IDPs was 8,584,903 while the report announced by IDMC ((2022) the number of IDPs has grown dramatically. Within twelve years it has increased almost eightfold of the number it was in 2010. Internally displaced persons (IDPs), according to the *United Nations Guiding Principles on Internal Displacement*, 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." IDPs, due to their forced displacement, are inherently vulnerable to deprivation, further displacement and other protection risks, such as lack of access to basic services, family separation, sexual and gender-based violence, trafficking, discrimination and harassment.

Despite the growing number of IDPs in the Sub-Saharan Africa, there is a bleak hope of improving the living conditions of IDPs and penetrating for 'durable solution' in most countries (IDMC 2022).

### **2.1.6. What Challenges Do Internally Displaced Persons Face?**

Internally displaced people face many challenges as they are supposed to live either in camps or makeshift shelters. Of the main challenges they face is their inability to get basic needs. Moreover, displaced persons face severe socio-economic, health and environmental challenges. These include joblessness, insecurity, lack of foods and good drinking water, overcrowding and poor sanitation in their camps. The expansion of the poverty belt is facilitated by the migration of IDPs into a city. In regions where the unstable conditions put their lives in danger, they are forced to construct their dwellings out of waste items (cardboard, plastic, and boards) (Harild & Christensen, 2010).

Forced displacement will result in the loss of housing, land, property, employment, material possessions, social networks, and resources. It frequently also contributes to social marginalization, increased morbidity and mortality, and food insecurity. It is frequently extremely difficult for displaced people to access services like education and health care because they may have forgotten to bring the necessary personal documentation, may not be recognized as having any rights under the local government authority where they are now residing, or may no longer have the money to pay for these costs. Together, these factors place displaced people in a cycle of vulnerability, which could get worse in cases of prolonged displacement that affect multiple generations.

Many families are in a situation where they lack the financial means to take care of even their most basic necessities. Before being uprooted, they could get food directly from their farms and livestock, or they could buy it for a reasonable price. However, in urban areas, they must rely on help from friends and family as well as humanitarian aid. They frequently have no choice but to beg on the streets. Poor residents of the host communities eventually find themselves "competing" with IDPs for the available social programs. With limited infrastructure and resources, the government must meet a rising demand for assistance.

Displacement can lead to social and cultural disruption, as people are forced to leave their homes and communities and start anew in unfamiliar places. This can cause displacement-related stress, isolation, and even trauma for those affected (Floranzan & Asio, 2022). Displaced people often face discrimination, exploitation, and other human rights violations. They often lack access to basic services such as healthcare and education, and can be vulnerable to exploitation, violence, and

trafficking. In addition, migration and displacement can cause social fragmentation, as people are separated from their families and communities.

#### **2.1.6.1. Basic need insecurities**

Displaced people often lack access to basic services such as healthcare and education, further exacerbating their vulnerability. Before being uprooted, they could get food directly from their farms and livestock, or they could buy it for a reasonable price. However, in urban areas, they must rely on help from friends and family as well as humanitarian aid. They frequently have no choice but to beg on the streets.

##### **A. Food Insecurity**

Food insecurity has recently become a major global concern. One of the challenges of forced migration is food insecurity. The return of this worry is owing to the potential health hazards that the burden of malnutrition imposes on individuals and households worldwide. This syndrome manifests itself in settings when the affected population's lifestyles are defined by limited availability to healthy food, nutritional imbalances, protracted famine, and extreme poverty (Fayemi et al., 2018).

Food security and nutrition assessments regularly show displaced populations to be more vulnerable, and the prevalence of malnutrition among displaced children is often high. One of the depressing consequences of food insecurity and malnutrition for millions of internally displaced people (IDPs) worldwide is living in pain (Ibid). The context of food insecurity comprises various risk factors that are connected with physical, social, and economic access to sufficient, safe, and nutritionally balanced food to meet daily dietary needs and personal preferences. Food insecurity can also trigger new and repeated displacement.

##### **B. Clothing and Shelter**

Of the many basic things, the internally displaced persons lack clothes and shelter due to several reasons. Whatever is their reason for displacement, IDPs usually leave their belongings in the place where they have been living before the displacement. When people are displaced, a number of risk factors that encourage communicable diseases come into play. The lack of housing, a lack of food, and limited access to healthcare exacerbate these conditions (Owoaje et al., 2016). Displacement

usually deprives the IDPs to access the basic needs like food, clothing, Shelter and healthcare services (Kemei et al., 2023, and Yigzaw & Abitew, 2019)

### **C. Water and Sanitary Access**

Due to the mass movement of internally displaced people and their relocation to temporary locations, in most cases there is overcrowding, economic and environmental degradation, and poverty, a lack of access to clean water, inadequate sanitation, and improper waste management. This always causes health insecurities that IDPs are vulnerable to. Epidemics of infectious diseases are quite common in IDP camp settings due to inadequate water and sanitation facilities combined with overcrowding (Owoaje et al., 2016).

#### **2.1.6.2. Health Insecurities**

The lack of access to basic needs and health care services lead to health insecurities. Health-related issues can arise while these people are on displacement, especially for vulnerable populations like the elderly, children, women, and those who are already ill. Lack of basic necessities like food, shelter, water, emergency medical care, and proper sanitary conditions are frequently among the health risks associated with flying (Thomas, 2017).

Malnutrition, and inadequate water and poor sanitation conditions always cause increased spread of diseases which leads to high morbidity and mortality. Due to both the physical conditions that displaced people experience as a result of the conflict or adverse events, as well as a lack of basic health knowledge, education, and/or promotion among the population as whole, infectious diseases can be particularly common in displaced populations (Thomas & Thomas, 2004).

On the other hand, Women and children are the most vulnerable IDP groups (Hampton, 2014). They fall prey to sexual assault, rape, forced recruitment, and other types of forced labor in both camp and non-camp settings. In addition, kids can be enlisted in the military. Vulnerable women and children frequently have to sell their belongings—including their bodies—in order to pay for limited supplies of food and other rations. (Ibid).

As finding of the study conducted on IDPs in Haiti shows that inadequate lighting, restrooms, tents, police patrols, and a lack of security and protection in internally displaced person camps increase the risk of violence, especially GBSV, and dangerous living conditions for displaced people (Logie, Daniel, Ahmed & Lash, 2017).

### **2.1.7.Impacts of displacement on Health**

Internal displacement has significant effects on public health and the well-being of the affected populations. As Owoaje et al. (2016), states some of the impacts are high rates of infectious diseases and malnutrition and several risk factors, which promote communicable diseases. Evidence on IDPs' health and access to medical services shows they tend to face greater challenges and worse health outcomes than people else affected by conflict worldwide. Poverty, poor housing, violence, limited access to health services or preventive health measures associated with, for example, infectious diseases will lead to morbidity and mortality. The impacts of displacement on children's health in particular have far-reaching consequences as their parents struggle to secure livelihoods in host areas.

One glaring example is malnutrition, which can be especially high for internally displaced people (IDPs) even in places where food insecurity is a more widespread problem. For instance, in Chad, the rate of acute malnutrition among displaced children is over 20%, while the rate among their peers who are not displaced is only 16%. The estimated annual cost of malnutrition to the global economy is \$3.5 trillion, or \$500 per person, due to its effects on individuals, families, communities, and nations (IDMC, 2022)

Moreover, Not only does malnutrition pose a risk to children's health and lead to death, but it also stunts their physical and cognitive growth and has been linked to poorer adult social and economic productivity as well as lower educational attainment. Malnutrition during pregnancy may lead to low birth weight, which can increase the risk of neonatal mortality and jeopardize the growth and long-term health of the unborn child. Stunting has also been associated with an increased risk of type-2 diabetes, cardiovascular disease, and pancreatic failure. (WHO, 2013). These impacts have both immediate and longer-term implications for healthcare provision.

Studies have already shown strong links between displacement and self-reported health, and between poor early-life conditions associated with displacement and ill-health later in life. As canter et al., (2021), states that internal displacement exposes IDPs for new health risks as a result of their new surroundings (like new infectious agents), the difficult circumstances they encounter while traveling to the new settlement, and the trauma of being forcibly displaced, which is exacerbated by the loss of their belongings and social/support networks. As various studies reported

that IDPs experience the higher risk of health insecurities and even death when it's compared with the baseline in their country. Studies from the past 20 years essentially confirm this claim that IDP health outcomes are worse than for baseline comparators in their country across a range of health issues and regions. (Owoaje et al., 2016, Leus et al., 2001).

There are lots of researches conducted on mental health in IDP population. As many of the studies reported, there has been high level of Post-Traumatic Stress Disorder (PTSD), depression and anxiety or in 'adult or mixed -age' IDP population (Makhashvili et al., 2014) as cited in Cantor et al., (2021). Due to their migration experience, the demands of cultural adaptation, and their disadvantageous socioeconomic status, people who have been forcibly displaced are more susceptible to "mental disturbances." (Gülşen, Knipscheer & Kleber, 2010).

The primary causes of death among internally displaced people (IDPs) are malnutrition, cramped living conditions, poor sanitation, lack of access to livelihoods and subsistence coping mechanisms, and infectious diseases like diarrhea, respiratory illnesses, and malaria that can be prevented (Mullany et al., 2007; Guerrier et al., 2009).

Policies and programs for IDPs need to be evidence-informed and should focus on minimum indicators associated with mortality (Spiegel et al., 2002). In camp settings, identifying and registering IDPs should allow for the more systematic provision of healthcare and measurement of mortality. For example, a study in Chad found decreased Crude mortality rate (CMR) in IDP camps that implemented community-based mortality surveillance (Bowden et al., 2012).

As with any population, the internally displaced people have illnesses, disease and underlying health conditions that require health and medical care, treatment and support. Natural and Human-made disasters create and sustain involuntary population displacement and refugee situations are often associated with violence, trauma and situations that create vulnerability and adverse health outcomes (International organization for Migration-IOM, 2017). Internally displaced persons have the right to get treated when they are feeling unwell and unhealthy. However, such a situation can put pressure on the health care service. The coming of IDPs to the new settlement can put strain on local economies and services, including healthcare (Singh et al., 2007; Quintero and Culler, 2009) as cited in (Canter et.al. ,2021).

The kind of disease outbreaks mostly in internally displaced persons camp can be classified into:

### **2.1.7.1. Communicable Diseases**

The most vulnerable people to be caught in communicable diseases are the IDPs compared to local populations (Owoaje et al., 2016). For instance, in Colombia, the incidences of tuberculosis and parasitic diseases were higher among IDPs than local populations (Castañeda-Hernández et al., 2018). The host's condition (infected individual), the environmental and health system factors increase the risk of communicable diseases. Host (infected person) susceptibility is influenced by inadequate nutrition (particularly among children) as well as greater risks associated with incomplete vaccination, leaving IDPs particularly susceptible to outbreaks of vaccine preventable diseases (VPDs) such as:

### **2.1.7.2. Vector-Born Diseases**

Vector-borne diseases become very common as the area the IDPs mostly living are prone to flooding. The poor sanitation and housing condition make them more vulnerable to a disease like malaria. Displacement disrupts prevention and control programs, which leads to a high prevalence (and death from) vector-borne diseases (VBDs), such as leishmaniasis and malaria, among IDP populations (Owoaje et al., 2016). IDPs frequently live in crowded, congested situations, which add another danger factor. Malaria prevalence among children under five living in an IDP camp in the DRC was over two times as high as that of children in nearby villages (Charchuk et al., 2016).

Similar to that, a scoping review identifies malaria during pregnancy as being prevalent among African IDP women because of the open shelter living in IDP camps. Conversely, living in a well-run IDP camp or otherwise receiving dedicated healthcare as an IDP can lower the risk of VBDs.

### **2.1.7.3. Vaccine-Preventable Disease**

Due to forced relocation, children are more likely to be unvaccinated against vaccine-preventable diseases (VPDs), like measles and tuberculosis, which can have both immediate and long-term health effects. (Kouadio et al., 2010; Kimbrough et al., 2012). A number of studies have shown that vaccine-preventable diseases (VPDs), in particular measles and respiratory infections like pneumonia, influenza, and tuberculosis, contribute disproportionately to morbidity and death in complex emergencies. Although camp conditions are common risk factors for measles transmission, movement between camp and host populations also contributes to measles outbreaks. In addition, Cholera and rotavirus, diarrheal diseases, are one of the leading causes of death among children under 5 years of age in emergency settings Therefore, immunization is one of the most

important preventive measures for vulnerable groups like internally displaced people, particularly in times of emergency (Lam et al., 2015).

However, the abrupt mass migration brought on by internal displacement and the stress places on healthcare systems as a result of displacement and conflict interferes with regular immunization services and jeopardizes efforts to eradicate vector-borne diseases (Lam et al., 2015; Grundy and Biggs, 2019). A polio outbreak occurred in the Angolan province of Luanda as a result of political unrest, poor sanitation, and the influx of unvaccinated people into densely populated urban areas (WHO, 2002).

Despite the paucity of research on VPDs specifically affecting internally displaced people, an analysis of studies from six African nations revealed that IDPs seem to be more vulnerable to VPDs (Owoaje et al., 2016). Concerns about vaccinations also affect IDPs just like they do other populations. An investigation into how South Sudanese internally displaced people (IDPs) perceived the cholera vaccine revealed that political power, fear of vaccines being used against them, and presumptive negative effects are among the reasons behind vaccination refusal (Peprah et al., 2016).

Vaccinating IDP populations against COVID-19 presents comparable difficulties. IDPs frequently do not have access to special vaccination services, so they must compete with locals for the same supply of vaccines. Local vaccine shortages may result from this, as IDPs in Ukraine have shown (Nidzvetska et al., 2017). However, research indicates that immunization programs for both local populations and internally displaced people can be successful, even in unstable conflict environments where IDPs are occasionally inaccessible.

#### **2.1.7.4. Sexual, Reproductive and Maternal Health**

There is evidence that IDPs not living in camps experience a disproportionate burden of sexual and reproductive health problems compared to non-IDPs. In Colombia, this is reflected in higher rates of unintended pregnancies, adolescent pregnancies and sexually-transmitted infections (Quintero and Culler, 2009). In Ukraine, studies found that, among IDP women, psychological distress related to conflict and displacement is often reported and is a primary reason for discontinuing breastfeeding before their infant was six months old (Nidzvetska et al., 2017; Summers and Bilukha, 2018).

Risk factors for, and incidence of, sexually transmitted infections (STI) and HIV in displacement settings are contextual (Khaw et al., 2000). These conditions may not always be effectively factored into humanitarian programming, particularly in areas where there may be associated stigma. For IDPs displaced due to conflict, STIs and HIV may be associated with sexual and gender-based violence (SGBV) (Kim et al., 2009), increasingly used as a systematic weapon during conflict. Poor living conditions may also facilitate transmission in some IDP populations. In Georgia, one study suggested a geographic concentration of HIV and hepatitis infection in areas with greater clusters of IDPs residing in collective centers with poor living conditions (Elbaz, 2020). HIV requires a high degree of treatment fidelity for its management and to avoid development of antiretroviral resistance. Among relatively settled groups of IDPs in Africa, adherence to HIV treatment appears generally high (Ekezie et al., 2020).

## **2.2. Legal Framework of the study**

### **2.2.1. Basic Provisions of UNGP on Internal Displacement**

The Guiding Principles on Internal Displacement are widely recognized as the prevailing normative framework for IDPs and while these principles are drawn from binding international law, the Principles themselves are not a legally binding instrument. Nor is there a dedicated UN agency to address the needs of IDPs (though progress has been made in recent years in assigning responsibility for IDP issues to existing UN agencies.) Rather it is the responsibility of national governments to protect and assist those displaced within the borders of their countries. So, with regard to the Guiding principles describes how IDPs should be treated and protected their rights in detail. All the 30 Guiding principles strengthen all the rights they deserve such as rights to live without discrimination, all necessities to move, live, find a family departed or separated, survive, be secured and get almost all better opportunity to life. Some of the principles most related to this study are:

#### Principle 3

1. “National authorities have the primary duty and responsibility to provide protection and humanitarian assistance to internally displaced persons within their jurisdiction.”

2. “Internally displaced persons have the right to request and to receive protection and humanitarian assistance from these authorities. They shall not be persecuted or punished for making such a request.”

#### Principle 4

1. “These Principles shall be applied without discrimination of any kind, such as race, colour, sex, language, religion or belief, political or other opinion, national, ethnic or social origin, legal or social status, age, disability, property, birth, or on any other similar criteria.”

2. “Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs.”

In addition, ‘principle 7’ in sub article 3(d), “The authorities concerned shall endeavor to involve those affected, particularly women, in the planning and management of their relocation;” and 3(f) which describes better remedies if required. Even principle ‘9’ describes a state should give special attention to save indigenous peoples from displacement whether the IDPs are pastoralist, minorities, peasants, pastoralists and other groups with a special dependency on and attachment to their lands.

In the second section also i.e. in ‘principle 18’, it assert right of the displaced people in the principle 18.1 and 18.2(a,b,c & d). The same way principle 19 allows all the necessary provision to be supported by the states. This informs that all the psychological and medical attention to achieve both prevention and control and even look for remedies.

In the last section, besides, it states that all the necessary humanitarian assistances should be provided and strived for achieving the resettlement; getting back them home or their habitual residence. In short, the UN Guiding principles permit all the rights to be protected, safe, have the right to get humanitarian assistance.

### **2.2.3. AU Convention for Protection and Assistance of IDPs**

This convention is known as the *Kampala Convention*. This convention is driven from the UN Guiding Principles since Africa has the largest number of internally displaced persons compared to other continents. Internal Displacement Monitoring Centre (IDMC)’s report concludes that, the

Kampala convention has instigated an improvement in governments' responsibility and involvement in Internal Displacement. It has also provoked significant accountability at all levels (IDMC Africa, 2019: 26, Brookings 2008: 6).

In this convention, the first responsible body is the state itself in protecting and assisting IDPs within their territory or jurisdiction without any discrimination (Article 5.1). The *Convention* sets forth the "general obligations" of states parties in terms of preventing displacement, incorporating the provisions of the *Convention* into domestic law, peace negotiations and agreements, and taking other relevant measures to protect and assist IDPs (Article 3). The *Convention* further contains provisions on the obligations of states parties relating to: protection from internal displacement (Article 4); protection and assistance generally (Article 5); protection and assistance specifically during internal displacement (Article 9); to sustainable return, local integration or relocation (Article 11); compensation (Article 12); and to registration and personal documentation (Article 13). The *Convention* also requires States to adopt measures for monitoring compliance with the *Convention* (Article 14).

This convention prohibits states not to recognize arbitrary displacement "general obligations" of states outlined in Article 3. States are also obliged not only to "refrain from, prohibit and prevent arbitrary displacement of populations" (Article 3.1.a), but also to prevent some of the underlying causes of internal displacement, such as "political, social, cultural and economic exclusion and marginalization" (Article 3.1.b) as well as to respect and protect the human rights of internally displaced persons (Article 3.1.d) and to respect international humanitarian law (Article 3.1.e). States must also incorporate their obligations under the *Convention* into domestic law in conformity with international law (Article 3.2.a).

Besides, states should protect IDPs from armed conflict (Article 4b) and situations of generalized violence or human rights violations (Article 4.d), and (article 5 sub article 4) obliges states should take measures for IDPs displaced by human made or natural disaster including climate change. Article 9 sub article 2 (a,b,c, and d) also entails states should give assistances without any discrimination, food water shelters, medical care and other health related service. States should ensure the protection of children expectant mothers, and need to take preventive measures for sexual and reproductive health of the internally displaced persons and to provide Psycho-social support for victims of sexual and related harassments. Moreover, in this article section it demands

the involvement of humanitarian agencies to give support of the IDPs to supplement the respective governments support.

Therefore, this document declares the rights and protection of internally displaced persons and the necessary and possible assistances to be provide the respective states and the humanitarian agencies.

#### **2.2.4. Ethiopian Health Policy**

This health policy tries to pay attention to communicable diseases in how to control and take preventive measures in epidemics and diseases related to malnutrition and poor living conditions. In addition, it tries to address the health needs of children and women, and marginalized people. For the purpose of this study it is better to take the most related. According to the document entitled 'Health System of Ethiopia: policy and planning', Ministry of Health (2016) emphasis shall be given to:

- ◆ Victims of man-made and natural disasters

#### **2.2.5. Conclusion**

This chapter has dealt with the conceptual and the legal framework on the topics related to the main theme of this study. The concepts show that how internal displacement affects health security of the internally displaced people and human security as a whole. Without achieving human security, it is clearly difficult to achieve human development. Moreover, the topics and the sub sub-topics deal with the internal displacement and its negative consequences. These consequences are health related risks which affect the human security in general.

## **Chapter Three**

### **3. Research Methodology**

Research methodology is a technique that helps the researcher to examine research problems in a very systematic way. Thus, a research methodology includes the tools and techniques of data gathering and analysis. According to Creswell (2013), the qualitative approach enables the researcher to come up with the data cannot be easily be produced by statistical procedures or other means of qualification. It is also the means for exploring, investigating, understanding events, theories, human behaviors and the meaning of individuals or groups of ascribe to social or human problems (Creswell, 2013).

#### **3.1. Research Design**

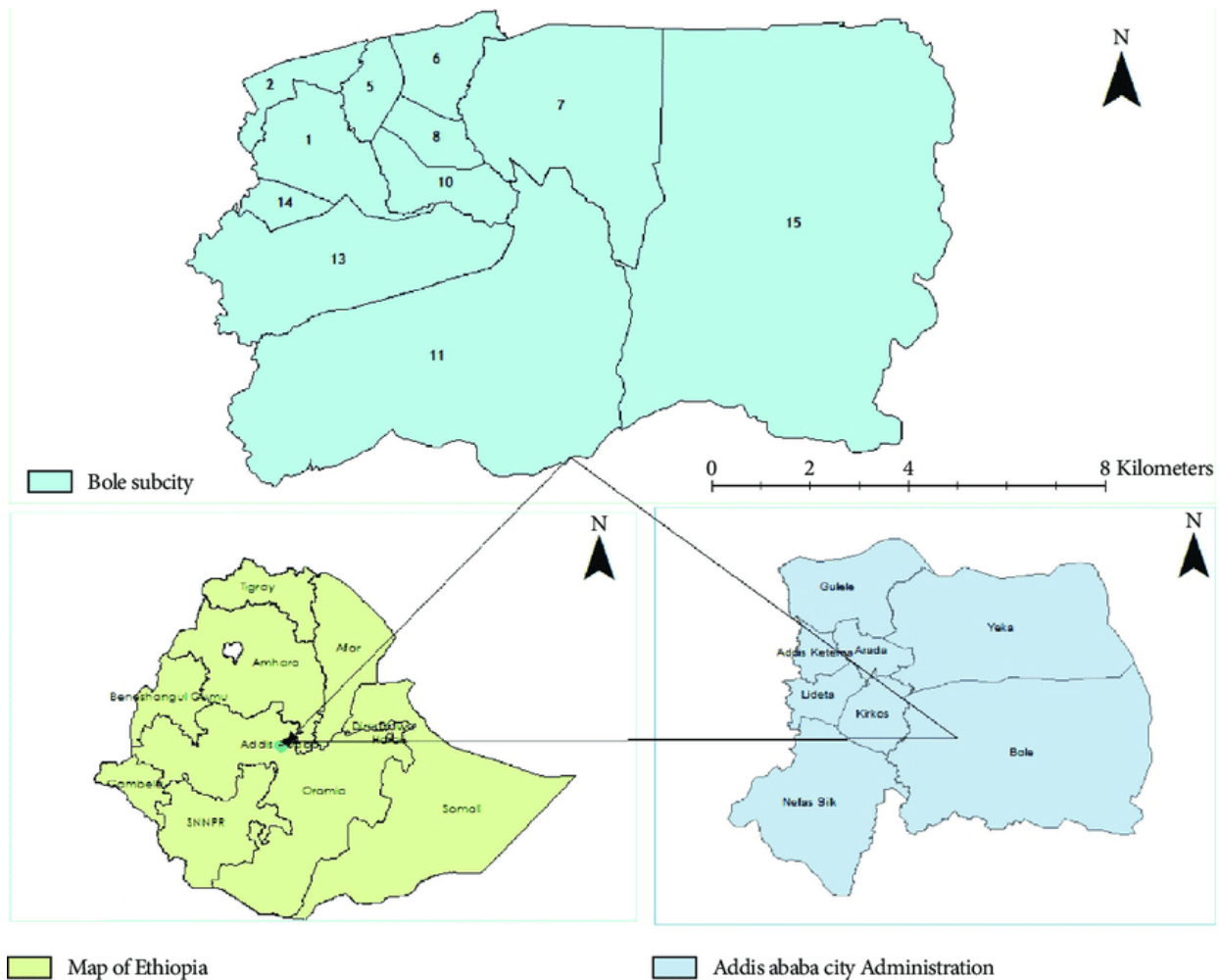
The main aim of this study was to explore the impacts of internal displacement on health security of IDPs in Addis Ababa, particularly the case of Bole sub-City. The research design is a structure within which the research can be conducted and made it very effective through minimum expenditure of effort, time and resource. Thus, a good research design guides the research to the way which could be more successful. The design of this study is a case study. According to Burns (1997: 364), ‘to qualify as a case study, it must be a bounded system, an entity in itself, as cited in Kumar (2012). A case study should focus on a bounded subject/unit. Case study design was used in this study because the threats and vulnerabilities associated with displacement are complex and the situations in which IDPs live require an in-depth understanding. Further, the options of using

multiple tools in case study was found important for obtaining rich data and better understand these complex issues. Case study is suitable for real-life situations governing social issues and problems. It also helps to collect different kinds of data, such as interviews, observation, and FGD, and provides a comprehensive and in-depth understanding (Harrison et al., 2017; Yin, 2018).

According to Burns (1997: 365), 'In a case study the focus of attention is the case in its idiosyncratic complexity, not on the whole population of cases.' In selecting a case therefore you usually use purposive, judgmental or information-oriented sampling techniques.' A case study according to Grinnell (1981: 302), 'is characterized by a very flexible and open-ended technique of data collection and analysis 'as cited in (Kumar, 2012)

### **3.2. Description of the Study Area**

The study was conducted in the capital city of Ethiopia, Addis Ababa. The reason why the researcher became very interested is the phenomena happening in the city is very perturbing because of the displacement from different directions. Due to the drought, violence and armed conflict, a large population are exposed to experience being internally displaced persons and left them homeless. These IDPs are experiencing to live in a tent made of elastic or can be termed as makeshift shelter around Mariam Mazoria or a place on the way to St. Mary Church in Bulbula, Woreda 12 in Bole Sub-City. These IDPs usually spend their days wandering here and there to beg and get a charity to survive no matter how difficult to move from one place to others with their households. Since the researcher has found the location of this IDPs site in this sub-city, it has become the researcher's interest.



**Fig. 3.1 Map of Addis Ababa, Bole Sub- City**

### **3.3. Sampling procedure**

Sampling technique is a method of selecting a representative from population or determining parameters of the total population. Merriam & Tisdell (2016). The data obtained a representative sample by using a sound judgment, which resulted in saving time and money of sites or respondents, and so on.’ Since the design is a case study, the researcher selected the sample based on purposive sampling. The sample size of this study was 37 people from the IDPs and the key informant interview. The researcher preferred purposive sampling as this method is cost and time effective. Then, using the different data collection tools 37 people were selected to collect the data required and the sample was determined with the principle of data saturation.

### **3.4.Data collection Technique**

‘Qualitative researchers typically gather multiple forms of data, such as interviews, observations, documents, and audiovisual information rather than rely on a single data source. These are all open-ended forms of data in which the participants share their ideas freely, not constrained by predetermined scales or instruments’ (Creswell, 2018). With regard to the sources of data the researcher used both primary and secondary data. Thus, data collected through non-participant observation, interview, and focused group discussion were used as primary data and other data from previous studies and reports launched were included in the analysis and interpretation of the data as secondary data source.

#### **3.4.1. Data collection Tools**

There are many ways of collecting data. The necessary data was collected using the following data collecting tools. As every standard research requires instruments for collecting data, this research also implemented tools like observation, In-depth interview, Key Informant Interview and Focused Group Discussion. The reason why the researcher selected these tools was because of the case under study demanded purely qualitative approaches to interpret the collected data.

##### **3.4.1.1. Observation**

Conducting this observation helped the researcher get firsthand information or experience with the participant and the researcher collected the data based on the checklist prepared in advance and the observation was recorded. Thus, the researcher observed the population understudy by frequently visiting the site and tried to understand how they are living and tried to make sure what was reported from the in-depth interview and focused group discussion.

##### **3.4.1.2. In-depth Interviews**

The in-depth interviews were conducted for the sake of generating data on the major challenges that the IDPs under study are facing. Guest et al. (2006) found that in homogeneous studies using purposeful sampling, like many qualitative studies has its own advantage. Thus, data was collected through semi-structured in-depth interviews with twelve (12) IDPs in a purposive sampling method

##### **3.4.1.3. Key informant Interview:**

Key informant interview is qualitative in-depth interviews with people who know what is going on in the community. It’s One to One interview with all the stakeholders or responsible body for

protection of these IDPs settled in Bulbula, Bole Sub-City after their consent is obtained. It helps the researcher to collect adequate evidence and to share the experiences of informed respondents on the issue under study. Key informants of this study were people from government health centers, extension workers, Woreda 12 health Center, Bole sub-city Health Bureau, Addis Ababa Health Bureau and Disaster Risk Management Commission on the basis of their engagement and experiences on the issue under study. The key informants were selected by the purposive sampling technique. At least 11 (eleven) key informants were interviewed from the concerned Bureau based on a predesigned semi-structured Key Informants Interview Guide.

#### **3.4.1.5. Focused group Discussion**

This discussion was conducted with the aim of getting data through interviewing participants as a group and the researcher tried to control the line of questioning. The FGDs was used to supplement the data obtained through in-depth interviews and identify the health security challenges of the IDPs exhaustively. So, the researcher selected 14 (fourteen) persons from the IDPs using purposive method of selection and could conduct the discussion with the IDPs. The selection was made based on the purpose of the study so, group heterogeneity was achieved. Accordingly, seven from women were selected. Out of these seven women, two were mothers (nursing mother while the other one not), one married woman and one from expectant mother, two from the committee members, and one from youth and one from person with disability in the IDP camps were selected so that in such a discussion diverse expected experiences were identified. The researcher played the facilitation role in a suitable manner and achieved to grab a range of views which directly contributed to the success of this research work. The discussion was recorded both video and audio after their consent was obtained.

#### **3.5. Document Review**

In addition to using the secondary sources of data in the related literature review, the researcher tried to use relevant documents like, the unpublished and published theses, reports, documents, the UN and AU Guiding Principles for Internally Displaced Persons and Ethiopian Health Policy for the sake of supplementing the research study.

In this study, the researcher reviewed documents like Journals, Articles, thesis, the UN Guiding Principles for Internally Displaced Persons (UNGP,1998) and AU Convention on IDPs or the Kampala Convention (AU Convention, 2006) and Ethiopian Health Policy for the sake of

supplementing the research study and to analyze the primary data collected in the lens of these documents.

### **3.6. Method of Data Analysis and Interpretations**

As the study focused on the effect of internal displacement on human security specifically health security of the study population, the data gathered through observation, interview and focused group discussion will be analyzed through qualitative method. Qualitative type of analysis was conducted since the study mainly focuses on the phenomenon of displacement and its impact on the health security of IDPs. Qualitative data analysis is the process of making sense from research participants 'views and opinions. In other words, qualitative analysis refers to non-numerical (verbal expression) investigations and interpretation of data for making a detailed description of a given phenomenon. All primary data gathered through interviews and key informant interviews was recorded by note taking, voice recording, or audio videotaped recording depend on the interest of participants. Then collected data was translated into English under its thematic area. Therefore, for the achievement of this study, data was generated qualitatively from interviewees and key informants analyzed, organized, and summarized through careful interpretation of meanings and contents in accordance with the thematic issues under investigation.

### **3.7. Ethical Consideration**

Conducting research in an ethical manner must be the primary concern of any research study. As Gray (2018) states that researchers should have informed consent with regard to the respondents. Thus, the study was conducted by considering the ethical issues. First the researcher was able to get an 'Ethical Clearance' from Addis Ababa Public Health Research and Emergency Management Directorate. Then, to conduct the research ethically, the participants were requested for their consent whether voluntarily to take part in the interview, discussion and hence, the researcher acknowledged their willingness. To the safety of the researchers, the data gathered from the key informants was kept confidentially or anonymously.

## **CHAPTER FOUR**

### **4. Results and Discussion**

The purpose of this chapter is to describe the case study conducted on the impacts of displacement on health security of internally displaced persons in Addis Ababa: the case Bole Sub-City. This chapter presented the data obtained from the participants of the study, primary sources and

secondary sources. Thus, the results of the study were presented in this section and the data was analyzed in the aim of answering the research questions and related literature. As the methodology chapter described, the study was a qualitative case study and it was also descriptive. For the sake of data gathering 12 (twelve) participants were interviewed from the IDPs, and 14 (fourteen) of them participated in Focused group Discussion while 11 (eleven) key informants took part in the study using purposive and sampling method. Thus, the results presented here objectively.

## **4.2. Challenges of the internally displaced persons**

Internally displaced Persons mostly abandon their places of origin or habitual residences to escape from either armed conflict or climate-induced disaster such as flood, drought, landslide, famine etc. IDPs flee, leaving behind their belongings as well as their social and familial network, out of fear for their lives. The majority of IDPs relocate from rural to urban areas, which has significant social, economic, and humanitarian ramifications. Various studies asserted that displacement pose different challenges on the lives of internally displaced persons. What challenges IDPs face usually are basic need and health insecurities. Both of these insecurities will lead them to the extent of life loss. Based on the data collected, the themes are categorized into two ways. These are basic need insecurity and health insecurities. Food insecurity, shelter and Clothing and clean water and sanitary access will be addressed under the basic need while malnutrition, measles, cholera, malaria, dysentery and other health -related insecurities will be discussed under health insecurities.

### **4.2.1. Basic need insecurity**

Since 2020 there have been people displaced from their habitual residence and settled in Bole Bulbla Site still now. According to the data gathered from the internally displaced persons participated in this study, they describe the situation like:

We have many basic need problems. We are leading unhappy life here yet there is nothing we can do to change the situation as we don't have any better option (FGDP9 April, 2023).

At least having the basic needs will help the IDPs think and work for better future. But thinking about their livelihood will not help seek for the durable solution. Rather it makes the IDPs feel marginalized and hopeless. Of these basic needs food is the one while shelter and clothes and clean water and sanitary access are also the other basic needs of these IDPs as equally important as for all human beings.

As the result reveals that the IDPs understudy face many basic need challenges. Several studies have asserted that displacement and basic need insecurities go hand in hand. Infectious diseases and poverty are companions that mutually feed on one other. An unbreakable cycle of illness and poverty can result from infectious diseases, which are more common in the impoverished (UNDP, 1994).

#### **4.2.1.1. Food Insecurity**

Food is the basic thing for the survival of human beings; the first and the very essential stuff to existence. In most cases internally displaced persons face food security challenges due to their movement to the new area; after they have left their habitual residences. This is mainly because they left their places to escape from violence, war or drought or any natural disaster happening in the area of their residence. In most cases these people get assistance as soon as they arrive at the new place. Yet the assistance may not continue as they stay long. However, unless they get assisted their survival will be endangered. When these internally displaced people leave their places, they might not be able to carry some food stuff or anything that can help at least guarantee their food security on their way to the new places. This is mainly due to their accidental evacuation or their long-distance travel. As the collected data asserts that how they left their place of habitual residence. As the interviewee stated:

*I just left the place without plan to leave. When I found my children and I here was a miracle because we didn't have any preplanned movement to anywhere as our lives there was really good. We had some business and farm land there and our children were attending school. While my husband and I were working, we had never had such a problem like this one; food insecurity, other basic stuff. We left everything that we owned to save our lives as we travelled bare hands. (II P1, May 2023)*

When people face either natural or man-made disasters, they try to help themselves adapt the new environment even though it is usually unsafe. For some people adaptivity is the hardest things to attain since they compare the life in their new destination with their past or place of their origin but there is no choice. Unless some support is provided such people remain in the serious challenges to eat and survive. As the data collected from Disaster Risk Management Bureau, it indicated that these people are not getting any kind of support from the government. The key informant told the interviewer:

*Our office has never been supporting these IDPs in kind or cash since we usually do the assistance or offering some items when are only ordered to do so the concerned body, the Addis Ababa Municipality. As long as directions are given, our office is ready to support them but decisions have to be made always by the higher officials from the Municipality. So, these IDPs never get any food items from our office. (KII 6, May, 2023)*

Though the support was not provided from the concerned body, the host community has never kept quiet since humanity is the pushing factor that has made the host community support them to survive yet life- saving action must be the prior thing since its securing human lives; more than anything the lives of these people must be considered so that working for durable solution would come later. If it once known these people were forced to migrate in search of better places to get food and other necessities, it's required to provide a support caring for all lives especially lactating-mothers, young children and people with disability. Similarly, unable to do it is rather putting pressure on the survival of such an influx of IDPs in this site. As the data collected from focused group discussants said:

*I can speak for sure that every participant here is being challenged by the food insecurity. We are jobless people – we never farm here or earn money to buy groceries or food and feed our families. Hence, we are just trying to get food from the host community living around, we beg for charity, if we get enough for one meal, we thank Alah and go share what we have got with our families. Otherwise, there had been days that we couldn't get enough food and it had also been difficult to get drinking water as well. (FGD p 5, April, 2023)*

What makes survival more difficult is inability to get the basic needs especially for households someone who has large families migrating without food. Of the basic things, food is the very important stuff to stay alive and earning at least to afford food expenditure at a minimal level is the priority to survive. On the contrary, unable to achieve this is really the worst and endangers human security. As one of the key informants described the food insecurity problems:

*The woreda knows how they are living; it is also understood that there is a clear food insecurity which is a dire challenge to these IDPs yet nothing has been done as a solution. Nonetheless, the host community is still supporting to survive through charity. (KII, 5May 2023).*

As the times goes on the food insecurity challenges become more severe and the level of dependency will be very high and the number starving people increases. The more the dependency level on charity increases, the higher the probability of these people's survival will be endangered so human loss will be inevitable.

As the result revealed that the population understudy has to deal with several health problems. Some of these problems are being infected with some communicable diseases such as diarrhea, dysentery and tuberculosis. These diseases can be prevented through using clean water, keeping sanitation and hygiene. Mass population movement and resettlement in temporary sites, overcrowding, economic and environmental degradation, and poverty, shortage of safe water, poor sanitation, and waste management are the major risk factor that encourages to outbreaks of communicable diseases (Owoaje et al.,2016).

#### **4.2.1.2. Clothing and Shelter**

Clothing and shelter are categorized as the most basic things for human life. Unfortunately, displacements cause a lack of these necessities. Internally displaced people have their own reason to leave their habitual residence and face the challenges of living without proper shelter and clothes. The deterioration of living standards and housing conditions often alter displaced people's well-being and their ability to maintain healthy lives or obtain treatment and care. Internally displaced are especially susceptible, and the effects of climate change will make matters worse for these communities. Internally displaced individuals already face difficult living circumstances in crowded settlements, little protection from extreme weather, and limited access to medical treatment (Lindvall,et al.,2020). Of the major problems facing these IDPs at the Bole Bulula site, they are facing shelter and clothing.

Unless there are extra clothes to change while the others are being washed, it is difficult to manage life. Shelter is also the main problem for these IDPs because their shelters are makeshift and overcrowded. Such shelters are vulnerable to flooding, cold, harassment, and physical abuse. As the in-depth interview informant stated:

*As the drought in our area became serious, I left my birthplace with my four children. We even didn't bring as many clothes as we had to since our intention was to go back to our place of*

*origin. But we have been here for more than three years, so the life here couldn't allow us to buy some clothes. Hence, my children and I couldn't change clothes. (IIP 3, May, 2023).*

Shelter is also another problem for these IDPs. From the researcher's observation and frequent visits, it is obvious that they are living in a makeshift shelter in a crowded condition. Living in cramped circumstances and dietary deficiencies intensify vulnerability to neuropathy and life-long pain among IDPs (Rosewell et al., 2013). Addis Ababa has a cold temperature, especially during its rainy season. They are also vulnerable to flooding, mosquitoes, and physical harassment. These problems, in turn, expose them to severe medical conditions. Moreover, the use fire wood to cook and to warm the shelter. The smoke of the fire wood in turn affects their respiratory systems.

Moreover, they were supposed to drink high-alcoholic drinks to avoid the coldness of the makeshift shelter. They even did not have clothing to change and to make them feel hot or clothing that helped them stand the cold weather in Addis Ababa. They did not have much to eat, but they had to spend some money on alcoholic drinks in order to resist the cold nights. So, if they wanted to drink the alcohol, they had to skip their meals. Normally, they couldn't afford three meals a day, yet they had to do it at least once in order to cover the cost of the alcoholic drink. As participants expressed their living experiences;

*I try to drink the alcohol called "Areke" in order to resist the rainy season and also the cold night. As you see our shelter cannot keep us hot; rather it changes as the weather changes. I neither have warm clothing nor a better shelter that prevents the chilliness of the weather. Besides, the shelter is full of mosquitoes, so I don't want to hear the noises and notice their bites (IIP 5, May, 2023).*

It is really easy to understand how they feel and the hardship they are facing especially parents as they don't want their kids suffer from all these challenges listed above. So, the poor shelter has many influences in their lives as the clothing does. In addition, these people do not have proper shelter; rather they live in a makeshift shelter. This implies that these IDPs are vulnerable to diseases caused by poor sheltering condition. This condition makes the woman and the girls more prone to sexual abuses, unintended pregnancies and sexually transmitted diseases. Then, the vulnerability creates another complex situation on top of their basic need and healthcare problems.

Thus, the poor housing condition worsens the insecurity of the population under study. Furthermore, their housing condition causes acute respiratory infections due to the poor sanitation of the house. There are no mosquito nets or insecticide-treated nets in order to prevent malaria, so they become more susceptible to malaria diseases. They usually do not get medical treatment; they weaken their immunity. If malaria isn't treated well, it hampers the well-being of these IDPs. Thus, people with weaker immune systems can experience recurrent infections and the risk of cancer or death from serious infections. Additionally, this has psychological impact which causes a life-long stress.

From the result it's clear that their poor condition is unfavorable to the IDPs health condition since they are unable to get enough clothing, they can't prevent the cool weather especially in the night and in the rainy seasons. So, this population is supposed to take drugs or high alcoholic content drinks. The pattern of alcohol drinking, especially irregular heavy drinking and the volume of consumption cause various types of diseases (Room, Babor and Rehm, 2005). Again, Room, Babor and Rehm (2005) asserted that excessive alcohol intake contributes for breast cancer, cardiovascular, diabetes, injuries, coronary heart disease and intentional injury (violence).

#### **4.2.1.3. Clean Water and Sanitary Facilities**

Clean water and sanitary facilities are two of the basic things that any human being must get to survive. But during the flights of these people, the most challenging conditions are a lack of access to these facilities. These sanitary means include access to water, soap, and toilets. These IDPs also need access for different purposes than any other human being. Keeping one's hygiene is important and mandatory for the sake of good health conditions, though these people have difficulty doing it. There should be water and soap, primarily, but the internally displaced people don't have access to such sanitary items since they started to migrate to this new location. As the group discussants expressed the problem,

*We suffer from the lack of water in our makeshift shelter. There was once access to water in our surroundings, but it was short-lived. This access couldn't serve long because the taps were used to be opened most frequently since the population is extremely high. So, there is no more water to use due to this reason. (FGD P5, April, 2023)*

The longer the access is poor, the more serious the hardship of this population is perceived. So, it is clear that there are problems of sanitation and hygiene that cannot be supplemented by other means. Besides, there is a high probability of health-related problems occurring. Sanitation and sanitary facilities are as important as other basic human needs to stay healthy. Displaced people face a number of hardships, including lack of access to water, healthcare, shelter, education and a basic income (Sambo, 2017). Sanitary tools like water, soap, and others are equally important as waste disposal and toilets. These IDPs haven't been able to get these facilities for a long time, as the participants expressed their experience during the focused group discussion:

*We really feel bad about the problems we face in relation to water and sanitation facilities. The health center tried to build toilets in cooperation with the host community. But it couldn't be used for a longer period. It became out of service after a short period of time since there were problems related to proper usage and it was not built well. (FGD P April, 2023)*

Obviously, the area looks very nasty and unpleasant to see, as the IDPs are using the neighborhood as a waste disposal area. The area is badly affected due to a lack of awareness and poor access to waste disposal or latrines. In this regard, the host community expressed her views by saying:

*Look at the area, our neighborhood, and you can see how it is affected by human waste. This was mainly due to a lack of waste disposal and latrines. It's, of course, difficult for them without latrines. (IIP, May, 2023).*

The impact of this waste is not only on the IDPs but also, it's affecting the community. The host community is also complaining about it. The IDPs problem is becoming the host community's because this host community suffers from the unavailability of latrines. As one of the key informants expressed concern about the situation,

*It is perceived that these IDPs are facing tough challenges, but also that the communities are being affected by the environmental susceptibility. They have been complaining about the situation and requesting when durable solutions will be considered. So, the Woreda has taken the responsibility to build toilets in cooperation with Woreda 12 Health Center and the host community. The sites are already ready for the construction of the toilets and the process of digging the hole, but the rain was hindering. (KII 5, May 2023)*

The present study confirmed that the IDPs are facing the challenges of clean water, and sanitation facilities like latrines. Unable to get these basic things affected Both the IDPs and the host communities badly. These challenges can hamper the normal way of living as well as increases the vulnerability to different communicable diseases. As Fufa (2020) stated that both communicable and non-communicable diseases affect IDPs due to their poor living condition and poor health care provision by the government. The three most important things to reduce the risk of communicable diseases in populations experiencing displacement are water, sanitation and hygiene. Water, sanitation, and Hygiene (WASH) risk factors include things like general water scarcity, inadequate sanitation and latrines, lack of bed nets (since vector control is typically considered as a part of WASH in humanitarian response), lack of soap, and unsafe drinking water. (Hammer et al., 2018).

#### **4.2.3. Health insecurities**

Both the basic needs and health insecurities are the major challenges of the IDPs. Health insecurities happen due lack of the access to the basic needs other than the poor access to healthcare. Research suggests the leading causes of mortality among IDPs are preventable infectious diseases such as diarrhea, malaria and respiratory diseases, commonly driven by overcrowding, unsanitary and substandard living conditions, little access to livelihoods and subsistence coping mechanisms or humanitarian assistance, and malnutrition (Grandesso et al., 2005; Depoortere et al., 2004; Ahoua et al., 2006; Mullany et al., 2007; Guerrier et al., 2009). These people were facing different health-related problems due their susceptibility to food insecurity, poor sanitation and hygiene, lack of access to clean water and sanitary facilities and the makeshift shelter as well. These people are shut in the worst scenarios of human security.

There is Woreda Health Center that healthcare service can be provided. By the time these people feel sick, they visit the clinic, and some amount of payment is required. But these IDPs cannot afford to pay. So, it is impossible for them to get the service while they are very needy except in emergency cases. Even during emergency medical services, it is required to pay for drugs and other clinical services. As focused group discussants stated:

*I went to the clinic first, when I felt sick but I couldn't get the Service because I didn't have money to pay. However, I insisted to get the service till I was told I had to pay. Besides, there was a language barrier for them to understand why I insisted to get the service. (FGDP May, 2023)*

However, pregnant mothers are allowed to get the service for free though these IDPs are rarely go to the health center for check-ups. As one of the participants in the in-depth interview stated her experience:

*I went to the health center three times when I felt tired. I used to feel tired before I gave birth. Though I didn't have proper check-ups, I went to the health center at the end of the day. Since the labor was severe, I could lose my life while giving birth if didn't go to the health center. They just saved my life (IIP, April, 2023).*

These IDPs worry about the payment which the health center demands. It is difficult to go to the health center without money, and also most of them cannot speak Amharic to communicate with the healthcare workers. So, they were worrying about the language barrier and financial barrier. Unless they were in risk conditions due to cholera or malaria or diarrhea, they didn't prefer to go the health center. As the key informants in the health center stated:

*The service we provide here is not for free. Patients should pay and get services. The payment is still considered very cheap compared to other private clinics. But these people couldn't afford to get the service. But sometimes we help them to get the service taking their cases into considerations. Some people came when they were at the verge of dying due to starvation or food contamination/poison. In such cases we had to do life-saving services with no payment. (KII, May, 2023)*

There are also cases the health center doesn't require payment. The IDPs are not supposed to pay for Tuberculosis (TB) and HIV patients if once their cases are identified once. But most of the time these people didn't go to the health center even they had only serious and bothering coughing. They usually went when they felt they couldn't stand the pain. As the report from the health center shows that six samples for Tuberculosis were taken then two were found positive. It is understandable that if some more cases were taken the number might increase. These people are living very close to each other so the probability of being caught is very high.

These people became vulnerable to different diseases yet it was difficult to be free from such disease if some people get caught the probability of being infected and contagious was very clear. However, these people are living very densely so that they became extremely susceptible to various communicable diseases. As one of the participants in the in-depth interview mentioned that:

*It's really difficult to state the condition I'm in due to sanitation and water problems. For me it's very easy to get caught by bacteria-caused diseases because of our poor access to clean water. I cannot keep self-hygiene; I could hardly take shower for a long time. The only option I have is to wash my clothes in the river. I use the river water to take shower. I drink unsafe and unclean water. (IIP, April, 2023).*

Lack of access to clean water could cause serious health problems and make the IDPs susceptible to illness or morbidity. Drinking river water or unsafe water could also cause diarrhea and dysentery. Eating unsafe and contaminated food also doubles the problem. In addition, these people use the river banks as waste disposal areas, and meanwhile, they use the water for different purposes. Waste disposal and usable water cannot be in the same place since the disposal affects the water. As one of the participants during the focused group discussion expressed:

*My family and I have encountered the illness. As with most of the IDPs here, we faced diarrhea. This was due to unsafe water and contamination. Most of us use the river as a waste disposal area and, at the same time, as our source of water since we don't have other options. (FGD p,2 ).*

Moreover, the healthcare service is not sufficient enough because there are budget constraints to support these people and their health problems are also very demanding. This condition makes the health care service provision difficult.

#### **4.3. Impacts of Displacement on Health Security**

Health is one of the important elements that human security constitutes. It is also important for human development. Though health security is important, the internally displaced persons are living in unsafe conditions and face diverse health challenges due to their migration to the new environment. As the data collected shows the IDPs in bole bulbulla site faced basic need and health insecurities. Health security includes the threats to health aggravated by those already living insecure environment like poverty, hunger, poor access to healthcare and human rights abuses as current health threat (McCoy et al., 2023). As a result, they developed health- related problems and became exposed to the burden of different diseases.

#### 4.3.1. Malnutrition

The people under study suffered from food insecurity which caused malnutrition. This malnutrition has its own health risks that lead to serious health problems. These people couldn't get enough food let alone nutrition rich food stuff. In a situation where there is no enough food, it's unavoidable that the prevalence of malnutrition. Children are more vulnerable to malnutrition which affects the normal growth of children under five. As one of key informants expressed:

*The children were born under-weight, nursing mothers cannot feed their babies as they don't have enough to eat so that these children are seldom getting enough food. (KII May, 2023)*

Not only the children but the mothers were also susceptible to under-nutrition which affected the normal growth of their babies. They were born underweight and after birth they couldn't get enough food to grow. During their pregnancy they needed to get enough food but it was impossible for them. Yet the condition imposes on the normal function of their body and later it can cause another acute disease. Malnutrition is also a severe challenge which can lead to a lifelong adverse effect (Kemei et al., 2023)

According to the data collected through in-depth interview:

*I am a pregnant woman but there is no enough food to eat. I feel hungry usually and I try to get some leftover food from hotels and restaurants. Sometimes, I succeed to get the leftover albeit in most occasions I can't get. In addition, I usually eat once and the only thing I can afford is bread. No nutritional food I can get, I usually eat similar food stuff. (IIP, May, 2023)*

When a woman becomes pregnant, nutritional food is necessary to eat to get birth to a normal baby physiologically and mentally. Not only the nutrition, but also the amount of food intake must be somehow larger than the normal intake. On the contrary, these pregnant women under study, couldn't get such food stuff and the amount required to the normal growth of the fetus. Yet these people gave birth to the babies underweight. Moreover, the babies couldn't get enough milk because the nursing mother couldn't afford to buy enough food. This malnutrition on the children will lead to the ill growth of them.

The implication of this finding is that the IDPs including women and young children are suffering from under nutrition and malnutrition. Most IDPs' food security and well-being are harmed by

habitual meal skipping, reduced meal sizes, low consumption of animal-based protein foods, and predictable dietary patterns (Fayemi et al., 2018)

As a result, they lose the normal growth and lead to stunting which affect the cognitive development of the children particularly under the age of 5. It also affects the mother to have normal physiology and may lead to lifelong health risk. Lack of dietary sufficiency can have substantial and long-term negative effects on individual welfare, with children, the elderly, and pregnant women being the most vulnerable (United Nations International Children's Emergency Fund, 2014). As Fayemi et al. (2018) stress that “Deficiency of micronutrients often produce asymptomatic form of malnutrition under chronic health conditions due to body's failure to optimize cell-mediated immunity. IDPs are usually vulnerable to all these painful conditions”.

#### **4.3.2. Communicable Diseases**

The area where they are living is very densely populated. The challenges of measles outbreaks are reported very high in several IDP camps due to overcrowding, high population density and low vaccination coverage (Kuadioet al., 2010). This makes the people more susceptible to communicable disease like measles, cholera and diarrhea. The IDPs living in Bole Bulbula site are vulnerable to such diseases. The makeshift shelters create favorable condition for the spread of the diseases. Cholera, diarrhea, measles, mumps and tuberculosis are common communicable diseases happening in this site. Cholera was recurring in this site and the health care professionals were working in a mass. The most common diseases breakout registered among the camps of the internally displaced persons are Diarrhea including dysentery and cholera (Shackleford et al., 2020).

As the participants expressed some epidemic diseases like cholera broke out frequently.

*Cholera occurred more frequently in this site due to the contamination of water and food. There are no latrines to use so, they use the surrounding to get rid of human wastes and other. These reasons exacerbate their vulnerability to the diseases. (KII P, May,2023).*

Not only cholera but also other communicable diseases occurred due to bacterial, viral and parasitic infections. These infections occur due to food and water contaminations. Lack of awareness to the transmission of the diseases, they still used the surrounding area for waste disposal. Thus, cholera

and communicable diseases often occurred since these people were confined to live in such poor environments. In IDP camps across Africa, there have been reports of cholera, yellow fever, and the recently identified hepatitis E epidemics (Owoaje et al., 2016). They even didn't have the access to clean water and soap to sanitize and maintain hygiene. As the participants informants expressed:

*We usually suffer from the lack of access to clean water and soap for sanitation and hygiene. Sometimes we get some water from the host community but it is not enough due to the large number of the IDP population. But we can't afford buying soap as we give priority to our meals. If we rarely get the soap, we feel relieved. (IIP May, 2023)*

Additionally, these people are susceptible to various diseases which can be preventable through water, sanitation and hygiene (WASH) because of their lack of access to water and soap. The lack of access to latrines also affected this population. They even faced the illness caused by poor hygiene such as dysentery, which was frequently broken out. This and other water-borne diseases occurred due to their worse living conditions.

The other challenge to these IDPs is tuberculosis and malaria because of the shelter. The makeshift shelter made this population under study to be infected with malaria and TB. TB and malaria are two of the detected diseases in the study because of the overcrowded and the poor housing condition. Living in poor and cramped conditions exposes IDPs in Addis Ababa not only to suffer from the worst health condition but also lead them to trap into high rates of death than their rural counterparts (Bahir, 2010).

This implies that these people are living in severe hardship which is exacerbated by the infectious diseases caused by the paucity of water, sanitation and hygiene. The same conditions that increase transmission of communicable diseases—high prevalence of malnutrition, unsanitary conditions, population displacement, overcrowding, and lack of clean water—can result in VPD outbreaks and high rates of morbidity and mortality (Lam, McCarthy, & Brennan, 2015).

#### **4.3.3. Vaccine- preventable Disease**

The people under study suffered from vaccine preventable diseases. There are diseases that can be prevented through vaccination. The health center tries to vaccinate the children whenever enough vaccines are available and if the outbreak was detected the vaccine would be given. Yet these IDPs were not available to get vaccinated so in many cases it was transmitted from one to the others.

Since the livelihood of these is dependent on begging on the street, they couldn't be found at their shelter. So, the health center found the situation difficult to manage. This and other risks of vaccine preventable diseases became common.

*Mumps and measles are common diseases happening now and then. The health center tried to give vaccines to prevent vaccine-preventable diseases. Though the health center doesn't have enough vaccines, it always responded when such epidemics happens. (KII May, 2023)*

This clearly explains how livelihood has had impacts on this IDP population. To survive they need to earn their livelihood, thus, if they stayed at home, it was difficult for them waiting for the vaccine. So, they missed the vaccine provision by the Health Center and Addis Ababa Health Bureau. The amount of vaccination supplies couldn't guarantee to the size of the population; no enough vaccines were prepared. Since there is no preplanned budget for vaccine demands, the institutions found it difficult to satisfy all the needs. But the effort from Addis Ababa Health Bureau and the Health Center might have helped to minimize the recurrence of the epidemic if the IDPs had taken the vaccine.

As the participants expressed the problem that even though the health center or the responsible body tried to provide the vaccine but these IDPs were couldn't consume. This clearly indicates that the lack of willingness or awareness hindered the immunization problem even if the health center didn't provide the amount required. So, there is no sufficiency if these IDPs are willing to take the vaccines. According to Lindvall et al., (2020) in Ethiopia among the well-known difficulties of IDPs were starvation, immunization deficiencies, poor access to necessary medical care, a dearth of mental health resource, so the IDPs were underserved.

#### **4.3.4. Sexual and Reproductive Health risks**

The poor condition of the shelter never helps women and girls to escape from rape. When displaced persons reside in these environments, there are serious issues with teenage pregnancies and poor mental health (Lindvall,et al.,2020). Even though there were no reported cases, there were lots of unintended pregnancies and child birth. As participants expressed their experience and views:

*There were usually sexual abuses against women and girls though it was mostly remained untold. Because of the makeshift shelter, our vulnerability increased. (IIP, May,2023).*

In the absence of family planning services, unintended pregnancies also expose displaced women and girls to medical complications during childbirth and unsafe abortions. Family planning is not used to the fullest extent possible, which increases the risk of pregnancy-related problems and deaths among women and girls of reproductive age (Ivanova, Rai, & Kemigisha ,2018). These conditions exacerbated the maternal and reproductive health to be very risk. This can be clearly understood that how the unintended pregnancy affects their lives on top their problems they face; lack of access to basic needs and health security. The majority of internally displaced people lack access to comprehensive reproductive health care, and national authorities occasionally fail to address their reproductive health requirements even though they are ultimately responsible for their security (Hakamies,Geissler & Borchert, 2008). Furthermore, this group of IDPs is prone to the sexually transmitted diseases.

The researcher's observation could confirm that there are lots of pregnant female youth and women. These pregnancies cause more messes in the lives of these female IDPs as there is no livelihood, no proper shelter, no clean water and latrines and no healthcare access. These and other problems will lead to life complications. They have also high probability of getting infected with sexually transmitted diseases so that their health security will become worse and worse.

As the finding implicitly shows that these IDPs lives are endangered especially women and female teenagers.it implies that there are unintended pregnancies which complicates their life and pose them in the worst situation of health complication the can stretches to the loss of their lives. Adolescents in IDP camps are exposed to harmful sexual environments, which can lead to adolescent pregnancy (Odo, Musa, & Oladugba, 2020).

#### **4.3.5. Vector- Borne Diseases**

Malaria and yellow fever are the common diseases happening in Bole Bulbula IDP site due to the poor conditions of their housing; they are living in makeshift shelter. During the rainy seasons are especially favorable to the breeding of the mosquitoes. Even there are no mosquito nets to prevent the bites of these mosquitoes and keep the IDPs safe. As the written report showed that there would be high probability getting people infected with malaria and yellow fever if there were many samples taken. According to the data collected from the participants:

*Malaria and yellow fever are some of the main diseases affecting these IDPs. We had taken some samples so the results were positive. We think if we had more samples, we could have identified more people infected with yellow fever. With regard to malaria, some of the IDPs told the health center, they had already experienced illness with malaria and yellow fever before their migration to Addis Ababa (KII,6 May 2023).*

These problems make their conditions worse as they struggle to survive without enough food or livelihood and healthcare services. The overcrowded condition exacerbates the prevalence of the diseases and increases the probability of affecting more people.

The result confirms that there could be many more IDPs in Bole bulbula site suffering from Malaria and Yellow fever as they had the probability of bringing their prior health conditions. Then their current situation worsens the illness which can endanger their lives. Malaria is one of the highly prevalent diseases and a serious public health issue in the IDP camp setting and in the sub-Saharan Africa (Edosomwan et al., 2020 and Zhou et al., 2016). Comparing to others the heaviest burden of malaria and 80% of deaths found to be in the Sub-Saharan Africa (WHO, 2019 a)

#### **4.3.6. Lack of Access to Drugs**

This population couldn't get access to drugs even though there were identified diseases and others. All service including purchasing the drugs cost some amount of money. Though drugs are sold in the health center with a very cheap price, this population couldn't afford the medications. In some cases, the medications may not be available in the health center, so patients are expected to buy from any available pharmacies based on the prescription. As the key informants described the situation:

*In our health center patients are expected to buy medicine if prescribed. These IDPs can't afford health care services yet if they are able to get treatments, they are expected to pay the due amount for the drugs (KII 4, April,2023)*

This indicates that the IDPs are supposed to suffer from the pain or illness they are feeling. But without the proper drugs/medicine, it is difficult to get relieved. So, they are obliged to go through such hardships. Then the illness weakens their immune system.

As the finding demonstrated the difficulty of accessing drugs while the IDP patients are feeling ill. This affects the immune system due to the prolonged illness they are experiencing.

#### **4.4. Government Responses**

The data shows that these people are suffering from different basic needs challenges as well as health security challenges. Such problems make the lives of the IDPs full of hardships. Being incapable of having their livelihood or making money for a livelihood puts pressure on the mentality of these IDPs. Just they are displaced people as many as 500 households as the estimation recorded in the woreda they are living. So, these people need food, clothing, shelter, education and healthcare services.

*There are all human security challenges in the lives of these IDPs but there is nothing to do right now since it requires a great effort, finance to relocate and help them settle and at least feed themselves such a case also requires to formulate policy and strategy for durable solution. (KII 10, July 2023).*

This result reveals that there are no healthcare opportunities and they are living deprived of all human securities. When lack of capacity does not allow them to discharge that responsibility, many are becoming less reticent to seek assistance from the international community (Hines, D., & Balletto, R. (2002).

##### **4.4.1. Access to basic needs**

Basic needs must be provided for people who are being displaced. These people are in need of food, shelter, clean water and sanitary facility. However, there was nothing supported by the government. These people are struggling to survive by their own mechanism of staying alive until permanent solution is given or until any better option comes to change their livelihood and lives. As the key informants stated what the role of the government:

*Any of government institution is not supporting these IDP to get their livelihood. There is no pre-planned budget to help this population. It is believed that solution should be durable otherwise it is difficult if once they started to be dependent on the livelihood support of the government.*

This indicated that there are no actions taken for emergency relief to be provided or to assist them to get their livelihood. Once IDPs displaced, they lose their normal means of survival, their homes, their possessions, their land and their property (Cohen, 2014).

#### **4.4.1.1. Food Insecurity**

Obviously, these IDPs came from different parts of Ethiopia and they don't have any livelihood or employment opportunities. Unless they are employed or engaged in some businesses, still it is difficult for them to fulfill their needs. Food security is one of the basic needs yet they do not have any option other than engaging in begging on the streets to get their livelihood and survive. Inability to get enough food leads to malnutrition especially children under the age of five.

As the data gathered from the key informants, they get food from begging or in case any charity is provided by ordinary benefactors. Normally food items and other supports are expected to be supplemented by Disaster Risk Management Commission but such a need was never been addressed. As one of the Key informants expressed:

*Even though this IDP population has been living in such makeshift shelter since the last three years, we were never directed to support these IDPs. But we give support after an emergency reported only in Addis Ababa (KII 8, May 2023).*

This data indicates that this IDPs population is neglected even to support them in getting basic needs and help them survive and keep them safe from danger due to lack of food which in turn causes serious health problems. Malnutrition levels are often high among displaced children and healthcare is either limited or lacking altogether (WHO, 2013).

#### **4.4.1.2. Shelter and Clothing**

With regard to the shelter and clothing, there has been nothing done by the government. However, the host community never kept quiet. The host community continued to support them in giving clothes though nothing was done in relation to the shelter. As one of the key informants stated the intention of the government:

*It's already perceived that these IDPs are living in a makeshift shelter so that it was intended that these people need durable solution. But the responsible body has to take time to plan*

*where and how these people should be transferred or resettle or repatriate. Thus, the planning stage is not completed yet. (KII 9 July, 2023).*

Despite the plenty of problems these people face, no consideration was made so far. Hence, they are expected to sustain their life with all the enormous challenges they are facing. Lacking shelter and clothing put them in some health-related risks. For instance, it can affect the mental health through stress. Other morbidity associated with floods is usually due to injuries, chemical hazards and mental health effects (WHO, 2013)

#### **4.4.1.3. Clean water and sanitary facilities**

Being displaced people takes away all the basic needs of human beings. Internally displaced people's needs are a lot. However, the government bodies tried at most to build latrines and clean water facilities even if it couldn't help for a long time. Internally displaced persons must deal with more health hazards related to poor sanitation and hygiene (Lindvall, et al., 2020). The number of the IDP population and the service provision means couldn't match. As the data gathered from the key informants:

*The health center in cooperation with the Wereda and Addis Ababa Health Bureau tried to build latrines and provided clean water facilities to help the IDPs at least get water for sanitation and Hygiene, yet it couldn't last longer. Similarly, the latrines were built to keep the surrounding clean enough. (KII 11 May 2023).*

To prevent the prevalence of communicable diseases, providing clean water and waste disposal often costs less comparing to the cost of medical treatment after the IDPs are in emergency condition. Investing on more durable solution is better to control communicable diseases but it may be challenging to convince stakeholders since displacement is considered as a temporary settlement (Shackleford et al., 2020).

#### **4.4.2. Health Insecurity**

However, the concerned bodies do not seem they are taking the role of support in various concerns. Usually when influx of internally displaced people migrates to Addis Ababa for different reasons, Disaster Risk Management Bureau takes the responsibility of providing basic needs to those needy people. Conversely, these IDPs located in Bole Bulbula site have never got any basic need

assistances from this bureau. As the key informant from Bole Sub-City Disaster Risk Management Bureau described:

*Our Bureau has never provided any basic need or any assistance to these people because there were no orders come from the Addis Ababa Disaster Risk Management Bureau or Addis Ababa City Administration. (KII 8, July, 2023)*

These IDPs are left to survive by their own i.e., through begging for charity in the churches and mosques. The contributions of the host community are still plenty, no matter how they couldn't get basic need provisions from the concerned body. Similarly, the government health centers couldn't give healthcare services for free except for expectant mothers' check-ups and delivery, and also if there were any emergencies.

In the health policy of Ethiopia displaced persons, especially women and children have the right to use healthcare services for free but in reality, it was found difficult. Since these people do not have any job or livelihood to pay for the service, the provision of healthcare service is seldom to happen. Of course, there are many reasons to the poor implementation of the policy.

However, temporary solutions were given especially for expectant women to get prenatal care. The health center and the Woreda facilitated to get ultrasound checkups at least 12 persons per month in two private hospitals since there is no ultrasound facility in the health center. Basically, their problems were found to be many although unsatisfactory response was given by the government. The health centers were supposed to respond to the health insecurities faced the IDPs the least as their capacity and the policy do not permit them.

As all interviewees from IDPs stated that there were just some preventive or supportive measures were provided such as immunization of children under 5. Some other measures were taken like building toilets, and letting some access to water. However, these solutions were not successful because of inappropriate use of the water pumps which only lasted for a short period of time. Similarly, they started to build toilets yet it was hindered by the rainwater filled in the wells. *Woreda 12* Administration attempted to answer the question of toilets recommended by the health center but remained unsolved.

According to a study conducted by Negussie (2020), IDPs who were uprooted from the Somali regional state in 2017 and relocated to Sululta town in the Oromia region were affected by the government's limited response in terms of providing an adequate standard of living, which included, at the very least, access to enough food and water, better housing, health care, and basic education, as well as better employment and livelihood opportunities.

As the data reveals, on the contrary, the IDPs' situation is lacking attention to potential relief and durable solution. Government intervention and humanitarian assistance need to be provided as to save the IDPs from chronic health problems. As research shown that there is ignorance by states even though they are aware of situations of IDPs and their vulnerability to various risk factors (Adewale, 2016). Greater emphasis began to be placed on national responsibility even though many governments no longer regarded people uprooted within their countries as strictly a national problem and regularly requested outside aid for IDPs in both conflict and natural disaster situations (Cohen, 2014).

However, the health needs as well as the human security needs of these IDPs ought to be addressed by the government first as the main stakeholder as health security and human security provider through respecting the rights and allowing effective protection. So, if the Ethiopian government and other stakeholder work in coordination and cooperation, for sure there will be a great chance of changing the dire health security as well as human security of the IDPs. Thus, effective interventions to enable people to live longer and healthier lives, reduce inequalities, and enhance development can be designed and implemented (WHO, 2004).

#### **4.5. Hindering Factors for Policy Responses**

Displacement always causes disturbances in human lives. Internally displaced people are vulnerable to various problems related to access to basic needs, healthcare services, food security, health security. In such incidences, government has to respond to the security and safety of the displaced. There are usually gaps which are clearly visible between policies and practices as well as institutional arrangements in most of the countries especially with regard to durable solutions (Harild & Christensen, 2010). It is expected that relief should be given at least temporarily. So, various items needed for these people are provided. These are basic need items and healthcare is expected to be delivered. Then, search for durable solution. On the contrary, IDPs in bole bulbula haven't got any support from the government so far.

#### **4.5.1. Language Barriers**

Of the many challenges that IDPs face language barrier is the one. As most of the IDPs under study speak Afaan Oromoo, they couldn't even express their feeling, pain and whether any prior health related problems or any acute diseases. According to the data collected, the IDPs under study have faced the challenges of language barrier. When they came to the health center, they even couldn't communicate well in order to express why they visited the health center. After they even got the chance of being diagnosed, they couldn't tell their feelings to the health professionals. As key informants expressed:

*The IDPs usually have problems expressing their feelings because of the language spoken here. Most of them speak Oromifa, while some of them speak Amharic. Thus, expressing their feelings is very difficult whenever they get the chance of being treated in our health center. (KII 7 May, 2023)*

As the data showed, IDPs are being challenged by a lack of access to healthcare and language barriers. Out of the smaller chances of getting treated, they miss it because of their inability to express their feelings. As a result, the challenge doubles. If the healthcare givers or health workers cannot speak the language that those IDPs speak, it is usually hinders the service (Ojeleke, Groot, & Pavlova, 2020).

#### **4.5.2. Lack of awareness**

The health center usually tries to provide vaccines like the Rota virus to prevent the recurrence of diarrheal diseases. Some of these people couldn't accept the vaccines, which are helpful to prevent the recurrence of vaccine-preventable diseases like measles and mumps. These were the common disease outbreaks at such an IDP site. However, the health center tried to do the work of immunizing the children based on the amount available. As participants expressed their experiences;

*The health center tried to help in the immunization of the IDPs with the available vaccines, but some of these populations showed their reluctance due to a lack of awareness. While we went to give the vaccine, they expected us to give all the support they needed rather than the vaccine. So, their expectations are usually different from what the health center does (KII 5, May 2023)*

On the other hand, these people were found to be unaware of the healthcare services that can be provided for free. These are, for example, contraceptives, drugs for identified cases of tuberculosis, and prenatal care. No matter which healthcare services are allowed without payment, the people under study couldn't even use this opportunity. This indicates that they really become hopeless to use any of the healthcare services, whether the service provision is with or without payment.

These IDPs even couldn't properly use the latrines built by the responsible bodies, so they became out of service in a short period of time. This implies that they did not have awareness that it could be problematic if they couldn't use it properly. Similarly, the women did not use many contraceptives to avoid unwanted pregnancies. This is due to a lack of awareness. The data collected from the participants indicates that:

*If the latrines were properly used, they could serve more even if their number and the number of households didn't match. Yet, the latrines would minimize the problem if they were available (KII, May, 2023).*

The result demonstrates how a lack of awareness affects this population under study more and more. The complete absence of the latrines aggravated the situation they were already in. Due to this reason, the area looks very nasty and malicious. This condition has kept the host community complaining about the environmental factors that can affect the neighborhood. Due to a combination of factors, including the physical conditions displaced people face as a result of the conflict or other unfavorable events, and a lack of basic health knowledge, education, and/or promotion within the population itself, infectious diseases can be particularly common in displaced populations (Thomas & Thomas, 2004).

#### **4.5.3. Financial Barriers**

Anyone who visits the health center for healthcare services is expected to pay, except in some cases. But the IDPs under study couldn't pay because of their conditions. They are surviving without any livelihood; they are jobless people, even though they don't have the opportunity to be engaged in employment for many reasons. Therefore, these people can't afford the healthcare services, even if the cheapest payment is required. As the participants expressed

*I do have four children aged 13, 9, 6, and 2. Two of them are feeling sick now and then, but one couldn't get medical treatment in the health center or in other government hospitals, while the youngest could. I could only pay half of the payment required for the one who was very ill and had diarrhea due to the severe condition of my child. But I couldn't afford for my 6-year-old child (II p. May, 2023).*

The result clearly showed that the IDPs couldn't afford the cheap prices of getting the medical treatment for their family. This condition made this people more vulnerable to other health risks. As the interviewee expressed, it is difficult to get free service in any health institution. This and other health factors exacerbate the health challenges of this IDP population.

#### **4.5.4. Budget Constraints**

To extend health service facilities and satisfy the needs of all the IDP population with all the host communities, it requires budget. Obviously, the health center doesn't have its own budget or any extra budget that could be used in an emergency. The health center uses the budget allocated by the Addis Ababa Health Bureau. Hence, there must be cash payment for the service the patients or clients received in the health center. The key informant from Addis Ababa health Bureau stated that:

*Every health center has its own allocated budget but it can give additional healthcare services especially accessing surplus drugs is difficult. Unless emergency happens, Addis Ababa Health Bureau doesn't respond (KII, May, 2023).*

The IDPs in Bole Bulbula had many health-related problems. Even if the problems were known, it was pretty difficult to cover the cost of the services for these IDPs received since there was no contingent budget in medical tools, drugs and the wards to provide services. Besides, the health center didn't have enough health professionals to provide additional services upon the arrival of these IDPs. Fearing they would not be able to meet all of the needs, host governments and the international community have ignored the situation of urban IDPs (Crisp, Morris, & Refstie, 2012).

#### **4.5.6. Lack of prior policy and strategy**

This was unplanned migration and never thought such influxes of displacement could happen. Ethiopia as a country has a large number of displacements from the past three years. No humanitarian agencies involved

*It has already been perceived that a large influx of IDPs has been coming to Addis from different regions of Ethiopia. No durable solution to the problem has been devised in the city in relation to the IDPs either by the government, the Addis Ababa administration, or the sub-city. Therefore, the government has already become aware that devising a new policy and formulation of a national strategy are necessary to provide a durable solution to the problem of IDP (KII, May 2023).*

The Key informants confirmed that the government couldn't address the problem these IDPs are facing even though there is a need for new policy and advanced strategy to help them. From the above analysis it is evident that the government hasn't been ready to respond the needs of these large influxes of IDPs migrated to Addis Ababa, especially Bole Bulbula. The government didn't have any intervention or direction so far how could these people get short term relief. However, durable solution is necessary to the betterment of their lives as well as achieving human security.

The Data suggests that funding is a hindering factor for addressing the basic and health needs of these IDPs. As Habte and Kweon (2018) argue that Ethiopia is lacking a comprehensive dedicated framework to guide responses to the internally displaced persons needs especially for durable solution. In addition to the challenges that the IDPs already have, government policies are also other hindering factors to relieve problems of IDPs (Sambo, 2017). It also shows they are lacking due attention. If due attention and priorities are given, the situation of the IDPs, it would be the concern of the government. Irrespective of the cause, the primary responsibility to support the IDPs lays on the national government (Leus, Wallace & Loretta, 2001).

As citizens of Ethiopia every right as human being by the law and before the law should be taken into consideration. Responses should be given based on priority to human security as it complements national security. As Universal Declarations of Human Rights (1948), obliges states should respect all human beings' rights in the provision without any discrimination. Accordingly:

‘Article 25’

(1) “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, and housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age and other lack of livelihood in circumstances beyond his control.”

(2) “Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”

Therefore, if any human being has these rights the IDPs must be treated in special ways since they are deprived of every possession they might have had. The special needs must be addressed considering like it is fulfilling the human security as well as Ethiopia’s sovereignty. As Cohen (2014: 589) argues by stating the words of Francis Deng, the first Representative of the Secretary General on Internally Displaced Person:

*“Sovereignty remained the cornerstone of the international system but it began increasingly to be seen as entailing responsibilities toward one’s citizens. ‘Sovereignty is responsibility in highlighting the need for governments to assume their obligations toward their displaced populations.’”*

## **Chapter Five**

### **5. Conclusions and Recommendations**

#### **5.1. Conclusions**

This study was aimed to answer the three research questions and gave conclusion based on the analysis and the discussion. These are identifying the challenges of the internally displaced persons in Bole Sub-city, Addis Ababa, assessing what factors are contributing to those health challenges and how these challenges to be addressed. Samples were taken from the IDPs, the health center, and Addis Ababa health bureau. The sample size was determined while data saturation was reached. The data were collected through qualitative approach: Key informant interviews, in-depth interviews, observation, and focused group discussion were conducted.

Overall, this study indicates that the IDPs located in Bole Bulbula have enormous health challenges, as they even lack basic needs. These basic needs ultimately cause several health-related risks. Those risks endanger the health security of this population as well as human security. These IDPs suffer from a lack of access to food, shelter, water, latrines, unemployment, and healthcare services. The embedded insecurities like food, economic, and the environment contribute to the health insecurities in one way or another, which have impacts on human development and human security as well. The population understudy is passing through massive hardships. These hardships are extremely bad for women and children, as several studies have confirmed that displacement and impoverishment go together.

However, it is important to note that this study also highlights that this displacement affects not only the IDPs but also the host community. As the IDPs are dependent on the charity of these communities and on begging on the streets to get their livelihood, they do not have any employment opportunities. So, their lives stuck at some point and even deteriorated due to their lowest living standards. There is no self-sufficiency or satisfaction, but they have very stressful lives. Besides, the lack of access to basic needs like food, water, sanitation, hygiene, and health care has caused the IDPs to suffer from negative effects on their health. To state some of these, recurring diseases like diarrhea, dysentery, mumps, measles, malaria, tuberculosis, and malnutrition are affecting their health. All these and other problems endanger the lives of this population; their immune system

could be weak as a result of the inaccessibility of health care service provision and immunization. The normal cognitive development of these people can be affected by malnutrition, which leads to stunting, especially in children under the age of five. This in turn affects human development, which directly contributes to human security.

The key implication of this study's findings is that lack of access to basic needs leads to starvation, and it can drive them into the risk of mortality, and morbidity rates due to infectious disease. Therefore, IDPs are in dire need of protection by the government to improve health security, which endangers human development. Otherwise, their weak immune systems can lead to recurrent infectious disease, lifelong illness, a high risk of cancer, and death.

Additionally, if the problem is not halted, it causes epidemic disease outbreaks because their vulnerability also impacts the neighborhood, i.e., the host community. So, the longer these IDPs stayed in such a serious condition, the higher the risk of losing them. Thus, in order to save them from life-threatening experiences and severe life hardships, there is a need for durable solutions so that human security can be attained.

In general, it can be concluded that displacement has a direct impact on individual security, food security, health security, and environment security in particular, as well as on human security as a whole.

## 5.2. Recommendations

In the lights of the findings, the researcher would recommend the following possible solutions to address the health insecurities.

- ❖ These IDP populations need at least temporary relief owing to the dire challenges they are facing. The very basic needs like water, shelter, clothing, latrines and health care should be addressed until a long-lasting solution is rendered.
- ❖ The government should allow opportunities to get humanitarian assistances from humanitarian organization. There are many relief organizations (Non-governmental Organization).
- ❖ The various stake holders like Addis Ababa Health Bureau, Disaster Risk Management Bureau, Addis Ababa City administration, Bole Sub-city and others should work cooperatively to bring tangible solution to the problem of IDPs. Since the number of IDPs; the predicament of their survival, the stumbling block for their stable and safe life affected the city badly, the researcher believes that the image of Addis Ababa should be changed
- ❖ There is a need in creating awareness on health-related risks lessons on the IDP population in order to save their life from acute illness. To obtain a complete picture of the effects on health and to guide the development of interventions aimed at promoting increased use of health services (where available), it is necessary to comprehend the effects of internal displacement on health-seeking behavior.
- ❖ The government should help them get their livelihood through engaging them in different job opportunities.
- ❖ By taking into consideration the cost of human lives these problems may cause, durable solutions are required. These are like returning to their habitual residence or resettling this IDP population will help to improve the situation; and it can bring life-long change.

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