**Northeast Nigeria Response**  
**BORNO State Health Sector Bulletin # 10**  
**4 December 2016**

<table>
<thead>
<tr>
<th>HIGHLIGHTS</th>
<th>HEALTH SECTOR</th>
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<tr>
<td>3.7 MILLION IN NEED OF HEALTH ASSISTANCE</td>
<td>18 HEALTH SECTOR PARTNERS</td>
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<td>1.8 MILLION INTERNALLY DISPLACED PERSONS</td>
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<td>2.6 MILLION TARGETED BY THE HEALTH SECTOR</td>
<td>298 HEALTH FACILITIES**</td>
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<td>1,849,995* POLIO VACCINATED CHILDREN</td>
<td>334 DAMAGED/BURNT/CLOSED</td>
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**Borno State Ministry of Health and partners are continuing with reactive measles vaccination among children aged 6 month to 15 years in IDPs camps in MMC, Jere and Gwoza. Vaccination has been completed in 14 camps while ongoing in other four camps (Dalori, Kofa, NYSC and CBN). Total of 67,497 children were so far vaccinated, coverage rate of 89.7%**

**Nigeria is classified by the International Health Regulations (IHR) as a state infected with wild poliovirus or circulating vaccine-derived poliovirus but not currently exporting and hence it is subject to temporary recommendations as of November 2016. WHO’s International Travel and Health recommends that all travellers to polio-affected areas be fully vaccinated against polio. Residents (and visitors for more than 4 weeks) from infected areas should receive an additional dose of OPV or inactivated polio vaccine (IPV) within 4 weeks to 12 months of travel.**

**As part of WORLD AIDS DAY 1st December 2016 activities, the campaign against the spread of HIV/AIDS in Nigeria, the Federal Ministry of Health launched the National Guidelines for HIV prevention, treatment and care.**

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* Total number of vaccinated children,  
** A report of the NE assessment conducted by the Special Duties Unit of the Federal Ministry of Health and the National Health Sector Working Group May 2016  
*** Cumulative number of medical consultations at the IDP camps from Epidemiological Weeks 1 - 47  
**** 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 November 2016
Since the 2016 Humanitarian Response Plan (HRP) the Heath Sector has almost doubled its partners in the field and this increased capacity means that a more integrated package of health services is available. The sector will support IDPs, people in need in host communities and those returning to areas of origin. The sector includes those returning in their calculation of host communities. Children under five, women of reproductive age, and the elderly, are the most vulnerable population groups in the health sector.

As for 2017 HRP, the priority in the health sector remains the **provision of life-saving and life-sustaining humanitarian health assistance** to affected populations. This objective will be achieved through specific interventions focusing on reproductive health, including maternal and child health, services for gender-based violence, management of malnutrition, management of non-communicable diseases, mental health and psychosocial support, support for people living with HIV/AIDS, as well as the strengthening of referral services. The availability of essential medicines, of medical supplies and equipment combined with the provision of outreach services and continued support to the Expanded Programme on Immunization (EPI) to attain adequate vaccination coverage will be critical to reach targets efficiently.

To **establish, expand and strengthen the communicable disease surveillance, outbreak prevention, control and response** is the second objective of the health sector. Disease surveillance is the corner stone of an early response to cases of epidemic-prone diseases, to reduce morbidity and mortality. Together with the governmental agencies, the health sector partners will enhance surveillance for epidemic-prone diseases including polio by establishing an Early Warning and Response System (EWARS). This system will facilitate the monitoring of disease trends and early detection of potential outbreak diseases. Through EWARS, the States MOH and partners will be able to investigate and respond to key disease alerts, swiftly bringing nascent outbreaks under control. This objective will be supported by ensuring improved readiness for outbreak response through the prepositioning of medicines and supplies. The importance of early detection, notification and response cannot be over emphasized especially under the challenging living conditions in newly liberated areas.

Finally, the health sector **will seek to strengthen coordination and health system restoration** to improve life-saving response for people in need, with an emphasis on enhancing protection and increasing access to health services. This objective will be achieved through the coordination of efforts to increase assistance to hard-to-reach and non-accessible LGAs. By doing so, the health sector partner will synergise and harmonise the response across states to identify gaps and reduce overlap. Protection and gender mainstreaming efforts throughout health programming will continue to be emphasized and advocated for through coordination fora and training/workshops with health partners. Health information systems (HIS) at the sector/working group level will be further strengthened to track essential morbidity and mortality data, creating evidence base information to drive forward health programming. In addition, due to the nature of the conflict and high risk of outbreaks of diseases, coordination structures will focus on joint contingency and preparedness planning for response to disease outbreaks such as cholera across the states. Activities will focus on increasing the size and capacity of the health workforce; strengthening partnerships with national non-governmental organizations (NNGOs); rehabilitating and/or reinforcing damaged health facilities (including physical structures, human resources, and equipment/supplies) for health service delivery, including mobile medical units for emergency response and enhancing community-based health services and initiatives.

The health sector will continue to work closely with health authorities at the federal, state and local governments’ levels, the WASH, nutrition, food security and livelihoods, protection and DMS/CCCM sectors to promote a multi-sectoral approach, including through joint needs assessments and preparedness plans. The Health Sector 2017 HRP seeks more than US$93 million to address the needs of those in crisis in the three most affected states of Adamawa, Borno and Yobe. (see table below the health sector PIN breakdown)

### Breakdown of People in Need and Targeted by Status, Sex and Age (in million)

<table>
<thead>
<tr>
<th>Breakdown of People in Need and Targeted by Status, Sex and Age (in million)</th>
<th>Status</th>
<th>Total Sector</th>
<th>Host Communities</th>
<th>Internally Displaced</th>
<th>Returnees</th>
<th>% Female</th>
<th>% Male</th>
<th>% Children, Adult and Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>People in need of humanitarian assistance</td>
<td>12.4</td>
<td>10.6</td>
<td>1.8</td>
<td>54% / 46%</td>
<td>59% / 35% / 6%</td>
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<tr>
<td>People to be assisted by the sector</td>
<td>5.9</td>
<td>4.2</td>
<td>1.7</td>
<td>54% / 46%</td>
<td>59% / 35% / 6%</td>
<td></td>
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<td></td>
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<tr>
<td>Financial Requirements</td>
<td>93.9</td>
<td></td>
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The Health Sector 2017 HRP seeks more than US$93 million to address the needs of those in crisis in the three most affected states of Adamawa, Borno and Yobe.
Public Health Risks and Needs

- An ongoing measles outbreak has been reported throughout the IDP camps is predominantly among the younger un-immunized population due to immunity gaps as a result of inadequate routine measles coverage among others with a peak of transmission from October to March.
- Nigeria is one of only three countries in the world with ongoing wild poliovirus transmission, alongside Afghanistan and Pakistan. Environmental surveillance indicated that Sabin type 2 virus quickly disappeared from environmental samples after May 2016 Nigeria is classified by the International Health Regulations (IHR) as a state infected with wild poliovirus or circulating vaccine-derived poliovirus but not currently exporting and hence it is subject to temporary recommendations as of November 2016. -Weekly epidemiological record, 2 December 2016, 91th Year, No. 48, 2016, 91, 561–584 http://www.who.int/wer
- Malaria cases still the leading cause of morbidity in IDP camps and host communities in the state.
- In 2015 there were over 35 million people living with HIV and Nigeria accounts for almost 10% of the global burden of people living with HIV (PLWHIV).
- The north of Nigeria suffers epidemics of diseases such as cholera and meningitis almost every year.
- Limited access of populations to health facilities in the newly liberated areas due to destruction of health facilities and lack of health personnel remain major challenge.

Surveillance and communicable disease control

- **Epidemiological situation in camps:** During Epidemiological (Epi) Week 47 malaria, Acute Respiratory Infections (ARI) and watery diarrhoea continue to be the leading causes of morbidity based on 12,175 consultations from 30 IDP camps reporting. The register shows 3,593 case of malaria, 2,493 respiratory infections and 1,561 of watery diarrhoea. The cumulative number of medical consultations for Epi Weeks 1 to 47 reached 864,900, with 3,537 referrals over same period. Forty-two new measles cases were recorded during Epi Week 47, for a total cumulative number of 2,565 measles cases.

- **Early Warning Alert and Response System (EWARS):** In Epi Week 47, a total of 77 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 48% (77 sites) while timeliness was 74% (target 80% respectively). LGA Rapid Response Teams (RRTs) to be strengthened to improve completeness of reporting and ensure rapid verification of alerts. Twenty three (23) indicator-based alerts were received of which 13% were verified (Target 90%).

- **Malaria:** Malaria is the leading cause of morbidity in Epi week 47 accounting for 41% of all cases reported, followed by Acute Respiratory Infection (ARI) at 11%, Severe Acute Malnutrition (SAM) at 6% and Acute Watery Diarrhea (AWD) at 6%.
• **Severe Acute Malnutrition (SAM):** In Epi Week 47, a total of 800 cases of Severe Acute Malnutrition and zero death was reported from 11 LGAs. Biu LGA accounted for the majority of the cases at 25%, while Jere and Kwaya Kusar LGAs accounted for 14.4% and 9.6% respectively.

[Weekly trend of SAM cases reported through EWARS in Borno State from Epi Weeks 34 to 47]

• **Acute Watery Diarrhoea (AWD):** In Epi week 47, a total of 789 cases of acute watery diarrhoea were reported from 11 LGAs in Borno State. Jere LGA accounted for the majority of the cases at 31.6%, while Konduga and Maiduguri LGAs accounted for 20.2% and 18.0% respectively. Sixty four percent (64%) of all the cases reported were under 5 years and 36% were aged under 5 years. No laboratory confirmed case of cholera was reported.

[Weekly trend of AWD cases reported through EWARS in Borno State since Epi Weeks 34 to 47]

• **Measles:** Between Epi Weeks 36 to 47, a total of 1,341 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi week 47, forty-nine (49) suspected cases were reported with 71% of them were aged under 5 years old.

• **Polio:** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week. The total number of WPV1 cases for 2016 remains four. The most recent case had onset of paralysis on 21 August, from Monguno Local Government Area (LGA), Borno. Regional outbreak response in north-eastern Nigeria continues to be implemented, both in response to the WPV1 cases detected in August and to the circulating vaccine-derived poliovirus type 2 (cVDPV2) isolates, detected in Borno from an environmental sample (collected in March) and a healthy contact of one of the WPV1 cases (from August).

**Health Sector Coordination**

During 29 November – 2 December 2016 the IASC Emergency Directors Group (EDG) visited Nigeria. The EDG supports humanitarian operations by advising IASC Principals on operational issues of strategic concern, and mobilizing agency and Global Cluster resources to address operational challenges and gaps. The mission’s overall objective is to mobilize additional support for humanitarian operations, to support efforts to scale up the response, and the mobilization of funding, and to engage with affected people, humanitarian partners, government officials and others, in the capital Abuja and in Maiduguri, Borno State.

The Emergency Directors have expressed continued concern about the worsening humanitarian situation in the Lake Chad Basin, and in particular, in Northeastern Nigeria. Within Nigeria, shifting the center of gravity of operations to the north-east of the country remains a key priority, and scaling up assistance and protection in newly accessible areas has become increasingly pressing. At the end of their mission, the humanitarian emergency directors call for US$1 billion to meet the needs of 6.9 million people in Nigeria’s North East.
**Borno State Ministry of Health (BSMOH) and partners** are continuing with reactive measles vaccination among children aged 6 months to 15 years in targeted IDPs camps in MMC, Jere LGA, and Gwoza town. Vaccination has been completed in 14 camps while ongoing in other four camps (Dalori, Kofa, NYSC and CBN). A total of 67,497 children were so far vaccinated with a coverage rate of 89.7%

The **Federal Ministry of Health** launched the National Guidelines for HIV prevention, treatment and care. Unveiling the guidelines, President Buhari regretted that "of the 35 million people living with HIV (PLHIV) in the world, about 3.2 million of them are in Nigeria accounting for almost 10% of the global burden, hence tackling the scourge of the disease in the country is a priority for Nigeria".

The Minister of Health, Professor Isaac Adewole, stated that the national guidelines focus on “placing all people living with HIV on treatment”. According to him, government has put the machinery in motion to engage pharmaceutical companies to support the local production of anti-retroviral (ARV) drugs and rapid test kits towards ensuring an AIDS free generation in Nigeria by 2030.

**Borno State Agency for the Control of HIV/AIDS & Malaria (BOSACAM)** in commemoration of WORLD AIDS DAY and as part of their mandate have conducted the following activities:

HIV/AIDS status assessment to the seven newly liberated LGAs namely - Kala-Balge, Ngala, Dikwa, Monguno, Bama, Gwoza and Damboa. The agency visited and assessed the need requirements of 15 IDP camps in MMC and Jere LGAs and have stationed HIV Counselling & Testing centres in the 15 IDPs camps. On 1st December 2016 distributed children clothing and food (Cerelac), hygiene items (plastic buckets, toilet soap, and detergents) and robber slippers (both adults & children) to 103 PLWHIV/AIDS. - Items sourced by NEMA.

Lectures to PLWHIV/AIDS on importance of taking ARV drugs regularly and the benefits of hygiene in the households were conducted by the agency. National television, radio, and as well international media were used to sensitize the audiences about HIV/AIDS and on the line of activities and challenges HIV/AIDS program is facing in the State.

**BOSACAM** reports HIV/AIDS prevalence rate in Borno State is 2.4% (2012 NARHS) with 108,000 PLWHIV, but only 10,381 are accessing Anti-Retroviral Therapy (ART). Antenatal prevalence is 1.1% (2014 SS); 15,000 pregnant women are positive but currently only 625 clients are on Prevention Maternal to Child Therapy (PMTCT).
International Rescue Committee (IRC) teams this week recorded 549 outreach medical consultations in children over the age of 5 and 156 under 5 years.

Three suspected measles cases were identified in Karama Kuturu community in Maiduguri Metropolitan Council; all cases were reported to Bulubulin Health Centre.

There were also sensitization sessions on Ante Natal Care (ANC) and hygiene practices for women of reproductive age.

UNICEF and WHO Integrated Community Case Management (ICCM) initiative is an equity-focused strategy to improve access to essential treatment services for children in low-income countries, especially in hard-to-reach areas. To this end the WHO successfully conducted a 6-day training in collaboration with the Borno state government to train community resource persons/health workers (CORPs) from selected LGAs in Borno State as part of the Humanitarian Emergency Response.

WHO training of CORPs on basic integrated health services is one of the key interventions to address the emergency response in the northeast region particularly in Borno State. ICCM objective is to contribute to the reduction of under-five mortality rates in which community health workers are trained, equipped and supervised to assess and deliver treatment to children under-five years who have signs of fast breathing/pneumonia, diarrhoea and fever/malaria. The treatment in case of ICCM is delivered at households in hard to reach communities while linking to the health facility where the community Health Extension Worker (supervisors) are trained on how to manage referred cases using integrated management of childhood illness (IMCI) strategy.

Before the training, 78 CORPs were providing services in the various camps and communities with about 13,000 under-five children reached with the appropriate treatment. In scaling up this intervention, an additional 70 CORPs were trained on ICCM. These CORPS were selected based on national guide from IDP camps and host communities covering 14 LGAs in Borno state.

After the training, the CORPs were handed over to the state government and provided with medicines and supplies for treating pneumonia (amoxicillin), diarrhoeal diseases (low osmolar ORS and zinc), and malaria rapid diagnostic tests (RDTs) and antimalarials for diagnosis and treatment. They were given Mid-Upper Arm Circumference (MUAC) tapes for identifying different degrees of malnutrition. They were also taught when to refer and how to identify a sick young infant (less than 2 months) and refer immediately.

UNICEF conducted a two days training workshop for the in-charge of the health facilities and Dispensers, on how to do the drugs/medicines quantification and forecasting, so that the drugs stock-outs are effectively avoided. The training was attended by more than 90 participants.

Nutrition

WHO continue the ongoing assessment of the quality of care on the management of Severe Acute Malnutrition (SAM) with medical complications at stabilization centres (SC) / Inpatient Therapeutic Feeding Centre (ITFC) at health facilities at Maiduguri. Two state hospitals [State Specialist Hospital and Mamman Shuwa Hospital] and one Primary Health Care (PHC) facility [Gwange 3] were visited this week.

At the State Specialist Hospital and Mamman Shuwa Hospital, where no partner NGOs are implementing nutrition programs the assessment revealed weaknesses in managing SAM cases with complications. These hospitals are not well linked to the Community Management of Acute Malnutrition (CMAM) program at the community level for active case finding. These hospitals did not have proper assessment tools to assess the nutritional status of a child. The concerned staff were not properly trained on management of SAM with complications nor were they aware of the national guidelines on inpatient care. A break in nutrition supply pipeline was reported at both hospitals. The State Specialist Hospital had no designated space for the SC though the staff were willing to support SAM cases with complications if properly trained and directed.
The state health facilities, Gwange 3 PHC and Molai General Hospital where partner NGOs (MSF-France and Save the Children) are implementing the inpatient care are managing SAM cases with complications according to the protocols. They have proper assessment and reporting tools as well as have well trained staff 24/7. During the field visit, 71 SAM children with complications were being treated at the Gwange 3 whereas 19 SAM cases with complications were undergoing treatment at Molai General Hospital. Both the health facilities were meeting Sphere standards criteria for inpatient care; the recovery rate was over 80%. The facilities were also well linked to community level nutrition programs for referral to Outpatient Therapeutic Program (OTP) on discharge from the inpatient care.

During the reporting week WHO delivered 11 SAM inpatient treatment kits to five state health facilities in Maiduguri and will further deliver kits to other LGAs in Borno State. Each kit provides essential drugs for 50 children over a period of 3 months (for severe acute malnutrition with medical complications (SAM/MC)).

**Gaps in response:**

- The Nutritional assessment reported above show that there is a strong need to develop ownership and capacity of the state health facilities to steer and manage SAM with complications;
- Provision of primary 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;
- Control of ongoing polio and measles outbreaks;
- Malaria prevention and control measures to address the current high level of morbidity;
- Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.

**Resource mobilization:**

The latest funding overview of the 2016 HRP reports that the health sector is currently 13% funded (FTS/OCHA, 2 December 2016), well below the level required to conduct the scale up required to address unmet health needs amongst internally displaced populations.

**Health Sector Partners**

- Federal Ministry of Health and Borno State Ministry of Health
- UN Agencies: IOM, UNFPA, UNICEF, WHO

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