Northeast Nigeria Response
BORNO State Health Sector Bulletin # 12
18 December 2016

HIGHLIGHTS

- The national measles campaign has been delayed till 12th January 2017. The reactive measles vaccination has been completed in 15 camps while ongoing in other two camps (Dalori and Kofa). A total of 71,187 children (out of total target 73,524) have so far been vaccinated with a coverage rate of 97%. The vaccination campaign is targeting children among 6 months – 15 years in 18 targeted camps in MMC, Jere and Gowza LGAs.

- Malaria morbidity is decreasing as per seasonal cooler temperatures arrived, the incidence is expected to increase after 1-2 months when the temperature will rise again.

- MDM conducted cholera preparedness training for 24 health workers following reception of cholera Kit from WHO. The plan is to continue training the health workers on possible diseases outbreaks respond. As part of the cholera preparedness plan, WHO has delivered/pre-positioned 10 diarrheal disease kits to SMOH.

- UNICEF supported the state SONPHCDA to train 135 health workers providing Maternal New-born Health services from the 16 clinics in IDP camps and 28 clinics in host communities on emergency MNCH services which stressed on key issues like Focused ANC, prevention and management of common maternal and new-born complications aimed at improving the quality of MNH being provided in the clinics.

HEALTH SECTOR

- 18 HEALTH SECTOR PARTNERS
- 298 FUNCTIONING** (OF ASSESSED HEALTH FACILITIES)
- 334 DAMAGED/BURNT/CLOSED
- 910,924 MEDICAL CONSULTATIONS***
- 160 EWARS SENTINEL SITES
- 86 REPORTING SENTINEL SITES
- 25 TOTAL ALERTS RAISED****

VACCINATION

- 1,849,995* POLIO IPV & OPV*****

SECTOR FUNDING

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

* 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 - 49
**** 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

A nurse is conducting Rapid Diagnostic Test for Malaria for a 10 months old SAM/MC infant at stabilization centre at Molai General Hospital in Maiduguri (Photo: WHO)
Situation update

One third of more than 700 health facilities in Borno State, north-eastern Nigeria, have been completely destroyed, according to a summary report released on 14th December by WHO. Of those facilities remaining, one third are not functioning at all. WHO has been working with the Borno State Ministry of Health to set up a Health Resources Availability Mapping System (known as HeRAMS) to collect information on the availability of health resources and services in this humanitarian crisis.

The first report from this new system has identified 743 health facilities in Borno State, of which 35% are completely destroyed, another 29% partially damaged and only 34% intact. About 100 temporary health facilities have been set up to support the response, of which 49 are emergency clinics for displaced people living in camps.

Of the 481 health facilities that have not been destroyed, 31% of them are not functioning, mostly as a result of lack of access due to insecurity. Almost 60% of health facilities have no access to safe water (32% have no access to any water at all) and 3 out of 4 (73%) facilities do not have enough chlorine stocks to decontaminate the water used in the facility. There is a need for more resources. The United Nations and partners need US$ 94 million to provide health services to 6.9 million people in three states, more than half of them children, in this crisis.

High insecurity, difficult terrain and lack of health workers, medicines, equipment and basic amenities such as safe water are making access to essential, lifesaving health care extremely difficult for people in this conflict-affected areas and hosting communities.

Public Health Risks and Needs

- Measles camping has been delayed till 12th January 2017 and further delay will put children lives at risk.
- The incidence of malaria which has become endemic is being decreasing, but warmer temperatures within two months when the temperature will rise again continue to be detrimental for the IDP population.
- Cholera and meningitis are a threat in the coming weeks and months, preparedness plans as well as prepositioning of supplies has been started.
- Limited access of population to health facilities in liberated areas due to destruction of health facilities and lack of health personnel remains is a key challenge.
- Basic restoration of health facilities is needed specially in the areas where situation is normal and population are returning to their homes.
- Referral support needed to be strengthened in newly liberated areas despite security challenges.

Surveillance and communicable disease control

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

**Epidemiological situation in camps:**

During Epidemiological (Epi) Week 49 malaria, Acute Respiratory Infections (ARI) and watery diarrhoea are the leading causes of morbidity based on 8,803 consultations from 30 IDP camps reporting. The graph shows a malaria downward trend in the reporting period from the 30 IDP camps. Total cumulative consultations are 910,924 with 3,649 cases requiring referral.

**Early Warning Alert and Response System (EWARS)**: In Epi Week 49, a total of 86 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was
54% (86 sites) while timeliness was 56% (target 80% respectively). 25 indicator-based alerts were received.

Proportional Morbidity in Epi Week 49

Proportional Mortality in Epi week 49

- **Malaria**: Between Epi Weeks 36 to 49, a total of 97,676 suspected cases and 58,569 confirmed Malaria cases (19% of morbidity) were reported from EWARS reporting sites in 13 LGAs. In Epi Week 49, 4,361 suspected cases and 2,543 confirmed.

- **Acute Respiratory Infection (ARI)**: In Epi Week 49, 2,093 cases of Acute Respiratory Infection were reported representing 15% of the reported morbidity with no deaths.

- **Acute Watery Diarrhoea (AWD)**: In Epi week 49, 1027 cases of AWD and four deaths due to AWD were reported.

- **Measles**: Between Epi Weeks 36 to 49, a total of 1,520 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 49, 40 suspected cases were reported with 80% of them under 5 years old.

- **Severe Acute Malnutrition (SAM)**: In Epi Week 49, four deaths due to SAM and 1,319 cases were reported.
Health Sector Coordination

Health Resources Availability Mapping System (HeRAMS): The HeRAMS assessment of health facilities in Borno State has been completed while report is under preparation and will be shared after approval from SMOH. The HeRAMS is a standardised Global Health Cluster approach supported by a software base platform that aims to strengthen the collection, collation and analysis of information on the availability of health resources and services in humanitarian emergencies. The HeRAMS tool:

- allows the assessment and monitoring of the status of health facilities and the availability of health services and resources in areas affected by emergencies,
- is a collaborative process involving all health sector actors,
- adaptable to any emergency or country context,
- designed to overcome access, security, time and resource constraints,
- cost and time efficient,
- supported by an online application (https://primewho.org/) that maximizes data entry and data management processes and provide real-time analysis of the situation.

HeRAMS enables:

- timely identification of needs and gaps
- evidence-based decision making and coordination
- efficient planning and implementation
- detailed response monitoring
- advocacy and resource mobilization

Health Sector Action

The Nutrition Department of Borno State Ministry of Health supported by WHO and UNICEF plans to streamline the information management at the stabilization centres and ITFCs at the Northeast Nigeria. WHO has initiated an assessment of the current recording and reporting tools used at various SCs to identify strengths and gaps in the current practices and make recommendations for standardizing the tools as per the national protocols on inpatient care. In the reporting week two SCs were visited for this purpose. The findings from the assessment recommends that uniform reporting tools are required to ensure that each SC/ITFC captures key indicators on percentage cured, deaths, defaults and non-respondent as well as the data should be able to inform program managers on the high risk group by age, gender and location. It is envisaged that a training will be organized to enable the staff at SCs capture data on a uniform format as per
the national guidelines and are able to share the data with the nutrition department/SMoH for monthly compilation.

A meeting was held with UNICEF to coordinate improving and strengthening the service delivery at the SCs/ITFCs in the Northeast Nigeria. Both agencies agreed to work jointly and collaborate to ensure better outcomes. WHO and UNICEF agreed to jointly work with the nutrition department in planning a capacity building exercise for the staff at the SCs (doctors, nurses and dieticians). The first batch of the training is tentatively planned for the second week of January 2016.

As part of the ongoing assessment on management of SAM with Medical Complication (MC), two state hospitals were visited this week. The stabilization centre at Molai General Hospital is a 20 bed facility and has so far treated 125 SAM/MC cases from the month of September 2016. The recovery rate is meeting the sphere standards of >75% however the average length of stay (LoS) was reported to be 9 days compared to the recommended 7 days.

The stabilization centre at the Umaru Shehu Hospital is a 24 bed facility managed by International Rescue Committee (IRC). The SC started functioning from September 2016 and has managed to treat 210 SAM cases with MC. The recovery rate at the SC was also meeting the sphere standards however like the SC at Molai General Hospital, the average LoS was 9.7 days. The mortality rate was also noted to be higher than the sphere standards i.e. 11.5% compared to <10%. The reason provided for a longer LoS by the medical staff at both the SCs maintained that as most of the cases come with delayed presentation, the complications take time to be managed.

Hard to Reach Teams (HTR):

The newly trained WHO/SMOH Hard to reach Teams (HRT) continue to support the ongoing measles outbreak response activities in MMC. The immediate deployment of teams to some of the areas of operation is still subject to security considerations. The existing HTR team in Nganzai is providing services to address the health needs of groups of newly displaced people (primarily from Monguno and Marte).
UNICEF has agreed to provide fuel for the state vaccine store’s electric generator up until the electricity issue is resolved, so that the cold chain/vaccine doesn’t get affected. UNICEF supported the state PHCDA to train 135 health workers providing Maternal New-born Health services from the 16 clinics in IDP camps and 28 clinics in host communities on emergency MNCH services which stressed on key issues like Focused ANC, prevention and management of common maternal and new-born complications aimed at improving the quality of MNH being provided in the clinics. Support & supervision visits were conducted to monitor the DOPV campaign. A 2 days training on medicines Forecasting & Quantification was conducted by UNICEF for 96 clinicians and dispensers from the clinics in IDP camps and PHC centres. UNICEF helped in the vaccination (Measles & OPV) of the target children in GEWA barracks. UNICEF has continued to provide medicines and healthcare services in the IDP camps.

Nutrition

- A total of 140,475 children (35 percent of the annual sector target of 398,188) with severe acute malnutrition (SAM) have been admitted to therapeutic feeding program in Adamawa, Borno and Yobe states from January to date.
- UNICEF supported RUTF re-stocking of 35 outreaches led by SPHCDA which are treating children with severe acute malnutrition in Jere and MMC LGAs.
- UNICEF team engaged in a data verification and quality check for outpatient treatment services in 17 health facilities.
- UNICEF and State Nutrition teams held review meetings with health workers and LGA PHC teams in Kwaya Kusar, Shani and Bayo LGAs.
- UNICEF conducted support visits to health facilities delivering SAM treatment in Dikwa and Gwoza.

Gaps in response:

- Local Govermental Areas Rapid Response Teams (RRTs) need to be strengthened to improve EWARS completeness of reporting and ensure rapid verification of alerts;
- Control of ongoing polio and measles outbreaks;
- Malaria prevention and control measures to address the current high level of morbidity;
- 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;
- 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 22.1% funded of the USD 53.1 million required (FTS/OCHA, 16 December 2016) to respond to needs of 2.6 m people targeted.

Health Sector Partners

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

For more information, please contact:
Dr. Abubakar Hassan
Permanent Secretary, Borno State Ministry of Health
Email: abubakarhassan60@gmail.com
Email: abubakarhassan@hotmail.com
Mobile: +2340805795680

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

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

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