Northeast Nigeria Response
BORNO State Health Sector Bulletin # 06
5 November 2016

HIGHLIGHTS

- The health sector/cluster identified over 6.9 million People in Need (PIN) of health services in the three most affected States of Adamawa, Borno and Yobe.

- The Nigerian Federal and State Ministries of Health supported by WHO and UNICEF led sector agencies in health and nutrition, concluded an operational planning workshop to identify key priorities for the year 2017 and identified immediate needs for an urgent intervention. As a result, Federal funding is been allocated to address the leading causes of morbidity; including malaria, diarrheal diseases, measles and malnutrition.

- As an integral part of 2017 Humanitarian Response Plan (HRP) on a workshop lead by the Nigerian Government, the Health Sector/Cluster identified the following priorities; provision life-saving and sustaining health interventions, expansion and strengthening of disease surveillance and outbreak control, and strengthening the health sector coordination with emphasis on the restoration of disrupted health services and facilities.

HEALTH SECTOR

- 17 HEALTH SECTOR PARTNERS
- 1,799,506* POLIO VACCINATED CHILDREN
- 2.6 MILLION TARGETED BY THE HEALTH SECTOR
- 1.8 MILLION INTERNALLY DISPLACED PERSONS
- 3.7 MILLION IN NEED OF HEALTH ASSISTANCE

HEALTH FACILITIES*

- 298 FUNCTIONING** (OF ASSESSED HEALTH FACILITIES)
- 334 DAMAGED/BURNT/CLOSED

CONSULTATIONS**

- 780,917 MEDICAL CONSULTATIONS

EARLY WARNING & ALERT RESPONSE

- 160 EWARS SENTINEL SITES
- 73 REPORTING SENTINEL SITES
- 38 TOTAL ALERTS RAISED***

VACCINATION

- 1,799,506* POLIO IPV & OPV****

SECTOR FUNDING

- 7 MILLION USD FUNDED (13%)
- 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
*** 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)
Situation Update:

The health sector/cluster identified over 12.4 million People in Need (PiN) of health services in the NE Region (6 States), of which 6.9 million (including IDPS) are in the three most affected States of Adamawa, Borno and Yobe. In addition to the IDP population, in the host communities children under 5 years, reproductive age females (15-49 years) and the elderly (over 60 years) are particularly vulnerable and require lifesaving health interventions. The breakdown for People in Need for Health and Nutrition in the three states as for the year 2017 Humanitarian Response Plan (HRP) is shown in below tables:

<table>
<thead>
<tr>
<th>Sector</th>
<th>6 States¹</th>
<th>3 States²</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>12.4M</td>
<td>6.9M</td>
<td>5.9M</td>
</tr>
<tr>
<td>Nutrition</td>
<td>6.7M</td>
<td>3.4M</td>
<td>2.6M</td>
</tr>
</tbody>
</table>

¹NE Region States PIN: Adamawa, Bauchi, Borno, Gombe, Taraba, Yobe  
²HRP 2017 States: Adamawa, Borno, Yobe

IDP Camps update: The total number of “known” formal and informal camps has increased in the last several weeks. The greatest number of camps are in Borno State, with a total of 122 formal and informal settlements.

Muna Garage El Badawe (IDP camp, Jere LGA) is a formal camp with limited camp management structure which continue to grow in population. It started as a small settlement with few families in last quarter of 2015 and currently holds estimated population around 20,000. Although since the end of September 2016 health services had scaled up, with two clinics /health posts established by State Primary Health Care Development Agency (SPHCDMA) with the support of UNICEF, and there is a mobile clinic for the maternal health care operated by ALIMA with the support of UNFPA; a recent MSF-France retrospective mortality and nutritional surveys (MUAC) – estimates SAM level of SAM among children under 5 as 9.5% at 4 times higher than the emergency threshold of 2%. On the Nutrition side UNICEF/SPHCDA is implementing an outpatient therapeutic feeding program (OTP). Children with complications are referred to inpatient care (Stabilization Center - SC), managed by MSF-France. MSF-France is conducting regular mass screening/surveillance and referral of malnourished children to the OTP.

As measles cases continue to be reported, a reactive measles vaccination campaign was conducted by MSF-France and WHO/SMOH teams at Muna Garage with a total 6,057 children vaccinated aged 6 to 59 months. In addition, WHO HTR teams completed a reactive measles vaccination campaign in Customs House and Fariya IDP camps in Maiduguri Municipal Council (MMC) and Jere LGA covering 4,455 children from the age of 6 months to 15 years of age. The campaign is part of a planned vaccination campaign targeting 18 IDP camps with estimated 75,267 children aged 6 month to 15 years. Since 1st January 2016 until to date over 45,000 IDPs children living in camps have been vaccinated by routine vaccination against measles.

The current conditions in Borno state include overall low levels of routine immunization coverage, high levels of malnutrition, inadequate WASH facilities in many IDP camps and host communities and limited access to health services. These conditions increase the risk and likely impact of a measles and meningitis outbreaks and highlight the importance of undertaking immediate prevention activities and ensuring the capacity for early detection and a quick and effective response in case of a meningitis outbreak in Borno State.

Public Health Risks and Needs

- **Malaria** – As the main cause of morbidity and a national and health sector priority, the federal government agreed to funded a join response plan in support to the Borno state health authorities and health partners interventions to combat malaria.
Measles: Based on trends in previous years, it is expected that the risk of measles and acute respiratory infection, along with meningitis will continue to increase over the next three to four months. A mass vaccination campaign at state level is been funded and will be rolled out by the end of the month.

Diarrhea: Contingency plan and response are been darted with stock prepositioning, improving sanitation in camps and communities with strong WASH and Borno State Enviorenmental Protection Agency (BOSEPA) interventions.

Malnutrition: provision of supplies, enhancement of treatment services and strengthening of screening and refral mechanism must be strenghthen and expanded to fill the gaps.

Reproductive Health / Maternal Health & Child Health: Gaps in service delivery specially maternal health (Ante-Natal Care, safe deliveries, Post-Natal Care), Reproductive Health Kits and supplies.

Training/capacity building: Need for training of health care providers in specialized services, maternal care, lab testing, medicines management etc. Lack of skilled health care workers (doctors, nurses, midwives, pharmacists and laboratory technicians) in health facilities continues to hampers the response.

Surveillance and communicable disease control

Early Warning Alert and Response System (EWARS): From Epidemiological (Epi) Week 43, a total of 73 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 46% while timeliness was 64% (target 90% and 80% respectively). The decline in timeliness and completeness could be attributed to interruptions in the network and lack of data bundles reported from the majority of reporting sites during the period in focus, this is being addressed. Thirty-eight indicator (38) alerts were received of which 89% were verified.

Measles: Between Epi Week 36 to 43, a total of 868 suspected cases of measles with two deaths were reported from the EWARS reporting sites in 13 LGAs. In Epi Week 43 alone, 98 suspected cases were reported with zero death. Fifty-eight (58%) percent of the suspected measles cases had never been vaccinated against measles and 71% of them were aged under 5 years.

Malaria: Malaria remains the leading cause of morbidity and mortality. According to EWARS surveillance in Epi Week 43, accounts for 52% of all cases reported, followed by Acute Respiratory Infection (ARI) at 11%, Severe Acute Malnutrition at 11% and Acute Watery Diarrhea (AWD) at 7%. Biu LGA accounted for 23.9% of the cases, while Jere and Maiduguri LGAs accounted for 19.5% and 18.5% respectively. Fifty-three percent of all the cases reported were aged over 5 years and 47% were aged under 5 years.

The Borno State weekly surveillance reports as well shows malaria, respiratory infections and watery diarrhea as the three leading causes of morbidity in the camps from the IDPs camps in Borno State. In Epi Week 43, 12,526 consultations were recorded from 23 IDP camps; 5,295 for malaria, 2,087 for respiratory infections and 948 for diarrheal diseases accounting for 42%, 17% and 8% respectively.
• **Acute Watery Diarrhoea (AWD):** In Epi week 43, a total of 963 cases of acute watery diarrhoea were reported from 11 LGAs in Borno State. Monguno LGA accounted for the majority of the cases at 27.5%, while Jere and Maiduguri LGAs accounted for 23% and 12.8% respectively. Seventy-four percent (75%) of all the cases reported were over 5 years and 26% were aged under 5 years. No laboratory confirmed case of cholera was reported.

• **Severe Acute Malnutrition (SAM):** In Epi Week 43, a total of 1,534 cases of severe acute malnutrition and two deaths were reported from 12 LGAs. Ninety-six percent (96%) of all the cases reported were under 5 years while only 5% were over 5 years. Monguno LGA accounted for the majority of the cases at 32%, while Bayo and Biu LGAs accounted for 22% and 16.5% respectively.

### Health Sector Coordination

• The federal health authorities, WHO, UNICEF and Health and Nutrition Sectors partners participated in the Humanitarian Response Plan 2017 in Abuja 2 and 3 November 2016. Key priorities for 2017 were agreed on, among them:
- Provision of lifesaving and life sustaining health humanitarian services to affected populations.
- Improved equitable access to quality lifesaving services on management of acute malnutrition for children and pregnant and lactating women.
- Establish, expand and strengthen disease surveillance, outbreak prevention, control and response.
- Promote access to services preventing under-nutrition for vulnerable groups (children under five and pregnant and breastfeeding women).
- Strengthened coordination information management and health system restoration.

Simultaneously, the Federal and Borno State health authorities also defined a strategy for the minimum essential health services packages and interventions specific to community health services, hard to reach areas, IDP camps, and Primary Health Care clinics. They agreed to:

- Establish multi-sectoral rapid response teams that will provide a minimum package of interventions like lifesaving health and nutrition (minimum essential package) including operational modalities through hard to reach mobile teams and engagement of community volunteers.
- Expansion and strengthening of surveillance and surveys for nutrition and health,
- Establishment and strengthening of referral systems, gap analysis and mapping.

At the State level, the CCCM/Shelter/NFI sector will lead the development of an inter-sectoral action plan for Muna Garage camp and support to come with a clear action plan / road map to ensure that we can intervene in a coordinated manner. This specific exercise is ensued by a prioritisation exercise of IDP sites, based on a gap analysis of all IDP camps. The health sector is a key sector in this exercise and WHO as health sector lead is fully engage.

Health Sector Action

The **Federal Ministry of Health** supported by the Nigerian Government:

- Developed a Health and Nutrition Sector Strategic Plan for the NE Humanitarian Response.
- Developed a costed emergency response for Health and Nutrition and had approved N4.3Bn.
- Development of State Specific Operational Plan for 2017 to all the six NE States ongoing
- Defined a package of minimum essential health packages and interventions specific to community health services, hard to reach areas, IDP camps, and PHC clinics.
- Established multi-sectoral rapid response teams that are coordinating the provision of minimum package of interventions which include lifesaving health and nutrition (minimum essential package)
- Expand and Emergency Operations Center (EOC) and the establishment of the Incident Management System
- Established a well defined structure for coordination which needs to be strengthened and expanded to reach not only government at Federal, State and LGAs levels but also civil military, and humanitarian partners coordination.
- Started coordination between all clusters to facilitate a focused response but needs to strengthen and expand. (Health/WASH/Nutrition/Food Security) one agency per geographical location approach.
- Provision of the essential Human Resources, to be expanded to include volunteers.

**IRC:** Consultations in three months done by the IRC on outreach basis total to 5,348; of which 62% were female and 1,990 of all consultations were children under 5 years. Malaria remains most common morbidity - 810 confirmed by Rapid Diagnostic Test and followed by 570 cases of watery diarrhoea. Upper respiratory tract infections and chronic diseases among the elderly. There were 12 reported measles cases and 21 patients referred to the Teaching hospital for further care and about 1,900 children enrolled into the CMAM program. IRC is scaling up outreach in MMC and Jere.

**UNICEF:** UNICEF supported a team to commence a measles response vaccination in Gwoza in Hausari and Bulabulin wards. The campaign is expected to cover children from 6 month to 15 years in the two wards. In all the newly liberated LGAs (Banki, Gwoza, Bama, Dikwa, Monguno, Kukawa, Damboa) routine immunization services has become available with the support from UNICEF through the ARKET deployed.
UNICEF has recruited 60 nurses/midwives who have been trained on integrated PHC services and to be deployed to the newly liberated areas to improve on the quality of care being provided especially maternal, newborn and child health.

WHO: As part of its efforts to control malaria in newly liberated areas, WHO has supported BSMOH to train 80 health workers including clinicians on the use of Rapid Diagnostic Kits (RDTs) and case management for malaria. This is in line with the national policy on malaria cases management that advocates for testing before treatment. The training targeted health workers including clinicians, nurse and community health workers providing health services in IDP sites in 14 newly liberated LGAs and Maiduguri Municipal Council (MMC). The participants received updates on the new malaria treatment protocols to enhance their knowledge on case management and how to manage data at the health facilities.

WHO and BSMOH have trained over 100 data collectors and rolled out data collection for Health Resources and Services Availability Mapping System (HeRAMS) in Borno targeting over 200 health facilities.

In response to the health needs of the IDPs and host communities in Kaga, Maiduguri Municipal Council (MMC) and Jere Local Government Areas (LGAs), WHO has donated emergency medical supplies to three health sector partners including MSF-Spain, International Rescue Committee (IRC) and Medecins du Monde (MDM). Items donated include two full Interagency Emergency Health Kits (IEHK) and supplementary unit, a malaria module and Post-exposure prophylaxis (PEP kit); enough for the essential health needs of 20,000 people for three months. The supplies will be used to support the response of IDPs in Benisheik Hospital and IDP camps in Jere and Maiduguri LGAs where the NGOs works. In addition, one Interagency Diarrhoea Disease Kit (IDDK) to MDM for prepositioning and five IEHK basic units, enough for 5,000 people for three months for health needs of IDPs in Kawarmela camp.

Gaps in response:

- Need for more geographic focused approach to ensure quality health services, provide standardized package, and ensure close monitoring of the health situation.
- Limited national/international health service capacity, increasingly overstretched health system
- Few Partners mainly international NGOs are on ground, huge health needs and big population caseload.
- Poor water and sanitation situation in camps and host communities posing threat for communicable diseases specially malaria and diarhhea.

Resource mobilization:

The latest funding overview of the Humanitarian Response plan reports that the health sector is currently 13% funded (FTS/OCHA, 4 Nov. 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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Health sector updates and reports are now available at http://who.int/health-cluster/news-and-events/news/en