

COUNTRY EXPERIENCES

Nigeria

**Abductions,
armed conflict and
cholera: UNFPA
and partners
support women
at grave risk**



Nearly two million women of childbearing age are in urgent need of sexual and reproductive health services

The crisis in north-east Nigeria has created vulnerabilities and humanitarian concerns since the first Boko Haram insurgency in 2009. The conflict has resulted in the destruction of health facilities and the displacement of women and girls, including 1.7 million women of childbearing age, isolating them from necessary reproductive health services. Abduction and sexual violence are defining characteristics of the ongoing conflict, with 6 in 10 women in the north-east having experienced gender-based violence (GBV). Cholera outbreaks in camps have increased the service needs of displaced women. Supporting abducted women, providing 58 mobile health teams, and maintaining a strong presence in United Nations inter-agency groups, UNFPA and partners are making a lifesaving difference for adolescent girls and women in Nigeria.

Reproductive health supplies and services can make the difference between life and death

HUMANITARIAN SITUATION

Women in Nigeria already face one of the highest maternal death rates in the world – a woman dies of pregnancy-related causes about every nine minutes in the country. The conflict has aggravated this dire situation, leaving an estimated 7.7 million people in need of assistance in Adamawa, Borno and Yobe States and 10.2 million people in need in north-east Nigeria. Millions have fled their homes, filling displacement camps and host communities.

UNFPA estimates that 1.7 million affected women are of reproductive age, with 276,000 likely to become pregnant this year and will require reproductive health services and support. There is an urgent need for health personnel to provide reproductive health services, including obstetric emergency obstetric care and treatment for survivors of sexual violence.

UNFPA trains health personnel to implement the Minimum Initial Service Package

UNFPA, together with the Government of Nigeria, is procuring and distributing essential reproductive health supplies and medicines throughout the country, including modern contraceptives. The violence has left more than 40 per cent of health facilities either destroyed or badly damaged, and forced many doctors and nurses to flee. To help the available personnel work for SRH in a complex humanitarian environment, UNFPA provides training in the Minimum Initial Service Package (MISP) for Reproductive Health.

“We are in a situation here, we are always afraid, running from one place to another. I do not want my wife to be weighed down, so we are accessing family planning services quickly,” said newly married couple, Mr. and Mrs. Baba Tijani, who were displaced by the crisis.

Cholera and flooding further complicate service delivery

Cholera outbreaks in 2017 and 2018 significantly worsened the humanitarian situation in north-east Nigeria. The dangerous levels of dehydration that accompany the disease put pregnant women at risk. UNFPA supports cholera education efforts in displacement camps and trains health workers to identify women and girls for referral. In September 2018, flooding along the Niger and Benue rivers created major obstacles to the timely delivery of supplies and services. UNFPA distributed 5,700 dignity kits, provided sleeping mats, and assisted the government with rapid needs assessments.

Support for abducted women and girls

Abduction is a characteristic of this conflict that has garnered global attention. UNFPA, in partnership with the Federal Ministry of Women’s Affairs and Social Development and the Government of Canada, provided support to rescued girls, focusing on four interventions: psychosocial support and counseling, shelter and welfare, reproductive health services and medical care, and skills acquisition and empowerment. UNFPA’s response to the kidnapping of 276 female students from the village of Chibok in 2014 brought global attention to the Nigerian crisis, as abductions interrupted the ability to deliver services.



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Objectives

- Increase partnership to enhance programme delivery, coordination and resource mobilization.
- Enhance collaboration with humanitarian and development partners to assist girls released from abduction.
- Improve outreach to communities and camps for internally displaced persons (IDPs) and integrate sexual and reproductive health services in communities.
- Partner with health staff to develop capacity among health workers, community workers and social workers in displacement camps.
- Develop capacity among government personnel on forecasting, procurement, storage, monitoring and distribution of contraceptives and lifesaving maternal health medicines.

Strategy and interventions

Through **partnership** in humanitarian response, UNFPA has improved outreach to communities and camps for IDPs through **collaboration** with UNHCR, UNICEF, WFP, WHO, FHI 360 and Planned Parenthood of Nigeria. To enhance **coordination**, UNFPA has provided leadership in coordinating bodies such as the Gender-Based Violence (GBV) Sub-Cluster and MISP Sub-Working Group.

UNFPA also strengthened **capacity development**, with training for health workers and government personnel on the application of the Minimum Initial Service Package, contraceptive technology, long-acting reversible contraceptive methods, competency-based training, active management of third-stage labour, psychosocial counselling and clinical management of rape. **Data** collection and analysis facilitated evidence-based advocacy to raise awareness about the role of UNFPA in humanitarian response.

Nigeria participates in the UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting and in UNFPA Supplies, the UNFPA thematic programme to expand access to family planning.

Progress and results

UNFPA-supported sexual and reproductive health services were delivered through 185 mobile health teams and 27 safe spaces from January 2017 to June 2018, as well as existing functional health facilities. Some 250,734 young people were reached with adolescent sexual and reproductive health services.

Key results from January 2017 to June 2018



985,209
Total people
reached with SRH
and GBV services



17,990
Women and girls
reached with
dignity kits



109,592
Number of
UNFPA-assisted
safe deliveries



239
Health personnel
trained on clinical
management of rape



298,735
People reached
with reproductive
health kits

Source: Information is updated on a rolling basis. See the UNFPA Transparency Portal www.unfpa.org/data/transparency-portal/unfpa-nigeria and UNFPA Humanitarian Emergencies www.unfpa.org/data/emergencies/nigeria-humanitarian-emergency

Lessons and conclusions

- Being able to respond efficiently and quickly to acute emergencies is facilitated by the pooling and funding from various donors and by having a humanitarian response team in place.
- Partnership is essential, including partnership with private entities such as Philips; global NGOs including the International Committee of the Red Cross; governmental entities including the Government of Nigeria state-level family planning coordinators, the Government of Canada, and the Republic of Korea; and United Nations agencies.
- The deployment of UNFPA monitoring and evaluation staff to Nigeria helped track results and report on progress, due to a significant improvement in data collection and analysis.
- Surge capacity was instrumental in enabling the Nigeria team to be at the forefront of the crises, responding to humanitarian needs. UNFPA was among the first agencies on the ground for sexual and reproductive health, acknowledged for this achievement by the Governor of Borno State.
- Engaging health workers to identify vulnerable women and girls, specifically pregnant women, has been a successful strategy that has increased the number referred to appropriate care.

Providing sexual and reproductive health and GBV services in areas of armed conflict is complex and humanitarian crises can be worsened by cholera outbreaks, and abductions, as in Nigeria. Through mobile outreach clinics, training personnel in the Minimum Initial Service Package, and engaging health workers to identify vulnerable women and girls, UNFPA and its partners made a difference between life and death for thousands of Nigerian women.

Partners

Association for Reproductive and Family Health (ARFH)

CARE International

Central Emergency Response Fund (CERF)

FHI 360 (Family Health International)

International Committee of the Red Cross

Japan International Cooperation Agency (JICA)

Korea International Cooperation Agency (KOICA)

Nigerian Red Cross Society (IFRC)

Planned Parenthood Federation (IPPF affiliate)

United Nations Children's Fund (UNICEF)

United States Agency for International Development (USAID)

World Food Programme (WFP)

World Health Organization (WHO)

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