

## NEED ASSESSMENTS ON NEONATAL CARE AMONG INTERNALLY DISPLACED PERSONS (IDPs) IN BORNO STATE, NIGERIA.

### Background

Despite the progress made in improving maternal, newborn, and child health (MNCH) in Nigeria, progress is still slow and emergency obstetric and newborn care coverage remains low, inequitable, and unaffordable, especially among the vulnerable populations in humanitarian settings such as Internally Displaced Persons (IDPs). Northeast Nigeria has the highest population of IDPs in Nigeria and one of the poorest newborn and child health outcomes (NPC and ICF, 2019). Within this framework, IOM through the support from the Norwegian government conducted neonatal care need assessments aimed towards informing the design and implementation of innovative, and cost-effective neonatal care solutions that can be adapted to local needs and can be utilized and maintained with locally available resources in humanitarian settings.

### Objectives of the assessment

1. To understand the neonatal morbidity and mortality pattern among the IDPs in Borno state.
2. To identify contributory factors to neonatal morbidity and mortality among the IDPs
3. An assessment of health facility newborn care service delivery and referral system for the displaced population.

#### 1. Need assessment findings.

1. The neonatal mortality rate among the IDPs is 155.6/per 1000 live births compared to the national figure of 35/per 1000 live births in Nigeria. The majority of the deaths occur at home; approximately 80% compared to 20% at facilities.
2. The major causes of death during the neonatal period (Figure 2) were birth asphyxia (37.1%), neonatal infection (Pneumonia, tetanus, neonatal sepsis, neonatal jaundice) (27.6%), and prematurity (including low birth weight) (12.4%).
3. All the facilities indicated that they had either rejected admission or referred a newborn due to insufficient knowledge and a shortage of resources and equipment for neonatal care. The patients are commonly referred to the tertiary hospital in Maiduguri (an average of 2 hours trip). Facility-level information/ feedback on the completion of the referral was not available.
4. As reported during the focus group discussions (FGDs) with the internally displaced populations, these referrals are often incomplete due to transportation barriers and insecurity.
5. Despite the lack of a stable grid power supply, only one of the newborn units in the assessed facilities was connected to an alternative source of electricity.
6. Generally, there is poor health-seeking behavior among the IDPs. The majority seek care for their sick neonate after the onset of life-threatening complications. Contributory factors include a low level of literacy, poverty, social and cultural beliefs including a preference for traditional medicine, and family-level decision-making. The women who were often the caregivers- were usually excluded from decision-making on their health care and that of their children, placing the responsibility of care on men who were often not physically present to perform this role.

## Recommendations

1. Leverage the community health influencer program to promote community engagement towards improving demand for neonatal care services, health promotion, and socio-behavioral changes.
2. Training of health care providers including community midwives, Community Health Influencers, and Promoters (CHIPS), Traditional Birth Attendants (TBAs), women Support Groups, etc. essential newborn practices, social and behavioral change, and establishment of a referral network.
3. Standardize a two-way referral mechanism for newborns from the host community and IDP camps to the facilities. This should include a standard protocol for contacting the health facility, community health workers, and/or health influencers.
4. Develop an innovative options for timely and affordable transportation of sick neonates from the community and IDP camps to healthcare facilities equipped for newborn care.
5. Improve newborn health facility service delivery through the provision of innovative neonatal support equipment, training of healthcare providers, and provision of contextualized protocols on newborn care and referral mechanisms in the humanitarian setting of Borno state.
6. Promote advocacy among relevant stakeholders; the Government, donors, and development partners on the gaps in newborn care among the IDPs and the development of sustainable solutions to addressing these needs.