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**UNICEF Nigeria**

**Proposal: Saving lives with integrated Primary Health Care (PHC) and Water, Sanitation and Hygiene (WASH) services in conflict affected settlements in Borno State (Northeast Nigeria)**



**Submitted to the Government of Belgium**

**30 April 2019**



# **Project Summary**

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| --- | --- | --- | --- |
| **Title of Proposal:** | Saving lives with integrated primary health care (PHC) and Water, Sanitation and Hygiene (WASH) services in conflict affected settlements in Borno State | | |
| **Country and Region(s)** | Nigeria, Borno State | | |
| **Donor** | The Government of Belgium | | |
| **Total Proposed Budget** | €1,000,000.00 | | |
| **Project Duration** | 1 July 2019 to 30 June 2020 (12 months) | | |
| **Project Outcomes** | Improved resilience of the population affected by the conflict through use of safe water and improved sanitation and hygiene services and reduced morbidity and mortality | | |
| **Project Outputs** | * Access and utilization of quality integrated basic primary health care (PHC) services improved among the general population, including internally displaced persons with emphasis on children under five, youth, women and other vulnerable groups in conflict affected settlements in Borno State. * 500,000 people have sustained access to safe water and improved sanitation in IDP camps and host communities | | |
| **Focus**  **Population** | People affected by the ongoing protracted insurgency in Borno State  Specifically:   * Children under five years of age * Women from 15 – 49 years of age * The elderly | | |
| **Target areas** | Conflict affected LGAs in Borno State | | |
| **Relevance to (country) 2019 HAC** | The funding will be used to address some of the most critical needs in health and WASH as outlined in the 2019 HAC while efforts continue in resource mobilization for a more scaled up response thereby contributing to restoring the resilience of the affected population. | | |
| **Implementing Partners** | * Borno State Primary Health Care Development Agency * Centre for Integrated Development and Research International (CIDAR) | | |
| **Date Submitted** | 30 April 2019 | | |
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# **List of Acronyms**

CCCM Camp Coordination and Camp Management

HeRAMS Health Resources Availability Monitoring System

HR Human Recourse

HRH Human Resource for Health

ISWAP Islamic State West Africa Province

IDP Internally Displaced Person

JAS Jamat al jihad wa al sunah

LGA Local Government Area

MAM Moderate Acute Malnutrition

NGO Non-Governmental Organization

NSAG Non-State Armed Group

MMC Maiduguri Municipal Council

PHC Primary Health Care

RTI Respiratory Tract Infection

RUWASSA Borno Rural Water and Sanitation Agency

SAM Severe Acute Malnutrition

SEMA Borno State Emergency Management

SMoH State Ministry of Health

SPHCDA State Primary Health Care Development Agency

UNICEF United Nations Children’s Fund

WASH Water, Sanitation and Hygiene

WHO World Health Organization

# **Project summary**

# **Humanitarian Action for Children in Nigeria**

Over the years, UNICEF has continued to respond to the needs of children and women of Nigeria, in particular those affected by the protracted insurgency in the northeast. The violence and conflict-related displacement have had a devastating impact on northeast Nigeria, particularly in Borno State. Displacement increased in 2018, with 1.8 million people now displaced due to conflict[[1]](#footnote-1). Between January and November 2018, an average of 4,000 individuals, mainly women and children, were displaced every single week, up from an average of 1,400 in 2017[[2]](#footnote-2). The cumulative impact of violence and stress has weakened the coping capacities of communities and left more than 2 million girls, boys and caregivers in need of psychosocial support. Access to adequate water, sanitation and hygiene (WASH) remains a challenge. In 2018, cholera outbreaks affected more than 12,000 people and claimed nearly 200 lives in all three states[[3]](#footnote-3). An estimated 368,000 children will be at risk of severe acute malnutrition (SAM) in 2019, and an additional 727,000 children will be at risk of moderate acute malnutrition (MAM). Across the northeast, particularly in Borno State, at least 867 primary, junior and senior secondary schools remain closed. Maintaining humanitarian support will be critical to ensuring that affected people do not slip further into crisis while maintaining life-saving services, particularly as the conflict and related population movements continue.

In line with the country level multi-year inter-agency Humanitarian Response Plan (2019-2021), UNICEF is requesting US$ 120.1 million to meet the humanitarian needs of children in Adamawa, Borno and Yobe states in northeast Nigeria. Without adequate and timely funding, UNICEF will be unable to continue critical WASH services for internally displaced persons vulnerable to cholera outbreaks or provide basic health services such as malaria prevention.

# **Situational Analysis for WASH and Health**

In the tenth year of the crisis in northeast Nigeria, it is estimated that 7.1 million people are in need of humanitarian assistance. Because of the crisis, currently 1.8 million people are internally displaced, with women and children constituting 87 per cent of new displacements. A total of 71,807 new arrivals/IDPs were registered between November 2018 and January 2019. Borno state remains the epicentre of the displacement crisis, with 14 Local Government Areas (LGAs) receiving the highest number of new arrivals in the last four months.

Conflict remains the main driver of displacements, largely triggered by security incidents within the last four months, with the most significant displacements occurring out of Baga, Monguno, and Rann. The deterioration of the security situation in northeast Nigeria, coupled with the upcoming rainy season, will inevitably result in further displacement as the military operations will increase and populations will move due to insecurity and/or flooding.

The new population movements and IDP situation is straining existing camp capacity, which has led to significant congestion in some IDP camps across Borno State. A considerable number of newly displaced continue to live outside in the open, without shelter, and thus at increased risk of morbidity through exposure to various diseases.

The high numbers of new displacement have resulted in overcrowding of the existing camps and have overstretched the water supply and sanitation services, with the associated medical risks taking their toll on IDPs. Borno State currently has a weak health system. Based on the Health Resources Availability Monitoring System (HeRAMS) for 2018, only 30 per cent of the health facilities are functional, while 50 per cent are fully damaged. Currently, cases of measles are beginning to be recorded in Borno state and as at the end of week fifteen, 10,487 cases have been reported. As WASH factors continue to play key roles as drivers of epidemics in camps and host communities, closer collaboration within and between sectors is highly desirable.

A recent gap analysis conducted by the UNICEF and the WASH sector in northeast Nigeria indicated that meeting gaps in reaching the minimum international standards for access to safe water (15 litres per person per day) and improved sanitation (20 persons per latrine) as well as the management of the operation and maintenance of water supply and sanitation services in camps and some of the host communities depends on humanitarian assistance. The analysis corroborated findings of a WASH NORM (National Outcome Routine Mapping of Water, Sanitation and Hygiene Service Levels, November 2018) which found that service levels are better in camps than in host communities, with camps reaching an average coverage of 7.5 litres per person per day as compared to an average coverage of 2.4 litres per person per day in host communities. Similarly, in 215 camps assessed, only 44 camps meet the minimum international standards of 20 people per latrines, resulting in 171 camps not meeting SPHERE standards. These findings clearly indicate critical gaps that still require substantial humanitarian support to sustain dignity and secure the rights to water and sanitation of the population affected by the protracted armed conflict in northeast Nigeria.

## **Background**

In June 2019, the ongoing conflict in northeast Nigeria will enter its tenth year. Even before the conflict, the northeast of Nigeria had the lowest health indicators in Nigeria. Access to basic water and sanitation services are lower than other states, with Borno being the second least served state. The effects of the protracted insurgency have eroded gains made and denied people access to basic public services.

Borno has 713 primary care level health facilities (PHCs, health posts and dispensaries) and 38 secondary and three tertiary level health facilities (hospitals). However, only 30 per cent of health facilities are functioning, 20 per cent are partially functioning and 50 per cent are not functioning at all (HeRAMs 2018). Like in many other developing countries, there are tremendous disparities in the distribution of these facilities as well as their staffing between different LGAs and wards. About 40 per cent of the population has access to healthcare services within a 10-kilometre radius; however, in remote and security compromised communities, a mother – either as a patient or as a caregiver - often has to walk 3-4 hours or needs to be carried on the back of a person or donkey to reach the nearest health facility.

In Borno state, human resources for health (HRH) are grossly inadequate. with the state having values for healthcare worker to population ratios way below the WHO standards. Of these, there is inequitable distribution, with most health workers located in facilities in urban centres. Major challenges include weak HR policies and the absence of structured HR planning processes, the absence of a performance management system leading to underutilization and productivity, poor alignment of health worker intakes into the health worker training institutions with state health worker requirements and lack of convergence or synergy in implementation of HR management with services and strategic planning.

Health services have not been able to respond to the needs of the population mainly due to a weakened system without adequate functional governance structures below the state level. This situation if further compounded by large numbers of humanitarian actors who implement their programmes with a vertical approach without a proper coordination from the SPHCDA.

As per the Humanitarian Needs Overview, 3.6 million people are in dire need of WASH services in Borno, Adamawa and Yobe states in 2019. The WASH sector intends to address the WASH needs of 3.2 million people, of which 1.1 million are IDPs, 0.9 million are returnees, 0.4 million are in host communities and 0.8 million people are in hard to reach areas of whom 79 percent are children and women[[4]](#footnote-4).

The predominant sources for drinking water for populations in the northeast include hand pumps and motorized boreholes (53 per cent); hand dug wells, mostly unprotected (24 per cent), while about 15 per cent of the population drink from surface water sources. Only about 3 per cent of the population uses piped water systems. The sanitation infrastructure is largely based on on-site sanitation facilities, predominantly comprising of pit latrines in households as well as in institutions and public places[[5]](#footnote-5).

The recent WASH sector gap analysis revealed that the water and sanitation services in various camps are far below Sphere standards. Similarly, there are the camps in Monguno, Dikwa and Rann where IDPs have access to less than 6 litres per person per day. Limited access to water and sanitation will increase the risk of water borne diseases among IDPs. In addition, adequate maintenance of WASH services and management is required to sustain the benefits from the investments already made.

In addition to huge displacement and massive loss of life, the crisis has resulted in devastation of infrastructure, including lifesaving water and sanitation facilities. This has severely compromised access to clean water and adequate latrines, and forced affected persons to practice unsafe hygienic behaviours, including open defecation. In addition, while cholera is endemic to the northeast, it is compounded by the displacements and overcrowding in camps, resulting in a higher caseload and a wider geographical spread than in other states.

UNICEF is re-focusing its support to ensure a systems approach and support the health system to function adequately and respond to the needs of the people. In this regard, UNICEF plans its support through the below vision and actions following the health system strengthening building blocks. In doing this, UNICEF will align with Government policies and use the UNICEF comparative advantage for the improvement of the health system and for water, sanitation and hygiene services. UNICEF aims to build a strong health system which is the best insurance against a disease burden that is shifting rapidly and in unpredictable ways. Improved hygiene practices, especially safe water chain management, ending open defecation and promotion of hand washing with soap at critical times will buttress gains made from access to safe water and improved sanitation facilities.

**Justification**

In 2019, 7.1 million people (2.3 million girls, 1.9 million boys, 1.6 million women, and 1.3 million men) need humanitarian assistance in northeast Nigeria. The crisis, which is fundamentally a protection of civilians’ crisis, has largely been triggered by an ongoing regionalized armed conflict, characterized by massive and widespread abuse against civilians, including killings, rape and other sexual violence, abduction, child recruitment, burning of homes, pillaging, forced displacement, arbitrary detention, and the use of explosive hazards, including deliberate attacks on civilian targets.

An increase in the activity of armed groups caused the sudden displacement of populations in Baga and Monguno. The IDPs from these locations were forced to move to Maiduguri and are currently occupying three major IDP camps; Teachers' Village, Bakassi and Gubio Road IDP camps. These camps have a total of 35,000 new arrivals, with Teachers’ Village Camp receiving the largest amount of new arrivals at about 28,000 persons. As a result, WASH facilities are stretched and many of these IDPs are forced to face the weather elements without shelter. These factors, combined with poor hygiene and sanitation and a vulnerable pre-morbid state worsened by malnutrition, increase the risk of epidemic prone diseases such as cholera and measles. There is an obvious need to address the gaps in health response to these displacements and in consideration of the number of people in need of health services, inadequate number of health workers for current response capacities and lack of adequate drugs/supplies and financial resources to support referrals for secondary care.

Even though 14,000 IDPs were moved to the Stadium IDP camp in Maiduguri at the end of March, there are still about 7,000 IDPs remaining in Teacher’s Village, placing an additional burden on health facilities. As UNICEF supported State Primary Health Care Development Agency (SPHCDA) clinics are the sole facilities providing immunization services in the camps, there is an urgent need to improve on the capacity on ground to effectively provide such services amongst other PHC services, particularly in light of the ongoing measles outbreak.

This project is aimed at strengthening and scaling-up of existing primary health care services in Borno State. UNICEF in partnership with the SPHCDA plans to reach these IDPs through provision of an integrated package of health services to children under five years old, women and their families in IDP camp clinics as well as facilitation of referral services to secondary and tertiary health institutions. The funds will be used for addressing health needs including scaling-up of the emergency health services delivery, medicines and supplies in these overburdened health facilities to effectively cater to vulnerable populations most of whom are women and children.

UNICEF will support the SPHCDA and the State Ministry of Health (SMoH) to provide emergency integrated PHC services which include: treatment of common diseases (e.g. malaria, RTI, diarrhoea, etc.), provision of antenatal care and safe delivery services, immunization, management of acute malnutrition and referral services in IDP camp clinics. UNICEF will work with the Borno State MOH, SPHCDA and other partners to address the critical gaps that hinder access to emergency primary health care services including addressing emerging challenges and critical needs. These needs include an inadequate number and distribution of health care workers, renovation/reconstruction of health facilities, poor storage capacity and dilapidated warehouses, poor logistics management system, lack of emergency drugs and supplies and absence of referral systems due to lack of ambulance and security. There have been recurrent epidemic disease outbreaks of cholera and measles in Borno State. Other diseases outbreaks recorded on yearly basis have been Cholera, Hepatitis A, Yellow fever and Lassa fever.

WASH directly and significantly impacts the outcomes of other sectors including health, education, protection, nutrition, agriculture and food security. It is the integrating sector without which the quality of outcomes for other sectors are compromised. The linkages between under-nutrition, education and health are profound. Poor hygiene practices impact nutrition in young children by altering the adsorptive capacity of the small intestines, leading to under-nutrition. Repeated bouts of diarrhoea compound the impact of under-nutrition and accounts for 40 per cent of child deaths. Sustained access to safe water and improved sanitation and behaviour change communication are critical building blocks for sustaining improved hygiene practices for saving lives and improving the dignity of population affected by the protracted armed conflict, which had for some population included multiple displacements.

# **Project Objective and Expected Results**

The overall objective with this funding is to contribute to the realization of UNICEF’s planned humanitarian support in north eastern Nigeria by providing access to WASH and integrated PHC services to affected populations by the ongoing conflict.

**Specific objective 1:**

Improve resilience of the population affected by the northeast insurgency through reduced morbidity and mortality.

**Outputs and Expected Results**

**Output 1:** Access and utilization of quality integrated basic primary health care (PHC) services improved among the general population with emphasis on children under five, youth, women and other vulnerable groups in conflict affected settlements in Borno State.

* As per the 2019 HAC estimates, UNICEF plans to reach approximately 1.14 million outpatient consultations in its supported health facilities in Borno State to support the achievement of the set targets.
* Likewise, UNICEF plans to immunize 311,819 children against measles in Borno State.

**Output 2:** 500,000 people havesustained access to safe water in IDP camps and host communities

* UNICEF will support the management of the operation and maintenance of water supply facilities in IDP camps, reaching an estimated 500,000 beneficiaries.

**Output 3**: 500,000 people have sustained access to gender-segregated improved sanitation facilities in IDP camps.

* UNICEF will provide supplies and consumables for cleaning latrines and making minor repairs of latrine facilities.

# **UNICEF Strategy and Response**

In close collaboration with the Government, UNICEF co-leads the nutrition, WASH and education sectors and the child protection sub-sector. In line with the country level multi-year inter-agency Humanitarian Response Plan (2019-2021), UNICEF will continue to deliver an integrated package of interventions to affected populations in northeast Nigeria, in coordination with the Government, United Nations agencies, and non-governmental organizations (NGOs). Partnerships will be strengthened to improve service delivery, building off the new partnerships established in 2018 with 22 international NGOs and 17 national NGOs.

The quality of programming will continue to be improved, and the linkages between humanitarian action and development programming will be strengthened. UNICEF will tailor its assistance to specific needs and contexts through the development of distinct multi-sector response packages for three distinct types of situations: emergency/rapid response, protracted crisis and early recovery. UNICEF will employ tailored modalities of engagement for each framework, adapting its own approach based on a clear mapping of the capacities of other humanitarian and development partners, and drawing on UNICEF’s added value. Across all programmatic sectors, UNICEF will strengthen gender-based violence risk mitigation.

# **Monitoring and reporting**

UNICEF hosts the WASH reporting hub, where all active WASH partners report and support the SMOH/SPHCDA to improve the management of health information data received from UNICEF supported health facilities in Borno state. UNICEF, jointly with SPHCDA, will monitor the achievement of results against targets. The National Health Management Information Systems (HMIS) will be used for data collection and analysis. Data will be collected at the state level daily from the health facilities, then compiled weekly and monthly and sent to the state HMIS office. Data received from all health facilities will be compiled, cleaned (data quality assurance), analyzed and results disseminated at all levels, and including back to the health facilities. UNICEF will participate in the weekly surveillance working group meeting during which the data will be discussed, and challenges will be addressed to improve data quality, completeness and timeliness of reporting. The monthly data will be shared with other stakeholders to keep track of service utilization. UNICEF will collaborate with Borno Rural Water and Sanitation Agency (RUWASSA), Borno State Emergency Management (SEMA) and Camp Coordination and Camp Management (CCCM) in monitoring the functionality of water services and sanitation services in the IDP camps. UNICEF will continue to engage sector partners through Project Cooperation Agreements to support the operations and maintenance of the water supply and sanitation systems. UNICEF will also continue complementing the lack of RUWASSA human resources structures in the Local Government Authorities (LGAs) through hiring facilitators at State and LGA levels to fill in the gaps.  
  
For the Health component, UNICEF will support the SMOH and SPHCDA to coordinate and conduct joint site visits and supportive supervision along with other stakeholders, using standard tools and checklists to assess the quality of services being provided, progress being made and to identify and address gaps/challenges discovered and provide mentorship/support during the site visit. UNICEF will support the State to conduct quarterly review meetings in the State or in any other appropriate location with all stakeholders, including the beneficiaries, in attendance. In these meetings, the State is expected to report on the progress made in the implementation of the interventions supported by this proposal, and others as relevant.  
  
With support from the UNICEF Country Office in Abuja, the Borno Field Office will conduct independent project monitoring visits in order to monitor the activities of implementing partners (SMOH and SPHCDA) including the use of funds released for activities and the movement of supplies.

# **Budget**

**Activity-based budget table\***

|  |  |
| --- | --- |
| **Activity** | **Amount (Euros €)** |
| **Output 1:** Access and utilization of quality integrated basic primary health care (PHC) services improved among the general population with emphasis on children under five, youth, women and other vulnerable groups in conflict affected settlements in Borno State. | **€ 460,000** |
| ***1.1 Activity****:* Procurement and distribution of emergency drugs, basic medical equipment, supplies (250 NHK, 70 IEHK, 50 PHC equipment) | € 200,000 |
| ***1.2 Activity***Train health workers and emergency response team on quality emergency PHC services and support referral services | € 60,000 |
| ***1.3 Activity:*** Expansion of health facility/ improvement of health infrastructure | € 50,000 |
| ***1.4 Activity:*** Recruitment and deployment of skilled workers (Midwives/Nurses/ Chews/CHOs/Doctors) | € 110,000 |
| ***1.5 Activity:*** Field monitoring, supportive supervision visits and quarterly review meetings (4 quarterly visit to 16 sites) | € 40,000 |
| ***Subtotal Health Outputs 1*** | **€ 460,000** |
| **Output 2:** Sustain access and utilization of safe water in IDP camps in conflict affected settlements in Borno State. | **€ 221,325** |
| ***2.1 Activity****:* Daily chlorination of water supplies in MMC and Jere (733 water points) - for 6 months | € 85,125 |
| ***2.2 Activity:*** Support the management of the operation and maintenance of water supplies, including chlorination (19 solar systems 11 dual systems and 28 hand pumps) - 6 months operations | € 136,200 |
| **Output 3:** Sustain access and use of gender segregated improved sanitation facilities in IDP camps in conflict affected settlements in Borno State. | **€ 154,300** |
| ***3.1 Activity****: S*upplies and consumables for latrine cleaning and minor repairs for 6 months | € 154,301 |
| **Output 4:** Human resources | **€ 90,300** |
| WASH Manager (P4) | € 46,710 |
| WASH Specialist (P3) | € 19,620 |
| WASH Specialist (NOC) | € 15,220 |
| WASH Officer (NOA) | € 8,750 |
| Subtotal for WASH Outputs 2, 3 and 4 | **€465,925** |
| Total Programmable Amount | **€925,925** |
| Indirect cost recovery (8%) | €74,074 |
| **Grand Total** | **€1,000,000** |

\*Note: The funding amounts per activity are indicative and for information purposes. UNICEF will provide financial reporting through its standard system-generated Donor Financial Statements.

**Visibility and recognition**

UNICEF will ensure that the generosity of the Government of Belgium is fully acknowledged. This includes coverage in all available media channels, including press releases, human interest stories, and images. UNICEF will also communicate regularly on the progress of implementation and provide a detailed final report on achievement. We commit to enable joint field visits whenever possible. UNICEF Nigeria will also work closely with the donor office to showcase the contribution from Belgium and disseminate success stories from this project.

The 2019 HAC is available here: (<https://www.unicef.org/appeals/files/2019-HAC-Nigeria.pdf>)

1. International Organization for Migration, ‘Nigeria Displacement Tracking Matrix Round 25’, IOM, October 2018 [↑](#footnote-ref-1)
2. IOM Displacement Tracking Matrix Emergency Tracking Tools, 2017-2018 [↑](#footnote-ref-2)
3. Based on Borno, Yobe and Adamawa cholera situation reports and information from the state ministries of health/health sectors, August-November 2018 [↑](#footnote-ref-3)
4. Humanitarian Response Plan (HRP 2019 – 2021) [↑](#footnote-ref-4)
5. 2018 WASH-NORM Survey [↑](#footnote-ref-5)