EPILEPSY CARE IN CONFLICT AND INSECURE AREAS

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BACKGROUND

- The challenges in health care system in Nigeria –poor infrastructure, inadequate manpower, inadequate funding etc
- Epilepsy care is particularly challenging with many people suffering unnecessarily from the condition
- Community based approach in the BRIDGE Project
- Explore challenges faced by the BRIDGE Team in an area faced by conflict and insecurity (Kaduna State) between 2020 to date

CHALLENGES OF EPILEPSY CARE IN KADUNA STATE

- Low awareness of the disease and its causation. Many associate the disease with spiritual possession leading to stigma and discrimination
- Limited access to health care facilities/services (supportive care; physiotherapy, rehabilitation, speech therapy etc)
- Poor access to appropriate medication (drug type/ formulation/ genuineness)
- Lack of adequate resources for diagnosis and management
- Lack of adequate number of skilled human resource to care for the disease

BRIDGE COMMUNITY-BASED APPROACH

- Engagement with local community and leaders which created increase awareness for care seeking
- Local training for local health care workforce thereby improving capacity to diagnosis and care

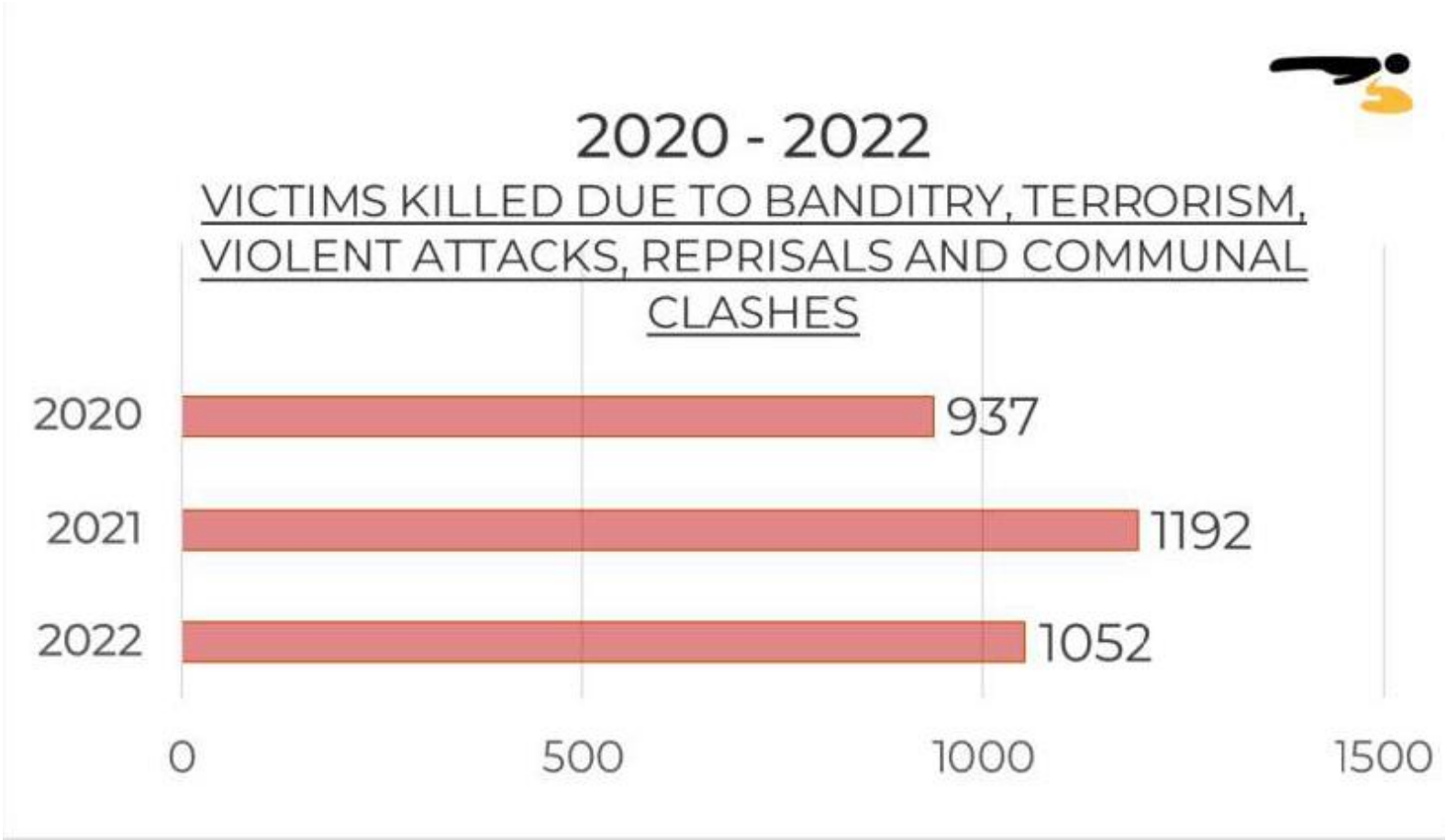
INSECURITY AND CONFLICT IN KADUNA STATE

- Insecurity in Northern Nigeria has a long history
- North-West Nigeria: Kaduna, Kano, Katsina, Jigawa, Kebbi, Sokoto and Zamfara
- Types of insecurity and conflicts: Banditry/kidnapping, cattle rustling, communal clashes, religious conflicts, terrorism
- Enabling environment in form of a huge stretch of forest extending from Niger state through Kaduna, Katsina, Zamfara, Sokoto and Kebbi serves as an enclave for various types of criminals

MAP OF NIGERIA

MAP OF KADUNA STATE SHOWING THE 3 SENATORIAL ZONES AND LGAS

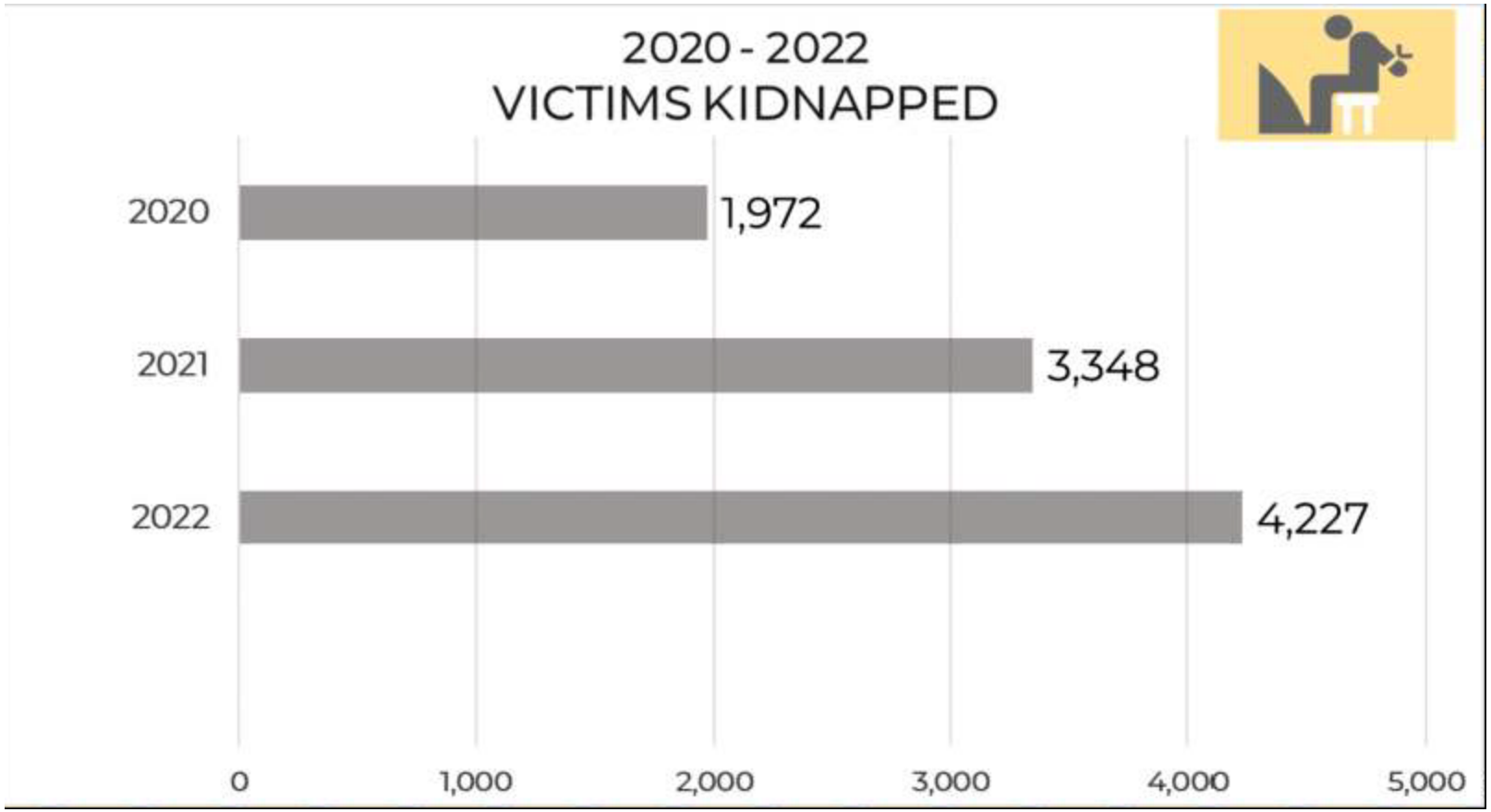
DEATHS DUE TO INSECURITY IN KADUNA STATE



VICTIMS KILLED BY LGA IN 2022

Senatorial District	Local Govt. Area	Number of victims killed	Percentage
Northern Senatorial District	Ikara Kubau Kudan Lere Makarfi Sabon Gari Soba Zaria	9 4 9 15 7 7 6 5	5.89
Kaduna Central Senatorial District	Birnin Gwari Chikun Giwa Igabi Kaduna North Kaduna South Kajuru	120 116 180 83 9 12 121	60.93
Southern Kaduna Senatorial District	Jaba Jemaa Kachia Kagarko Kaura Kauru Sanga Zangon Kataf	2 15 84 19 94 48 6 81	33.17
Total		1,052	

VICTIMS KIDNAPPED IN KADUNA STATE



Victims kidnapped by LGA in 2022

Senatorial District	Local Govt. Area	Number of victims kidnapped	Percentage
Northern Senatorial District	Ikara Kubau Kudan Lere Makarfi Sabon Gari Soba Zaria	18 8 14 42 17 7 12 72	4.49
Kaduna Central Senatorial District	Birning Gwari Chikun Giwa Igabi Kaduna North Kaduna South Kajuru	507 810 594 506 1 3 691	73.62
Southern Kaduna Senatorial District	Jaba Jemaa Kachia Kagarko Kaura Kauru Sanga Zangon Kataf	3 69 629 102 3 59 38 22	21.88
Total		4,227	

Challenges of Epilepsy Care in Conflict and Insecure Areas of Kaduna State

Client/care provider perspective

Worsening access to health care

- Closure of some PHCs
- Transportation challenges
  - Restrictions due to bans and sanctions
  - Increased fare
- Reduced uptake of treatment and presentation for follow ups
- Displacement of families
- Non availability of care givers and significant others
- Downing telecommunication facilities
- General poor access to health care worsening other co-morbidities and outcomes

- Shortages of medications due to:
- Lack of transportation to move around
- Patients not able to buy due to financial difficulties
- Dwindled income/loss of income/financial difficulties generally
- Patients not able to access their community physicians to pick a prescription

IMPACT OF INSECURITY ON PATIENTS

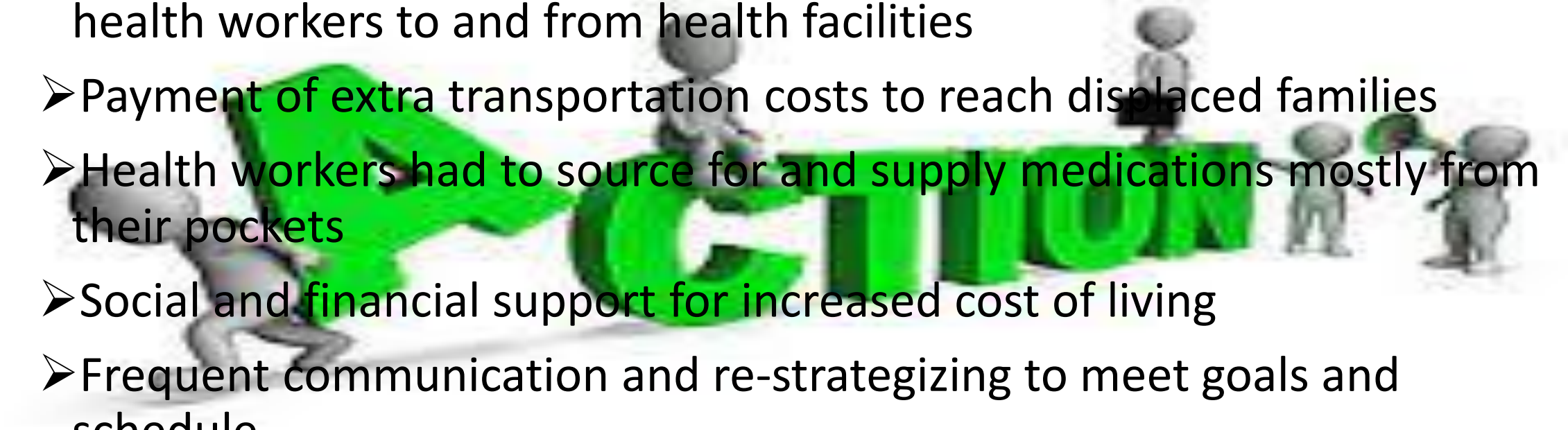
- Increased risk of injury and trauma
- Worsening of stressful environment that can exacerbate seizures and overall wellbeing
- Worsening morbidity and mortability due to other comorbidities
- Worsening/poor seizure control due to poor compliance with medications (logistics)

IMPACT OF INSECURITY ON EPILEPSY CARE PERSONNEL

- Psychological trauma experienced by health workers at work, in their homes and while on the road to reach out to patients that were unable to come for follow ups
- Physical violence- some staff and their relatives were directly involved in the violence, some kidnapped and some died
- Many health workers had to relocate to safer areas
- Fatigued and exhausted HCW some of whom lost/faced increase cost of living and loss of income

ACTIONS TAKEN TO AMELIORATE ABOVE CHALLENGES

- Use of community volunteers to reach patients in remote and very hard to reach areas
- Engagement of voluntary security out fits to accompany patients and health workers to and from health facilities
- Payment of extra transportation costs to reach displaced families
- Health workers had to source for and supply medications mostly from their pockets
- Social and financial support for increased cost of living
- Frequent communication and re-strategizing to meet goals and schedule



- Consolidation of gains from community based care by empowering CHEWS to provide basic education and basic care to patients
- Exploring and consolidating existing rudiments of telecommunication/telemedicine via phone calls, WhatsApp and text messages; and other digital communication methods
- Consolidation and expansion on the gains from advocacy and awareness already raised in LGAs we are working with
- Empoering patients and caregivers by providing education and resources that help them to better manage themselves
- Empowering patients and caregivers through formation of epilepsy associations to help in advocacy, awareness, exchange of goo care practices etc
- Advocate for policy changes can help to secure resources for epilepsy care generally and improve preparadeness in situations of conflicts and insecurity

People living with epilepsy in conflict zones are among the most vulnerable and underserved groups in the world. We cannot stand idly by while they suffer. It is up to all of us to take action and support epilepsy care in conflict and insecure areas.


Thank
you !