BORNO STATE GOVERNMENT

Health volunteers distributing maternal kits to new mothers (Photo: IRC)

Northeast Nigeria Response
BORNO State Health Sector Bulletin #26
16th – 31st May 2017

6.9 MILLION
PEOPLE IN NEED OF HEALTH CARE IN; ADAMAWA, BORNO AND YOBE STATES

5.9 MILLION
TARGET BY THE HEALTH SECTOR; ADAMAWA, BORNO AND YOBE STATES

1,428,947*
IDPS IN BORNO STATE

2,060,394
POLIO VACCINATED CHILDREN

HIGHLIGHTS

- Some 200,000 Nigerian refugees hosted in neighbouring countries – Cameroon, Chad and Niger –are starting to return to Nigeria, especially from Cameroon, which received 62% of those refugees. Since 12th May around 11,000 returnees have arrived in Banki-Bama LGA from Cameroon.
- Secondary health care and referral services is a big challenge faced by population in the remote areas due to lack of ambulance services and specialized health care providers. Most of the secondary health care facilities are damaged/destroyed and non-functional. Mental health and psychosocial support need more efforts to help the population affected by the insurgency.
- As part of the nutrition response, 102,598 children aged 6-59 months have been screened for malnutrition using MUAC measurement from 1st January till 15th May. 900 children presenting medical complications have been admitted to Stabilization Centres between 1st January and 20th April.
- Active surveillance is ongoing for detection and reporting of cases of Acute Watery Diarrhoea (AWD) while investigations have been conducted by the hard-to-Reach team in Rann and showed a large proportion of AWD reported among children below 5 years.
- Oncoming rainy season and movement restrictions pose difficulties for transport and access to high priority LGAs.

HEALTH SECTOR

21 HEALTH SECTOR PARTNERS

HEALTH FACILITIES**

288 FUNCTIONING** (OF TOTAL 749 ASSESSED HEALTH FACILITIES)
262 FULLY DESTROYED
215 PARTIALLY DAMAGED
60 REHABILITATED/RENOVATED

IDP CAMPS CUMULATIVE CONSULTATIONS

293,718 MEDICAL CONSULTATIONS***

WEEK 18: EARLY WARNING & ALERT RESPONSE

169 EWARS SENTINEL SITES
86 REPORTING SENTINEL SITES
25 TOTAL ALERTS RAISED****

SECTOR FUNDING, HRP 2017

93.8M US$ – HRP 2017 REQUIREMENTS
9.05 M US$ FUNDED (9.7%)

2016 UNMET REQUIREMENTS
11.8 MILLION USD FUNDED (22%)
53.1 MILLION USD REQUESTED

** Total number of IDPs in Borno State by IOM DTM XV April 2017.*
*** MoH/WHO HeRAMS December 2016.*
**** Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 1- 20.*
***** 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 April 2017*

Situation update:

- The influx of returnees to Nigeria from the Minawao refugee camp in Cameroon has rapidly increased since the beginning of May. The point of arrival is most often Banki, where over 11,000 people have arrived since 12 May 2017. Movements are also being reported into Mubi and into Gambaru Ngala. In total, Minawao camp is currently estimated to host between 55,000-60,000 people, so further movements are anticipated. On 22 May, 2,248 people arrived in Banki on 11 trucks from Cameroon's Minawao refugee camp. Given reports received from the refugee camps in Cameroon, humanitarian organizations are expecting more refugee-returnees to arrive in Banki in the next few days. Currently, more than 42,000 displaced persons are settled in Banki in overcrowded and congested IDP camp.
- The Nigeria Humanitarian Fund (NHF) has been activated which is a Country-Based Pooled Fund (CBPF) managed by OCHA in support of life-saving humanitarian and recovery operations. The NHF is a timely and effective tool to support humanitarian actions in Nigeria. It allows public and private donors to pool their contributions to enable the delivery of humanitarian life-saving assistance to the most vulnerable people. Funds are directly available to a wide range of relief partners. This includes national and local non-governmental organizations (NGOs), UN Agencies and Red Cross/Red Crescent Organizations.
- Revitalization and strengthening of the health system is vital. Re-establishing functional, staffed and equipped health facilities to deliver health services to vulnerable populations is the Health Sector priority during 2017-18 response. Secondary health care and referral services is a big challenge population facing in the remote areas due to lack of ambulance services and specialized health care providers. Most of the secondary health care facilities are damaged/destroyed and non-functional. Mental health and psychosocial support need more efforts to help the population affected by the insurgency.

Public Health Risks and Needs

- Following the start of the rainy season, health partners started prepositioning supplies and drugs in high risk LGA and health facilities to prepare for mitigation of deterioration of the health situation. Inter country and cross border collaboration will be required in high priority area at the border with Cameroon (Rann, Ngala and Banki) as well as at the border with Niger (Damasak/Mobbar).
- Since the launch of HRP 2017 four months ago, the health sector has not received the required funding. This situation is hampering the capacity of health partners to provide health essential services to the affected populations.
- There is a serious shortage of skilled health care workers, particularly doctors and midwives, and their reluctance to work in recently accessible areas is a major challenge for the provision of health assistance.
- Nutrition support has to be enhanced along with food distribution to keep the malnutrition cases under control and prevent disease and death. RUTF such as plumpy nuts and other nutrition supplements are required to mitigate children acute malnutrition.
- The rainy season, overcrowding IDP camps and the limited availability of WASH services will increase the risk of outbreaks. To prevent and mitigate outbreaks, especially in IDP camps, WASH support is needed for health and hygiene awareness as well as community mobilization
- Referral services need to be strengthened, especially ambulances support in priority areas.
- Access remains a challenge and will be worsened by the rainy season.
- There is a high risk of hepatitis E spread cross-border from Niger.

Surveillance and communicable disease control

Early Warning Alert and Response System (EWARS): In Epidemiological Week 20 - 2017, a total of 17 out of 25 LGAs and 86 out of 169 reporting sites (including 20 IDP camps) submitted their weekly reports. Timeliness and completeness of reporting were 56% and 76% respectively at LGA level (target 80% respectively). Of the 25 indicator-based alerts received, 92% were verified. Out of the 11,915 reported cases, 1,980 (16.6%) were for confirmed malaria and 1,557 (13.1%) for acute respiratory infection.

Figure 1a | Proportional morbidity (W20)

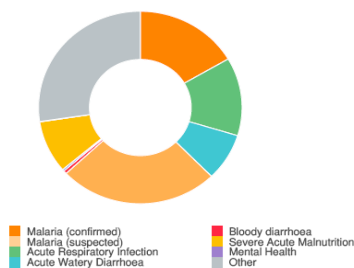
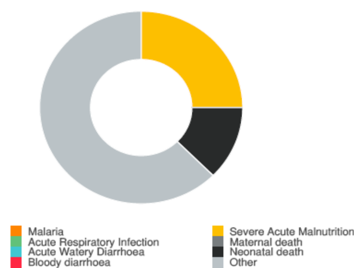
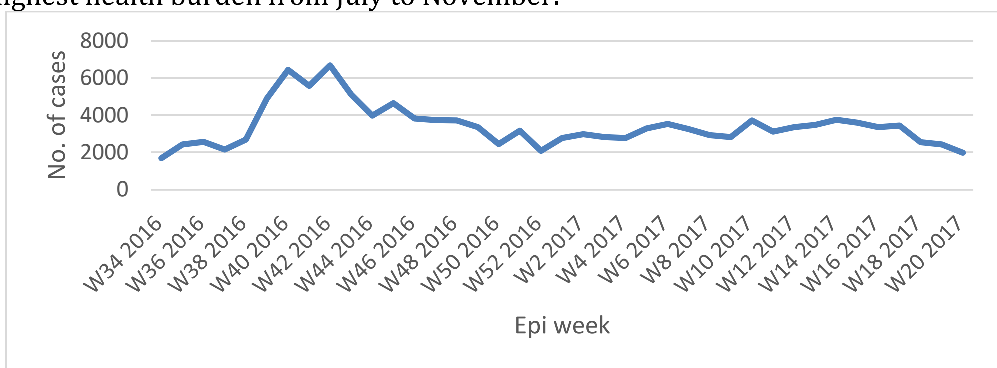


Figure 1b | Proportional mortality (W20)



- **Malaria:** In Epidemiological Week 20, 1980 cases of confirmed malaria cases were reported representing 17% of reported morbidities. Preparedness measures, including testing of patients, distribution of mosquito nets, monitoring of cases and intervention will be essential before the start of the rainy season as malaria registers by far the highest health burden from July to November.



Weekly trend of malaria cases, week 34 2016- week 20 2017, Borno State

- **Measles:** The cumulative number of cases since January 2017 is 1,538. In Epidemiological Week 20, 33 cases of measles were reported through EWARS with 93% occurring in children below 5 years. In Jere LGA, Madinatu IDP camp reported 5 cases while Maimusari and Gomari PHCs reported 3 cases each. In Magumeri LGA, Kajiya dispensary, Hoyo dispensary, and Furram dispensary reported 3 cases each. The State Specialist hospital in MMC also reported 3 cases.
- **Acute watery diarrhea:** In Borno State, 946 cases of acute watery diarrhea were reported through EWARS. Ninety-six (10%) of the cases were from Gongulong PHC in Jere. Further investigation revealed that the water source in Gongulong community is from a borehole, however, sanitation in the area is poor. In Nganzai and Kala-Balge, there were reports of increase in the number of AWD cases. Cholera kits, alkaline peptone water (APW) and Cary-Blair kits have been distributed to the affected sites for early detection of cholera and response.
- **Yellow fever:** In Epidemiological Week 20, 7 suspected yellow fever cases were reported from Ngala LGA. Blood samples were collected and sent to the lab in Gombe for analysis. Results are still pending.
- **Hepatitis E:** The State Rapid Response Team deployed to Damasak further established screening activities there and provided materials for sample packaging and transportation for the health facility. They also carried out sensitization activities for acute jaundice at the motor park, health facility, and with traditional rulers.
- **Malnutrition:** In Epi week 20, 1047 cases of severe acute malnutrition were reported with two deaths from NYSC Borno camp clinic, Maiduguri and Magumeri MCH.
- **Neonatal death:** One neonatal death was reported from Biu township dispensary.

Health Sector Coordination

The health sector partners are scaling up and reaching more people with life-saving support every month. However, they require protection of the affected populations and humanitarian access to ensure that all vulnerable households in need of urgent humanitarian assistance are reached safely on a regular basis. Humanitarian actors are currently reaching 2.1 million people with food assistance as they continue to scale up. Food security and nutrition are at the heart of the humanitarian response with a special focus on women, children and youth. It is also key to provide agricultural inputs to enable affected people to plant ahead of the rainy season. However, to achieve these goals, focusing on averting famine, immediate funding is urgently required. Without early action and sustained humanitarian assistance, lives and livelihoods will not be saved.

Health Sector Action

International Rescue Committee (IRC) runs integrated health and nutrition mobile clinics within MMC, Jere, Monguno and Konduga. In MMC, the IRC introduced routine immunization services in collaboration with the PHCDA RI department at three locations reaching 210 children in the month of May, and plans to expand this service to the six sites in Jere in the coming weeks.

The IRC's reproductive health program offers comprehensive package of services including ANC, safe delivery, PNC, post-abortion care, family planning, counselling and treatment for sexually transmitted infections, clinical management of rape survivors as well as psycho-social care at the Comprehensive Women Centres (CWC) in Monguno, Konduga and Bakassi IDP camp. Similar service package will be offered in Gwoza which is currently run as outreach while the structure is being erected. In anticipation of an influx of returnees to the locality, the IRC is prepositioning supplies for care of pregnant and lactating women.

During the month of May, 436 women attended ANC for the first visit and 130 women delivered by skilled midwifes at these sites. Another 439 women accessed family planning services as new acceptors, however there is still a barrier to access medical services for sexual violence survivors. The IRC continues to sensitize the communities on the availability of and how they can access the services. Besides these interventions, the IRC supports four PHC facilities within MMC and Jere in reproductive health care. It is in discussion with the PHCDA to rehabilitate Yerwa Clinic, one of the busiest PHC facilities in the city, with 499 ANC first visit consultations and 57 deliveries reported in May. Rehabilitation will further enhance the quality of service delivery at this facility.

Medecins du Monde (MdM) is continuing to provide integrated Primary Health care services in the 3 informal IDP camps at Gaba Buzu, Karwamella and Al Maskin. Increased community involvement following the training and deployment of Community Mobilizers has contributed to a remarkable increase in routine ANC attendance and utilization of other Health services in all 3 MDM supported sites.

UNICEF supported health facilities in Borno and Yobe, reported a total of 184,234 women and children reached with integrated PHC services in clinics in camps and host communities in the two states, out of which is the total medical consultations were 81,257; with malaria being the commonest condition treated (malaria 24,084, Acute Respiratory Infection 13,983, and Acute watery diarrhoea 6,983, measles 71, other medical conditions 36,136). For prevention, 60,538 children and pregnant women were immunized with various antigens with 1,093 children 6 month -15 years immunized against measles, Vitamin A supplementation 17,093, Albendazole for deworming 19,873 total, Ante-Natal Care 3,195, deliveries 1,176 and Post-Natal care 1102. In Yobe state, UNICEF supported the state through social mobilization, supportive supervision and vaccine logistic management during mass Cerebro-Spinal Meningitis vaccine (ACW135Y) between 19th and 23rd May 2017 and two days mop up in five wards of four LGAs with highest number of cases of meningitis in the state. The LGAs are: Damaturu (Damaturu Central ward); Gujba (Mutai ward); Fika (Gadaka and Mulari wards) and Fune (Daura ward). The target population is 133,196 (from 2 to 30 years of age).

150 Nigeria health kits were distributed to the health facilities in camps and host communities including the outreach teams in the states for the use of both IDPs and vulnerable host community members accessing services in all UNICEF supported service delivery points including those being preposition in preparation for the rainy season period. Twenty kits were provided to ***Premiere Urgence Internationale (PUI)*** for primary health care services through Herwa Peace PHC clinic and three mobile health clinics (Bayan Texaco, Kantudua and Shonghai) in MMC LGA. An estimated 80,000 people including IDPs in the host communities will benefit from the integrated PHC services provided.

WHO's Health Operations Unit supported the SMOH to convene a stakeholder's workshop on the Malaria Operational Plan for Borno state. The discussions focused on having an inclusive plan for malaria before the peak of transmission which is usually in the rainy seasons. The major focus of the discussions was around Malaria case management, vector control, surveillance and Mass Drug Administration (MDA). The participants had group discussion and at the plenary each group presented a draft plan for each of the four thematic areas. All the plans were further validated and expanded to adopt as the Borno state Malaria Health Sector Plan.

WHO Health Operations unit also supported the state Ministry of Health to conduct a 3-day training on cholera preparedness and response. The training is part of the preparedness plan to prevent any outbreak or mitigate

the impact of outbreak of cholera this year. The participants for the training were drawn from the 10 LGAs and IDP camps that have become the major hotspots for cholera outbreaks in the state. 60 participants comprising doctors, nurses, community health extension workers and environmental health officers from the LGAs and the IDP camps were trained. The major stakeholders in the ministries of environment and health sector were also part of the training which featured presentations on the epidemiology of cholera, how it can be transmitted or spread within the community, prevention and control of cholera through water, sanitation and Hygiene, treatment of cholera cases, social mobilization as well as the prevention and control measures.

Nutrition

The Stabilization Centre (SC) in Molai general hospital was visited by WHO's Nutrition Specialist during the reporting period. The staff responsible for data management were sensitized and trained on proper data recording and analysis to generate information for program management. During the month of April, the recovery rate at the SC was 78%, death rate was 4% whereas the default rate was higher than the sphere standards. The default rate was 19% and the SC staff were asked to investigate the high rate of defaults and follow-up of defaulters at the community level.

The stabilization centre at Umaru Shehu hospital was also visited and the data staff were assisted on collection and analysis of data. In the month of April, 53 SAM cases with medical complications were admitted. The SC is meeting sphere standards. The recovery rate for the reporting month was 83%, death rate was 2.7 and default rate was 8.3%.

Training on nutrition in emergency was provided by WHO's Nutrition Specialist to 86 supervisors and LGAs facilitators of hard to reach team. The major topics included nutrition assessment, Community Management of Acute Malnutrition (CMAM), infant and young child feeding and micro-nutrient supplementation.

Gaps in response

- According to OCHA by end of April 2017, still an estimated 181,000 people trapped in Abadama and Marte LGAs.
- Prevention from further deterioration of the health system in the newly accessible LGAs of Borno state.
- Control of ongoing polio and measles outbreaks; cholera and meningitis preparedness; malaria prevention and control measures, to reduce high morbidity levels.
- Still critical gaps in the health services need to be filled through mobile teams and outreach services; regular nutrition screening in all the catchment areas, for the timely detection of children who have severe acute malnutrition (SAM), with complications; and community mobilization on key health issues and public health risks.
- Need to revitalise health facilities damaged or destroyed during the conflict; Prevent further deterioration of the health system by filling critical gaps in the primary health care services, essential medicines and medical supplies to care for the affected population.
- The shortage of skilled health care workers, especially doctors and midwives, and their reluctance to work in recently accessible areas, presents a challenge.

Resource mobilization

During 2016, the health sector received only 22% for northeast Nigeria. In 2017, the Health Sector funding requirements under the Nigeria HRP-2017 are US$ 93.8 million to provide essential health services to 5.9 million targeted people in three states of Adamawa, Borno and Yobe. The latest funding overview of the 2017 HRP reports shows that health sector is currently ***9.05M US$ (9.7%) funded of the required appeal of 93.8 M US$*** (FTS/OCHA, 30/05/2017).

Health Sector Partners

- Federal Ministry of Health and Borno State Ministry of Health
- UN Agencies: IOM, UNFPA, UNICEF, WHO, OCHA
- National and International Partners: ALIMA, Action Against Hunger, MSF (France, Belgium, Holland, Spain and Switzerland), 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

For more information, please contact:

Dr. Haruna Mshelia
Commissionner for Borno State Ministry of Health
Email: harrymshelia@gmail.com
Mobile: +23408036140021

Dr. Abubakar Hassan
Permanent Secretary, BSMOH
Email: abubakarhassan60@gmail.com
Mobile +2340805795680

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

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