



Cover Page: An IDP cooking in her shelter © IOM Nigeria 2024

IDP SOCIO-ECONOMIC SURVEY

BENUE STATE

August 2025



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EXECUTIVE SUMMARY

The IDP Socio-Economic Survey conducted in Benue State in June 2025 offers critical insights into the living conditions, and resilience strategies of internally displaced persons (IDPs) residing in camps and camp-like settings. The survey, implemented by the Benue State Government in collaboration with key partners including BSEMA and supported by the Internal Displacement Solutions Fund (IDSF), reached 910 households across 18 sites in five LGAs. The survey captures critical socio-economic indicators including income levels, shifts in livelihood sources, food security, healthcare access, education barriers, and reliance on humanitarian assistance. Findings revealed widespread economic vulnerability, limited access to essential services, and a high dependency on public support systems. These insights are intended to inform durable solutions and guide policy responses aimed at improving the welfare and resilience of displaced populations. Key findings include:

Livelihoods: Prior to displacement, 99 per cent of households engaged in farming and 36 per cent in livestock rearing. During displacement, 59 per cent relied on humanitarian assistance, while only 37 per cent continued agricultural activities.

Income and Expenditure: A majority of households earn less than ₦20,000 monthly. Food expenditure is similarly constrained, with 35 per cent spending less than ₦10,000 and only eight per cent spending more than ₦40,000 per month. Healthcare spending is also low, with most households spending under ₦15,000 monthly.

Education: Educational attainment is low, four per cent of respondents have only primary education, 38 per cent have no formal education, and just three per cent have tertiary education. Barriers include school fees (81%), lack of supplies (26%), and safety concerns.

Assistance and Coping: 96 per cent of households receive food aid, 53 per cent receive shelter support, and 35% receive cash assistance. Coping strategies include borrowing food (46%) and eating less preferred food (33%).

Healthcare Access: 75 per cent of households rely on government hospitals, while 15 per cent use private hospitals, 12 per cent use pharmacies, and seven per cent turn to traditional healers. Self-medication is reported by six per cent.

Proximity to Services: 65 per cent of households are within 30 minutes of a health facility, 35 per cent are 30 minutes to 1 hour away, and five per cent are 1 to 2 hours away.



Enumerator conducting the socio-economic survey at Naka IDP Camp, Gwer-West LGA, Benue State © Benue SDGs 2025

ACKNOWLEDGEMENTS

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- Benue State Emergency Management Agency (BSEMA)
- Benue State Bureau of Statistics (BSBS)
- Benue State Commission for Peace and Reconciliation (BSCPR)
- Benue State Budget and Economic Planning Commission (BSBEPC)
- Benue State Sustainable Development Goals (BSSDGs)
- National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI)
- National Bureau of Statistics (NBS)



INTRODUCTION

Benue State continues to face the long-term impacts of displacement driven by conflict, communal violence, and environmental shocks. In response to the evolving humanitarian and recovery needs of internally displaced persons (IDPs), the Benue State Government—through the Benue State Emergency Management Agency (BSEMA), the Benue State Ministry of Humanitarian Affairs and Disaster Management (MHADM), and other key MDAs—has prioritized the generation of evidence-based data to inform durable solutions.

As part of this effort, a comprehensive **Socio-Economic Survey** was conducted across IDP camps and camp-like settings in the state. This survey was implemented in collaboration with key government partners including the Benue State Emergency Management Agency (BSEMA), the Benue State Bureau of Statistics (BSBS), the Benue State Commission for Peace and Reconciliation (BSCPR), the Benue State Budget and Economic Planning Commission (BSBEPC), the Benue State Sustainable Development Goals (BSSDGs), the Benue State Ministry of Humanitarian Affairs and Disaster Management, and the National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI), and supported by the Internal Displacement Solutions Fund (IDSF). The survey aimed to assess the socio-economic conditions of displaced households, including their access to basic services, livelihoods, education, health, shelter, and humanitarian assistance.

A total of 910 households were interviewed using structured, face-to-face questionnaires administered by trained enumerators. The data collected provides a robust foundation for understanding the living standards, vulnerabilities, and resilience capacities of IDPs, and supports the design of targeted interventions that promote recovery, inclusion, and long-term development.

This socio-economic profiling exercise reflects the government's commitment to ensuring that the needs and aspirations of displaced populations are central to policy and programmatic responses. It also reinforces the importance of localized data in shaping durable solutions that are safe, voluntary, and dignified.

OBJECTIVES

The primary objectives of the socio-economic survey are to:

- I. Assess the living conditions of IDP households in camps and camp-like settings, including access to shelter, food, water, sanitation, and healthcare.
- II. Evaluate access to education, livelihoods, and income-generating opportunities among displaced populations.
- III. Identify gaps in humanitarian assistance and service delivery across sectors.
- IV. Understand household-level coping mechanisms and resilience strategies in displacement settings.
- V. Support evidence-based decision-making for recovery, reintegration, and durable solutions programming.

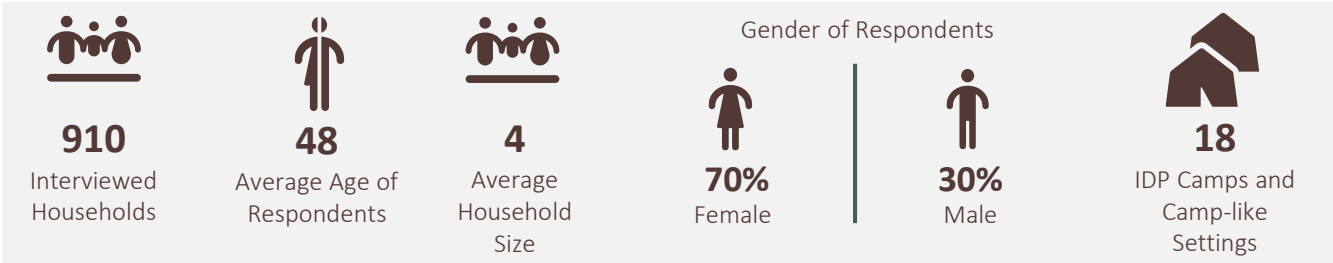
METHODOLOGY

A structured, face-to-face interview methodology was chosen for the survey to allow for in-depth responses and to account for literacy levels. Interviews were conducted by trained enumerators who administered the survey instrument to each sampled head of household across the camps in Benue State.

Given the population size of IDPs living in camps and camp-like settings in Benue State, the survey targeted a sample of households. This approach ensured representative coverage and maximized data accuracy for analysing household intentions. The questionnaire was developed to capture demographic information, household size, length of stay in the camp, and specific living conditions of IDPs living in camps and camp-like settings. Additional questions were included to understand factors influencing these choices, such as safety, access to basic services, livelihood opportunities, and family considerations. The questionnaire was pre-tested in a pilot camp within Benue State to ensure clarity, cultural relevance, and suitability. Feedback from the pilot was used to refine question-wording and response options.

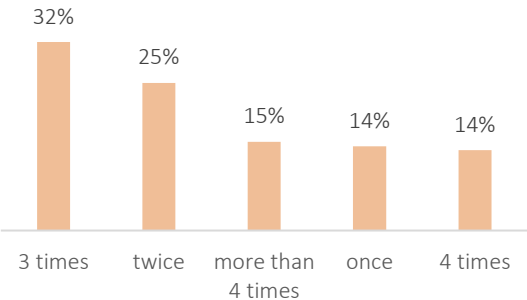
A team of enumerators fluent in English and local languages, including Tiv, Idoma, Iggede, and Jukun and familiar with the cultural context of the camps, from BSEMA and partner agencies, were trained. The training covered survey objectives, interview techniques, ethical considerations, and the importance of neutrality and confidentiality.

Household Interviews: Enumerators visited each household within the camps and conducted interviews with the heads of household. In cases where the head was unavailable, a senior household member was interviewed. Responses were recorded digitally on tablets to ensure accuracy and facilitate real-time data entry. Informed consent was obtained from each respondent before beginning the interview. Participants were assured of confidentiality, and responses were anonymized to protect identities. Participation was entirely voluntary, with no repercussions for opting out. Data collected was cleaned, anonymized, and processed for analysis.



To understand the socio-economic conditions of IDPs living in camps and camp-like settings in Benue State, the state government through the Benue State Emergency Management Agency (BSEMA), Benue State Ministry of Humanitarian Affairs and Disaster Management (MHADM) and other partners, surveyed five Local Government Areas (LGAs) where IDPs living in camps and camp-like settings were situated. Respondents were primarily heads of households, and in cases where the head was unavailable, a senior household member participated in the interview.

Figure 2: Number of Displacements



The self-reported living conditions of internally displaced households residing in camps and camp-like settings across Benue State indicate a severe situation of deprivation. The majority of households experience living conditions that fall well below acceptable standards. Fifty-seven per cent of IDP households described their living conditions as “very poor,” while an additional 38 per cent rated their situation as “poor.” Combined, 95 per cent of households are living in conditions that are inadequate and expose them to heightened vulnerabilities.

Only five per cent of households reported “average” living conditions, suggesting that a small minority have some basic needs met, but still face challenges to stability and well-being. Fewer than one per cent of respondents described their living conditions as “very good,” highlighting that virtually no IDPs in these settings experience conditions that meet minimum

Figure 4: Household Living Condition

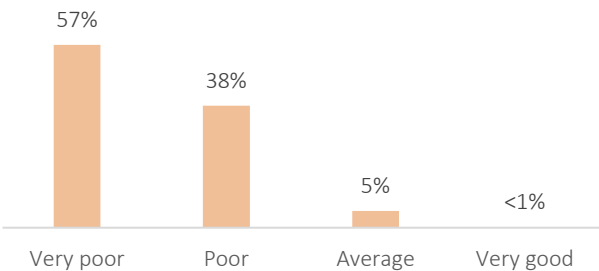
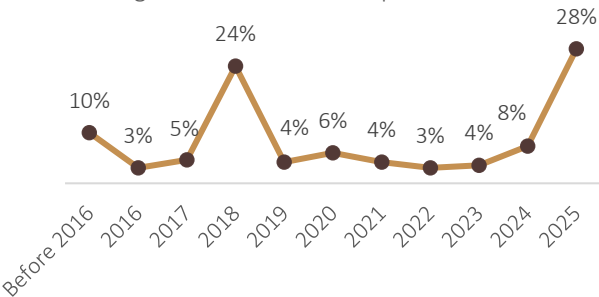


Figure 3: Year of First Displacement



standards of comfort and dignity. Eighty per cent of households reported receiving some form of assistance, while 20 per cent received none. Among those who received aid, support is overwhelmingly directed toward immediate survival needs, with 96 per cent receiving food aid and 53 per cent receiving shelter support. In contrast, fewer households benefit from longer-term resilience support, with only 35 per cent receiving cash assistance, 24 per cent accessing healthcare, 13 per cent receiving education support, and 12 per cent benefiting from other forms of assistance.

Figure 5: Household Received Assistance

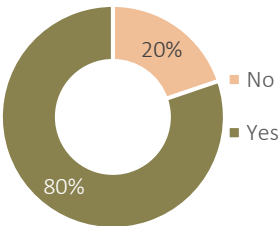
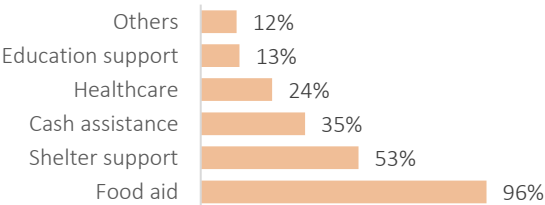


Figure 6: Assistance Received by Households who Received Assistance*



*Multiple options selected



LIVELIHOOD

The two charts below provide a comparative view of how displacement has reshaped the economic activities of affected populations. Before displacement, livelihoods were heavily reliant on basic agriculture, with 99 per cent of households engaged in farming. Livestock rearing (36%) and small-scale trading (10%) were also notable sources of income, while other activities such as fishing, firewood collection, hairdressing, and tailoring accounted for only a small fraction of livelihoods. Before displacement, basic agriculture (farming) was the primary livelihood for 99

per cent of the population. During displacement, there is a marked shift toward dependency on humanitarian assistance, with 59 per cent of households relying on aid rations as a primary source of livelihood. Agricultural activity, though still present, declined sharply to 37 per cent, while remittances from friends and family (24%) and informal survival strategies such as begging, charity, or zakat (19%) have emerged as critical coping mechanisms. Small-scale trading (6%), firewood collection (4%), and other minor livelihood activities persist but remain limited.

Figure 7: Primary Source of Livelihood Before Displacement*

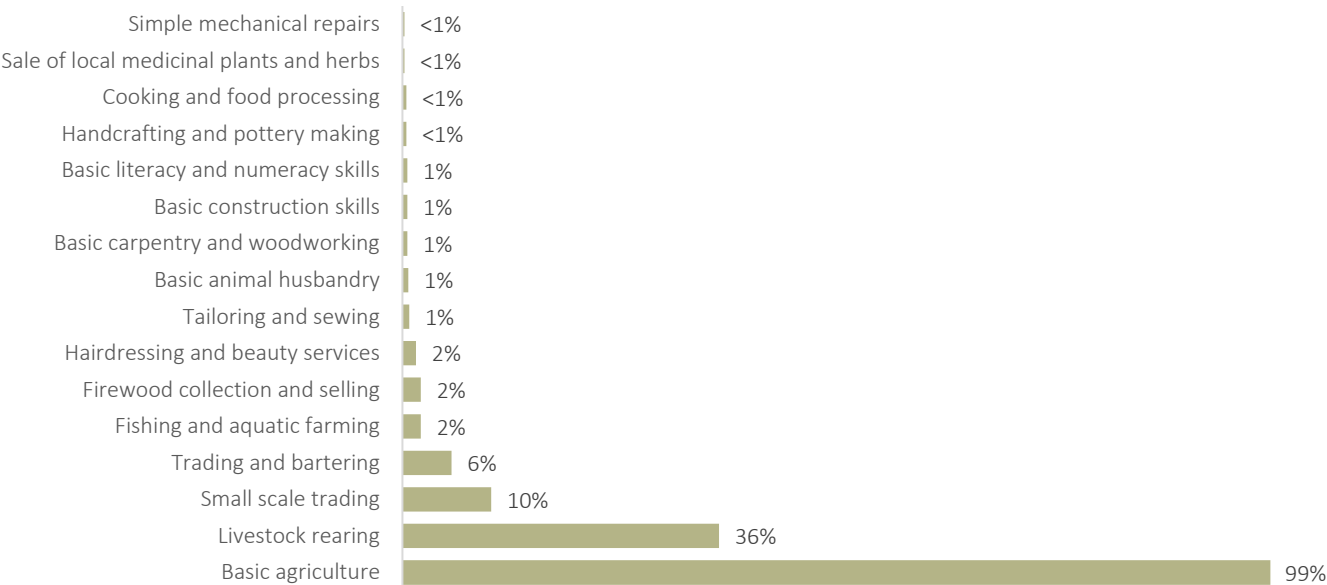
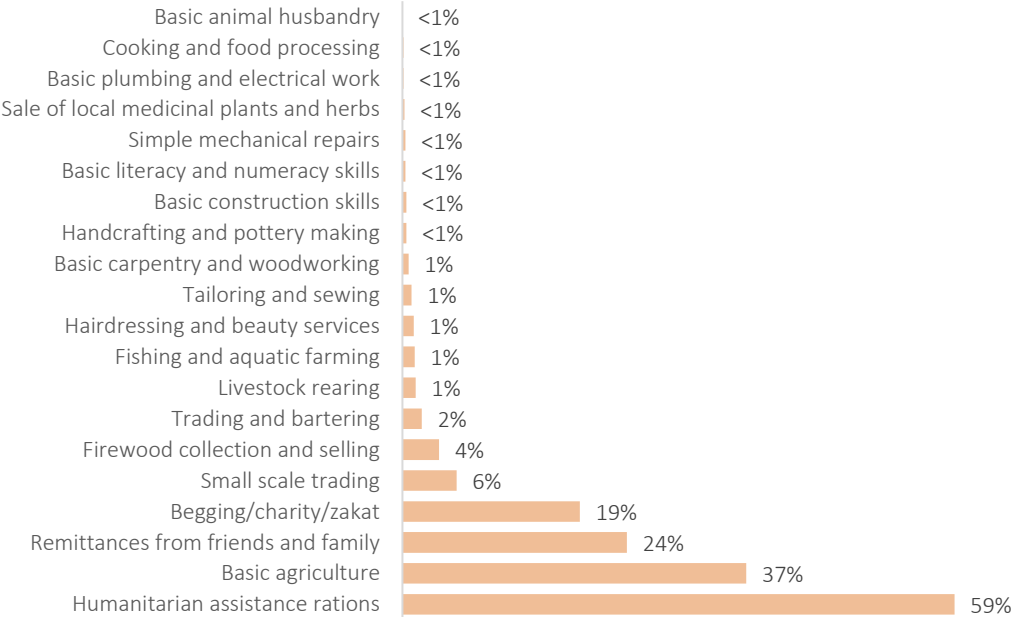


Figure 8: Primary Source of Livelihood During Displacement*



*Multiple options selected



LIVELIHOOD

Figure 9: Average Monthly Income of Households

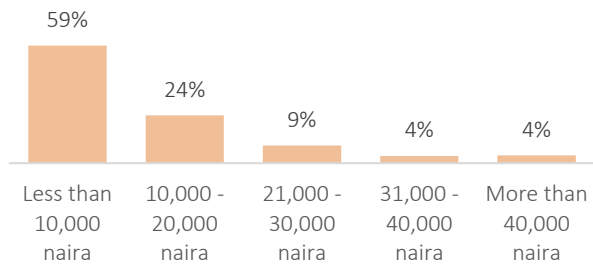


Figure 10: Ability to Meet Basic Needs

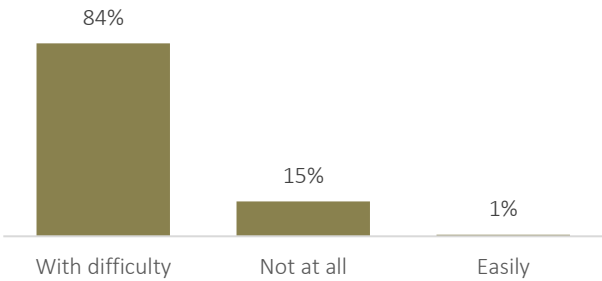


Figure 11: Barriers to Gainful Employment*

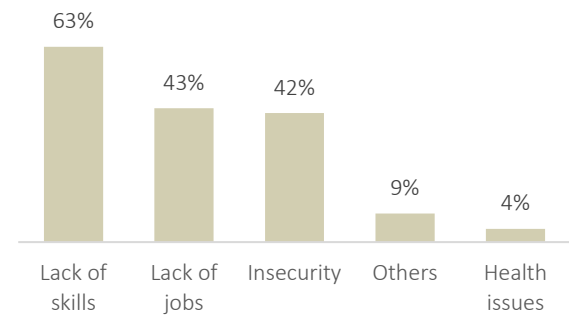
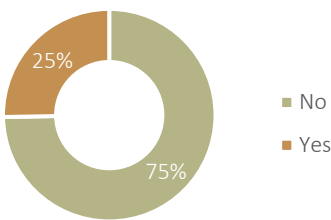


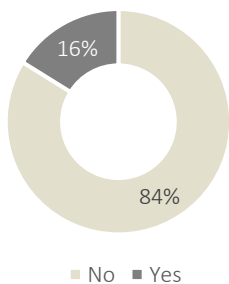
Figure 12: Household Land Ownership



The convergence of low income, limited expenditure, and reliance on aid paints a picture of households operating at or below subsistence levels. A large proportion of households earn less than ₦20,000 per month, with very few exceeding ₦40,000. This low-income base severely limits household resilience. The majority reported meeting their needs “with difficulty” or “not at all”, reinforcing the narrative of economic vulnerability.

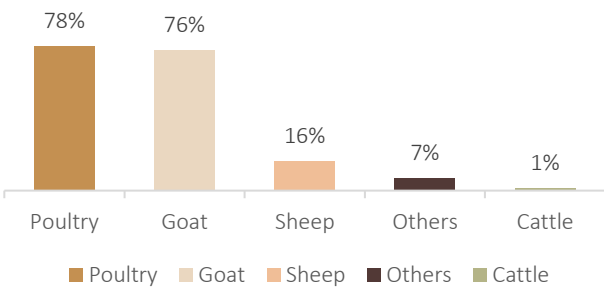
The most frequently reported barriers to employment among displaced households are lack of skills (63%) and lack of jobs (43%). Insecurity is also a significant constraint, cited by 42 per cent of respondents, while health issues (4%) and other factors (9%) are less commonly reported. This pattern highlights that both structural economic limitations and security concerns strongly influence employment opportunities, while personal or health-related factors play a relatively minor role.

Figure 13: Household Livestock Ownership



Livestock ownership remains an important asset for displaced households, contributing both to household nutrition and potential income through sales or bartering. However, ownership is relatively limited, with only 16 per cent of households reporting that they own livestock, while 84 per cent do not. Among households that do own livestock, poultry (78%) and goats (76%)

Figure 14: Types of Livestock*



are the most commonly held, followed by sheep (16%) and cattle (1%), with other types of livestock accounting for 7 per cent. The high reliance on a few types of livestock may constrain resilience, as households that dependent on these animals remain vulnerable to disease, market fluctuations, and the resource demands of animal care.



EDUCATION

The low levels of tertiary (3%) and vocational education (1%) indicate that most individuals are not equipped for skilled or formal sector jobs. This aligns with earlier findings where lack of skills (63%) and lack of jobs (43%) were cited as major employment barriers. Primary education is the most common level attained (47%), followed by no formal education (38%) and secondary education (26%). The minimal access to advanced or technical training limits opportunities for self-employment or participation in specialized trades.

Figure 15: Highest Level of Education Attained by Heads of Household*

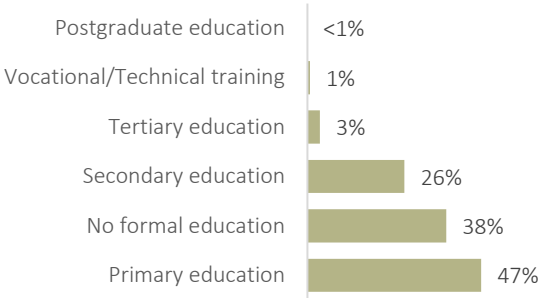
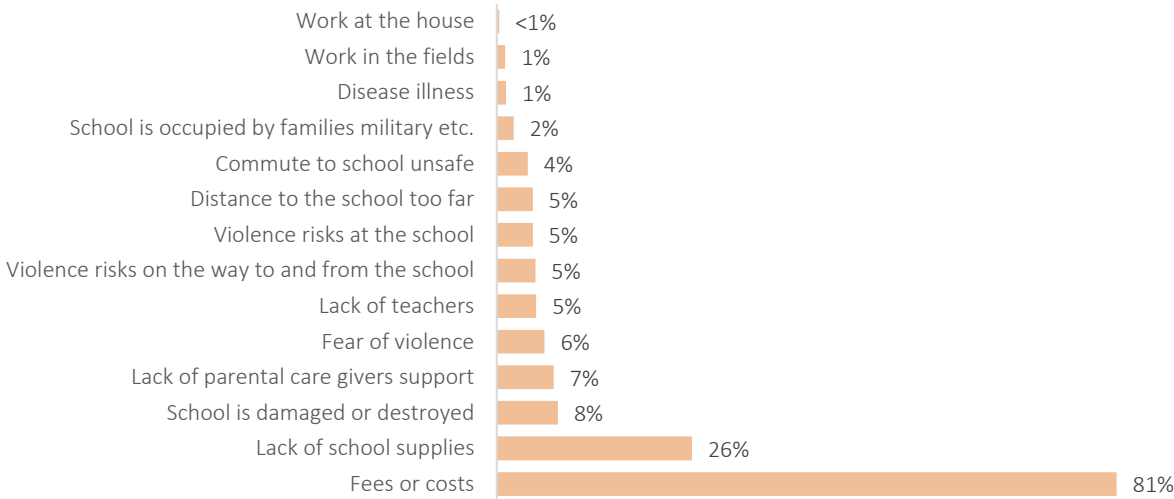


Figure 16: Barriers to Education*



When viewed alongside earlier findings on education levels, livelihoods, and coping strategies, a clear pattern emerges: economic hardship is both a cause and a consequence of limited educational attainment. The barriers to education reflect a complex interplay of economic, institutional, and security-related challenges, with significant implications for long-term development and resilience. The most significant barrier is fees or costs, reported by 81 per cent of respondents, underscoring the impact of poverty on educational access in displacement or low-income contexts. Lack of school supplies (26%) is the second most reported

barrier, reinforcing the theme of material deprivation. Institutional gaps are also evident, with 5 per cent citing a lack of teachers.

Security-related barriers account for a notable share of responses, including fear of violence (6%), violence risks on the way to and from school (5%), violence at school (5%), unsafe commutes (4%), and schools being attacked, damaged, or destroyed (8%). Additional constraints include lack of parental or caregiver support (7%), schools being occupied by families or military (2%), and health or work-related obligations (1%).

*Multiple options selected



FOOD SECURITY

Only eight per cent of households reported spending more than ₦40,000 monthly on food, suggesting that a small minority have relatively better purchasing power or access to food resources. Twenty-seven per cent spend between ₦10,000 and ₦20,000, while 35 per cent spend less than ₦10,000, indicating that over six in ten households operate on very limited food budgets. Twenty per cent of households spend between ₦20,001 and ₦30,000, and 10 per cent fall within the ₦30,001–₦40,000 range.

Meanwhile, 65 per cent of households report eating two meals per day, while 20 per cent manage three meals daily. Fourteen per cent of households consume only one meal per day, and one per cent eat four meals, with no households reporting zero meals. Households with lower monthly food spending (₦20,000 or less) are more likely to consume fewer meals per day, reflecting constrained access to adequate nutrition. The fact that the majority of households eat only two meals daily, despite some spending over ₦30,000 monthly, may also indicate high food prices, limited market access, or large household sizes diluting per capita consumption. This pattern mirrors broader economic realities in Nigeria, where inflation and commodity costs often restrict meal frequency for many families.

Sources of food reflect the primary means through which internally displaced households in camps and camp-like settings in Benue State access nutrition. The reliance on different sources highlights both coping strategies and ongoing gaps in support. Eighty-eight per cent of households reported purchasing food, indicating a strong dependence on market access and cash availability—whether through income, remittances, or cash-based assistance. Food aid remains a critical lifeline for 74 per cent of households, underscoring the continued importance of humanitarian assistance in sustaining daily needs. In contrast, only seven per cent of households rely on their own production, such as small-scale farming or gardening, suggesting limited opportunities for self-reliance within displacement settings. Other sources of food account for just two per cent.

The most commonly reported coping strategy was skipping meals, employed by 77 per cent of respondents. This is followed by reducing meal sizes (62%), indicating a high level of food stress among households. Borrowing food (46%) and eating less preferred food (33%) are also widespread, reflecting both reliance on social networks and the need to adjust dietary preferences.

*Multiple options selected

Figure 17: Household Average Monthly Food Expenditure

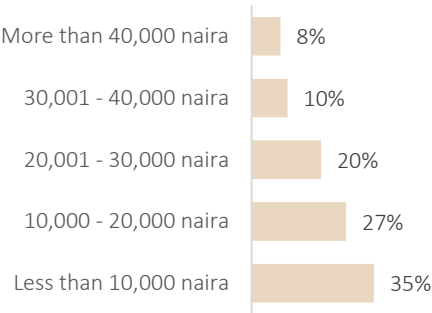


Figure 18: Frequency of Meals Per Day

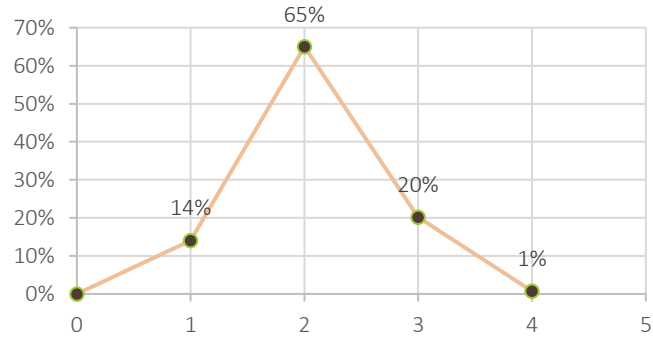


Figure 19: Source of Food*

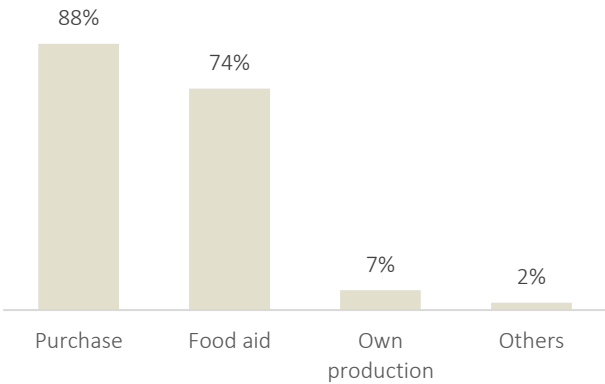
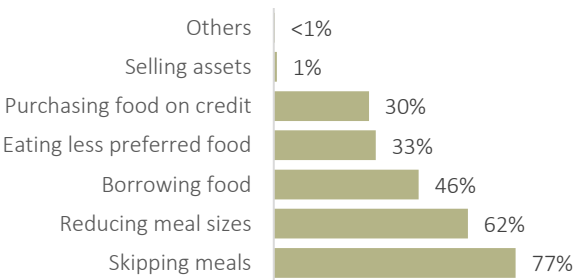


Figure 20: Coping Mechanism*





HEALTH

Figure 21: Average Monthly Expenditure on Healthcare Per Household

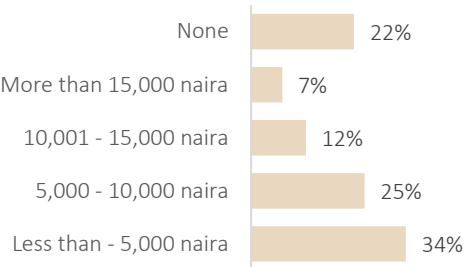


Figure 22: Sources of Healthcare*
(For households (47%) with access to healthcare)

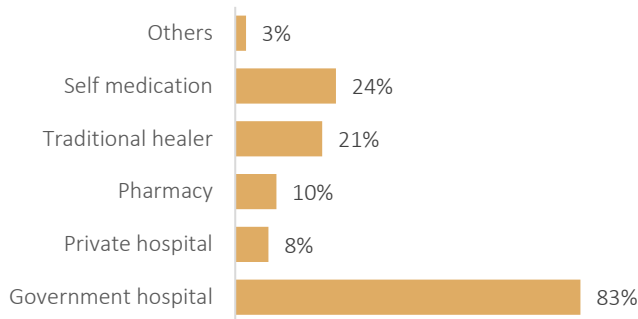
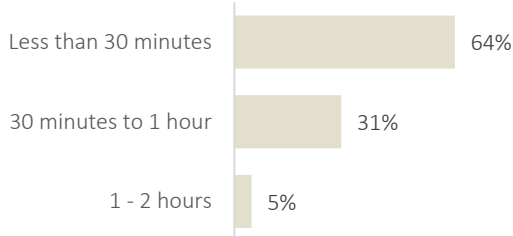


Figure 23: Distance to Nearest Health Facility
(For households (47%) with access to healthcare)



IDP survey in Camp, Makurdi LGA, Benue State © Benue SDGs 2025

A substantial proportion of households report spending less than ₦15,000 monthly on healthcare, with many falling into even lower expenditure brackets. This limited financial capacity suggests that households may be unable to afford essential medical services, including consultations, medications, and emergency care. The observed expenditure patterns mirror coping strategies seen in other sectors such as food security, where economic hardship drives households to adopt measures that compromise well-being. In the context of healthcare, low spending levels likely reflect both affordability challenges and limited availability of services within camp settings.

Government hospitals serve as the primary source of healthcare for approximately 75 per cent of households, underscoring the critical role of public services in meeting the health needs of displaced populations. Smaller proportions of households access care through private hospitals (15%), pharmacies (12%), and traditional healers (7%).

The relatively low utilization of private healthcare providers aligns with previously reported low household healthcare expenditures, suggesting that financial constraints significantly limit access to costlier health services. Additionally, the presence of self-medication (24%) and traditional healing (21%) practices reflects gaps in formal healthcare access, which may be driven by affordability, geographic barriers, or cultural preferences.

Approximately 64 per cent of households are located within a 30-minute distance to the nearest health facility, while 31 per cent are between 30 minutes to 1 hour away. Only five per cent of households report travel times ranging from 1 to 2 hours. This distribution suggests that most households can reach healthcare services within a reasonable timeframe, which is critical for routine care and emergency response. However, for the small proportion of households facing longer travel times, delayed access may pose risks to health outcomes, particularly in urgent situations.

Despite generally favorable geographic access, economic vulnerability remains a more decisive factor influencing healthcare choices. As previously reported, low household expenditures and reliance on public health services indicate that affordability, rather than distance, is the primary barrier to accessing quality healthcare.

*Multiple options selected



CONCLUSION

The survey findings highlight the multidimensional vulnerabilities faced by IDP households in Benue State. Most households live in precarious conditions, with limited income-generating opportunities, restricted access to education and healthcare, and a heavy reliance on humanitarian aid. These challenges are compounded by systemic barriers such as inadequate infrastructure and insufficient service delivery.

Quantitative evidence shows the depth of deprivation:

- **Living Conditions:** 95 per cent of households rate their living conditions as poor.
- **Dependency on Humanitarian Aid:** 96 per cent receive food assistance, and only 35 per cent receive cash-based support.
- **Economic Constraints:** A significant proportion of households earn below ₦20,000 monthly, with 6 per cent citing lack of skills and 43 per cent citing lack of job opportunities as major barriers to employment.
- **Education Barriers:** 81 per cent of households report school fees as a barrier, while 26 per cent cited lack of supplies and eight per cent mentioned school infrastructure damage or occupation.
- **Healthcare Access:** Despite relatively good geographic access (65% within 30 minutes of a facility), economic limitations restrict access to quality care, with most households relying on public health services and spending minimal amounts on healthcare.

RECOMMENDATIONS

To address the socio-economic challenges identified in the survey, the following recommendations are proposed:

1. **Expand Financial and Humanitarian Support:** Increase funding for essential services and livelihood programs targeting IDP households.
2. **Improve Access to Education and Healthcare:** Strengthen public service delivery, especially in remote areas, and reduce barriers to formal education and medical care.
3. **Enhance Livelihood Opportunities:** Support vocational training, agricultural revitalization, and job creation initiatives tailored to displaced populations.
4. **Strengthen Data Collection and Monitoring:** Allocate

mobilization resources to ensure comprehensive coverage in future assessments, particularly in hard-to-reach LGAs.

5. **Further Promote Durable Solutions:** Develop inclusive policies that facilitate integration, safety, and long-term resilience for IDPs.

LIMITATIONS

- The findings presented in this report represent weighted results, and due to rounding off, some percentages may be slightly above or below (+/-1%) 100 per cent.
- The results in this report represent a 95 per cent confidence level with a 5 per cent margin of error at the state level (Admin II).
- The absence of mobilization funds to support enumerators going to distant LGAs greatly hindered the prompt assessment of the IDPs on their future intentions and socio-economic conditions.
- Some locations were left out as a result of insecurity.

Despite these limitations, the data provides a robust foundation for evidence-based decision-making to support recovery, inclusion, and long-term development planning for displaced communities.