



BORNO STATE GOVERNMENT



Twins delivered at IRC RH facility in Bakassi IDP Camp. (Photo IRC)

Northeast Nigeria Response BORNO State Health Sector Bulletin #19 19 February 2017



6.9 MILLION
IN NEED OF HEALTH ASSISTANCE IN ADAMAWA, BORNO AND YOBE



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



1,506,170*
INTERNALLY DISPLACED PERSONS IN BORNO

1,891,160
POLIO VACCINATED CHILDREN

HIGHLIGHTS

- Supported by the health sector, the Borno State Ministry of Health established a cholera preparedness working group ahead of the rainy season. The sector is developing a preparedness plan and identifying “hot spots”, local government areas and camps at higher risk of possible outbreaks based on historical epidemiological data, concentration of IDPs/ population and the WASH sector high risk developed criteria.
- According to IOM DTM XIV the accessibility to health facility for IDP sites showed an improvement as more sites have an on-site health facility or an off-site within a distance of less than 3km. The INGO health service providers almost doubled over the last two months.
- A case of confirmed VDPV 2 form Environmental specimen collected 15 Jan 2017 at Shafa Bridge site, Bauchi LGA. Four confirmed WPV 1 in Jere (1), Gwoza (1) and Monguno (2) LGA Borno State in 2016.
- 18 of the 25 Federal MOH Medical Teams were deployed in support of the sector response outreach LGA approach strategy to: Yerwa PHC, Jiddari PHC, Konduga, Bama, Gwoza, A/Uba, Chibok, Damboa, Biu, Azare, Briyel, Kwaya, Shani, Benisheik, Damasak, Magumeri, Monguno and Gajiram LGAs.

HEALTH SECTOR



19 HEALTH SECTOR PARTNERS

HEALTH FACILITIES**



288 FUNCTIONING** (OF TOTAL 749 ASSESSED HEALTH FACILITIES)



262 FULLY DESTROYED
215 PARTIALLY DAMAGED

IDP CAMPS CUMULATIVE CONSULTATIONS



76,365 MEDICAL CONSULTATIONS***

EARLY WARNING & ALERT RESPONSE



160 EWARS SENTINEL SITES
90 REPORTING SENTINEL SITES
29 TOTAL ALERTS RAISED****



VACCINATION



1,891,160 POLIO
IPV & OPV*****

SECTOR FUNDING, HRP 2017



93.8M US\$ – HRP 2017 REQUIREMENTS

2016 UNMET REQUIREMENTS

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

* Total number of IDPs in Borno State by IOM DTM XIV January 2017.

** MOH/WHO HeRAMS December 2016.

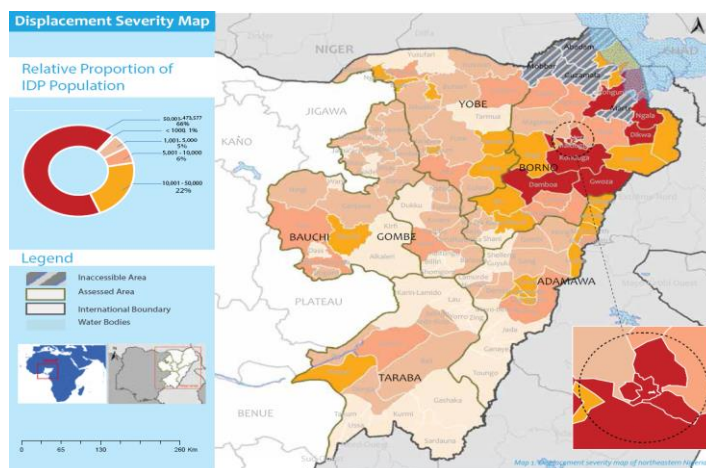
*** Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 1- 6.

**** 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 January 2017.

Situation update:

The escalation of Boko Haram violence in 2014 resulted in mass displacement around north-eastern Nigeria. To better understand the scope of displacement and assess the needs of affected populations in northeast Nigeria, the International Organization for Migration (IOM) started implementing its Displacement Tracking Matrix (DTM) program in September 2014 in collaboration with the National Emergency Management Agency (NEMA) and the State Emergency Management Agencies (SEMAs). IOM's DTM is used in countries around the world to track displacement caused by natural disasters and conflict.



The DTM assessments were conducted from December 19, 2016 to January 25, 2017, in Adamawa, Bauchi, Borno, Gombe, Taraba, and Yobe states, covering 762 wards in 108 LGAs. In Borno, the epicentre of the conflict, the DTM has now partial access to 24 LGAs out of the 27 LGAs in the north-eastern state. Two additional LGAs in Borno were assessed during this round: Kala/Balge and Kukawa.

Data	DTP 13 round	DTM 14 round	Change
IDPs			
In Camps	369,035	565,175	53%
In host community	1,023,892	940,995	-8%
Total IDPs	1,392,927	1,506,170	8%
Location of HF			
On-site (<3 km)	47	96	104%
On-site (>3 km)		4	
Off-site (<3 km)	46	17	-63%
Off-site (>3 km)	10	8	-20%
Mobile clinic	1	1	0%
None	22	17	-23%
Number of IDP sites	126	143	13%
Health Care Provider Agency			
Government	27	29	7%
INGO	29	57	97%
NGO	41	39	-5%
Local clinic	6	1	-83%
None	23	17	-26%
Number of IDP sites	126	143	13%

As per Displacement Tracking and Matrix (DTM) round XIV undertaken in January 2017, total IDP population is 1,506,170 in Borno state. It is an increase by 8% from the round XIII (December 2016). The population in camp increased by about 53%. The number of IDP sites increased from 126 to 143.

The accessibility to health facility for IDP sites also showed an improvement as more sites have an on-site health facility or an off-site within a distance of less than 3 kilometres. The improvement in access is demonstrable as there are increased number health care providers for IDP sites. The INGO health service providers almost doubled over the period.

Although accessibility to health services has improved, open defecation in crowded camps and communities continues to place the IDPs and the host communities at risk of outbreaks of waterborne diseases, from watery diarrhoea to cholera. The danger is exacerbated by limited access to safe water and poor hygiene conditions. According to the DTM XIV open defecation has been recorded in around two-thirds of the 164 sites for those uprooted by the conflict, and only a dozen of these settlements have a working drainage system.

Supported by the health sector, the Borno State Ministry of Health established a cholera preparedness working group ahead of the rainy season. The sector is developing a preparedness plan and identifying “hot spots”, local government areas and camps at higher risk of possible outbreaks based on historical epidemiological data, concentration of IDPs/population and the WASH sector high risk developed criteria.

As well the food security and nutrition situation, has improved over the past few months as the number of people currently receiving food assistance has increased tenfold since October 2016. It was also reported that the improvement in food assistance has reduced sale of sex for food. The vulnerability of women remains a grave concern and efforts to improve protection must be scaled-up. However, despite this impressive improvement in delivering assistance, the situation remains alarming with several million conflict-affected people with acute food and nutrition needs left unattended. There are major challenges ahead.

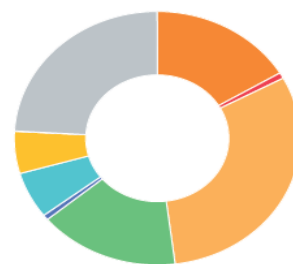
Public Health Risks and Needs

- Cholera and meningitis outbreaks are a threat with the start of the rainy season in April. Preparedness and response plans are ongoing.
- The need for food assistance is likely to increase even further from March, marking the start of the annual lean season.
- The upward review of import duty on antimalarial drugs and antibiotics is likely to increase the burden on already vulnerable populations and drive up the cost of treating malaria and fighting epidemics
- Limited or non-availability of qualified human resources, essential medicines and the destruction of medical facilities continues to hamper the delivery of lifesavings health interventions. Only 30% of the health facilities were not damaged while 29% were partially damaged. Furthermore, 59% are fully functional and 32% were non-functional.

Surveillance and communicable disease control

- **Polio:** A case of confirmed VDPV 2 form Environmental specimen collected 15/01/17 at Shafa bridge site, Bauchi LGA.
- **Viral Haemorrhagic Fever:** No reported VHF case in Borno nor in Adamawa nor Yobe states.
- **Epidemiological situation in IDPs camps:** In epidemiological (Epi) Week 6, a total 8,871 consultations were reported from 30 IDP camps including 43 referrals. The cumulative total consultations from epidemiological weeks 1-6 is 76,365 consultations.

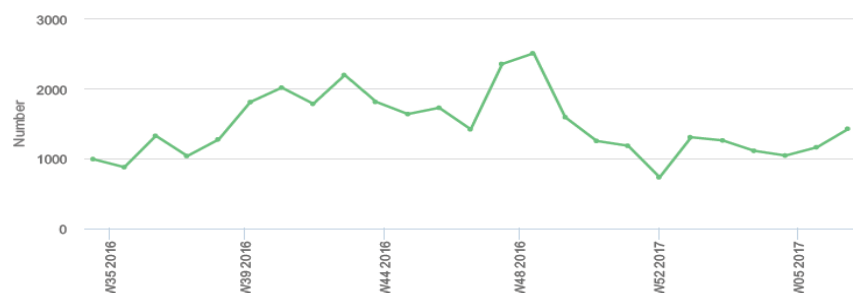
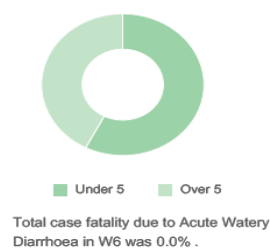
Early Warning Alert and Response System (EWARS): In Epidemiological Week 6 - 2017, a total of 90 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 56% and timeliness was 76% (target 80% respectively). Twenty-nine indicator-based alerts were received and 90% were verified.



-See Figure: [Proportional Morbidity in Epi Week 6 - 2017](#)



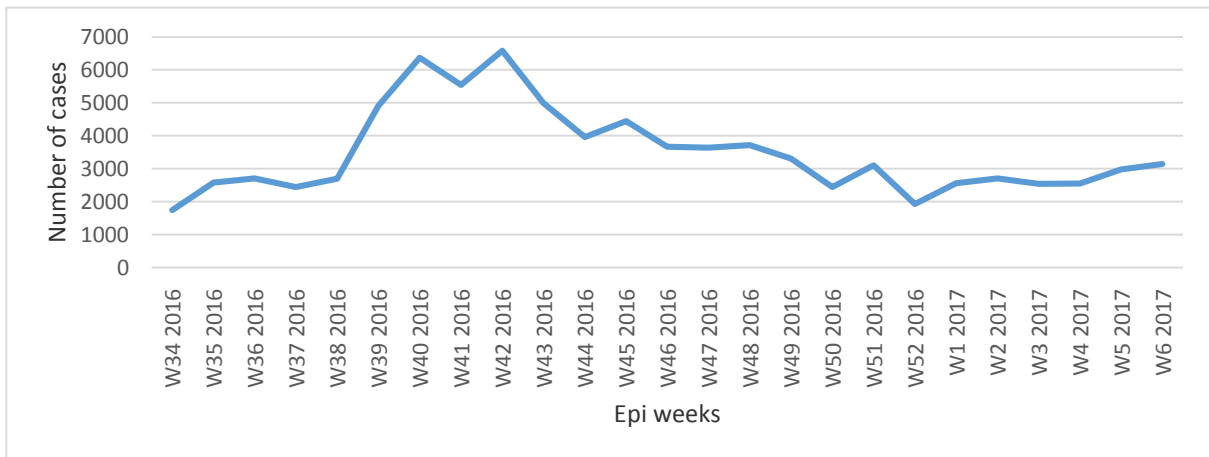
- **Acute Watery Diarrhoea (AWD):** In Epidemiological Week 6, 1425 cases of AWD were reported with no deaths. They included 265 cases from Bakassi Monguno camp clinic, 178 cases from Ngaranam PHC, 93 cases from Fori PHC, and 84 from 400 Housing Estate Gubio Rd camp clinic A. Further investigations will be conducted and stool samples to be collected.



Weekly trend of AWD cases reported through EWARS in Borno State from Week 34-2016 to Week 6-2017

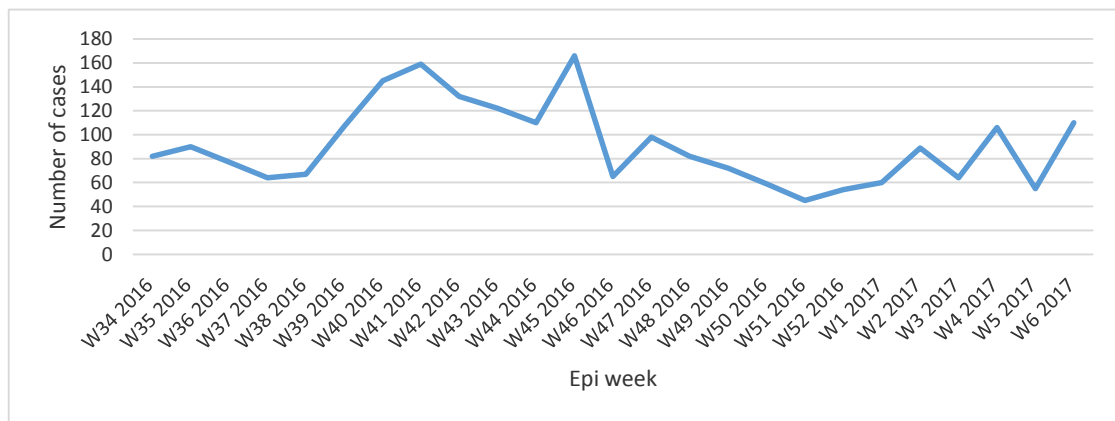
- **Measles:** Between Epi Weeks 34-2016 to Week 6-2017, a total of 2,280 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 6, 110 suspected cases were reported with 78% of them under 5 years old, including 35 from Dalaram PHC and 26 from Maimusari PHC. Among 72 measles alerts investigated in week 6, 50 (69%) have been vaccinated. The Disease Surveillance National Officers (DSNO) network was activated to take measles samples and collect line-lists of cases in health facilities.

- Malaria:** Between Epi Weeks 34-2016 to Week 6-2017, a total of 148,382 suspected cases and 87,193 confirmed cases (18% of morbidity) of malaria were reported from EWARS reporting sites in 13 LGAs. The number of Malaria cases peaked in week 42 and has decreased until week 52 (1731). In Epi week 6, the number of confirmed Malaria cases (3,139) appears to be rising. There were no deaths due to malaria.



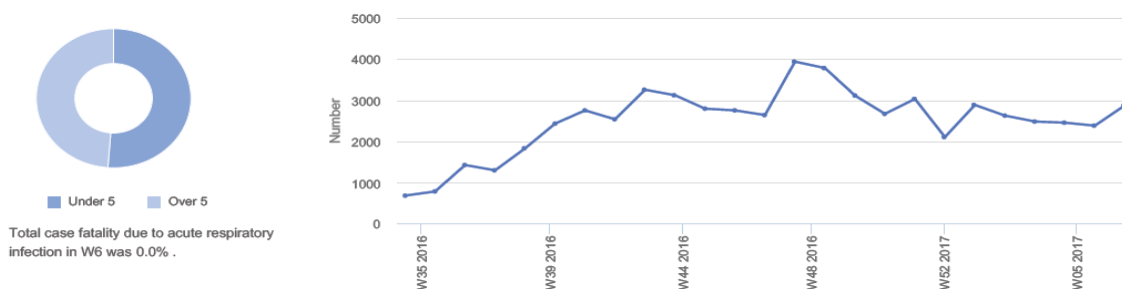
Weekly trend of Malaria cases reported through EWARS in Borno State from Epi Week 34 -2016 to Week 6 -2017

- Severe Acute Malnutrition (SAM):** In Epi Week 6, 1162 cases of SAM were reported. One death was recorded in Dalaram PHC, Jere.



Weekly trend of SAM cases reported through EWARS in Borno State from Week 34-2016 to Week 6-2017

- Acute Respiratory Infection (ARI):** In Epi Week 6, 2873 cases of Acute Respiratory Infection were reported representing 17% of the reported morbidity. There were no deaths due to ARI.



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 6-2017

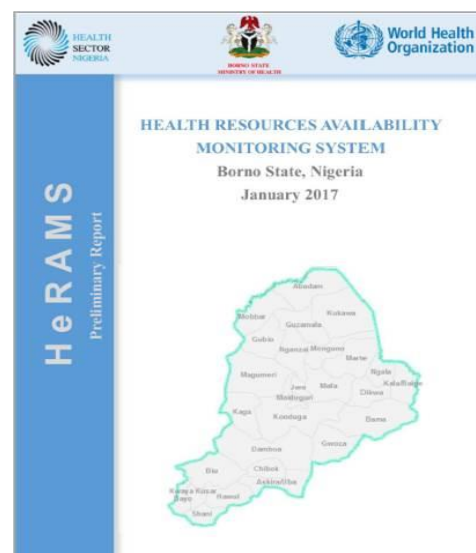
- Neo-natal deaths:** No reported neo-natal death
- Maternal death:** One maternal death was reported from Guwal clinic, Kwaya Kusar.

Health Sector Coordination

The Health Resources Availability Monitoring System (HeRAMS) a Global Health Cluster tool was set up and launched by the Borno State Ministry of Health with the support of WHO to collect information on the availability of health resources and services in Borno State in 749 health facilities. Only 30% of the health facilities were not damaged while 29% were partially damaged. Furthermore, 59% are fully functional and 32% were non-functional. The partners supporting health care services is limited to functional health facilities.

The assessment revealed that the population has access to less than optimum health-care services. Provision of health services is lacking in several medical areas (such as child health, detection of epidemic prone diseases). Provision of health services has been discontinued in a large number of health facilities, especially outside Maiduguri Metropolitan Council. Funding and logistic support are necessary to improve the delivery of health services.

The results highlight to the government, local health authorities and to all the health sector partners the need to support reconstruction and rehabilitation of health facilities as an urgent issue. A reconstruction effort is already taking place for secondary health facilities, however it also crucial to include the PHCs in the reconstruction and rehabilitation plan. The Health Sector is looking to integrate early recovery health system strengthening activities in support of the government approach.



Health Sector Action

International Rescue Committee (IRC) mobile clinics operating in MMC (4), Jere (6), Konduga (4) and Monguno (4), reached 1,218 patients (44% children under 5) last week, approximately 68 patients/day at each location. The clinics provide integrated care with nutrition OTP and 36 children were referred to the stabilization centre in Umeru Shehu Ultra-Modern Hospital. Sensitization and awareness raising through community volunteers reached 5,518 people (86% women).



IRC raising community awareness on RH services at Gamboru.

At the **IRC** Comprehensive Women Centre in Monguno, the IRC- Reproductive Health facility in Bakassi camp, mobile services in Konduga and at 4 PHC facilities in MMC-Jere supported by IRC, a total of 529 women attended Ante-Natal Care (1st visit), 118 women delivered with skilled midwives and 176 clients initiated family planning. IRC is currently renovating Dala PHC, to include additional rooms for ANC and delivery services.

During the reporting week, 18 of the 25 **Federal MOH Medical Teams** were deployed in support of the sector response strategy under the LGA approach (one team per accessible LGA) to: Yerwa PHC, Jiddari PHC, Konduga, Bama, Gwoza, A/Uba, Chibok, Damboa, Biu, Azare, Briyel, Kwaya, Shani, Benisheik, Damasak, Magumeri, Monguno and Gajiram LGAs. The approach involves using the LGA as the focal point for the delivery of the interventions, rather than the camps. The advantage of using this approach is that it will not only help strengthen the capacity of the functional health institutions, but will also help build the resilience of the health system, and gradually prepare it for the move towards recovery. Adopting this approach will also be complementary to the current efforts towards Polio eradication in the NE.

Through a new **Network for Improving Quality of Care for Maternal, Newborn and Child Health**, supported by WHO, UNICEF and other partners, nine countries including Nigeria will work to improve the quality of care mothers and babies receive in their health facilities. committed to halving preventable deaths of pregnant women and newborns in their health facilities within the next 5 years This Network aims to strengthen national efforts to end preventable deaths by 2030, as envisioned by the Every Woman Every Child Global Strategy for Women's, Children's and Adolescents' Health. Through a global learning platform,

the Quality of Care Network will build a community of health practitioners from the facility level and up to develop evidence-based, yet context-specific, strategies to improve quality of care, harvest implementation ideas, and collect information and experiences about what is working.

Utilizing WHO's [Standards for improving quality of maternal and newborn care in health facilities](#), published in 2016, countries within the Network will work to improve both the provision of, and patients' experience of health care. The eight new standards provide a quality of care framework which will help countries ensure their services are safe, effective, timely, efficient, equitable and people-centred. Under WHO standards, the health facilities should have competent and motivated health professionals and the availability of essential resources, such as clean water, medicines, equipment, supplies and proper waste management. They also need functional referral systems between levels of care, access to functioning ambulances for emergency transportation, and information systems that collect adequate patient records, register births and deaths, and facilitate routine audits.

In support of the BSMOH WHO is leading the inventory and stock organization at the State MOH Central Medical Store. This activity, in collaboration with UNICEF logistics team should take two weeks longer to complete the physical count.

Gaps in response:

- Re-establishing a functional health referral system within MMC and other LGAs.
- Restoration of health services and non-functional health facilities is a long term intervention.
- The shortage of skilled health care workers especially doctors and midwives and reluctance to work in the liberated areas represent a challenge.
- Provision of quality primary and secondary health care services, essential medicines and medical supplies to care for the affected population especially in the hard to reach insecure wards.
- Integration of the three states response and the opening of the humanitarian hubs still a challenge.

Resource mobilization:

As reported by UN OCHA press release issue in Maiduguri, Borno State: "Representatives of 12 donor countries and agencies completed a three-day mission (13 – 15 February 2017) to Borno State, northeast Nigeria, hosted by the UN OCHA. The mission took place in advance of the first Humanitarian Conference on Nigeria and the Lake Chad Region, to be co-hosted by Norway, Nigeria, Germany, and the UN in Oslo, Norway, on 23-24 February 2017. The objective of the mission was to increase understanding of the complex challenges through engagement with officials and IDPs and to take time to listen to the people whose lives have been devastated by Boko Haram violence. In this statement members of the donor delegation summarize their impressions, as an input to the Oslo Humanitarian Conference on Nigeria and the Lake Chad Region.

During the three-day mission, the delegation visited several IDP sites and host communities in Maiduguri and in recently accessible Local Government Areas, including Bama and Gwoza. Meetings were held with key stakeholders, comprising H.E. the Governor of Borno State, the Theatre Commander of the Nigerian Army, religious leaders, civil society representatives, UN staff and internally displaced persons (IDPs). The team welcomed the opportunity to engage freely in open and constructive dialogue with all parties.

The delegation observed that coordination within the humanitarian community has improved significantly over recent months. While access continues to increase as a result of the military campaign, the humanitarian crisis in north east Nigeria has not yet 'turned the corner'. The overall situation remains fluid as access to previously stranded areas creates new humanitarian challenges. The humanitarian effort continues to demand flexibility when responding to changes in the environment. The rapid response that saved many lives following the incident in Rann is fully acknowledged. The delegation focused on the three themes of the Oslo Humanitarian Conference: Food Security and Nutrition, Protection and Access, and Education"

The Health Sector funding requirements under the 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 2016 HRP reports that the health sector is currently 22.1% funded of the USD 53.1 million required (FTS/OCHA, 10 FEB 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>

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