BORNO STATE GOVERNMENT

HEALTH SECTOR NIGERIA

Malkohi IDP Camp in Adamawa State (Photo: WHO)

Northeast Nigeria Response
BORNO State Health Sector Bulletin #17
5 February 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

2,915,712*
MEASLES VACCINATED CHILDREN

HIGHLIGHTS

- The Special Representative of the Secretary-General and Head of the United Nations Office for West Africa and the Sahel (UNOWAS), Mohamed Ibn Chambas, strongly condemns January 31st 2017' deadly attack against a United Nations Technical Monitoring Team that was conducting a field mission along the border of Nigeria and Cameroon in the vicinity of Hosere Jongbi, near Kontcha, Cameroon, as part of the Cameroon-Nigeria Mixed Commission (CNMC) mandate.
- The mass measles vaccination campaign has concluded across Borno State; of total 2,915,712 children have been vaccinated out of the targeted 3,113,620 children of age group 6 months to 10 years in 25 LGAs with 94% coverage.
- UNICEF supported the State Primary Healthcare Development Agency (SPHCDA) to reopen the MCH clinic in Damasak in Mobbar LGA, Borno State, after being inaccessible for over 3 years.
- The Borno State health authorities under the chair of SPHCDA CDC have activated the cholera preparedness working group with key MOH agencies and health and WASH sectors partners.

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

6,616 MEDICAL CONSULTATIONS***

EARLY WARNING & ALERT RESPONSE

160 EWARS SENTINEL SITES
91 REPORTING SENTINEL SITES
22 TOTAL ALERTS RAISED****

VACCINATION

1,826,374 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); February 2017.*
*** MOH/WHO HeRAMS December 2016*
**** Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 4.*
***** 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 of 02/02/2017.*

Situation update:

According to preliminary reports, on Tuesday 31st January 2017, an unknown armed group attacked the UN Team and killed five persons and injured several others. The victims were one UN independent contractor, three Nigerians nationals and one Cameroonian national that were conducting a field mission along the border of Nigeria and Cameroon in the vicinity of Hosere Jongbi, near Kontcha, Cameroon, as part of the Cameroon-Nigeria Mixed Commission (CNMC) mandate.

People in Nigeria's Middle Belt states contend with communal violence due mainly to resource disputes, and people in southern Nigeria have experienced increases in crime and in violence related to resurgent militancy and the claims of Biafra secessionists. Skirmishes and bombings in Nigeria's north-eastern states (mainly Adamawa, Borno and Yobe) have had dire humanitarian consequences. Parts of the north-east have been secured, and people are returning home; such as is the case of Damasak, Mobbar LGA. However, security constraints still limit access to other areas, and most people remain displaced.

On 25th December 2016, Nigerian military and State Government re-opened the road from Maiduguri to Damasak to civilian traffic. The reopening was followed by refugee and IDP returns. As reported by a draft UN security risk assessment mission report visiting Damasak, on 24th January, 7,000 to 8,000 families have returned to Damasak. The sources report on average 100 families return to Damasak per day. Out of this, 70 families are refugees returning from the Republic of Niger. Whereas 30 families are IDPs returning from Maiduguri and other locations. An estimated 30% of the returnees are children. In January, ICRC and Nigerian Red Cross distributed food to 1,000 returnee families.

Damasak has one functioning MCH clinic just opened and supported by UNICEF. The MCH clinic is small and basic and located in the centre of town. According to the draft report, the clinic has a nurse, a nutritionist and eight health workers, but no medical doctor. Polio and measles vaccination teams use the clinic as their base. State Government health workers stay for two weeks in Damasak before they rotate. UNICEF and WHO support the ongoing polio and measles vaccination campaign in Damasak and surrounding villages.

The General Hospital, on the other hand, is not functioning. The hospital compound was ransacked and looted and driveway and compound are overgrown. The hospital buildings are still intact but ward interiors present a wild scene of destruction. Operating theatres are smashed, hospital beds mangled and piled up, drugs and medicine madly scattered across floors and patients' files pulled from cupboards and thrown onto the floor.

Humanitarian presence is limited in Damasak. Health teams conducting polio and measles vaccinations are present. ICRC and Nigerian Red Cross have distributed food. Humanitarian organizations are advised to contact Mobbar LGA chairman to plan office setup and emergency response. However, the danger of Boko Haram in the region is real and as of the writing of this update (4th February 2017) armed attacks were and temporary displacements with possible casualties are been investigated.

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. .p
- 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.

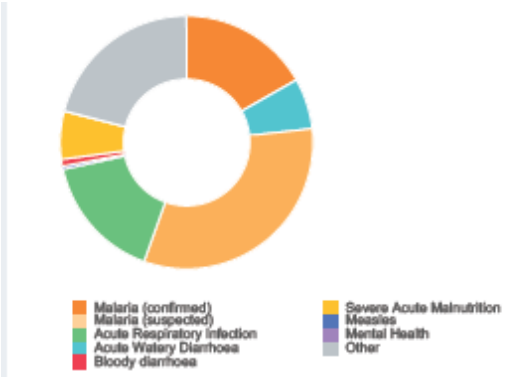
Surveillance and communicable disease control

- **Polio*:*** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week. The total number of WPV1 cases for 2016 was four. Nigeria continues to implement emergency outbreak response, both in response to the detected WPV1 strain and circulating vaccine-derived poliovirus type 2 (cVDPV2) strains affecting the country.

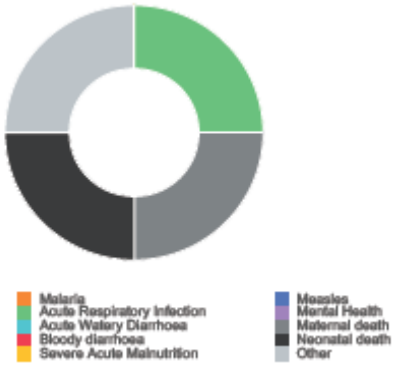
- Epidemiological situation in IDPs camps Epidemiological (Epi) Week 4 total 6,616 consultations were reported from 30 IDP camps including 1,457 cases of malaria, 1,492 cases of Acute Respiratory Infections (ARI) and 553 cases of watery diarrhoea. 30 referrals were also reported.

  Early Warning Alert and Response System (EWARS): In Epidemiological Week 3-2017, a total of 91 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 57% and timeliness was 59% (target 80% respectively). Twenty-two indicator-based alerts were received and 73% were verified.

Proportional Morbidity in Epi Week 3-2017

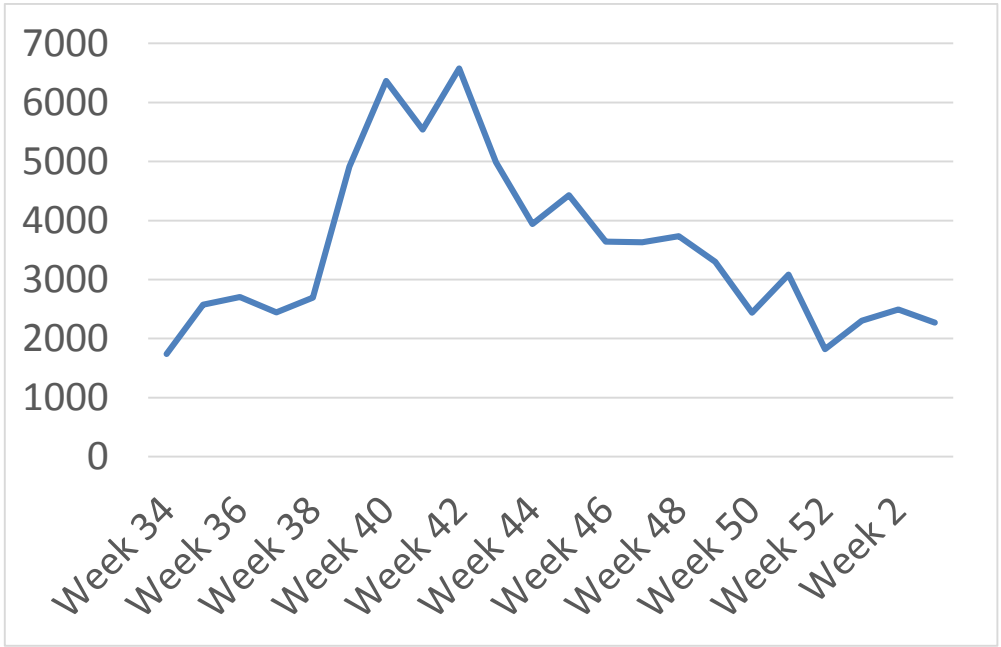


Proportional Mortality in Epi Week 3-2017



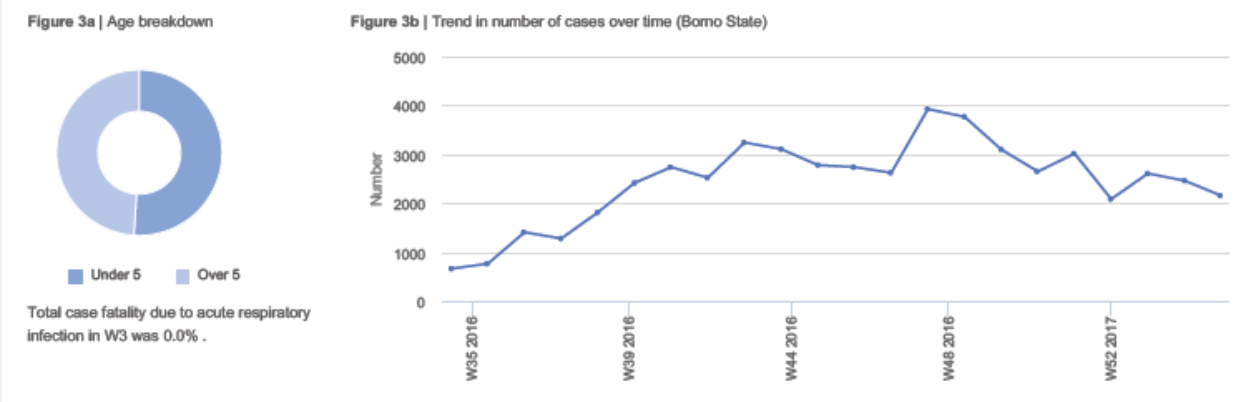
- **Measles:** Between Epi Weeks 34-2016 to Week 3-2017, a total of 1,986 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 3, 54 suspected cases were reported with 87% of them under 5 years old.

- **Malaria: :** Between Epi Weeks 34-2016 to Week 3-2017, a total of 133,861 suspected cases and 77,619 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 (1731). In week 3 the number of confirmed Malaria cases is 2256. There was no death due to malaria.



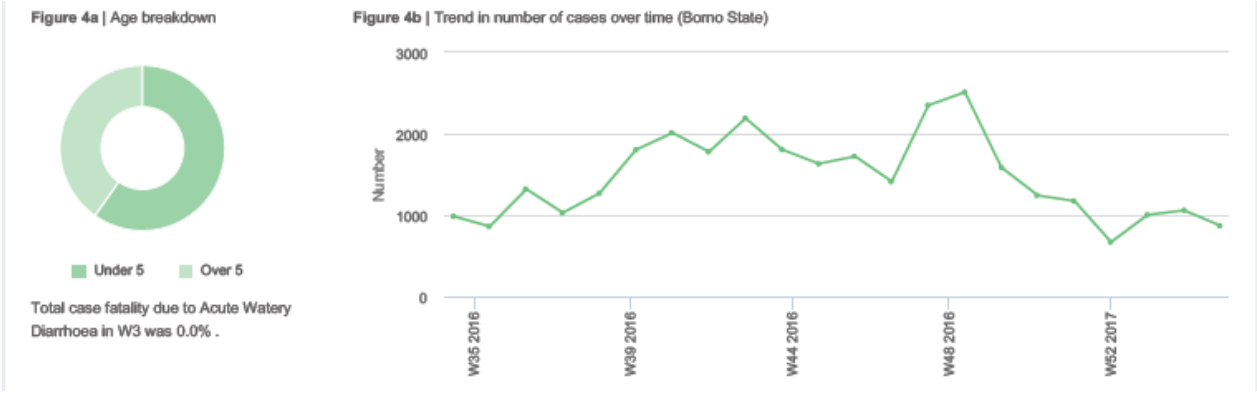
Weekly trend of Malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 2-2017

- **Acute Respiratory Infection (ARI)**: In Epi Week 3, 2168 cases of Acute respiratory infection were reported representing 16 % of the reported morbidity. One death due to ARI was reported from Whitambaya Dispensary.



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 3-2017

- **Acute Watery Diarrhoea (AWD):** In Epi week 3, 873 cases of AWD were reported including 106 cases from Monguno Camp Clinic, Bakasi. Investigations were conducted last week and a sample was taken and negative for *Vibrio cholerae*.



Weekly trend of AWD cases reported through EWARS in Borno State from Week 34-2016 to Week 3-2017

- **Viral Haemorrhagic Fever**: No reported VHF case.
- **Severe Acute Malnutrition (SAM):** In Epi Week 3, 824 cases of SAM were reported. No deaths were recorded.
- **Neo-natal deaths**: One neo-natal death was reported from Dalaram PHC.
- **Maternal death:** One maternal death was reported from Town dispensary.

Health Sector Coordination

At the national level, the Federal Ministry of Health (FMOH) has established various levels of structures to improve coordination and accountability mechanisms for delivery of the nutrition and health emergency response initiative. A Strategic Coordination Team (SCT) under the chairmanship of the HMH has been created. The membership of the SCT includes the Honourable Minister of State for Health; Permanent Secretary of Health; the Executive Director of the National Primary Health Care Development Agency. Others are: - Director Special Projects, Director Finance and Accounts, Director Procurement, Director Health Planning, Research and Statistics and Director Human Resource. The Special Projects Division of the FMOH will serve as secretariat while the Team Leader and Co-Team Leader for the field operations are co-opted as ex-officio members to provide technical information that may be required.

As part of the broader process of enhancing the quality of services and ensure adherence to national policy, the FMOH developed a health sector response strategy. The sector strategy is aimed at reducing morbidity and mortality through a strengthened and well-coordinated health system response that provides essential lifesaving services to all persons affected by the insurgency in the affected States of the North East.

The core objectives to be achieved through this strategy are:

- To ensure access of affected population to an essential package of primary and secondary lifesaving health services.
- To improve access to cost-effective tertiary health care services.
- To restore and strengthen/improve the main health system functions.
- To strengthen the capacity for Disaster Preparedness and Response at the three tiers of the health system, with a focus on the North-East Zone emergency.
- To support State and Local Government authorities and to improve the communities' involvement in risk mitigation and overall Community Resilience.

While working towards operationalizing the sector response strategy in the affected states, the challenge of malnutrition in the affected states emerged. The FMOH, took up the challenge and instituted a team to respond to the emergency nutrition situation. The team, worked with the State Government in Borno State to develop a response plan with clear activities and budget. Following discussions and reviews, the FMOH took a decision to synchronise all emergency and humanitarian activities for ease of implementation.

The FMOH emergency response initiative is aimed at Borno State over a period of six months. The focus is to address the needs of the most vulnerable (women, children under 5, pregnant and lactating mothers) in the most affected areas and ensure equitable access to health service. Specifically, the emergency support will be targeted at:

- IDPs in camps and host communities
- Host communities impacted by influx of IDPs
- IDPs in make-shift or informal camps
- IDPs that move out of camps to their original communities
- Refugees returning from other countries
- People residing in newly opened areas

The activities planned for implementation have been designed to address the emergency nutrition situation and essential health service provision, particularly in the newly liberated areas. The approach adopted for the implementation of the emergency response initiatives, has been designed to ensure the FMOH facilitates a process that enables the State MOH to deliver on its mandate.

The humanitarian health response initiative is a collective responsibility of both the SMOH and the FMOH. The new National Health Policy 2016 specifically indicates the strengthening of health emergency management capacity and emergency coordination mechanisms at all levels. This gives the FMOH the opportunity to use the emergency nutrition and health response initiative to help the state develop the appropriate management and coordination systems. The policy document also categorically indicates PHC management has to be strengthened through a unified governance system. These provisions and the focus on using primary health care as the vehicle for improving the health of all Nigerians, has provided the platform to build on.

Health Sector Action

The ***Borno State MOH SPHCDA*** under the chair of the CDC Director reactivated the Integrated Disease Surveillance and Response Surveillance Committee (IDSRC) to address the cholera preparedness plan for this year with the participation of the Health and WASH sector partners.

Two meetings were conducted under Health Sector coordination mechanism, which were attended by health sectors partners with the commitment to be part of the cholera preparedness plan. The key points as part of the plans addressed are:

- **Surveillance:** Review epidemiological data to identified “hot spots” wards/LGAs in addition to high risk IDPs camps. WHO Surveillance and WASH Sector colleagues will develop criteria for prioritization using population concentration, epidemiological data and WASH criteria.
- **Assessment and Mapping**
  - Of health facilities (one per zone in Greater Maiduguri) to be consider for the establishment of Diarrheal Treatment Centers (within the facility or in the grounds as tented CTC)
  - Human resources mapping; e.g. number of staff available, required
- **Capacity building:** and Training of hospital staff on CTC management and cholera case management
- **Community awareness and education:** community mobilization and training of volunteers.

The next meeting for the Cholera Preparedness partners meeting will held on Friday 17th February.

UNICEF supported the State Primary Healthcare Development Agency (SPHCDA) to reopen the MCH clinic in Damasak in Mobbar LGA, Borno State, after being inaccessible for over 3 years.

The ***WHO Hard to Reach Teams (H2R),*** covering 24 LGAs have performed a total of 4,427 consultations bringing the total number of consultations to 17,242 (since 1st January). 3,538 children received deworming treatment. 2,918 children were screened for malnutrition (with MUAC). 90% (2,618) of the children had a Green MUAC, 7% (215) were found yellow and 3% (85) were diagnosed severely malnourished (Red MUAC). 2,661 children received Polio vaccinated during the campaign.

WHO is scaling up the number of community resource persons (CORP) to 500. The CORPs are volunteer community-based health worker that are trained to classify and treat key childhood illnesses, and also to identify children in need of immediate referral (ICCM-Integrated Community Case Management and IMCI-Integrated Management of Childhood Illness) and are an important tool for reducing mortality, especially among marginalized children who otherwise have limited or no access to lifesaving treatment. During the reporting period 68 new CORPs were trained. The teams are now deployed in their respective communities. 57 new supervisors were also trained the same week on supervision of ICCM, and they will be linked with CORPS and the Nigerian Health system. They will be responsible of supervision, drugs supply and data collection of the CORPS teams.

Nutrition

Save the Children (SC) supports Infant Young Child Feeding (IYCF-E) activities through community-based mother-to-mother groups. During December 2016, there were 469 new admissions to their Outpatient Therapeutic Programmes combined and 30 admissions to the Stabilization Centre. For all of 2016 there were 15,626 total new admissions to the OTPs. The agency current nutrition activities include:

- Support to fixed site OTPs in Konduga LGA: Chabbal, Kemeri, Dalori, Dangalti
- Support to mobile outreach OTP in Konduga LGA: Tungushe, Mandarari
- Support to fixed site OTPs in Jere LGA: Zabarmari, Dusman, Gongulong
- Support to mobile outreach OTP in Kaga LGA: Manoik
- Support to Stabilization Centre in Jere LGA: Mulai General Hospital

UNICEF over the first two weeks of January 2017, more than 2,700 children with SAM have been admitted for treatment into the therapeutic feeding program in Adamawa, Borno and Yobe states; and supported the Borno State nutrition team to screen 558 under 5 children, identifying 24 SAM cases (4%) and 190 MAM cases (34%). Screening of 111 children was also conducted in Fulatari camp in Konduga LGA using Mid-Upper Arm Circumference (MUAC). All SAM children in both locations have been admitted for treatment.

With the support of UNICEF, two hand pump boreholes were completed at the CMAM centres in Miringa and Gunda wards of Biu LGA providing access to safe water for approximately 1,000 people. Training on IYCF conducted in Southern Borno LGAs, to strengthen behaviour change associated with better feeding and care practices for children, pregnant and lactating women. Monitoring missions of Nutrition section to Ngala and Gwoza were conducted in the week.

The ***WHO Hard to Reach (H2R)*** teams screened a total of 2,918 children 6 -59 months in the reporting week in Borno state. About 85 (2.9%) children were identified as Severely Acute Malnourished (SAM), 215 (7.4%) were Moderately Acute Malnourished (MAM) whereas the remaining 2,618 (89.7%) children had satisfactory nutritional status based on MUAC.

The below table reflects the nutritional status of the children 6-59 months assessed in the 22 LGAs.

	Boys	%	Girls	%	Total	%
Screened	1334		1584		2918	
Green	1189	89.1	1429	90.2	2618	89.7
Yellow	89	6.7	126	8.0	215	7.4
Red	56	4.2	29	1.8	85	2.9

Gaps in response:

- Restoration of health services and non-functional health facilities is a long term intervention.
- The shortage of skilled health care workers especially doctors and midwives and reluctance to work in the newly liberated areas represent a challenge
- Provision of quality primary and secondary health care services, essential medicines and medical supplies to care for the affected population especially in the newly liberated areas.
- Re-establishing a functional health referral system.
- Integration of the three states response and the opening of the humanitarian hubs still a challenge.

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, 2 FEB 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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