Global Health Cluster teleconference
North Eastern Nigeria Emergency
22 September 2016 – 15.00 Geneva time

Participants

WHO HQ: Jorge Castilla (JC)
Global Health Cluster unit (Linda Doull - LD, Gabriel Novelo Sierra, Elisabetta Minelli)

Introduction

Linda Doull (LD), GHC Coordinator, welcomed participants and clarified that the purpose of the call was to update participants on the current situation, highlight service coverage and coordination gaps and identify partners’ response plans and scale-up capacity.

Jorge Castilla (JC) updated on the current response status - mortality and malnutrition rates over emergency thresholds; 21 WHO staff in Maiduguri – 8 international, including polio team; access to affected population in inaccessible areas reduced by high level of insecurity; supported the Ministry of Health Rapid Health Facility Assessment conducted in 5 LGAs in Borno State – preliminary results show 56 health facilities are functional but clear lack of supplies and poor service quality (report shared with GHC partners).

LD updated on coordination: 8 clusters currently activated in support of Government led, sectoral (cluster-like) response. Cluster Lead Agencies have declared internal G3 status, no public system-wide L3 activation as agreed by Government of Nigeria (GoN) and Resident Coordinator. Alignment of sectors/clusters currently in progress at national and state level. Coordination capacity being decentralised to and strengthened at Maiduguri level: 4 health cluster personnel surged (coordination & IM). OCHA deploying Deputy Humanitarian Coordinator to Maiduguri. Rapid Health Facility Assessment undertaken using GoN methodology/tool; HeRAMs assessment under discussion. EWARS established. Currently, only 11 implementing partners.
Partner update

LD invited partners to provide an update on their current activities, capacity/plans to scale up operations and challenges.

IOM
- Regional specialist from Dakar has joined Nigeria team to support IOM’s health response planning.
- Monitoring the flow of IDPs returning; ensuring public health risks are adequately monitored along routes and transit locations.
- Discussion on collective fund raising ongoing.

IRC
- In Borno State, integrated health, nutrition, protection and WASH programs launched in two newly accessible LGAs (Monguno and Konduga), and in Maiduguri. Stabilization Center established in Maiduguri and mobile health/nutrition teams.
- With increased resources, IRC could: increase the number of mobile teams for health/nutrition; GBV/RH services and environmental health interventions and increased Stabilization center capacity.

OFDA
- Health Advisor (Linda Maboula) to arrive in Maiduguri 1st November for 2 weeks. Advise NGO partners to meet with her.

UNFPA
- Presence on the ground and implementing (details to be circulated). Plan is to scale up presence and operations.

UNICEF
- Deployed rapid response multidisciplinary team (including health)
- Integrated package of interventions: health, nutrition, WASH; community based management approach. With partners conducting measles and polio immunizations with staff on the ground and deployed. Delivering medical supplies and bed nets.

Gaps:
- Data on disease incidence needed to drive interventions.
- Preparedness for disease outbreaks.
- Infrastructure and capacity of health systems.

Plans to:
- Work together with nutrition.
- Encourage strong surveillance for outbreaks.
- Encourage community based approach.
• Work with partners on data sharing and information.

**WFP**

• Security situation not conducive to scale up required.
• UN Humanitarian Air Service (UNHAS): since its launch in August 2015, UNHAS transported more than 7,850 passengers and 30,130 kg cargo from 57 organizations connecting Abuja to Yola and Maiduguri. On 07 July, UNHAS started a helicopter service to newly accessible areas in Borno. As of 31 August, it serviced 562 passengers and over 4,900 kg of vital light cargo (e.g., vaccines, medical supplies, specialized nutritious products) for 19 organizations. A second helicopter is being deployed to cater for increasing needs.
• WFP directly implementing; insufficient operational partners. WFP is facing challenges with finding NGO partners and implementers especially in Yobe state.
• FAO is scaling up livelihood support during lean season with the aim of targeting 300,000 beneficiaries.
• Until December 2016, WFP is targeting 724,000 affected people with Cash Based Transfers (CBT), in-kind food assistance and nutritional support through the Blanket supplementary Feeding programme (BSFP).

**GOAL, Hope WW, Medair and PUI and are currently not operational.**

**Discussion points**

**ECHO**

• Prioritization of polio vs mortality/malnutrition interventions? JC stated that WHO is attempting to synergize interventions as much as possible with additional high-impact life-saving interventions being included in next polio rounds.
• Why problem for drug supplies but not for vaccine supplies? What do we compare with? JC explained that supplies of essential drugs and polio vaccines have different funding streams and supply chains.
• Targeted LGAs are close to Maiduguri - what happens with farther LGAs? JC explained that 5 LGAs targeted by Rapid Health Facility Assessment have the highest number of IDPs. Health services are insufficient to meet their needs, therefore increase in service delivery points essential.

**Identified challenges**

• **Limited number of implementing partners:** several INGOs currently operational have not had registration approved by GoN. SCUK stated this impacts on their ability to purchase and import drug supplies. Medair question whether GoN willing to allow new INGOs to establish operations. LD explained the current
preference to utilise national capacity, but scale of response will most likely require additional international support. Negotiations with GoN taking place regarding INGO registration.

- **Scale-up plans hampered** by security constraints/requirements; access to essential supplies; limited in-country capacity (few NNGOs).
- **Preparedness** – insufficient planning e.g. malaria.
- **Limited funding** – IOM and UNFPA highlighted the need new funding sources.
- Funding – need to find new ways to fund raise (IOM, UNFPA). ECHO reported an additional 9 million Euros had been allocated for the response, but no health proposals received. Next funding for health available in 2017.

**Conclusion**

LD thanked the partners for the update provided and proposed to circulate additional information on the coordination structure and identified needs as soon as available. A second GHC partner call will be convened as required.