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ASSESSMENT OF SUPPORT PROVIDED BY HUMANITARIAN ORGANISATIONS TO VULNERABLE PEOPLE IN BENUE STATE, NIGERIA

Iortyom, L.M.,Kughur, P.G. and Obademi, A.O.
Department of Sustainable Social Development
Joseph Sarwuan Tarka University, Makurdi Benue State
Email: iortyommartins@gmail.com **Phone:** 08133650223

Abstract
The study assessed the support provided by humanitarian organisations to vulnerable people in Benue State, Nigeria. Descriptive survey research design was adopted with a population of 483,693 vulnerable individuals, and 166 respondents were selected using a multi-stage sampling technique. Data were collected through structured Questionnaires and analysed using percentages, tables, mean and Kruskal-Wallis (H) test. Findings revealed that 33.1% of the respondents were aged 61 years and above. Females constituted 74.1% of the respondents, highlighting gender-based vulnerabilities, while marital status analysis showed a high proportion of widows and widowers, reflecting vulnerability due to lack of spousal support. Educational attainment was low, with most respondents having secondary or primary education, and occupationally, majority were farmers or engaged in small-scale businesses, reflecting reliance on disrupted informal and agriculture-based livelihood. Income levels were generally low, and over half of the respondents lived in households with seven or more members, pointing to overcrowding and increased dependency. Twenty humanitarian organisations were identified as providing support, with Save the Children Nigeria, Christian Aid, and the Nigerian Red Cross Society being the most active. The most common forms of aid included food items, healthcare, WASH interventions, emergency shelter and agricultural support, while psychosocial support and reintegration services were least provided, Overall, humanitarian support was concentrated among a few major actors, and challenges such as complex registration processes, lack of transparency, long distances, and poor information dissemination affected service delivery. The findings indicated a need for coordinated and comprehensive interventions that address both immediate survival and long-term resilience of the vulnerable population, with particular attention to elderly individuals such as women, large households, and low-income groups. More supports for inclusiveness was recommended among others.
Keywords: Assessment, Humanitarian support, vulnerable people, organisations

1.0 Introduction

Vulnerability to poverty is a major challenge for many households in developing

economies, particularly in Sub-Saharan Africa and Nigeria. According to Colosio (2020), rising food prices, insurgency, herders/farmers conflicts, floods and droughts have pushed many households deeper into poverty, while leaving others at risk. Adeniyi et al. (2024) view and vulnerability as the likelihood of being exposed to events that negatively affect well-being. Asmau and Abdulrasheed (2020) stated, that while everyone is somewhat vulnerable, persons living below the international poverty line of $1.90 per day, persons with disabilities (PWDs), internally displaced persons (IDPs), and older persons (OPs) are especially at risk. They stated that aging and disability increase susceptibility to poverty through reduced earnings, limited education, and constrained employment, often compounded by poor health.

Chintuo and Egolum (2020) observed that vulnerability is shaped by socio-economic conditions and hazardous risks, while Uche and Iwuamadi (2018) stated that it combines social capacity with how well individuals can cope when exposured to hazards. The World Bank (2023) states that the link between poverty and vulnerability depends on the severity of risks and the resources households have to cope. Okon (2018) notes that despite Nigeria's economic growth, over half of the population remains in poverty, Ortiz and Commins (2019) reported that approximately 20% of Nigerians control 65% of national wealth, reflecting extreme inequality. Hagen-Zanker and Holmes (2022) reported that children are disproportionately affected, with high rates of under-five and maternal mortality and increased risks of trafficking, abuse, and exploitation. In view of these challenges, humanitarian organisations must be supported to protect and empower vulnerable populations, ensuring access to basic needs, resources, and opportunities that promote resilience and improve livelihoods.This shows that vulnerable people are civil population and needs support.

Modern humanitarian actions or interventions stems from the age of enlightenment when critical thinking and discourse challenged conventional boundaries regarding who and what deserved attention and care are expressed towards others in need.. Pringle and Hunt (2019) stated that modern humanitarianism encompasses aspects of both philanthropy and cosmopolitanism. Humanitarian action or intervention is the active provision of humanitarian aid designed to save lives, alleviate suffering, restore and promote human dignity at the wake of disaster and during large scale emergencies (Tor & Tor, 2018). Despite the growing efforts to address the challenges of poverty and inequality as they affect the most vulnerable members of developing countries, sustainable development agenda and programmes seem not to give much attention to all categories of vulnerable individuals and groups. The initial focus of sustainable development efforts was primarily on long term programmes that aim at tackling poverty, social inequalities and environmental decline among others while addressing structural issues that undermine growth, prosperity and humanitarian interventions in conflict situations and areas affected by environmental catastrophes that tend to prioritise saving lives, alleviating stress and providing relief materials (Schafer, 2022). Ahmad and Hall (2017) identified the role of social capital in elucidating the reason behind the high levels of poverty in Nigeria.

Socioeconomic characteristics of individuals including their age, sex, income, education and others can determine their levels of vulnerability. According to Monirul et. al (2017), the main drivers of vulnerability include livelihood strategies, access to food, water and health facilities. Farmers who are more susceptible to poverty, have lower incomes, are more likely to be economically dependent and have limited access to land, finance and credit. Farmers with limited levels of education are likely to be more

vulnerable. Besides, being male or female is highly important in the issue of vulnerability, especially in Africa, where it is a major determinant of resource allocation. Women's unequal access to key agricultural inputs such as land, labour, information, fertilizer, and improved seeds and seedlings contribute to the persistence of this gap (Farnworth, 2016).

Age is the leading demographic driver of socio-economic vulnerability and appears mostly in the disaster response and recovery stages (Rufat, 2015). Kuhlicke (2011) stated that only the old (above 65 years) and the very young (below 5 years) tend to be more vulnerable, because of their dependency status and physical condition. Jonkman (2019) asserted that victims of vulnerability are the elderly, who are unable /unwilling to evacuate, incapable of surviving the vulnerability effect or those who suffer from deterioration of basic public health services inside and outside flooded areas. According to Adeyinka and Olugbamila (2016), children and the elderly are vulnerable to a lot of health hazards, some of which are preventable and curable with the existing healthcare facilities in their immediate communities. Consequently, lot of deaths have been recorded against children and the elderly as a result of their inadequate utilization of healthcare facilities in their immediate communities (Owoseni, 2014).

Humanitarian organizations are typically non-governmental or intergovernmental entities dedicated to providing aid and assistance in response to crises, disasters, or conflict situations (Kehinde *et al.,* 2021). Their primary focus is on alleviating human suffering, preserving human dignity, and providing support to vulnerable populations, such as refugees, displaced persons, and communities affected by natural or man-made disasters. These organizations operate across various sectors, including health care, food distribution, shelter, education, and sanitation, often in coordination with local

governments, international bodies, and other NGOs. Humanitarian organizations play a crucial role in providing aid to those suffering, especially during natural disasters, armed conflicts, and famines.

The Global Humanitarian Overview (GHO, 2022) outlines the efforts of a broad range of humanitarian organizations that work to address the critical needs of people affected by emergencies, poverty, and social injustice. These organisations provide a variety of services, including emergency relief, development assistance, advocacy, and disaster preparedness, with a particular focus on the most vulnerable groups, such as children, refugees, and impoverished communities. Several organizations are involved in responding to crises and offering immediate assistance in areas such as nutrition, health, and food security. Action Against Hunger (AAH), for example, delivers emergency programs to address hunger and malnutrition, while also working on disaster preparedness to anticipate and prevent humanitarian crises (Momoh, 2018).

A humanitarian emergency, according to the OHCHR (2022), is an event or series of events that severely threatens the health, safety, security, or well-being of a large group of people, often over a wide geographical area. In Nigeria, non-governmental organizations (NGOs) have a long history of addressing human needs, with their first major involvement during the Nigerian–Biafran Civil War (1967–1970). During this period, NGOs witnessed firsthand the widespread suffering and malnutrition in southeastern Nigeria.

Humanitarian aid is intended to save lives, alleviate suffering, and uphold human dignity during and after crises or natural disasters. It also aims to help communities prepare for future emergencies. Key principles of humanitarian aid include humanity, impartiality, neutrality, and independence, as affirmed by UN General Assembly

resolutions and international humanitarian guidelines (Global Humanitarian Assistance, 2019). This type of aid differs from development aid, which focuses on long-term improvements in living standards, infrastructure, human capital, and economic growth. Development aid is designed to support structural changes and enhance sustainability, whereas humanitarian aid addresses immediate threats to life and well-being (Ahikari, 2013). Dieci (2006) emphasized that humanitarian aid focuses on saving lives in the face of immediate risks, whereas development aid targets long-term, structural improvements.

Supports provided to the vulnerable population refers to the various forms of assistance, resources, and services offered to individuals or groups who are at a higher risk of experiencing harm or disadvantage. Several policies and laws have been established and implemented to protect the rights of vulnerable persons in Nigeria. In order to complement the efforts of governments in addressing the challenges of the vulnerable people, various international organizations have over the years intervened at various intervals with different strategies to provide for the needs of the vulnerable persons using intervention strategies like food, water, access to protection and security, educational services; and health services (Godwin, 2023).

International humanitarian organizations have stepped in to help the government to bring succor to the plights of the vulnerable persons. International Organization for Migration (IOM) has been assisting in the area of housing by proving tent houses. The vulnerable people have received food supplies from the Red Cross. MSF, International Committee of the Red Cross (ICRC) and United Nations Fund for Population Activities (UNFPA) has intervened to address health care challenges. For instance, MSF provided and continues to offer free primary healthcare to vulnerable persons in IDP camps (SEMA, 2021).

2.0 Objectives of the Study

The broad objectives of this study was to assess support provided by humanitarian organisations to vulnerable people in Benue State.

The Specific objectives were to:

i. describe the socio-economic characteristic of the vulnerable population in Benue State;
ii. identify the humanitarian organizations supporting the respondents;
iii. describe the support provided to the respondents.

3.0 Methodology

The study adopted a descrptive survey research design. The population of the study comprised 483,693 vulnerable populations living in IDP Camps in Benue State (Ukase & Jato, 2022). A total of 166 sample size was selected using multi-stage sampling technique comprising respondents from four key groups such as the elderly, women, children, and persons with disabilities.. Data were collected using Assessment of Support Proviided by Humanitarian Organisations to Vulnerable Population in Benue State Questionnaire (ASP- HOVP- BSQ). Data were analysed using simple percentages, tables and mean scores to answer the research questions while Kruskal- Wallis H test was used to test the hypothesis at 0.05 level of significance.

4.0 Results and Discussion

4.1 Socio-economic characteristics of Respondents

Table 1 shows that 33.1% of the respondents were aged 61 years and above, indicating a predominance of elderly individuals, consistent with Henry (2016), who noted that older populations in IDP camps are more dependent on aid. Females constituted 74.1% of the population, aligning with Okoro and Ogbodo (2017), who

observed that women in displacement settings faced unique challenges such as maternal health needs and economic disempowerment.

Marital status analysis showed 29.5% were married, while 16.3% were widows and 16.3% widowers, suggesting significant vulnerability due to lack of familial support (Oluwasanmi & Eze, 2020). Educational attainment was low, with 50.0% having secondary education and only 19.3% attaining tertiary education, emphasizing the need for literacy and skills-based interventions (Okoro & Ogbodo, 2017).

Occupationally, 50.6% were farmers, 28.9% engaged in business, and 20.5% were civil servants, reflecting reliance on informal and agriculture-based livelihoods disrupted by crises (Yusuf & Adeoye, 2018; Agba et al., 2021). Income analysis revealed 56.6% earned ₦100,000–₦200,000 annually, highlighting high economic vulnerability (Umar & Ibrahim, 2019; Iroanya, 2016).

Table 1 also size shows that majority (54.2%) had seven or more members, indicating crowded living conditions that strain resources and complicate aid distribution, corroborating Chukwuma and Ezeilo (2022) and Mbah and Nwankwo (2018).

These findings suggest that humanitarian interventions should be age- and gender-sensitive, address livelihood restoration, incorporate educational and economic empowerment components, and consider household size for equitable aid distribution.

Table 1: Socio-economic characteristic of the vulnerable People (n=166).

Age (years)	Frequency	Percent
21- 30	23	13.9
31-40	44	26.5
41-50	22	13.3
51-60	22	13.3
61 and above	55	33.1
Sex		
Male	43	25.9
Female	123	74.1
Marital Status		
Married	49	29.5
Single	36	21.7
Widow	27	16.3
Widower	27	16.3
Separated	18	10.8
Divorced	9	5.4
Level of education		
Primary education	51	30.7
Secondary education	83	50.0
Tertiary education	32	19.3
Major Occupation		
Civil Service	34	20.5
Farming	84	50.6
Business	48	28.9
Estimated Annual Income		
N100,000 - N200,000	94	56.6
N201,000 - N400,000	36	21.7
N401,000 - N600,000	18	10.8
N601,000 and above	18	10.8
Household size		
3	19	11.4
4-6	57	34.3
7 and above	90	54.2
Total	**166**	**100.0**

Source: Field survey (2025)

4.2 Humanitarian Organisations Providing Support to the Vulnerable People

Table 2 shows that 20 humanitarian organisations provided support to the vulnerable people in Benue State, with Save the Children Nigeria (16.3%), Christian Aid (10.2%), and the Nigerian Red Cross Society (9.6%) being the most active. Together, key organisations like the ICRC, MSF, UNPF, and JRS accounted for over half (58.9%) of all interventions, highlighting a concentration of services among a few major actors (Umar

& Ibrahim, 2019; Agba et al., 2021; Henry, 2016). Smaller NGOs, such as Malteser International and Hope Alive Initiative, each contributed only 1.2%, suggesting limited reach and uneven service delivery. This pattern implies that, while some people benefited from targeted interventions, others may remain underserved. The findings underscored the need for effective coordination among humanitarian actors to avoid duplication, fill service gaps, and enhance the efficiency and sustainability of aid (Chukwuma & Ezeilo, 2022; Mbah & Nwankwo, 2018).

Table 2:Humanitarian Organisations Providing Support to the Vulnerable Population (n=166)

Humanitarian Organisations	Frequency	Percentage
International Organisation for Migration (IDM)	8	4.8
Action Aid Nigeria	6	3.6
Rhema Care Integrated Development Centre	4	2.4
Médecins Sans Frontières (MSF)	12	7.2
United Nations Population Fund (UNPF)	12	7.2
Nigerian Red Cross Society	16	9.6
Christian Aid	17	10.2
Malteser International	2	1.2
Royal Heritage Health Foundation (RHHF)	2	1.2
First Step Action for Children Initiative	2	1.2
International Committee of the Red Cross (ICRC)	14	8.4
Save the Children Nigeria	27	16.3
Catholic Caritas Foundation of Nigeria (CCFN)	10	6.0
Centre for Population and Reproductive Health (CPRH)	4	2.4
Global Giving Foundation	2	1.2
Mercy Corps	2	1.2
Hope Alive Initiative	2	1.2
Jesuit Refugee Service (JRS)	12	7.2
Oxfam Nigeria	6	3.6
Centre for Humanitarian Dialogue (CHD)	6	3.6
Total	**166**	**100.0**

Source: Field survey (2025)

4.3 Support provided by the Humanitarian Organisations

Table 3 shows that food aid was the most common form of support, accounting for 26.5% of responses, highlighting the population's dependence on basic survival assistance (Umar & Ibrahim, 2019). Other key services included medical aid and

healthcare, WASH interventions, and emergency shelter, each at 10.8%, reflecting efforts to safeguard health and prevent disease in displacement settings (Henry, 2016). Agricultural support and farming inputs represented 12.7%, indicating a focus on livelihood recovery and self-sufficiency (Agba et al., 2021). Vocational training, skills development, and GBV prevention each accounted for 7.2%, supporting empowerment and protection for vulnerable groups, particularly women and youth (Oluwasanmi & Eze, 2020). Protection services for women and children (5.4%) and pre- and post-natal care (4.8%) were reported, but their relatively low coverage suggests gaps in gender-sensitive and maternal health interventions (Chukwuma & Ezeilo, 2022). The least reported services were psychosocial support and counseling, and reintegration of displaced persons (1.8% each), pointing to underprovided mental health and long-term reintegration efforts, which are critical for stabilizing affected populations (Mbah & Nwankwo, 2018).

Table 3: Support Provided by Humanitarian Organisations

Support Provided by Humanitarian Organisations	Frequency	Percentage
Food items (rice, beans)	44	26.5
Pre-and post-natal services	8	4.8
Medical aid and healthcare services	18	10.8
Psychosocial support and counseling	3	1.8
Water, Sanitation, and Hygiene (WASH)	18	10.8
Protection for women and children	9	5.4
Agricultural support and farming inputs	21	12.7
Vocational training and skills development	12	7.2
Gender-Based Violence (GBV) Prevention	12	7.2
Reintegration of the displaced persons	3	1.8
Emergency shelter	18	10.8
Total	**166**	**100.0**

Source: Field survey (2025)

5.0 Conclusion and Recommendations

5.1 Conclusion

The study found that the vulnerable people in Benue State were mostly elderly, female, with low education, large households, and low income. Humanitarian supports were dominated by a few major organisations, while smaller NGOs contributed minimally. Food, healthcare, WASH, and emergency shelter were the most provided services, with limited support for livelihoods, protection, and psychosocial needs. This indicates a need for coordinated, comprehensive interventions that address both immediate survival and long-term resilience.

5.2 Recommendations

Based on the above findings, the following recommendations were made:

1. Humanitarian organisations should prioritise interventions for elderly, female, low-income, and large households, incorporating healthcare, educational, and livelihood programmes tailored to these vulnerable groups.
2. Key humanitarian actors should collaborate with smaller NGOs to ensure more equitable distribution of aid, reduce service duplication, and expand coverage across underserved areas.
3. Support services should go beyond food and emergency aid to include livelihood restoration, psychosocial support, protection, and reintegration programmes, ensuring both immediate relief and long-term resilience for affected populations.

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