



Stakeholders' Perceptions of the Impact of Healthcare and Housing Challenges on the Well-Being of Refugees in Selected States in Nigeria: Implications for Counselling

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ABSTRACT

This study examined stakeholders' perceptions of the impact of healthcare and housing challenges on the well-being of refugees in selected states in Nigeria, with implications for counselling. Two objectives guided the study, and two null hypotheses were tested at the 0.05 level of significance. A descriptive survey research design was adopted. The population comprised 60,609 respondents, while a sample of 381 respondents, consisting of NCFRMI staff, refugees, security personnel and UNHCR staff, participated in the study. Data were collected using the Stakeholders' Perception of Challenges Facing Refugees and Remediating Strategies (SPOCFRARS) questionnaire. The instrument was validated by experts and yielded a reliability coefficient of 0.79. Frequencies and percentages were used to analyse respondents' demographic characteristics, while mean and standard deviation were used to answer the research questions. One-way Analysis of Variance (ANOVA) was used to test the hypotheses at the 0.05 level of significance. The findings revealed that healthcare challenges were perceived to have significant implications for refugees' well-being, including access to medical facilities, medicines, healthcare personnel and psychosocial support. A significant difference was found among the perceptions of the four stakeholder groups, $F(3, 377) = 6.214, p < .001$. Housing challenges were also perceived to affect refugees' well-being, particularly through inadequate shelter, overcrowding, poor sanitation, limited water supply and inadequate basic amenities. A significant difference was also found among the stakeholder groups, $F(3, 377) = 3.876, p = .010$. The study concludes that healthcare and housing conditions are important dimensions of refugee well-being and require coordinated interventions, including appropriate counselling and psychosocial support services.

Keywords: Counselling, Healthcare Challenges, Housing Challenges, Refugees, Stakeholders, Well-being

INTRODUCTION

Forced displacement places individuals and families in circumstances that can substantially alter their physical, psychological and social well-being. Refugees who are compelled to leave their homes because of armed conflict, violence, persecution or other forms of insecurity often lose access to familiar homes, livelihoods, possessions, social networks and community support. The experience of displacement therefore extends beyond the loss of a place of residence to difficulties associated with obtaining adequate healthcare, safe housing, food, education and other basic necessities. These challenges may be particularly difficult for refugees who remain dependent on humanitarian assistance or live in communities where public services are already under pressure.

Across the world, refugees continue to face conditions that can affect their health and overall well-being. Displacement may expose individuals to overcrowded or unsuitable living environments, limited access to



healthcare services, inadequate sanitation and uncertainty about their future. Such conditions can compound the effects of previous experiences of violence, loss and displacement. Research on refugee populations has consistently identified housing as an important social determinant of health and well-being. In a systematic review of studies involving refugees and asylum seekers, Ziersch and Due (2018) found consistent associations between housing conditions and physical and mental health, with overcrowding, safety concerns, poor physical conditions and insecure housing emerging as important concerns.

Healthcare is another important dimension of refugee well-being. Refugees may encounter barriers to healthcare arising from financial constraints, distance from health facilities, inadequate information, shortages of medicines and health personnel, language or communication difficulties and uncertainty about eligibility for available services. These difficulties can affect the timely management of illness and may also increase psychological distress among displaced persons. The importance of accessible healthcare is reflected in current humanitarian responses. Globally, UNHCR identifies primary healthcare, maternal and child health, nutrition, mental health and psychosocial support, disease prevention and referral services as important components of health responses for forcibly displaced populations (UNHCR, 2025).

The relationship between housing and well-being is similarly important. Housing provides more than physical shelter; it contributes to safety, privacy, stability, dignity and social functioning. Poor housing conditions, overcrowding and inadequate infrastructure can increase exposure to disease and environmental risks and may contribute to anxiety, social isolation and other psychosocial difficulties. Ziersch and Due (2018) observed that housing problems among refugees and asylum seekers were associated with both physical and mental health outcomes, indicating that housing should be considered alongside healthcare when examining refugee well-being. More recent research has also continued to identify safe housing and neighbourhood conditions as relevant to refugee health and psychosocial adjustment (Place-making, 2023).

The Nigerian situation reflects many of these broader concerns. Nigeria hosts a substantial refugee and asylum-seeking population, with refugees living largely in host communities across states including Cross River and Benue, as well as in urban areas such as Abuja. UNHCR reported that Nigeria hosted more than 126,000 refugees and asylum seekers during the first quarter of 2025, with Cross River, Benue and other states constituting important areas of refugee presence (UNHCR, 2025). The current UNHCR country profile similarly identifies Cross River and Benue among the major refugee-hosting states and notes the continuing effort to integrate refugees into essential services and national systems.

The conditions experienced by refugees in Nigeria have attracted scholarly attention. Shishima (2018), for example, discussed the refugee and displacement problem in Nigeria and the need for appropriate responses to the challenges associated with displacement. More recent Nigerian research has also documented the problems confronting refugees. Ogunboyede (2024), in a study of institutionalised African refugees in Ijebu-Oru Refugee Camp, Ogun State, examined the problems experienced by refugees and demonstrated the usefulness of comparing perceptions across groups through analysis of variance. These studies indicate that refugee challenges in Nigeria are multidimensional and require attention to the conditions under which displaced persons live.

The challenges are also recognised in current humanitarian programming in Nigeria. During 2025, UNHCR supported primary healthcare facilities serving refugee and host populations, including facilities in Cross River State, while health interventions included medical consultations, referrals, nutrition screening and community-based health promotion. Similarly, the organisation's recent reporting identifies access to safe, habitable and affordable housing as an important component of protection and improved living conditions for displaced populations. These interventions suggest that healthcare and housing remain central to efforts to improve the living conditions of refugees.

However, the existence of interventions does not necessarily mean that refugees experience healthcare and housing conditions in the same way. Refugees, government officials and security personnel occupy different positions within the refugee protection and assistance system and may therefore perceive the availability, adequacy and effects of services differently. Umenweke and Orabueze (2023), although focusing on internally



displaced persons rather than refugees, noted the heightened vulnerabilities associated with displacement in Nigeria, including inadequate healthcare, loss of homes and psychological trauma. Such differences in stakeholder perspectives are important because effective intervention requires an understanding not only of the services provided but also of how their adequacy and effects are perceived by those directly involved.

Well-being in the context of refugee displacement therefore needs to be considered broadly. It encompasses physical health, emotional stability, social functioning, sense of safety and the ability to adapt to changing living circumstances. Inadequate healthcare may prolong physical illness and increase anxiety about access to treatment, while poor or insecure housing may undermine safety, privacy, dignity and social adjustment. These conditions can also create counselling needs related to stress, grief, trauma, uncertainty, family adjustment and social isolation. Consequently, counselling services can complement material and health interventions by helping refugees cope with the psychological and social consequences of displacement.

In Nigeria, there is a need for empirical evidence that brings together the perceptions of key stakeholders concerning the effects of healthcare and housing challenges on refugee well-being. Much of the available discussion focuses broadly on refugee protection, humanitarian assistance or the general problems associated with displacement. The present study therefore focuses specifically on stakeholders' perceptions of the impact of healthcare and housing challenges on the well-being of refugees in selected states in Nigeria. By considering the views of NCFRMI officers, security personnel and refugees in Abuja, Benue State and Cross River State, the study seeks to provide evidence that can inform appropriate support services, including counselling interventions for refugees experiencing difficulties associated with displacement.

Statement of the Problem

Refugees require access to adequate protection, safe and appropriate housing, healthcare and other basic services necessary for their physical, psychological and social well-being. Government institutions, humanitarian organisations and other relevant stakeholders are expected to provide coordinated interventions that protect refugees, reduce their vulnerability and support their adjustment in host communities. Adequate healthcare and housing are particularly important because they provide the basic conditions through which refugees can maintain their health, safety, dignity and capacity to cope with the difficulties associated with displacement.

In Nigeria, however, refugees continue to experience challenges associated with access to adequate healthcare and suitable housing despite interventions by the National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI), the United Nations High Commissioner for Refugees (UNHCR), security agencies and other humanitarian partners. Existing evidence indicates that refugees may encounter difficulties related to the availability and accessibility of healthcare services, medical resources and other essential health support. Housing-related difficulties may also include inadequate shelter, overcrowding, poor living conditions and limited access to suitable accommodation. Such conditions may affect refugees' physical health, psychological adjustment, sense of safety, dignity and general well-being (Shishima, 2018; Ogunboyede, 2024; Umenweke & Orabueze, 2023).

Several interventions have been introduced to address the needs of refugees, including healthcare services, shelter assistance, protection, food and other forms of humanitarian support. Current humanitarian responses in Nigeria also include efforts to strengthen access to essential services for refugees and host communities. However, the continued existence of healthcare and housing challenges suggests that access to these services and their adequacy remain issues requiring further empirical examination. Moreover, stakeholders occupy different positions within the refugee protection and assistance system. NCFRMI officers and security personnel are involved in refugee management and protection, while refugees directly experience the conditions and services provided to them. Their perceptions of the nature and effects of healthcare and housing challenges may therefore differ.

The problem is further compounded by the limited empirical attention given to comparative perceptions of

these challenges among different stakeholder groups in selected Nigerian states. While previous studies have examined refugee problems and humanitarian responses, fewer studies have specifically compared the perceptions of NCFRMI officers, security personnel and refugees regarding the impact of healthcare and housing challenges on refugee well-being. Evidence is also limited on the counselling implications of these challenges, particularly in relation to the physical, psychological and social adjustment of refugees.

It is against this background that the present study examines stakeholders' perceptions of the impact of healthcare and housing challenges on the well-being of refugees in selected states in Nigeria. The findings are expected to provide empirical information that may assist relevant government agencies, humanitarian organisations, security personnel and counsellors in strengthening interventions that address the health, housing and psychosocial needs of refugees.

Research Questions

The following research questions were formulated to guide the study:

1. What are stakeholders' perceptions of the impact of healthcare challenges on the well-being of refugees in selected states in Nigeria?
2. What are stakeholders' perceptions of the impact of housing challenges on the well-being of refugees in selected states in Nigeria?

Research Hypotheses

The following null hypotheses were formulated and tested at the 0.05 level of significance:

H₀₁: There is no significant difference in the perceptions of NCFRMI officers, security personnel and refugees regarding the impact of healthcare challenges on the well-being of refugees in selected states in Nigeria.

H₀₂: There is no significant difference in the perceptions of NCFRMI officers, security personnel and refugees regarding the impact of housing challenges on the well-being of refugees in selected states

METHODOLOGY

The study adopted a descriptive survey research design to examine stakeholders' perceptions of healthcare and housing challenges and their perceived implications for the well-being of refugees in selected states in Nigeria. The population comprised 60,609 respondents, consisting of 32 officers of the National Commission for Refugees, Migrants and Internally Displaced Persons (NCFRMI), 31 security personnel and 60,546 refugees in Abuja FCT, Benue and Cross River States. A sample of 381 respondents was selected for the study. All 32 NCFRMI officers and 31 security personnel were included through census sampling because of their relatively small numbers, while 318 refugees were selected proportionately across the three study locations and subsequently sampled using simple random sampling. The sampling procedure ensured representation of the three stakeholder groups and the selected locations. Data were collected using the Stakeholders' Perception of Challenges Facing Refugees and Remediating Strategies (SPOCFRARS) questionnaire, with the relevant sections used to obtain information on healthcare challenges, housing challenges and the well-being of refugees. The questionnaire was structured on a four-point Likert scale and subjected to appropriate validity procedures by experts in the relevant field. The instrument yielded a reliability coefficient of 0.79, indicating acceptable internal consistency. The questionnaire was administered with the assistance of trained research assistants. Data obtained were analysed using frequencies, percentages, mean and standard deviation for the descriptive aspects of the study, while one-way Analysis of Variance (ANOVA) was used to test the hypotheses concerning differences in the perceptions of NCFRMI officers, security personnel and refugees. The null hypotheses were tested at the 0.05 level of significance



RESULTS

Table 1: Demographic Data of the Respondents

Status	Category	Frequency	Percentage (%)
Designation	NCFRMI Staff	20	5.25
	Refugees	282	74.02
	Security Personnel	30	7.87
	UNHCR Staff	49	12.86
Total		381	100

Source field work (2025)

Table 1 presents the institutional and social categories of stakeholders who participated in the study. The findings show that the majority of the respondents were refugees, comprising 282 respondents (74.02%) of the total sample. This was followed by UNHCR staff, with 49 respondents (12.86%). Security personnel accounted for 30 respondents (7.87%), while NCFRMI staff constituted 20 respondents (5.25%). The distribution indicates that the study included both refugee respondents and institutional stakeholders involved in refugee management and support in the selected refugee camps

Test of Hypotheses

In this section, the hypotheses were tested using ANOVA. A hypothesis was accepted or rejected by comparing the P-value with the level of significance, which was 0.05.

H₀₁: There is no significant difference in the perceptions of NCFRMI Staff, Refugees, Security Personnel and UNHCR Staff regarding the impact of healthcare challenges on the well-being of refugees in selected refugee camps in Nigeria.

Table 2: Summary of One-Way Analysis of Variance (ANOVA) on the Perceptions of Respondents Regarding the Impact of Healthcare Challenges on the Well-being of Refugees in Selected Refugee Camps in Nigeria

Source of Variation	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	42.384	3	14.128	6.214	0.001
Within Groups	856.742	377	2.273		
Total	899.126	380			

There is no significant difference in the perceptions of NCFRMI Staff, Refugees, Security Personnel and UNHCR Staff regarding the impact of healthcare challenges on the well-being of refugees in selected refugee camps in Nigeria. Table 2 presents the result of the one-way Analysis of Variance (ANOVA) on the perceptions of respondents regarding the impact of healthcare challenges on the well-being of refugees in selected refugee camps in Nigeria. The result showed a statistically significant difference in the perceptions of the four respondent groups, $F(3, 377) = 6.214$, $p < .001$. Since the p-value is less than the 0.05 level of significance, the null hypothesis was rejected. This indicates that the respondent groups differed significantly in their perceptions regarding the impact of healthcare challenges on the well-being of refugees in selected refugee camps in Nigeria. A Bonferroni pairwise multiple comparison test was therefore conducted to identify the specific groups that differed significant

The analysis revealed statistically significant differences between NCFRMI Staff and Refugees (Mean Difference = 0.26, $p = 0.007$) and NCFRMI Staff and UNHCR Staff (Mean Difference = 0.21, $p = 0.029$) because their probability values were less than the 0.05 level of significance. However, no statistically significant differences were observed between NCFRMI Staff and Security Personnel ($p = 0.511$), Refugees



and Security Personnel ($p = 0.114$), Refugees and UNHCR Staff ($p = 0.791$), and Security Personnel and UNHCR Staff ($p = 0.481$) because their probability values exceeded the 0.05 level of significance

H₀₁: There is no significant difference in the perceptions of NCFRMI Staff, Refugees, Security Personnel, and UNHCR Staff regarding the impact of housing challenges on the well-being of refugees in selected refugee camps in Nigeria.

Table 3: Summary of One-Way Analysis of Variance (ANOVA) on the Perceptions of Respondents Regarding the Impact of Housing Challenges on the Well-being of Refugees in Selected Refugee Camps in Nigeria

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	14.682	3	4.894	3.876	0.01
Within Groups	475.812	377	1.262		
Total	490.494	380			

There is no significant difference in the perceptions of NCFRMI Staff, Refugees, Security Personnel and UNHCR Staff regarding the impact of housing challenges on the well-being of refugees in selected refugee camps in Nigeria. Table 3 presents the result of the one-way Analysis of Variance (ANOVA) on the perceptions of respondents regarding the impact of housing challenges on the well-being of refugees in selected refugee camps in Nigeria. The result showed a statistically significant difference in the perceptions of the four respondent groups, $F(3, 377) = 3.876$, $p = .010$. Since the p -value is less than the 0.05 level of significance, the null hypothesis was rejected. This indicates that the respondent groups differed significantly in their perceptions regarding the impact of housing challenges on the well-being of refugees in selected refugee camps in Nigeria. A Bonferroni pairwise multiple comparison test was therefore conducted to identify the specific groups that differed significantly.

The Bonferroni post-hoc results indicate that three pairs of stakeholder groups differed significantly in their perceptions of the impact of housing challenges on the well-being of refugees. Significant differences were found between NCFRMI staff and refugees (mean difference = 0.26, $p = .008$), NCFRMI staff and UNHCR staff (mean difference = 0.19, $p = .041$), and refugees and security personnel (mean difference = 0.20, $p = .032$). However, no significant differences were found between NCFRMI staff and security personnel ($p = .781$), refugees and UNHCR staff ($p = .642$), or security personnel and UNHCR staff ($p = .351$). Thus, the significant overall ANOVA result was attributable to differences involving these three pairs of stakeholders group

SUMMARY OF FINDINGS

1. The findings revealed that healthcare challenges were perceived to have important implications for the well-being of refugees, particularly in relation to inadequate medical facilities, irregular availability of medicines, insufficient healthcare personnel, limited psychological and counselling services, and challenges in the implementation of healthcare programmes. These conditions were perceived to affect refugees' physical health, emotional well-being, disease prevention and overall quality of life. The one-way ANOVA revealed a statistically significant difference in the perceptions of NCFRMI Staff, Refugees, Security Personnel and UNHCR Staff regarding the impact of healthcare challenges on refugees' well-being, $F(3, 377) = 6.214$, $p < .001$. The null hypothesis was therefore rejected, indicating that the four respondent groups differed significantly in their perceptions of the impact of healthcare challenges on refugee well-being.
2. The findings also indicated that housing challenges had important implications for refugees' well-being. Poor housing conditions, inadequate shelters, overcrowding, insufficient water supply, poor sanitation facilities and limited access to basic household amenities were perceived as factors affecting refugees' health, dignity, comfort, privacy and psychological well-being. The one-way ANOVA



showed a statistically significant difference in the perceptions of NCFRMI Staff, Refugees, Security Personnel and UNHCR Staff regarding the impact of housing challenges on refugees' well-being, $F(3, 377) = 3.876$, $p = .010$. The null hypothesis was therefore rejected, indicating that the four respondent groups differed significantly in their perceptions of the impact of housing challenges on refugee well-being.

DISCUSSION OF FINDINGS

The findings of the study revealed that respondents generally perceived housing challenges as important factors affecting the well-being of refugees in selected refugee camps in Nigeria. The descriptive results showed that respondents agreed that inadequate shelters, overcrowding, limited access to clean water and sanitation facilities, inadequate electricity and cooking spaces, and insufficient basic household amenities constitute important housing-related challenges. The relatively low standard deviations further suggest a considerable degree of consistency in the respondents' views. This finding is consistent with Bhattacharjee, Noyori-Corbett and Akter (2024), who identified safe, adequate and stable housing as an important social determinant of refugee health and well-being. They noted that refugees frequently experience substandard housing conditions in both camp and resettlement settings, with implications for physical and psychosocial well-being.

The present finding is also supported by Ziersch et al. (2023), whose study of people from refugee and asylum-seeker backgrounds showed that housing and neighbourhood conditions were associated with broader resettlement and life satisfaction. Their findings suggest that housing is not merely a physical structure but an important component of establishing security, social connection and successful integration. In the present study, the concerns expressed by respondents about inadequate shelter, overcrowding and limited basic amenities similarly indicate that the quality of the living environment extends beyond the provision of physical accommodation to influence refugees' wider well-being.

The finding concerning overcrowding and inadequate housing is further supported by recent evidence from BMC Public Health (2024) on refugees and asylum seekers. The study found that overcrowding, poor physical housing conditions and other environmental problems constituted mechanisms through which unsuitable housing affected physical and mental health. Such conditions generated additional physical and psychological stress and made it more difficult for displaced persons to regain a sense of security and stability. Similarly, research published in 2024 on asylum seekers and refugees living in reception centres found that crowding, inadequate hygiene, insufficient infrastructure and limited control over accommodation could exacerbate physical and mental health problems and disrupt social and professional support networks. These findings closely correspond with the present study, particularly the respondents' perception that overcrowding, poor sanitation and inadequate facilities undermine refugees' comfort, privacy, safety and psychological well-being.

The findings concerning water, sanitation and other basic amenities are also consistent with the humanitarian understanding of refugee well-being. UNHCR (2025) identifies access to safe water, sanitation and hygiene as essential not only for health but also for the protection and dignity of refugees and host communities. Its Nigeria strategy similarly identifies improved WASH services, improved living conditions, and access to habitable and affordable housing as important outcomes for forcibly displaced populations. This provides institutional support for the present finding that housing conditions should be considered together with the availability of water, sanitation and other essential services rather than as shelter alone.

The present study also found that housing challenges have implications for refugees' socio-economic well-being. Poor housing, overcrowding and inadequate access to basic services may increase the resources that households devote to water, sanitation, health care and other necessities. Such pressures can be particularly important where refugees have limited livelihood opportunities and remain dependent on humanitarian assistance. This interpretation is consistent with UNHCR's 2025 Nigeria country assessment, which notes continuing structural pressures on displaced populations and the importance of sustainable solutions, resilience, livelihoods and access to essential services. The evidence therefore suggests that adequate housing



can contribute not only to immediate physical protection but also to the conditions necessary for greater stability and self-reliance.

An important finding from the present study is that the ANOVA revealed a statistically significant difference in the perceptions of NCFRMI Staff, Refugees, Security Personnel and UNHCR Staff regarding the impact of housing challenges on refugee well-being, $F(3, 377) = 3.876$, $p = .010$. This means that the four respondent groups did not assess the impact of housing challenges in exactly the same way. The result is important because the groups occupy different positions within the refugee management system: refugees experience housing conditions directly, while NCFRMI, UNHCR and security personnel encounter those conditions through their respective institutional responsibilities. The significant difference therefore suggests variation in stakeholders' experiences and assessments of housing-related problems. However, the ANOVA by itself does not establish which particular pairs of groups differed; that conclusion should be drawn from the Bonferroni post-hoc results.

The significant difference among stakeholder perceptions is also relevant to the broader discussion of refugee service provision. Research on refugee integration in Ghana and Ethiopia by recent scholars indicates that differences in the way services are provided and in the quality of services available to refugees can influence structural and relational integration. The study cautions that simply incorporating refugee services into national systems does not automatically produce better integration outcomes because differences in service quality and institutional arrangements remain important. This perspective helps explain why the four stakeholder groups in the present study may perceive housing challenges differently despite observing the same refugee settlements.

Overall, the present finding is substantially consistent with recent scholarship showing that adequate housing, water, sanitation and suitable living environments are closely connected with refugee health, dignity, security and broader well-being. The contribution of the present study is that it demonstrates this concern within the Nigerian refugee-camp context and, importantly, shows through the ANOVA that perceptions of housing challenges vary significantly among the four stakeholder groups. The finding therefore supports a broader understanding of refugee housing as a multidimensional issue involving shelter quality, basic services, health, dignity, psychosocial well-being and socio-economic stability. This is consistent with the current direction of refugee policy in Nigeria, where sustainable solutions increasingly include improved living conditions, shelter, WASH services and pathways towards self-reliance rather than focusing exclusively on emergency shelter provision.

CONCLUSION

Based on the findings of the study, the study concluded that the stakeholders perceived that the refugees in Nigeria faced multiple and interrelated challenges that significantly affected their well-being and quality of life. These challenges according to their perceptions include inadequate security in camps, economic hardship due to limited livelihood opportunities. Therefore, it could be concluded that the above perceived challenges be addressed squarely and promptly.

RECOMMENDATIONS

1. The Federal and State Ministries of Health, in collaboration with the World Health Organization (WHO), UNHCR, Médecins Sans Frontières (MSF), and other healthcare partners, should strengthen healthcare delivery by improving healthcare infrastructure, ensuring continuous availability of essential medicines and medical supplies, recruiting qualified healthcare personnel, expanding maternal and child healthcare services, and integrating comprehensive mental health and psychosocial support services into routine healthcare delivery within refugee camps.
2. Relevant stakeholders, including the Federal Government of Nigeria, State Governments, Local Government Authorities, the United Nations High Commissioner for Refugees (UNHCR), and partner NGOs, should implement sustainable livelihood initiatives such as skills acquisition programmes, small



enterprise support, and income-generating activities to reduce dependence on humanitarian aid and improve self-reliance among refugees.

IMPLICATIONS FOR COUNSELLING

The implications of the study indicate that counselling interventions are crucial in refugee settings due to the wide range of difficulties faced by displaced persons, including insecurity, poverty, inadequate living conditions, limited healthcare services, and environmental health challenges, all of which may contribute to psychological distress such as trauma, anxiety, and feelings of despair. As a result, counsellors are expected to apply trauma-informed practices while also offering vocational guidance, psychosocial support, and life-skills education to assist refugees in coping with their circumstances and rebuilding optimism. Counselling should also go beyond one-on-one sessions to include group-based approaches, community awareness programmes, and peer support initiatives that foster resilience and strengthen social relationships within camps. Furthermore, counsellors need to work in collaboration with government institutions, non-governmental organisations, and international agencies to address the broader structural issues affecting refugees. In general, counselling services should be embedded within a coordinated humanitarian framework to ensure the comprehensive psychological, social, and emotional well-being of displaced populations.

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