BORNO STATE GOVERNMENT

HEALTH SECTOR NIGERIA

Northeast Nigeria Response
BORNO State Health Sector Bulletin #16
29 January 2017

6.9 MILLION
IN NEED OF HEALTH ASSISTANCE IN ADAMAWA, BORNO AND YOBE

5.9 MILLION
TARGETED BY THE HEALTH SECTOR; ADAMAWA, BORNO AND YOBE

1,770,444
INTERNALLY DISPLACED PERSONS

2,608,090 *
MEASLES VACCINATED CHILDREN

HIGHLIGHTS

- In 2016, there were approximately 25,000 cases of measles among children in Nigeria, 97% of the cases were in children under the age of ten and at least a hundred children died.
- The phase two of the national mass measles vaccination campaign has been completed in Borno State. The campaign has ended in all 25 targeted LGAs with final data being awaited. At the time of reporting, 2,608,090 children had been vaccinated (84% coverage), with data from 5 LGAs still pending. Eleven (11) of the 20 LGAs that have so far reported data reached a coverage of 95% and above, while four (4) LGAs have a coverage of 90-94%.
- The vaccination campaign, conducted in partnership with the Nigerian government, WHO, and several non-governmental organizations, also included a vitamin A supplement for children under five to boost their immunity as well as deworming tablets. Most the funding for the camping was provided by the Measles and Rubella Initiative.
- Current GAM rates range from 20 to 50%, reflecting an "Extreme Critical" situation. About 400,000 children will suffer from SAM in 2017. Without treatment, approximately 20% of those children are likely to die.

HEALTH SECTOR

18 HEALTH SECTOR PARTNERS

HEALTH FACILITIES**

288 FUNCTIONING** (OF TOTAL 749 ASSESSED HEALTH FACILITIES)
262 FULLY DESTROYED
215 PARTIALLY DAMAGED

IDP CAMPS CUMULATIVE CONSULTATIONS

6,091 MEDICAL CONSULTATIONS***

EARLY WARNING & ALERT RESPONSE

160 EWARS SENTINEL SITES
83 REPORTING SENTINEL SITES
23 TOTAL ALERTS RAISED****

VACCINATION

1,769,067* POLIO IPV & OPV*****

SECTOR FUNDING, HRP 2017

93.8M US$ – HRP 2017 REQUIREMENTS

2016 UNMET REQUIREMENTS

11.1 MILLION USD FUNDED (22.1%)
53.1 MILLION USD REQUESTED

** Total number of Borno State Measles vaccinated children 06 months to 10 years (National Campaign); partial data as of 27 January 2017.*
*** MOH/WHO HeRAMS December 2016*
**** Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 2*
***** The number of alerts change from week to week*
******Number of Polio vaccinated children in the Outbreak and Response campaign (IPV Inactivated Polio Vaccine & OPV Oral Polio Vaccine) as December 2016*

Situation update:

Boko Haram (BH) insurgency started in December 2003 in Northern states mainly and has particularly affected Borno state. Between May 2011 and January 2017, 26,368 people had been killed in Borno alone. As of 15 December 2016, there were close to 1.4 million IDPs in Borno (IOM 19/12/2016; Nigeria Security Tracker 01/2017; CNN 31/10/2016)

As mid-December 2016 onwards "the Nigerian government engaged in military operations in areas previously held by BH. As a result, some parts within ten Local Government Areas (LGAs), namely Bama, Damboa, Dikwa, Gwoza, Konduga, Kukawa, Magumeri, Monguno, Ngala and Shani, have become more accessible. At least 279,758 IDPs out of the 579,000 present in these areas are now reachable. This newly gained accessibility is revealing the dire needs of people who had been cut off from all essential services for almost two years. High malnutrition rates and suspicion of famine levels are among the main humanitarian issues. Poor health and wash conditions exacerbate the needs of the affected population. Protection issues are also widely reported among IDPs." (ACAPS Briefing Note 27/01/2017: Humanitarian situation in newly accessible areas in Borno State)

However, even if access has recently improved, in most cases it is limited to the LGA main city. According to OCHA at least six LGAs remain completely or with very limited access in northern and central Borno, leaving between 400,000-800,000 people cut off from humanitarian aid. Access to many newly accessible areas is only possible by UN air service and/or military escort due to security concerns (OCHA 28/11/2017). Humanitarian actors are limited to areas where the military has strong. presence and are able to offer support services like security and helipads. This blurs the line of neutrality, undermining humanitarian principles and putting humanitarian workers at risk of being associated with the parties in conflict. While the number and frequency of attacks is currently low, shifting tactics by BH will remain a threat to humanitarian workers, civilians and IDPs as well.

Continued fighting between the military and insurgents have resulted in more displacement and increase the vulnerability of the affected population. Fighting in the North is resulting into recent displacement into Dikwa and Monguno at an increasing level. In some areas returnees from Maiduguri are displacing IDPs who had been occupying their homes and increasing camps populations.

Despite an increase in humanitarian assistance in recent months, thousands of people in the city are still in need of food, water and health care services. The most vulnerable are often people living in informal camps. In December, the International Organization for Migration (IOM) published its Data Tracking Mechanism (DTM), Round XIII. The DTM noted that for 66 per cent of vulnerable IDPs food is their greatest unmet need. The DTM also identified several camps and settlements that were not getting food regularly, or at all. These camps are not recognized by the authorities, so people receive little to no assistance, even though thousands live in them. The need for food assistance is likely to increase even further from March, when stores from this year's low-yielding harvest run out, plus food and nutrition needs are more pronounced in the dry season.

On the other hand, the likelihood of outbreaks of epidemics like malaria and cholera increases, particularly with the start of the rainy season in April and ending in September. According to an assessment conducted in 2016, approximately 75% of WASH facilities in the northeast had been destroyed in the conflict (Recovery and Peacebuilding Assessment 06/01/2017). Open defecation is widely practiced within communities as most houses have no latrines and existing latrines are inadequate or in poor condition.

To add to the complexity of the humanitarian crises, Nigeria is going thru an economic crises and the value of the Nigerian naira continues to decrease affecting the health sector as well. The upward review of import duty on antimalarial drugs and antibiotics is likely to increase the burden on already vulnerable populations and drive up the cost of treating malaria and fighting epidemics (Guardian 29/12/2016)

Public Health Risks and Needs

- Cholera and meningitis are a threat in the coming weeks and months and outbreaks of epidemics are expected, particularly with the start of the rainy season in April. Preparedness plans are ongoing.
- Warmer temperatures within two months when the temperature will rise again continue to increase the risk and incidence of malaria which has become endemic in the Nort East Region.
- The need for food assistance is likely to increase even further from March, when stores from 2016' low-yielding harvest run out, marking the start of the annual lean season.
- The upward review of import duty on antimalarial drugs and antibiotics is likely to increase the burden on already vulnerable populations and drive up the cost of treating malaria and fighting epidemics
- Limited or non-availability of qualified human resources, essential medicines and the destruction of medical facilities continues to hamper the delivery of lifesavings health interventions.

Surveillance and communicable disease control

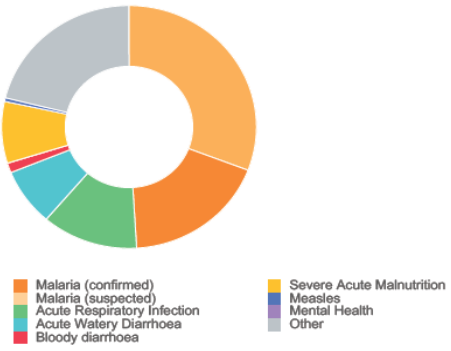
- **Polio*:*** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week.

- **Early Warning Alert and Response System (EWARS)**:

  In Epi Week 2-2017, a total of 83 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 52% and timeliness was 46% (target 80% respectively). Twenty-three indicator-based alerts were received and 87% were verified.

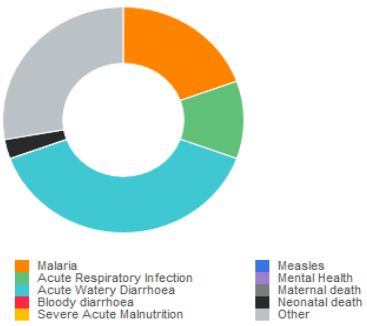
Proportional Morbidity in Epi Week 2-2017

Figure 1a | Proportional morbidity (W2)

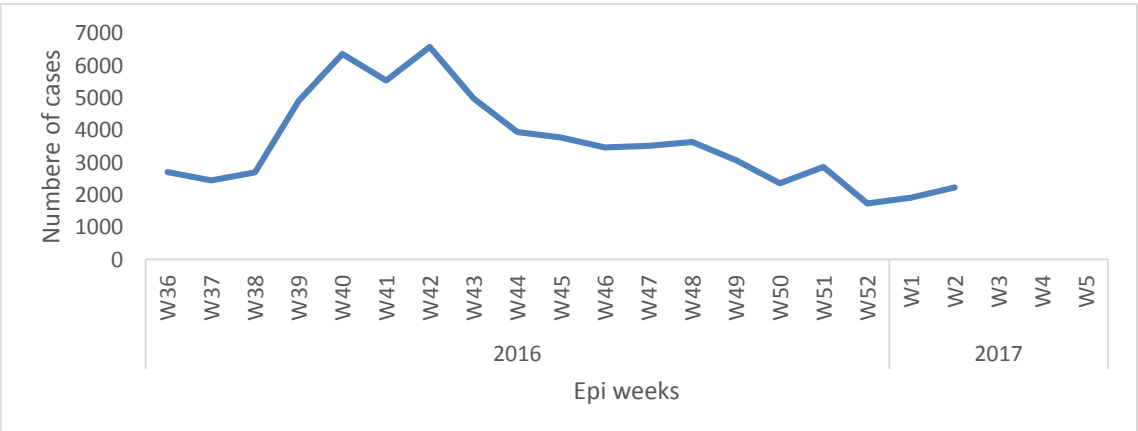


Proportional Mortality in Epi Week 2-2017

Figure 1b | Proportional mortality (W2)



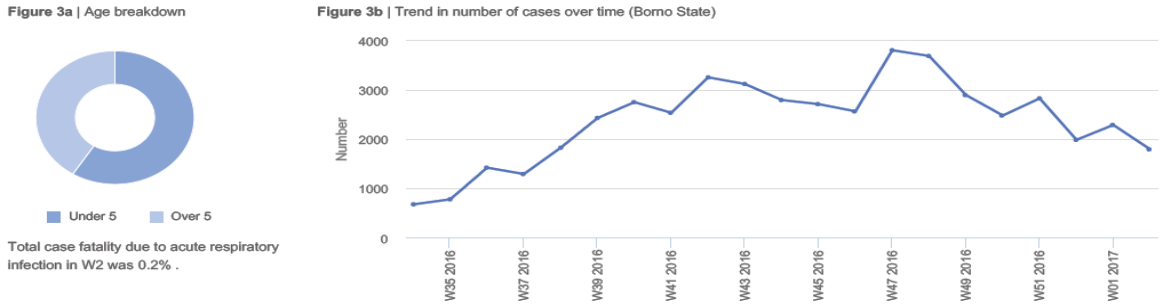
- **Malaria:** Between Epi Weeks 34-2016 to Week 2-2017, a total of 127,104 suspected cases and 74,615 confirmed cases (18% of morbidity) of malaria were reported from EWARS reporting sites in 13 LGAs. The number of Malaria cases peaked in week 42 and has decreased until week 52 (1,731). In week 2 the number of confirmed Malaria cases is 2,230 is slightly re-increasing. Four deaths due to Malaria were reported from Teli clinic (2), Gatamarwa dispensary (1), and MCH Miringa (1).



Weekly trend of Malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 2-2017

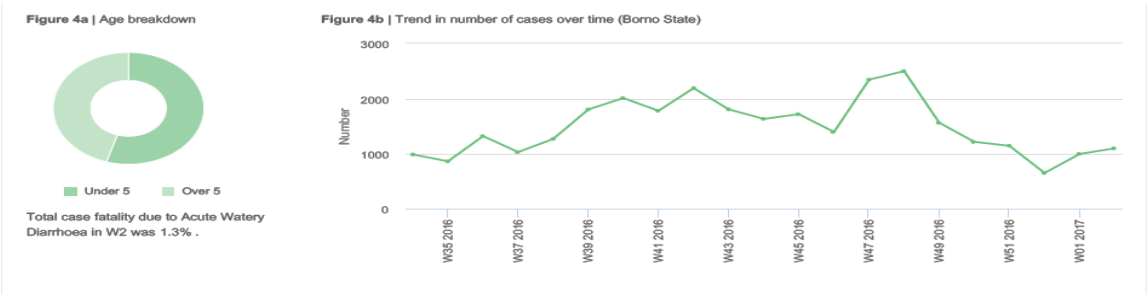
- **Measles: :** Between Epi Weeks 34-2016 to Week 2-2017, a total of 1,870 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 2, 50 suspected cases were reported with 76% of them under 5 years old. Adverse Event following immunization (AEFI) = 77 minor and 1 major (estimated rates of severe AEFI for measles antigen is approximately 1:1,000,000). Two severe cases of measles suspected caused death of two children are been investigated.

- **Acute Respiratory Infection (ARI)**: In Epi Week 2, 1793 cases of Acute respiratory infection were reported representing 15 % of the reported morbidity. Four deaths due to ARI were reported in ALIMA GDSS IDP Camp Clinic (3) and Umaru Shehu Hospital (1).



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 2-2017

- **Acute Watery Diarrhoea (AWD):** In Epi Week 2, 1101 cases of AWD were reported including 262 cases from Monguno Clinic at Bakasi Camp, Maiduguri; and 133 cases from ALIMA GDSS IDP Camp Clinic. Further investigations will be conducted on site and stool samples to be collected.



Weekly trend of AWD cases reported through EWARS in Borno State from Week 34-2016 to Week 2-2017

- **Viral Haemorrhagic Fever**: No new cases of suspected Lassa fever were reported in the past week.

- **Severe Acute Malnutrition (SAM):** In Epi Week 2, 841 cases of SAM were reported. No deaths were recorded.

- **Neo-natal deaths**: One neo-natal death was reported from Gatamarwa Dispensary.

- **Maternal death:** No maternal death was reported.

Health Sector Coordination

WHO as sector lead agency conducted ***Health Partners Supply Chain Analysis.*** The findings indicate that the supply pipeline for drugs and materials for the Borno State health response is fragile and precarious for a number of INGOs. This severely threatens the ability of the combined health sector to:

- Respond at the necessary scale / scale up response – due to the tenuous nature of supply pipelines and the inability of INGOs to guarantee an adequate supply.

- Respond in a timely, or adequate manner to spikes in public health need – due to the lack of significant contingency stocks and fragility of supply.
- Address complex or long-term health issues – due to concerns that supply will be inadequate or intermittent and therefore unable to support complex interventions such as secondary or specialist care.

The process of importation of drugs and health supplies into Nigeria can be lengthy, complicated and expensive. Importation by sea can take many months prompting health actors to import by air even if they are planning ahead. The process of dealing with a number of Government actors and obtaining numerous documents at various levels can be onerous and labyrinthine. In order to best negotiate a path through the importation process it is crucial to have developed good relationships with Government customs officials and to have a comprehensive understanding of the key documents and workflow.

In order to ensure the supply pipeline is guaranteed with a sound buffer stock INGOs must have developed an infrastructure and network to negotiate the importation process described above. Some of the longer-established INGOs have managed this, however the weight and expense of staffing offices at different locations and levels is beyond the financial capacity of many organisations at their current levels of funding and operation. Importation can be challenging in many protracted crises (e.g. South Sudan), however over time INGOs develop the necessary relations and structures through a funding structure involving multiple grants. A critical level, number and duration of funding streams has not been developed by many INGOs in the Nigeria context – especially those lacking independent funds.

Many health partners are relatively new to the Nigeria context and understanding of their respective missions are new to customs officials. The amounts/scale of drugs and supplies are relatively small and consequently unimportant to customs and so do not gain priority. However, the type of materials arouses interest and suspicion, which generate more process than is the case for non-medical items. This means that hold ups and misunderstandings are easily encountered. The process of obtaining a permit to import, and the subsequent waiver on the import duty also appears to take a number of months.

There are a relatively small number of international NGOs with operational health programmes in Borno State, northeast Nigeria and more than half face significant challenges in terms of importation of drugs and medical supplies, with the result that in a number of cases supplies are running dangerously low.

In the immediate future WHO as sector lead agency will undertake the following:

- Continue to advise INGOs on importation through the Supplies Officer in Abuja
- Advocate to the Government of Nigeria for a faster importation process
- Follow up with the health authorities and other agencies to see if some supplies can be released to International Non-Governmental Organizations (INGOs).

Health Sector Action

The ***Federal Government*** has flagged off a scheme to revitalise over 10,000 healthcare centres across Nigeria. The scheme is to avail poor Nigerians with qualitative and affordable health services. Under the National Primary Healthcare Revitalization Initiative, Nigeria, through the ***National Primary Health Care Development Agency, NPHCDA,*** and the ***Federal Ministry of Health***, wants to make at least one primary health care centre fully functional to deliver a number of services in each of the wards across the country.

UNICEF supported State Cold Chain officers by providing them with vaccines and other devices for the upcoming Polio Out-Break Response (OBR) campaign. They supported the State to analyse and define LGAs with high numbers of un-immunized children and communities which are not being reached.

International Rescue Committee (IRC): The ***IRC*** mobile clinics operating in MMC (4), Jere (6), Konduga (4) and Monguno (4), reached 1,552 patients (40% children under 5) last week, approximately 90 patients/day at each location.

The ***IRC*** commenced reproductive health care in its Comprehensive Women Centre in Monguno at the GGSS compound, and will soon be able to provide psychosocial counselling and case management services as well. Within the first week, 69 women attended for Ante-Natal Care (ANC) and 5 for family planning. In Bakassi camp, 7 deliveries were conducted by the skilled midwifes at the IRC – Reproductive Health facility. In order to strengthen the referrals from home to clinics for ANC and safe deliveries, IRC trained a group of 28 traditional birth attendants in collaboration with the State RH department. IRC will continue to follow up with these TBAs and support them in timely referring pregnant women and women in labour to the facility.

International Committee of the Red Cross (ICRC) The global Red Cross community continues to mourn the six workers from the ***Nigerian Red Cross Society (NRCS)*** who were among the dozens killed in the air strikes in Rann last week; but as soon as medical evacuations were over, they organized a food distribution which was planned for the day that the airstrikes happened. 12 trucks full of food served more than 25,000 people during the three-day distribution that ended on Monday 23rd January. The recipients received rice, beans, oil, salt and corn soya blend in quantities that should last for five weeks. The distribution was carried out by the ICRC and community volunteers.

ICRC currently has two surgical teams in Nigeria, both based in the State Specialist Hospital in Maiduguri, in Borno state. They treat people wounded in the conflict and internally displaced people in need of surgical care. Each team consists of a surgeon, an anaesthesiologist and a nurse. As published, in the last seven years, the ICRC has trained nearly 400 Nigerian doctors and nurses to treat weapon-wounded patients and for the 2016 year have treated over 1,800 weapon-wounded patients in north-eastern Nigeria. The agency continues to support 16 PHC centres and nine mobile clinics providing PHC services to IDPs, returnees and host communities in the north-east. Also in 2016, 13,000 children under five suffering from severe acute malnutrition were treated and 15,500 babies were delivered in ICRC-supported clinics, in addition to over 436,000 patients were seen.

WHO in partnership with the ***National Centre for Disease Control*** and the ***Borno State Ministry of Health*** have developed and delivered four sessions of trainings on diseases surveillance and outbreak investigation on 19,20,24 and 25 January. A total of 187 clinicians, laboratory technicians and data managers from 46 health facilities from Jere and MMC were trained on diagnosis and reporting of cholera, meningitis, viral haemorrhagic fever, poliomyelitis, and measles. Reports of the working groups will be consolidated to be submitted to the LGA and State authorities. This training is planned to be scaled-up to other LGAs for the strengthening of EWARS/IDSR network.

Additionally, 20 laboratory scientists from 9 hospitals of the greater Maiduguri were trained on the diagnosis of *Vibrio cholera* and *Neisseria meningitis* on 27-28 January. Practical follow-up sessions should take place within two weeks. Need assessment and provision of basics reagents and sample collection material will be provided through the Umaru Sherub Ultra-Modern Hospital.

***WHO/MOH Hard to Reach (H2R) Teams*:** A supportive supervision visit to the H2R team operating around Benisheikh, Kaga LGA on 24/01/2017 was made by a WHO Health Operations Team lead, H2R focal person and HQ communication team. Apart from regular activities, the monthly LGAF and MHT team lead review meeting was held on 26/01/2017. During week 3, 3,842 beneficiaries were seen and 63 referrals were made. 1,830 pregnant women received iron folate supplementation and 896 received intermittent preventive treatment of malaria in pregnancy.

Community Own Resource Persons (CORPS): 70 new recruited CORPS are in Maiduguri for a WHO supported training on Integrated Community Case Management (ICCM). At the end of the training, they will

be deployed in the field and will serve their community providing basic health services for the under 5 children to contribute to the reduction of child mortality.

Reproductive Health (RH)

As part of the ongoing response scale-up ***UNFPA***, in partnership with the ***Borno State Ministry of Health***, supported ***GePDAC*** and conducted medical outreach in ten communities of Kaga and Gubio LGAs[1] reaching out to 2,214 women and girls with Reproductive health services and treatment of minor ailments. Also 268 women and girls from five communities of Gubio LGA were sensitized on danger signs of pregnancy, importance of Ante-Natal Care and health facility based delivery.

In addition, 35 Traditional Birth Attendants (TBAs) from five communities of Kaga LGA, were trained on Basic First Aid on maternal emergency and referral to hospital for delivery. The training was centrally conducted at LGA secretariat.

Nutrition

Mothers waiting to receive nutrition support at OTP site in PHC Fikayel, Bayo (Photo: WHO)

A joint field mission of ***WHO*** and ***UNICEF*** was made in two LGAs Bayo and Kwaya Kusar in South Borno in the reporting week. The purpose of the visit was to assess and support nutrition activities in the two LGAs. Stabilization centres at Briyel general hospital and Kwaya Kusar general hospital were visited. Both the stabilization centres are in the initial phase of establishment. Some necessary supplies like beds, mattress are lacking in the facilities. There is need to improve ventilation, make kitchen and storage arrangements for the stabilization centres.

Meetings were held with the concerned staff and hospital management to support the establishment of Stabilization Centre in order to urgently cater to the needs of malnourished cases requiring inpatient care. WHO and UNICEF have provided necessary supplies like drugs and equipment for the stabilization centres.

Meetings were also held with the nutrition focal points and primary health care department coordinators to ensure their continued support for nutrition interventions in the two LGAs. Out Patient Therapeutic Program (OTP) were visited at PHC Fikayel at Bayo LGA and PHC Gusi at Kwaya Kusar LGA. Due to ongoing measles vaccination days, the PHC staff were busy in the vaccination campaign with little attention to OTP activities. The PHC in-charge mentioned that due to shortage of staff OTP activities suffer during such events. Regular monitoring and supervision is required to ensure quality management of nutrition services to the people in need.

Gaps in response:

- Integration of the three states response and the opening of the humanitarian hubs still a challenge.
- Provision of primary and secondary health care services, essential medicines and medical supplies to care for the affected population especially in the newly liberated areas and to prevent further deterioration of the health system;

[1]Gubio LGA: Jatori, Gubio, Bangasa, Malam Suguri, Bula Karaye, and Kaga LGA: Ngamdu, Benisheik, Yangabari, Yabal, Wassaram.

- The shortage of skilled health care workers especially doctors and midwives and reluctance to work in the newly liberated areas represent a challenge.
- Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.

Resource mobilization:

The Health Sector funding requirements under the HRP-2017 are US$ 93.8 million to provide essential health services to 5.9 million targeted people in 3 states of Adamawa, Borno and Yobe.

The latest funding overview of the 2016 HRP reports that the health sector is currently 22.1% funded of the USD 53.1 million required (FTS/OCHA, 29 January 2017)

Health Sector Partners

- Federal Ministry of Health and Borno State Ministry of Health
- UN Agencies: IOM, UNFPA, UNICEF, WHO
- National and International Partners: ALIMA, Action Against Hunger, MSF, ICRC, Medicines du Monde, Premiere Urgence Internationale, International Rescue Committee, FHI-360, International Medical Corps, Catholic Caritas Foundation of Nigeria, Nigeria Centre for Disease Control, BOSEPA, WASH & Nutrition Sectors, Nigerian Armed Forces, Nigerian Air Force & others.

-Health sector updates and reports are now available at http://who.int/health-cluster/news-and-events/news/en

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