Northeast Nigeria Response
Health Sector Bulletin #34
31st October 2017

6.9 MILLION
PEOPLE IN NEED
OF HEALTH CARE

5.9 MILLION
TARGET BY THE
HEALTH SECTOR

1,713,771*
IDPS IN THE
THREE STATES

4.96 MILLION
2017 HRP HEALTH
SECTOR HRP PARTNERS
REACHED TARGET

HIGHLIGHTS

- The Cholera International Coordinating Group (ICG) request for 896,919 doses of Oral Cholera Vaccine (OCV) for the second round of the campaign in Jere, Maiduguri, Dikwa, Monguno, Konduga, and Mafa has been approved; but the regulatory group denied the request for OCV doses for a vaccination campaign in Bama, Kala-Balge, Gwoza, Mobbar and Ngala.

- The HRP-2018 process has started for the NE Nigeria response. The health sector objectives, indicators and priorities for next year response were shared with partners. Partners are working on their project proposals for submission through Online Project System (OPS).

- Under the Nigerian Humanitarian Fund (NHF) health sector has recommended three projects for funding, which will be implemented in hard to reach LGAs focusing on essential primary health care, sexual and reproductive health and mental health interventions. The projects will bring quick impact in terms of control of outbreaks and mortality among the affected population.

- In Yobe state, Health Sector/WHO along with the partners and SMoH has started HeRAMS to assess the status of health services in health facilities including health facilities infrastructure, human resources, water supply etc.

45 HEALTH SECTOR PARTNERS

HEALTH FACILITIES**

FUNCTIONING*** (OF TOTAL 755 ASSESSED HEALTH FACILITIES)

FULLY DESTROYED

PARTIALLY DAMAGED

REHAB/RENOVATED

822,943 MEDICAL CONSULTATIONS

2,092 REFERRALS

EPIDEMIOLOGICAL WEEK 42:
EARLY WARNING & ALERT RESPONSE

240 EWARS SENTINEL SITES

132 REPORTING SENTINEL SITES

26 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2017

HRP 2017 REQUIREMENTS: 93.8M US$

19.3 M US$ FUNDED (20.6%)

2016 UNMET REQUIREMENTS

11.8 MILLION US$ FUNDED (22%)

53.1 MILLION US$ REQUESTED

* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XIX

** Number of target reached by reporting HRP partners as of September 2017.

*** MoH/WHO HeRAMS August 2017

**** Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 1 - 42.

***** The number of alerts change from week to week.
Situation update

The Northeast Nigeria Displacement Tracking Matrix (DTM) round XIX has been released which identified 1,713,771 individuals as displaced in the affected states of Adamawa, Borno and Yobe, representing a marginal decrease of 43,517 persons (or three per cent) compared to previous DTM XVIII in August 2017.

Round XIX of DTM assessments were conducted from 3 to 24 September 2017 in Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe states, covering 779 wards (an increase from 776 in the XVIII round in August and 772 in the XVII round in July), showing a steady increase in coverage, a result of the improved security situation, in 110 LGAs. Better access to one ward each in Bauchi’s Ganjuwa LGA, Borno’s Kukawa LGA and Gombe’s Kaltungo LGA, accounted for the increase in coverage.

As of 30 October, the total number of suspected cases of cholera reported stands at 5,259 with 61 deaths (CFR = 1.2%). 2,635 cases in the Muna corridor (Jere LGA), 736 cases in Dikwa, 1,747 cases in Monguno, cases in MMC and Mafa stand at 58 and 17 respectively. LGA level timeliness, completeness of week 44 Early Warning, Alert, and Response System (EWARS) is 76% and 92% respectively (target 80%).

The cholera International Coordinating Group (ICG) request for 896,919 doses of Oral Cholera Vaccine (OCV) for the second round of the campaign in Maiduguri, Jere, Dikwa, Monguno, Konduga, and Mafa has been approved. As the first round was done with Shanchol, and current stocks from Shanchol are not enough to cover all 896,919 doses, the ICG proposes to send the full quantity (896,919) from the same manufacturer as soon as it is available (20 November 2017).

On the contrary, the request for 580,320 doses of OCV for a vaccination campaign in Bama, Kala-Balge, Gwoza, Mobbar and Ngala has not been approved for the following reasons:

- Only Mobbar has confirmed cases and the reported number of cases is declining. The other areas are located around previously vaccinated LGAs where the outbreak is declining, not close to an active focus, so they do not currently qualify for an outbreak response.
- The declining of cases seems to be consistent with the end of the outbreak season and seasonal patterns from previous years. However, the ICG recognizes that the risk is high in the proposed LGAs and recommends that a request for a preventive campaign should be considered prior to the start of the next epidemic season and addressed to the GTFCC mechanism (via GTFCCsecretariat@who.int).
- The current production capacity of Shanchol cannot cover all needs, therefore the ICG recommends that the Nigerian authorities also either register Euvichol and Euvichol + (Eubiologics) both WHO prequalified vaccines, or issue a waiver for import and use in Nigeria.
**Surveillance and communicable disease control**

**Early Warning Alert and Response System (EWARS):** During Epidemiological Week 42 updates from the EWARS shows, timeliness and completeness of reports at 76% and 92% respectively at LGA level (target 80%). Number of reporting sites in Epi week 42 are 132 out of 240 reporting sites (including 20 IDP camps) and all LGAs submitted their weekly reports. Twenty-six (26) indicator-based alerts were generated with 85% verified. Leading cause of morbidity and mortality in week 42: Malaria (suspected n= 7,389; confirmed n= 4,774) remained the leading cause of morbidity reported during week 42, accounting for 53% of reported morbidities. Of the 20 deaths reported through EWARS, 5 (25%) were due to confirmed malaria.

- **Malaria:** In Epi week 42, there was a slight decrease in the total number of confirmed malaria cases (n= 4,774) in comparison to the previous week (see figure 2 below). Of the reported cases, 400 were from General Hospital Biu, 270 were from Town dispensary in Kwaya Kusar, 168 were from Farm centre IDP camp in Jere, 164 were from NYSC camp Borno clinic in MMC, 156 were from Malla Kachalla PHC in MMC, and 139 were from Kirbutu PHC in Hawul. Five deaths were reported from General Hospital Biu (3) and Federal Training Centre Dalori IDP camp clinic A in Jere (2).

![Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 42 2017](image)

- **Acute watery diarrhea:** In Epi week 42, 1,378 cases were reported through EWARS. Of the reported cases, 120 were from Town dispensary in Kwaya Kusar, 71 were from 400 Housing Estate Gubio road IDP camp clinic A in Konduga, and 70 were from Dalaram PHC in Jere. No death was reported.

- **Suspected Cholera:** In Epi week 42, 40 cases of suspected cholera were reported through EWARS. Thirty-seven (37) cases with one death were from Madinatu Camp Clinic in Jere and three (3) cases were from Mobbar LGA.

- **Measles:** In Epi week 42, no case of measles was reported.
• **Acute respiratory infection:** In Epi week 42, 2,549 cases of acute respiratory infection were reported. Of the reported cases, 187 were from Mogcolis IDP camp in MMC, 123 were from 400 Housing Estate Gubio road IDP camp in Konduga, 113 were from Bakassi Gwoza IDP camp clinic in MMC, and 106 were from NYSC Camp Borno clinic in MMC. No death was reported.

• **Malnutrition:** In Epi week 42, 1,804 cases of severe acute malnutrition were reported through EWARS. Of the reported cases, 148 were from Gunda CHC in Biu, 108 were from Uba dispensary, and 97 were from Biu MCH in Biu. No death was reported.

![Figure 3: Trend of malnutrition cases by week, Borno State, week 34 2016- 42 2017](image)

• **Neonatal death:** Two neonatal deaths were reported in Epi week 42 from CBN Quarters camp clinic in MMC.

• **Maternal death:** Three maternal death were reported from Rann PHC in Kala Balge LGA.

• **Suspected Viral Hemorrhagic Fever:** No suspected VHF was reported in Epi week 42.

• **Suspected Yellow Fever:** In Epi week 42, 5 suspected yellow fever cases were reported through EWARS from UNICEF Government Secretariat IDP camp in Monguno (2), Zabarmari PHC in Jere (1), and Damboa LGA (2). No death was reported.

**Health Sector Coordination**

The **NE Nigeria 2018 Humanitarian Response Plan (HRP)** plan is been prepared for the protracted emergency that requires international humanitarian assistance. The plan articulates the shared vision of how to respond to the assessed and expressed needs of the affected population. The development of a strategic response plan is a key step in the humanitarian program cycle and carried out only when the needs have been understood and analysed through the Humanitarian Needs Overview (HNO) or other joint needs assessment and analysis processes. The Nigeria HRP 2018 meeting will be held in Abuja on 9-10 November, to allow federal authorities to endorse key figures (numbers of people in need, numbers of people targeted, financial requirements). The draft strategic objectives for NE Nigeria HRP 2018 are:

- Respond to acute humanitarian needs in conflict-affected areas in a way that enhances protection
- Identify and respond to the key protection treats faced by civilians caught up in conflict
- Increase humanitarian access to conflict-affected populations
- Improve the quality of assistance, strengthening presence and capacity in hard to reach areas
- Foster resilience and early recovery in contexts of protracted displacement and safe, voluntary and dignified returns
- Strengthen humanitarian-development nexus through stronger linkages to recovery and development actors
- Ensure disaster preparedness and capacity-building at Federal and State levels
- Promote localization of the humanitarian response
The **On-line Projects System (OPS)** is a web-based database that allows UN agencies and NGOs participating in consolidated or flash appeals to directly upload their HRP projects and funding requests and update them during the course of the appeal year. The database has been designed with the aim of facilitating information sharing and the appeal review process for humanitarian actors. The database is the central repository for appeal projects and it is linked to the Financial Tracking Service database and website that tracks funding requests and funding status of projects in inter-agency appeals. The deadline for submitting final financial requirements on OPS is set in stone for 10 November. To access the OPS go to [http://ops.unocha.org](http://ops.unocha.org).

**HeRAMS** (Health Resources Availability Monitoring System) Global Health Cluster assessment tool has been launched in Yobe state. The assessment already completed in Borno and now in Yobe, would cover about 557 health facilities in 17 LGAs. So far, 81 State M&E officers have been trained for the assessment. HeRAMS is a standardized approach supported by a software-based platform that aims at strengthening the collection, collation and analysis of information on the availability of health resources and services in humanitarian context. It aims to address the needs/gaps expressed by the health cluster on coordination and management by providing timely, relevant, and reliable information. HeRAMS provides a tool for assessing, monitoring, and processing a comprehensive set of available data collected at health facility level. It covers; geographical location of the HF, demographic data on catchment area, type, functionality, building type, inpatient capacity, managing and supporting partners, health personnel, access and security, and health services provided at different levels of healthcare.

### Health Sector Action

**ALIMA** provided 4,358 consultations for children under 5 in 6 health facilities (4 in IDPs sites and 2 in host community). Main morbidity are diarrhoea (32%), RTI (28%) and Malaria (7%). For reproductive health response, ALIMA provided 333 ANC, 54 PNC and 52 deliveries in 1 health facility. In Muna Clinic, ALIMA provided 1,633 consultations for children under 5, 404 ANC, 161 PNC and 2 consultations for GBV victims.

**International Rescue Committee (IRC)** through its mobile health & nutrition services across 5 LGAs within Borno State, the IRC attended to 5,425 patients (34% children under 5) during the last 2 weeks of October. At the reproductive health facilities in Monguno, Konduga, Gwoza, Jere and MMC, 1,229 women started antenatal care and 178 deliveries took place with skilled birth attendants.

The IRC trained 29 health workers from Askira Uba and Michika LGAs on Integrated Management of Childhood Illnesses, and 15 health workers from these 2 LGAs on Family Planning. Further, 30 community health volunteers from Konduga received refresher training on their role in the community, on hygiene promotion and early referral to the clinics. CHVs have been supporting the IRC's health, reproductive health and nutrition programs in reaching people with key health and nutrition messages, and during the past two weeks 18,957 people were reached through home visiting and sessions held at the clinics and in the communities.

**Premiere Urgence Internationale (PUI)** is in discussions with MSF-F for a possible take-over of the MSF-F supported/run PHCC in Ngaranam area of Bolori II ward. The initial plan is for PUI to take-over and continue with all current MSF-F run services including 24-hour maternity services and SAM treatment. The discussions are at advanced state and once the basics are agreed, PUI and MSF-F have a joint-briefing plan to the SMOH and Health/Nutrition Sectors. A tentative date for full take-over is January 2018. PUI is also in process of arranging for a meeting with Health/Nutrition sectors and SPHCDA to determine if there any uncovered Health/Nutrition needs in Borno state that PUI can focus on in the 2018 plan.

**UNFPA** RH Medical Outreach – 12 medical outreach dispatched in partnership with the State Ministry of Health (SMOH) and the State Primary Health Care Development Agency (SPHCDA) and Care International to Kaga, Jere, Konduga and Mafa, Ngala, Kala Balge, Dikwa, & Gwoza LGAs have returned. About 719 women got ANC services, 68 obstetric deliveries conducted and 111 referrals completed for comprehensive obstetric care. Up to 597 women received modern Family planning methods of which 607 Women and Girls got short acting contraception & 356 individuals accessed treatment for sexually transmitted infections. A total of 255 women and 1,749 men had syndromic management of STI. Of 2139, pregnant women counselled and tested for HIV, 4 HIV positive women have been referred and now in care in health facilities.
**UNFPA** supported the State Ministry of Health with 50,000 doses of ferrous sulphate and 50,000 doses of folic acid to be used for outreach and facility based antenatal care. UNFPA supported Family Health International (FHI 360) IRMH mobile teams with support from UNFPA conducted outreaches in Ngomari, Maimusari Clinic and Bakassi IDP Camp. The teams reached 13,770 beneficiaries (1,738 male and 12,032 female) with integrated reproductive Health services. UNFPA engaged and supported the SMOH in Borno to provide family planning commodities and essential medicines to FHI 360 to support the outreach activities in Biu, Shani, Jere and MMC.

In Adamawa, UNFPA distributed 100 Dignity Kits to young female IDPs in Ganye LGA. Training for Teachers on ASRH – UNFPA supported The Royal Health Heritage Foundation (RHHF) and collaborated with The State Ministries of Health and Education to conduct a training for 30 teachers from the LGAs of Bama, Gwoza and Kala Balge on Adolescent Sexual and Reproductive Health (ASRH). A training for the first batch of Health Workers will commence on 30th October 2017 and the second lot of teachers will commence on the 6th of November 2017. The aim of these training is to build teachers capacity regarding ASRH and support the youth club activity with peer education approach. Fistula Programme Monitoring of the renovation & remodelling of the Fistula Unit Theatre at the State Specialist Hospital took place this week; rehabilitation is ongoing and the centre is billed to be completed by 1st week of November.

**UNICEF** in Adamawa, Borno and Yobe States, 161,857 women and children and their families were reached with integrated PHC in all UNICEF supported health facilities in the IDP camps and host communities. Of the 64,017 consultations, malaria (23,043) was the major cause of consultation followed by ARI (11,992), AWD (7,063), Measles (176) and other medical conditions (21,743). For prevention services: 67,303 children and pregnant women were reached with various antigens; Vitamin A supplementation (7,652), Albendazole for deworming (9,964), ANC visits (11,510); deliveries (1,297) and Post Natal Care (1,084).

In Borno State, UNICEF supports the on-going activities in the Rehabilitation Centre. There are now 784 persons in the centre (31 new arrivals and 1 delivery). Health section in collaboration with Child Protection is providing emergency PHC services to the released IDPs on arrival: 360 consultations and 4 patients were referred to secondary health facilities. Twenty patients were screened for Tuberculosis by sputum AFB.

UNICEF donated 292 Nigeria Health Kits (NHK) to the SMOH in Borno (210) and in Yobe (82) to support integrated emergency PHC services in the health facilities in the IDP camps and host communities and outreach activities to reach both IDPs and vulnerable host community members accessing health services in UNICEF supported health service delivery points. In Adamawa State, UNICEF donated 50 NHKs to WHO to support medical outreach services by hard to reach teams in settlements. UNICEF supplied two cartons of NHK 2/2 and NHK 1/2 to Mubi Transit camp to support service delivery at the Camp Clinic.

UNICEF has kitted 112 integrated Community Case Management CORPS with Nigerian Health Kits (NKTs) containing RDTs, ACTs, ORS/Zinc, AMX DT in Madagali LGA to provide access to health care services in communities where there is constrain in accessing health care services in Health facilities that were either burned down, closed or Health care workers have stopped attending to provide services due to security challenges.

**WHO** has supplied 153 Health Kits to 25 LGAs in Borno and to be delivered within the week. WHO deployed one additional Hard to reach teams to Guzamala LGA the existing team in Monguno for House-to-House. There were supervisory outreaches in 36 Health Facilities implementing Mental Health Gap Action Programme (mhGAP). Six supervisors in 15 Health Facilities conducted 31 outreaches; and 353 mental health patients were seen, with 38 referred to Federal Neuro-Psychiatric Hospital Maiduguri for further management. Mental Health Stakeholders workshop was conducted 26th October to undertake a consultative process for the Mental Health Emergency Response Framework to scale up services for people with mental and psychosocial conditions in Borno state.

WHO in collaboration with Yobe State Ministry of Health (SMOH) and State Primary Health care Management Board (SPHCMB) has conducted training for 68 health care workers (HCWs) and M&E officers to conduct HeRAMS assessment in the state. Since the beginning of the conflict, many health facilities have been targeted, looted or damaged by insurgents; and many skilled health care workers have relocated to safer areas leaving many communities with little or no health services. While the state government has over the years invested significantly in rebuilding and rehabilitating damaged health facilities,
WHO is supporting and enhancing government capacity to conduct assessment to ascertain the level of damage and availability of services at all levels of health care delivery in the state. The trained HCWs have been provided with assessment tools, devices and resources to assess 590 primary, secondary and tertiary health facilities in the state. WHO is working with SMoH to conduct the assessment for evidence-based decision making, the State government has so far rehabilitated, recruited additional health workers and provided equipment in General Hospital (GH) Damagum, State Specialist Hospital Damaturu, GH Gashua, GH Geidam and GH Potiskum. Work is ongoing GH Dapchi and other health facilities and it is expected this assessment will help to identify gaps and inequalities in health resources especially at the secondary and primary levels.

In Yobe State, to ensure uninterrupted healthcare delivery by 35 hard-to-reach teams in remote and security-compromised areas, WHO has donated up to 135 Interagency Emergency Health Kits (IEHKs) to support health services. As they continue to work in hard-to-reach teams in the past two weeks have treated up to 8,396 children for minor ailments. They have provided Vitamin A supplementation and dewormed 16,551 and 15,447 children respectively. The teams have also reached up to 12,797 young women and caregivers with health promotion messages, screened 17,875 children for malnutrition and referred 251 severely ill or malnourished children to town clinics or hospitals. The donated kits are expected to provide for the basic primary health care needs of up 1.35 million people for 3 months in Yobe State. In Adamawa state, 4,657 clients were seen and treated by WHO supported 20 H2R teams in 20 LGAs. The teams dewormed 3,064 children and 891 pregnant women received prevention of malaria in Pregnancy.

**Nutrition updates**

**ALIMA:** 424 SMA children have been admitted in the ALIMA OTP. 139 complicated SAM cases have been hospitalized in ITFC and 1,380 caretakers trained to detect the malnutrition among their children. In Muna 382 SAM, children have been admitted in the ALIMA OTP. 102 complicated SAM cases have been hospitalized in ITFC (University Teaching Hospital) and 402 caretakers trained to detect the malnutrition among their children.

**PUI:** In Herwa Peace PHC 335, children are currently in our OTP, which is almost the same as the previous 2 weeks. 164 are girls among these children and 272 children are aged between 6 and 23 months. We had 49 new admissions in last two weeks, which is less by 32% compared to the previous two weeks. Three SAM children with complications were transferred to other facilities for stabilization and treatment. In terms of the passive screening activity at PHCC, 2573 children between six months and five years were screened by MUAC for malnutrition and 2% were found to have SAM who were admitted to OTP or those with complications transferred to other facilities for stabilization. The GAM rate stands at 46% among those who were screened at PHCC. This figure can never be representative of the entire population as the screening was done for those who were already sick and came for seeking treatment for different cases at PHCC.

**UNICEF:** During the reporting period, 15,192 children with SAM were admitted for treatment in 384 UNICEF supported treatment facilities in Borno and Yobe states. Overall, the performance indicators for the community management of acute malnutrition in the two northeast states are within the Sphere standards (92.1 per cent cure rate, 6.2 per cent defaulter rate, 1.2 per cent non-respondent and 0.5 percent death rate). Seven **UNICEF**-supported in-patient facilities admitted 118 SAM cases with medical complications of which 101 were stabilized and transferred to OTPs. Community screening of children 6-59 months reached 931,502 children in 27 LGAs (19 in Borno and 8 in Yobe), of which the number of children identified with SAM was 15,419 (1.7 percent) and MAM was 95,760 (10.3 percent). All children identified with SAM were referred to a CMAM treatment facility. Preventive nutrition services in 27 UNICEF supported LGAs (19 in Borno and 8 in Yobe) reached 122,814 caregivers with IYCF counselling and 16,771 children 6-23 months with micronutrient powder (MNP). Nutrition supplies provided during the reporting period were 4,173 boxes of RUTF and 14,400 sachets of MNP. Supportive supervision was provided to 214 OTP sites, 7 stabilization centers, 221 Mother support group (MSG), 133 IYCF corners and 677 CNMs in Borno and Yobe states.
WHO/SMoH: A two-day training on coaching and mentoring for 25 nutrition officers from the SPHDA was conducted on the 18-19 October to build their capacity to carry out effective supportive supervision to the inpatient facilities in Borno state based on the recommendations from the updated national guideline on IPF supervision. In addition, WHO conducted a six-day Stabilization Centre training (Oct 23-28) for the management of SAM with medical complications. The workshop was organized for health care providers - physicians, nurses, nutritionists and other allied health care providers that provide inpatient care for the management of SAM with complications. Participants came from Hospital Management Board and NGOs – in Borno, Adamawa and Yobe States. There was a total of 21 participants. The course content includes principles of care, Initial Management, Feeding, Daily Care, Monitoring, problem solving and reporting and Involving caregivers in care. The methodology of the course included Individual or group reading, written exercises, discussions, role-plays, video, demonstrations, practice in real in-patient care site.

In Adamawa state, 4418 children were screened for Malnutrition using MUAC, two of the children had SAM with Red on MUAC and were referred to the Outpatient Therapeutic Program (OTP) centers across state.

Public Health Risks and Gaps

- There have been tangible improvements in food security and nutrition in some areas, thanks to the efforts of the Government and humanitarian organizations; but the health workers and affected continue face obstacles and insecurity because of ongoing attacks by Boko Haram.
- The current picture is of protracted crisis and a disruptive health system. Health service delivery continues to be hamper by the breakdown of health facilities infrastructure.
- Access to secondary health care and referral services in remote areas is significantly limited.

Resource mobilization

The latest funding overview of the 2017 HRP reports shows that Health Sector is currently 19.3 M USS (20.6%) funded of the required appeal of 93.8 M USS (https://fts.unocha.org/appeals/536/summary)

Health Sector Partners


-Health sector bulletins, updates and reports are now available at http://health-sector.org

For more information, please contact:
Dr. Haruna Mshelia
Commissionner for Borno State Ministry of Health
Email: harrymsheliat@gmail.com
Mobile: +23408036140021

Dr. Jorge Martinez
Health Sector Coordinator-NE Nigeria
Email: martinezj@who.int
Mobile: +23408131736262

Mr. Mustapha Bukar Allau
Permanent Secretary, BSMOH
Email: musbuk2012@gmail.com
Mobile +2348061301165

Mr. Muhammad Shafiq
Technical Officer- Health Sector
Email: shafiqm@who.int
Mobile: +23407031781777