Humanitarian Health Action

Nigeria Humanitarian Response Plan 2016

Violent attacks on civilians by Boko Haram since 2009 have caused widespread devastation in north eastern Nigeria, generating a crisis that now affects more than 14.8 million people in Adamawa, Borno, Gombe and Yobe States. More than 2.2 million people have fled their homes and 7 million are estimated to be in need of humanitarian assistance. An estimated 3 million people lived in unknown conditions in inaccessible areas in 2015.

Borno State capital, Maiduguri, has received more than 1 million internally displaced people (IDPs). This has overwhelmed the delivery of basic services and created overcrowding in already inadequate living conditions, posing massive environmental and sanitation risks. More than 1000 people contracted cholera and 17 have died in Maiduguri since September 2015, in an outbreak that started in an IDP camp and spread to nearby areas.

Communicable disease outbreaks continue to challenge the health system. The Lassa fever outbreak currently ongoing is an example of the difficulties to detect and follow up on suspected cases when access to communities remain restricted and health workers face shortages on basic equipment and drugs to implement appropriate case management.

For more than one year, already-poor host communities have been sharing resources with one of the largest IDP populations in the world.– with little support. This is exhausting household and community resources and beginning to cause tension between displaced and host communities, potentially leading to secondary displacement of IDPs.

Poor rains and lack of access to agricultural lands have negatively affected food production, helping push the number of people in need of food assistance to 3.3 million. The impact of the crisis has spread to neighbouring countries with Nigerians seeking refuge in Cameroon, Niger and Chad.

With front lines shifting in the conflict, people are returning to their place of origin only to find that basic infrastructures, including health, have been destroyed. Providing services to returnees must be a priority.

Health Sector Situation

Health facilities have been targeted during the conflict, restricting access to basic services and deterring health care professionals from working in areas where they are most needed. Since the conflict started, 72% of health centres have been damaged or destroyed in Yobe and 60% in Borno.

Reliable health data from the region is a challenge, mainly due to

Health situation reports

Health Cluster bulletins

News releases and feature stories

Country statistics and information

Disease outbreak news

Regional Office for Africa website

Regional Office for Africa - Niger website

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Nigeria Emergencies Response Plan 2017

Health sector funding requirements
US$ 93,8 million (health partners including WHO)

WHO funding requirements
US$ 37 170 501

WHO and emergencies

Q&As around WHO's role in Humanitarian Health Action

Myths and realities in disaster situations

Emergency Response Framework (ERF)
ERF is to clarify WHO's roles and responsibilities and to provide a common approach for its work in emergencies. Includes WHO emergency grading criteria.

inaccessibility of most conflict areas. A combination of secondary review of available data from the pre-conflict period, individual agency assessments, surveillance data and expert opinion were used to determine the needs for 2016.

The maternal mortality ratio in Borno and Yobe are as high as 1500 – 2000 per 100 000 live births compared to the national average of 576 per 100 000 live births. Under-five mortality is 192 in Borno and 240 in Yobe, which are above the national average of 157.

There is an urgent need to provide integrated basic health services including reproductive health services in Adamawa, Borno, Gombe and Yobe to prevent further deterioration of the health situation and prevent increasing mortality and morbidity.

Young children and the elderly are particularly vulnerable and require life-saving maternal and child health interventions, along with management for chronic non-communicable disease to decrease morbidity and mortality.

Health Partners Objectives

Objective 1: Deliver coordinated and integrated emergency life-saving health intervention to the population affected by the crisis.

Planned outputs:

- Provide life-saving integrated basic primary health care services in relation to immunization, integrated management of childhood illnesses maternal, child and neonatal health, referral, HIV services and management of common conditions including noncommunicable diseases for IDPs and host communities.
- Deliver psychosocial and mental health services.
- Provide care for conflict-related trauma.

Objective 2: Continual monitoring of health risks and vulnerabilities of the affected population and integrate findings to improve the health response.

Planned outputs:

- Conduct joint health sector assessment and continuous monitoring to provide evidence for sector response.

Objective 3: Strengthen existing health system capacity to respond to health emergencies and foster early recovery and resilience.

Planned outputs:

- Rehabilitate destroyed or damaged health facilities in the north-east to ensure equitable access to health services where applicable.
- Strengthen and expand early warning alert and response system (EWARS) for epidemic prone diseases.

Managing WHO Humanitarian Response in the field
pdf, 1.18Mb

- Strengthen capacity of health authorities' at all three government levels for health emergency response.

Beneficiaries targeted by health partners in 2016

Health partners will target 2.6 million people including:

- 1 776 645 million vulnerable host community members
- 832 232 internally displaced people

Geographical areas targeted by health partners in 2016

Health partners will focus their response on the states particularly affected by Boko Haram-related violence and its aftermath – Borno, Adamawa, Yobe and Gombe.

Health partners funding requirements for 2016

US$ 24 748 290 (health partners including WHO)

WHO funding requirements for 2016

WHO is appealing for a total of US$ 5 031 200

Health partners projects	Requested funds (US$)
Strengthening capacity of frontline healthcare providers to save maternal and new-born lives around the perinatal period at primary health care facilities in IDPs camp and host communities **NGA-16/H/84873/122**	695 000
Strengthening information and accountability for women's and children's health in Adamawa, Borno, Yobe and Gombe states **NGA-16/H/84904/122**	686 000
Provision of Mental Health in Emergencies Services in IDP Camps and Host Communities in Borno, Yobe, Adamawa and Gombe States **NGA-16/H/85580/122**	990 200
Provision of coordinated, lifesaving basic primary health care services and Early Warning Alert and Response System for the affected communities in the north east **NGA-16/H/85729**	2 660 000

Donor update - WHO operations in north east Nigeria
pdf, 381kb
November 2016

Donor update - Conflict in north east Nigeria
pdf, 379kb
2 September 2016

More information on Nigeria