

# GLOBAL HEALTH CASE COMPETITION

VANDERBILT INSTITUTE FOR GLOBAL HEALTH



## *Case Document*

**Topic: Maternal Health Challenges in  
Internally Displaced Persons (IDP)  
camps in Nigeria**

**Hosted by the VIGH Student Advisory Council**

**February 22nd, 2020**

# Table of Contents

<b>Background &amp; Introduction.....</b>	<b>3</b>
<b>Country Profile .....</b>	<b>5</b>
<b>Problem Statement .....</b>	<b>8</b>
<b>Your Task .....</b>	<b>8</b>
<b>Works Cited.....</b>	<b>9</b>
<b>Judging Rubric.....</b>	<b>11</b>

# **2020 Vanderbilt University Global Health Case Competition**

## **Background & Introduction**

Nigeria is the 7th most populous country in the world and has the largest economy in Africa [1]. In 2009, there was a reign of terror when the jihadist group, Boko Haram, began an armed rebellion in the country. Since then, about 20,000 lives have been lost due to the violence, and many communities have been destroyed. “Boko Haram”, which loosely translates to “western education is forbidden”, aims to limit women’s opportunities and access to western education in addition to targeting Christians and other non-Islamic religious groups. One of the persistent effects of this violence is the displacement of large numbers of individuals from their homes to other states, areas within the country and out of the country.

Internal displacement is broadly defined as the forced movement of people from their homes to other areas within their country [2]. As of 2018, the total number of Internally Displaced Persons (IDPs) in Nigeria due to conflict and violence was greater than 2.2 million persons [3]. The Boko Haram insurgency is one of the major contributors to the number of IDPs, but is not the only contributing factor. Some other causes of internal displacement include competition between pastoralists and farmers, more emerging conflict, and natural disasters, like flooding.

Abuja, the capital city of Nigeria, is located within the Federal Capital Territory in the central part of the country. This city has dealt with a considerable influx of IDPs, primarily from the northeast. There are an estimated 10,000 displaced persons in the city, some of whom live in the four major IDP camps in Abuja - Lugbe, Area One, New Kuchinguro, and Kuje.



Fig1: Zuma Rock, a landmark of the capital city of Nigeria, Abuja

While the factors that drive internal displacement in Nigeria may be specific to the country, the problem of internal displacement is a longstanding global challenge. However, the problem remains somewhat unknown and poorly understood by the general population. In 2017, when the United Nations (UN) General Assembly called on multiple stakeholders to mark the 20th anniversary of the Guiding Principles on Internal Displacement, the UN Office of Coordination of Humanitarian Affairs (OCHA) launched a new campaign - #InvisibleCitizens - to draw global attention to the issue of internal displacement and to humanize the issue [4].

In the words of Kofi Annan, Former UN Secretary General, “Internal displacement is the great tragedy of our time. The internally displaced are among the most vulnerable of the human family” [2].

### **Current internal displacement problem in Abuja, Nigeria**

While many people fled to Abuja in the center of Nigeria, the humanitarian efforts and resources of local and international NGOs target the northeast, the region highly attacked by Boko Haram [5]. This means that the state of the IDP camps in Abuja are bleak. The camps are surrounded by winding roads and harsh terrains, with bushes blocking many signs [6]. There is barely any infrastructure, such as properly built houses and toilets, in and around the camps. People in IDP camps live in *batchas*, shacks made from plastic sheets and cement, with no efficient way to block out rain [5]. There is defecation in the open because of a lack of toilets. Even where there are toilets, they are made from low quality, previously-used iron, as opposed to being made from iron that has not been used before [7]. This is an issue because the iron is old and it is not sanitary to use the toilet. All of these issues in the camp lead to the worsening health of the IDPs in Abuja.

### **Healthcare-related problems in IDP camps**

Unlike refugee camps, which are governed by international NGOs, IDP camps in Nigeria are under the control of its government, and systematic healthcare structures have not been well-established. Additionally, there is a general lack of access to basic necessities, such as food and water, as well as a lack of sanitation, which has led to the breakout of water-borne communicable diseases (e.g. diarrhea). For example, in 2017, there was a cholera outbreak in Nigeria in Borno state, leading to 61 deaths and 5,365 reported cases. A major cause of the outbreak was overcrowding in IDP camps. Overcrowding is a common problem in the camps, with household sizes ranging from 10 to 21 people. This greatly increases the ease with which diseases such as malaria, diarrhea and upper respiratory infections can spread. Further investigation into this outbreak revealed that approximately 40% of transmission was from households where younger children lacked the proper means to safely dispose of fecal matter. The second mode of transmission was from public places (17%), followed by water sources (15%), health centers (10%), and funeral rituals (4%) [8]. A research study from 2019 observed that poor waste-disposal led to environmental and water pollution. Additionally, inappropriately disposed waste can lead to the development of breeding sites for mosquitoes, cockroaches, and rats that can spread diseases [9].

The government of Nigeria also does not provide sufficient resources to address these health challenges in IDP camps in Abuja. In 2018, when 60% of IDPs had hepatitis B, the government still would not provide the hepatitis B vaccine, even though it could prevent infections with 95% effectiveness. People in the camps have written letters to the Nigerian Human Rights Commission, the health minister, UN's Refugee Agency, and the president. However, these groups have not taken effective action to better the situation. Most doctors at the Abuja National Hospital prefer not to treat IDPs, as they are unable to pay their bills and most clinics in the camps lack permanent doctors [5].

# Country Profile

## Population, Climate, Geography

The Federal Republic of Nigeria is in the southeast of West Africa and borders Benin, Niger, Chad and Cameroon (Figure 1). The main rivers are the Niger River and the Benue River, and the highest point of the country is in the Adamawa mountains (Figure 2) [10].

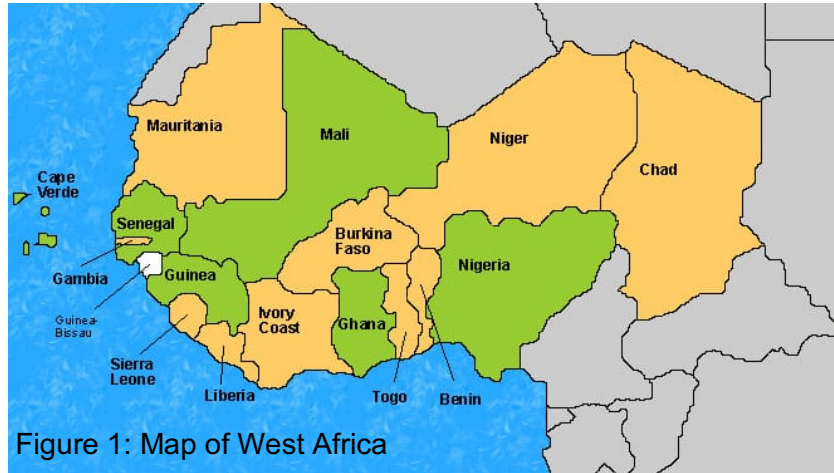


Figure 1: Map of West Africa

The southern part of Nigeria is mainly coastal swamps and tropical forests, while the northern area is full of open woodlands, grasslands, and semi deserts. Overall, there is a tropical savanna climate in the south and a warm desert climate in the north. Nigeria lies in the tropics; therefore, there are two seasons: the rainy season from April to October and the dry season from November to March [10]. Because of its central location, healthier climate, and land availability, Abuja was named the capital in 1991. Abuja is 1,180 feet above sea level and has a cooler climate with less humidity. Abuja lies in the Federal Capital Territory of Nigeria [11].



Figure 2: Map of Nigeria with the Niger and Benue Rivers

Nigeria is the seventh most populous nation in the world with a population of 192 million people [10]. Abuja, the capital, has a population of more than 2.4 million [12]. The population in Abuja has grown rapidly since 2006, increasing by almost 50% or by 800,000 people [12]. The official languages of Nigeria are English, Hausa, Igbo, and Yoruba. The main religions are Christianity (58%) and Islam (41%) [10].

## Education and Economy

Nigeria's economy and governmental revenue rely heavily on oil trade with other countries. In 2016, Nigeria faced an economic recession due to a fall in global oil prices but recovered slowly over the next couple of years. Nevertheless, despite the economic recovery, over 62% of the country lives in poverty [13]. The United Nations' Educational, Scientific and Cultural Organization (UNESCO) reported that approximately 50% of the population lived in rural areas [14].

As of 2018, 75% of the total population aged 15-24 and 62% of the population aged 15-65 years were literate, but only 28% of the population aged 65 years and older could read and write [13]. According to UNICEF, approximately 10.5 million children aged 5-14 are not in school despite primary education being free and compulsory. States specifically in the northeast and northwest have female attendance rates of 47.7% and 47.3%, respectively, due to a combination of both economic and cultural barriers preventing girls from receiving education [15].

## **Healthcare systems**

In Nigeria, the high concentration of people in cities has created sanitation problems due to lack of proper sewage disposal, water sanitation, and drainage. In particular, lower respiratory infections, HIV/AIDS, malaria, and diarrhea are among the leading causes of death in the country [16]. With the second highest rate in the world, Nigeria has around 190,950 new HIV/AIDS infections every year. Additionally, mortality rates for women and children are among the highest in the world (576 maternal deaths per 100,000 live births). In 2016, it was reported that 2,700 children die every day; only 1 in 3 babies are delivered in a health facility. Only 16% of children are fully immunized in rural areas as opposed to 40% in urban areas. This lack of immunizations contributes to high child mortality rates [17]. In 2011, the Nigeria Centre for Disease Control was established to solve some of the public health concerns of the general population. There are existing private hospitals and clinics in many of the larger cities and towns. Nevertheless, there are large parts of the country that suffer from a lack of access to medical services [16]. For example, in 2015, 260,000 children (ages 0-14) were living with HIV but only 17% had access to adequate antiretroviral therapy [17]. Moreover, there is a general lack of nurses, midwives, and doctors who can deliver essential health services to the general public, with only 1.95 per 1000 inhabitants [18].

A 2011 research study investigated the state of the healthcare system in Nigeria following a series of infectious disease outbreaks, and found that the system is poorly developed. They discovered that only 43.3% of people have access to health care facilities financially and geographically. The study also found that only 30% of healthcare is provided by the government, with the other 70% provided by private vendors. Since 62% of the population lives in poverty, many cannot afford access to private health care [19].

## **Focus on maternal health/mortality**

Maternal health is the health of a woman during pregnancy, childbirth, and the postpartum period. Maternal mortality is the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to or aggravated by the pregnancy or its management. The maternal mortality ratio (MMR) is used to keep track of the number of maternal deaths per 100,000 live births. These numbers are used to measure whether or not a country is keeping up with the Sustainable Development Goals (SDGs). These SDGs are seventeen goals set by the UN to end poverty and bring peace and prosperity. The SDG focused on maternal health aims to reduce the global MMR to <70 per 100,000 live births by 2030. While the global MMR has decreased by 40% from 1990 to 2015, many countries, especially in Sub-Saharan Africa, have high MMR rates. Nigeria is one such country, which fits in with the idea that maternal deaths are more common in developing countries, rural areas, and poorer communities. The most common causes of maternal death are hemorrhage, hypertension, sepsis, and unsafe abortion, among others. Factors that prevent women from

seeking care are poverty, distance from a hospital/care center, a lack of information, inadequate services, and cultural practices [20].

There are more women than men in the IDP camps in Abuja, Nigeria. These women are more likely to be targets of sexual and gender-based violence, including rape, forced marriage, and sexual harassment [21]. An even more marginalized group within women are pregnant women living in these camps. In the states of Borno, Yobe, and Adamawa, approximately 53% of internally displaced people are women and girls, and 1.73 million (in 2017) are at the child-bearing age [22]. Results of a survey conducted on women of child-bearing age in Abuja show that the total fertility rate (TFR), or an estimate of the number of children a woman will have, is 3.8 [23]. Many pregnancy-related deaths could be avoided with an increase in the availability of reproductive health services. However, the reproductive health needs of women are often placed second to other equally vital needs such as food, access to shelter, and communicable and non-communicable diseases [22].

Some common pregnancy symptoms are food cravings, morning sickness, breast soreness, and backache. However, having to experience these symptoms when there is a lack of access to proper healthcare and various sanitation problems is a serious issue facing pregnant women in the IDP camps. Doctors recommend that pregnant women visit prenatal or antenatal care services at least four times during their pregnancy to avoid any complications of an early birth. In 2012, in developing countries worldwide, 30 million women experienced obstetric complications during their pregnancy and most women did not receive proper care. The women in these camps are in different stages of their pregnancy, but many pregnant women have never visited a pregnancy clinic. Many can barely afford to feed themselves, so the costs of transportation to a clinic and medical care can be prohibitive [24]. Many of these women are malnourished and end up giving birth in dangerous conditions. In the Adamawa IDP camp, many maternal deaths were caused by excessive bleeding [25], which could be similar in Abuja's camps. Because of all of these problems and a lack of infrastructure, many women in the camps can rely only on other women around them for support. However, there is only so much they can do for each other, as they are all in less than ideal conditions [24].

## Problem Statement

Attacks by Boko Haram on Nigeria's northeastern villages have forced many to flee to the capital, Abuja; more than 1.7 million people are currently living in Internally Displaced Persons (IDP) camps. Despite issues of overcrowding and the increasing number of people in need of shelter, the camps are comprised of little more than tents and plastic shacks. While these IDP camps are a short-term solution to shelter people from violence, lack of infrastructure, including clean water, healthcare, and food, have created new threats in the form of disease. Pregnant women are especially at risk, due to lack of timely maternal healthcare and problems leading to pregnancy-related maternal deaths. *The focus of this case competition is to propose an effective healthcare system for IDP camps in and around Abuja with a special focus on maternal health that supports and improves the existing healthcare system.*

## Your Task

**Create a high-quality and cost-efficient system that addresses maternal healthcare needs in Abuja's IDP camps. The proposed system should take into account existing resources in IDP camps and act to directly combat urgent challenges to adequate maternal health. The plan should be able to be implemented in one year with a budget of 750,000 USD.**

Your team should prepare a 10-minute oral presentation with supporting slides addressing your proposed high-quality, cost-efficient system. Strong presentations will include elements such as a timeline or Gantt chart, a logical framework (LogFrame), and a budget. Effective presentations will not exceed 10 presented slides (excluding citations). Additional appendix slides may be included for judges' reference, but should not be presented orally. All members of your group should be present for the final presentation and be prepared to respond to questions from the judging panel, though it is not a requirement that all group members speak. There will be 5 minutes of questions from the judging panel immediately following your presentation. Remember to cite all sources that were consulted on a single slide at the end of your presentation. Please bring four physical copies of your slide deck to the presentation for the judges to have in hand. Email your saved slide deck to [vigh.ghcc@gmail.com](mailto:vigh.ghcc@gmail.com) before 5PM on February 21st, 2020. No late entries will be accepted.

A judging panel from various institutions and with backgrounds in diverse specialties will use the judging rubric to review all proposal presentations on February 22nd, 2020, to determine which teams will move forward to the final round.



## Works Cited

1. 10 Interesting Facts About Nigeria. (n.d.). Retrieved from <https://www.usnews.com/news/best-countries/articles/2019-07-02/10-interesting-facts-about-nigeria>.
2. Internal displacement. (n.d.). Retrieved from <http://www.internal-displacement.org/internal-displacement>.
3. Nigeria. (n.d.). Retrieved from <http://www.internal-displacement.org/countries/nigeria>.
4. Internal Displacement. (2019, June 11). Retrieved from <https://www.unocha.org/es/themes/internal-displacement>.
5. Lawal, S. (2019, April 16). Meet "Baba IDP": the local hero making sure Boko Haram victims get healthcare. Retrieved from <https://www.thenewhumanitarian.org/feature/2018/08/07/Nigeria-idp-boko-haram-healthcare-local>.
6. Vanguard. (2015, March 11). Abuja Area One IDPs camp: A place of tears, uncertainty. Retrieved from <https://www.vanguardngr.com/2015/03/abuja-area-one-idps-camp-a-place-of-tears-uncertainty/>.
7. Desai, B. (2018, December 1). "It's a time bomb" - protracted displacement and urban planning in Abuja. Retrieved from <http://www.internal-displacement.org/expert-opinion/its-a-time-bomb-protracted-displacement-and-urban-planning-in-abuja>.
8. WASH as a Cornerstone for Conquering the 2017 Cholera Outbreak in Borno State, Northeast Nigeria. (2018). *UNICEF Nigeria*. Retrieved from <https://www.unicef.org/nigeria/media/1286/file/Cholera-outbreak-NE-Nigeria-UNICEF-response-2017.pdf.pdf>
9. Winifred, Timmons, Stephen, Myles, Siebert, Penelope, ... Catherine. (2018, August 22). audit of healthcare provision in internally displaced population camps in Nigeria. Retrieved from <https://academic.oup.com/jpubhealth/article/41/3/583/5077786>.
10. Nationsonline.org, K. K.-. (n.d.). Nigeria - Country Profile - Nations Online Project. Retrieved from <https://www.nationsonline.org/oneworld/nigeria.htm>.
11. The Editors of Encyclopaedia Britannica. (2019, June 4). Abuja. Retrieved from <https://www.britannica.com/place/Abuja-national-capital-Nigeria>.
12. Mohamed, H. (2018, April 11). Nigeria: Clearing the locals to make Abuja the capital. Retrieved from <https://www.aljazeera.com/indepth/features/nigeria-clearing-locals-abuja-capital-180408072143042.html>.
13. The World Factbook: Nigeria. (2018, February 1). Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/ni.html>.
14. Nigeria. (2017, April 12). Retrieved from <http://uis.unesco.org/en/country/ng>.
15. Education. (n.d.). Retrieved from <https://www.unicef.org/nigeria/education>.
16. Kirk-Greene, A. H. M., & Falola, T. O. (2019, November 21). Security. Retrieved from <https://www.britannica.com/place/Nigeria/Security>.
17. Health & HIV. (n.d.). Retrieved from <https://www.unicef.org/nigeria/health-hiv>.
18. Nigeria. (2012, April 16). Retrieved from <https://www.who.int/workforcealliance/countries/nga/en/>.
19. Welcome, M. O. (2011, October). The Nigerian health care system: Need for integrating adequate medical intelligence and surveillance systems. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3249694/>
20. Wiggs, H. (2018, November 29). Maternal Health: An Overview (by Hope Wiggs). Retrieved from <https://www.youtube.com/watch?v=PXM1UE9uHBM&feature=youtu.be>.
21. Sambo, A. S. (2017). Internal Displaced Persons and Their Information Needs . *Library Philosophy and Practice*. Retrieved from <https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=4317&context=libphilprac>

22. In crisis, access to reproductive health care often determines if women and girls live or die, says UNFPA Executive Director. (2017, January 13). Retrieved from <https://nigeria.unfpa.org/en/news/crisis-access-reproductive-health-care-often-determines-if-women-and-girls-live-or-die-says>.
23. The Nigerian Urban Reproductive Health Initiative: Baseline Findings for Abuja. (2012, February). Retrieved from [https://www.nurhitoolkit.org/sites/default/files/tracked\\_files/Baseline Findings for Abuja.pdf](https://www.nurhitoolkit.org/sites/default/files/tracked_files/Baseline%20Findings%20for%20Abuja.pdf)
24. Pregnant and homeless - Being pregnant in an IDP camp: E4A. (n.d.). Retrieved from <https://mamaye.org/blog/pregnant-and-homeless-being-pregnant-idp-camp>.
25. Omole, O., Welye, H., & Abimbola, S. (2015). Boko Haram insurgency: implications for public health. *The Lancet*, 385(9972), 941. doi: 10.1016/s0140-6736(15)60207-0 [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(15\)60207-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(15)60207-0.pdf)

## Judging Rubric

Category	Possible Points
<b>Justification (data and evidence)</b> The proposed intervention... <ul style="list-style-type: none"> <li>• Accounts for education, economic, political, and cultural factors</li> <li>• Is evidence-based</li> <li>• Includes relevant data to support project</li> <li>• Analyzed strengths, weaknesses, opportunities, and threats/challenges (SWOT analysis)</li> </ul>	20
<b>Creativity and Innovation</b> The proposed intervention... <ul style="list-style-type: none"> <li>• Integrates multiple disciplines</li> <li>• Uses resources creatively</li> <li>• Reflects “outside-the-box” thinking</li> <li>• Is culturally acceptable and relevant</li> <li>• Is feasible with regard to financial, human resource, and time constraints</li> <li>• Has potential for expansion and growth</li> </ul>	25
<b>Clarity and Organization</b> The proposed intervention has... <ul style="list-style-type: none"> <li>• Clear definition of problem</li> <li>• Outcomes are specific, measurable, achievable, realistic, and time-bound (SMART objectives)</li> <li>• Plan for assessment and evaluation of goals and outcomes</li> <li>• Logical implementation of activities</li> </ul>	20
<b>Case Specific Information</b> The proposal addresses ... <ul style="list-style-type: none"> <li>• How it will alleviate the critical global health issue</li> <li>• How it will impact education, economics, politics, and culture of the location and the surrounding region.</li> <li>• Feasibility of implementation</li> <li>• Sustainability beyond funding period</li> <li>• Cultural acceptability and involvement of local communities and leaders</li> </ul>	25
<b>Delivery (voice, body, eye contact)</b> Presenters... <ul style="list-style-type: none"> <li>• Effectively use visual aids (PowerPoint, Prezi, etc.)</li> <li>• Have a clear voice, appropriate use of body language, and make eye contact with audience/judges</li> <li>• Demonstrate knowledge and command during Q &amp; A session</li> </ul>	10
<b>Total possible points</b>	100