

# SNAPSHOT

## NIGERIA

NOVEMBER 2018



CELLULE URGENCE  
EMERGENCY DEPARTMENT  
CÉLULA DE EMERGENCIA



© Benedicte Kurzen / MdM

### KEY FACTS



**7,7 million** people  
are in need of life-saving  
assistance



**5,4 million** people  
are in need of  
Health services including  
**Mental Health**



**2,4 million** people  
are estimated to be **in need**  
**of GBV services**, across  
Borno, Adamawa and Yobe  
states



Ongoing **cholera outbreak**  
in Borno state with more than  
**6,000 cases** declared and **73**  
**deaths**

### KEY INFORMATION



Founded in 2002 by Mohammad Yousof, the jihadist group **Boko Haram** calls for strict application of Sharia law in Nigeria. The armed conflict broke out in July 2009 following a violent incident between police and members of Boko Haram, during which several of them were executed, including the founder himself, Yousof.

As early as 2010, the frequency, development and violence of Boko Haram's attacks multiplied under the leadership of Yousof's right-hand man, **Abubakar Shekau**. The group reached significant notoriety following the kidnapping of 276 girls from a school in Chibok, Nigeria, in April 2014.

In early 2015, in an audio message broadcasted on social networks, Boko Haram pledged allegiance to the **Islamic state**. Two years later, following a divergence in the direction of the armed wing of the group, Boko Haram splits into two distinct entities. Now divided among several factions, Boko Haram remains active in north-eastern Nigeria and in the Lake Chad area at the border with Cameroon, Niger and Chad.

The **Multinational Joint Task Force (MNJTF)** against Boko Haram, created in 2015 and made up of troops from Chad, Nigeria, Cameroon, Niger and Benin, succeeded in taking over some of the strongholds of Boko Haram, without however, putting an end to the many suicide attacks directed at the civilian population, the police and the governmental institutions in north-eastern Nigeria.

Since 2013, Boko Haram has kidnapped more than 1,000 children and killed nearly 20,000 people in north-eastern Nigeria.

Nigerians will go to the polls for **presidential elections in February 2019**. In the presidential contest, we know it will likely be a straight contest between actual President Muhammadu Buhari of the All Progressives Congress (APC) Party and challenger Atiku Abubakar of the People's Democratic Party (PDP). Nigerian voters have many concerns, but for many, the key concerns are the same three that dominated the 2015 elections: corruption, economy and security issues.



## HEALTH SITUATION

The humanitarian situation in Borno is alarming, 4,3 million people are in need of humanitarian assistance and 66% of health facilities have been damaged or destroyed. In many newly liberated areas, the capacities of health centres are outdated due to the flow of internally displaced populations.

Access to integrated primary health care is very limited for the IDP's and for host populations, especially due to lack of trained health workers and the limited availability of medicines and medical equipment.

Overcrowding, insufficient potable water, poor hygiene and sanitary conditions in the camps, centres and host communities increase the risk of disease outbreaks like cholera, measles and meningitis.

## MDM ACTION

Since the end of 2016, MDM intervenes in BORN STATE, one of the three most affected states in north-eastern Nigeria.

The aim of MdM intervention is to reduce morbidity and mortality of population affected by the crisis through an integrated health program including:

- **PRIMARY HEALTH CARE SERVICES** by supplying essential medicines, routine immunization, giving access to SRH services and by rehabilitating identified medical sites.
- **NUTRITION TREATMENT**, through community-based management of acute malnutrition and on the basis of recommendations received by the Ministry of Health.
- **MENTAL HEALTH** and **PSYCHOSOCIAL SUPPORT** for displaced and local populations in the areas of intervention.
- Treatment of **GBV survivors** among displaced and host populations by providing a Clinical Management of Rape and by implementing a safe referral system in coordination with pre-identified partners for a holistic response.

Activities are set up in 4 CLINICS in MAIDUGURI and DAMBOA LGA. In 2019, MDM will support directly 2 MOH health structures in Azir and Gumzuri.

Furthermore, an Emergency Response Team has been recruited with the mandate to respond to new emergencies within Borno such new population influx or communicable disease outbreak e.g. cholera. Since August 2018, **ERT IS RUNNING 2 ORP AND 1 CTU** (Maiduguri and Damboa) following the start of a cholera outbreak.

## MAIN ACTIVITIES - SECOND SEMESTER OF 2018 (ONGOING)



**40,400**  
**CURATIVE**  
consultations  
(including 5,200 ante-natal consultations)



**41,500**  
**Community**  
members received  
**Health Education**



**14,700**  
**MHPSS**  
consultations  
(individual and group sessions)



**38**  
**people** benefitted  
from  
**GBV services**



**900**  
**Cholera cases**  
treated

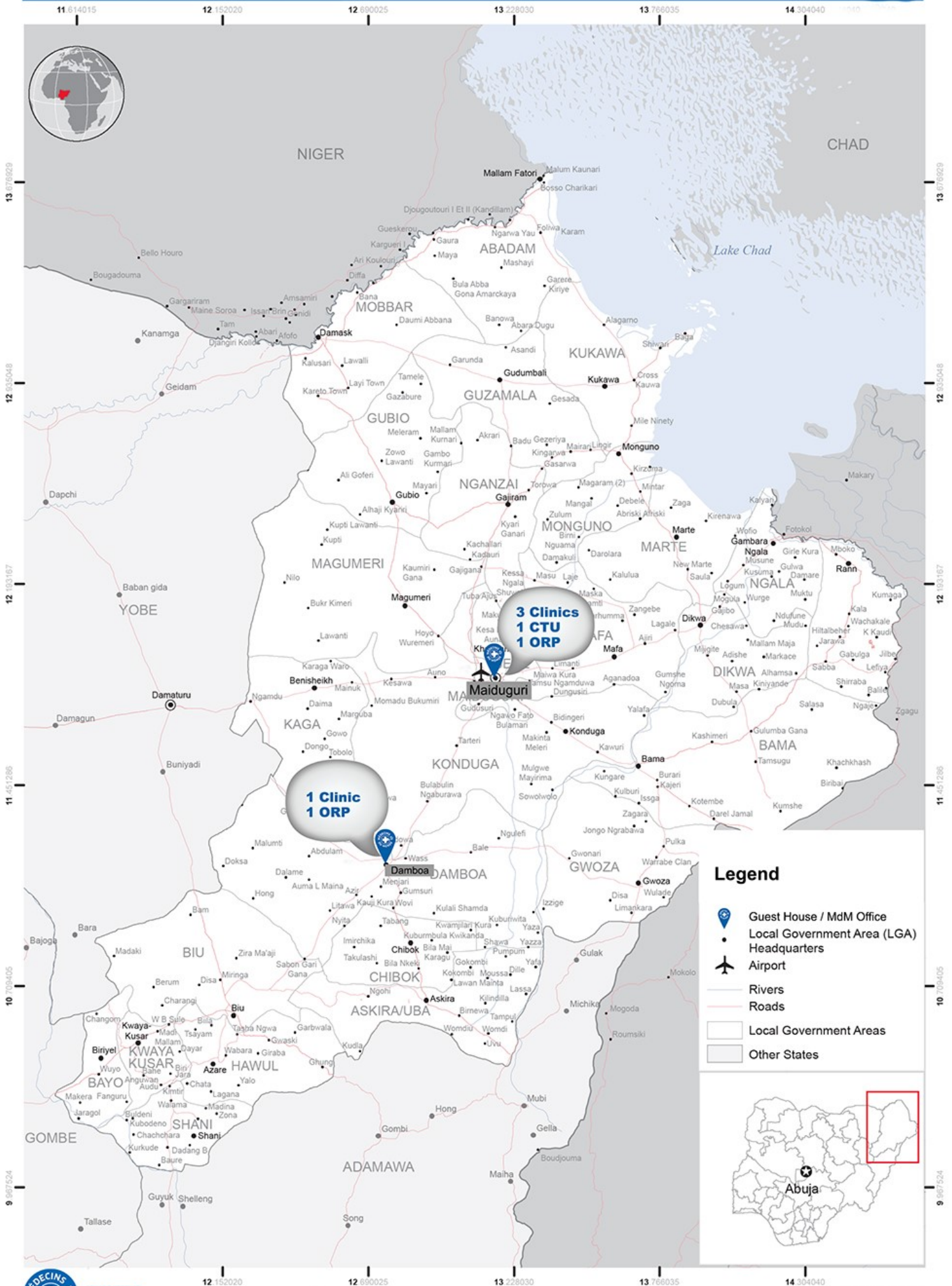
MdM's intervention in Nigeria received for 2018 the financial support of the **Office of U.S. Foreign Disaster Assistance (OFDA)** and **German Ministry for Foreign Affairs**.

**139** STAFF MEMBERS



**3,000,000 €**  
2018 BUDGET

# Nigeria, Borno State - MdM Activities



CELLULE URGENCE  
EMERGENCY DEPARTMENT  
CELULA DE EMERGENCIA