



**BORNO STATE GOVERNMENT**



IDP receiving treatment from a health facility supported by Alima in Moguno Local Government Area (Photo courtesy: © Alima)

## Northeast Nigeria Response, BORNO state Health Sector Bulletin # 01 September 2016



**3.7 MILLION**  
IN NEED OF HEALTH ASSISTANCE



**2.2 MILLION**  
INTERNALLY DISPLACED PERSONS



**2.6 MILLION**  
TARGETED BY THE HEALTH SECTOR



**226,003 CHILDREN**  
VACCINATED AGAINST POLIO  
IPV & OPV

### HIGHLIGHTS

- Preliminary results indicate that 226,003 children were reached in the first phase of the polio immunization campaign that targeted 14 Local Government Areas (LGAs) in hard to reach areas. The second phase of the campaign commenced on 25 September 2016 and is covering nine accessible areas. Both campaigns aim at reaching a total of 1.6 million children in Borno State.
- Security challenges coupled with difficult terrain in parts of Borno state prevent the conduct of rapid investigations of suspected cases of communicable diseases in the affected communities.
- 800 health facilities (21 of which are hospitals) have been damaged in four states of Yobe, Adamawa, Gombe and Borno due to the conflict. In Borno state, 80% of LGAs do not have sufficient functioning health facilities.
- A UNICEF supported 24 hours clinic was set up at the Rehabilitation Centre for the 556 women and children released from insurgents.

### HEALTH SECTOR



**17** HEALTH SECTOR PARTNERS

#### HEALTH FACILITIES\*



**298** FUNCTIONING



**334** DAMAGED/LOOTED/CLOSED

#### CONSULTATIONS\*\*



**636,853** MEDICAL CONSULTATIONS

#### EARLY WARNING & ALERT RESPONSE



**72** EWARS SENTINEL SITES



**27** TOTAL ALERTS RAISED

#### VACCINATION



**83,494** CHILDREN VACCINATED: MEASLES\*\*

**226,003** CHILDREN VACCINATED: POLIO  
IPV (107,026) & OPV (118,977)\*\*

#### FUNDING



**6.9** MILLION FUNDED **13%**

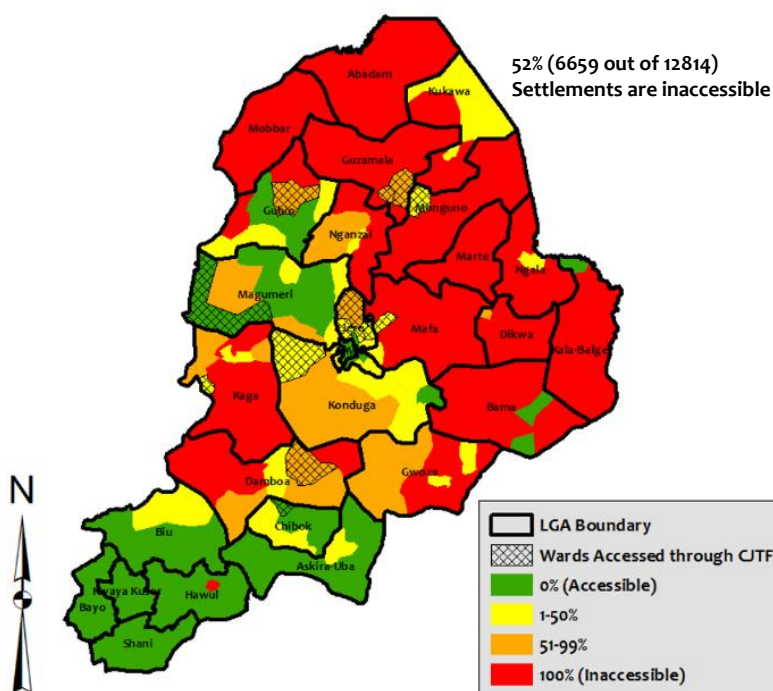
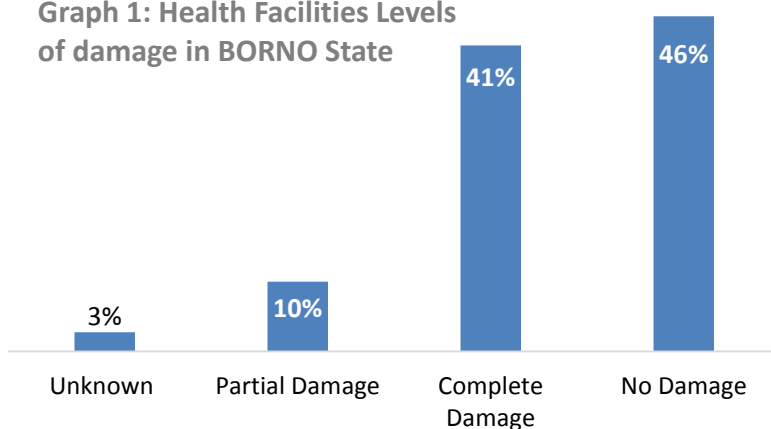
**53.1** MILLION REQUESTED

\* 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  
\*\*SMOH IDP weekly surveillance Report

## Situation Update

- The most recent IOM Data Tracking Matrix exercise (1 August – 15 September, 2016) reported a total of 1,446,829 IDPs in Borno, with approximately 20% living in camps and 80% living among host communities.
- Given the level of destruction to the health facilities and devastating impact of the insurgency upon the health system, accessibility to basic health services remains extremely challenging. Although several partners are currently providing support, more is needed to ensure that all people receive the much needed essential lifesaving primary health services.
- Access to hundreds of communities previously under the control of the insurgents has opened up as areas are cleared of insurgents. Many of these communities are in urgent and immediate need of humanitarian assistance, however road travel to many locations remains difficult and conditions outside guarded camps or settlements are not secure. Alternative strategies to access hard to reach communities are under development within the Health Sector in Borno state.
- A report of the North-East assessment conducted by the Special Duties Unit of the Federal Ministry of Health and the National Health Sector Working Group in May 2016 shows that overall, due to the insurgency, 800 health facilities (including 21 hospitals) have been damaged and have lost their equipment in the states of Yobe, Adamawa, Gombe and Borno. This breakdown has hampered humanitarian assistance. In Borno state alone, 80% of LGAs do not have sufficient functioning health facilities.
- Lack of medicines is another major issue, together with a weak referral system.
- According to the State Emergency Operations Centre (SEOC), three LGAs are completely inaccessible; four are fully accessible while 20 are partially accessible with varying levels from 80% to 90%, refer to map 1. Security challenges coupled with difficult terrain in parts of Borno state prevent the conduct of rapid investigations of suspected cases of communicable diseases and create great challenges for delivery of a response to in the affected communities. The Ministry of Health and partners are attempting to address these challenges through deployment of locally based community health workers, coordination with the military to support travel and facilitate communication between Maiduguri and hard to reach locations, as well as entry to isolated areas via more secure border crossings.

Graph 1: Health Facilities Levels of damage in BORNO State



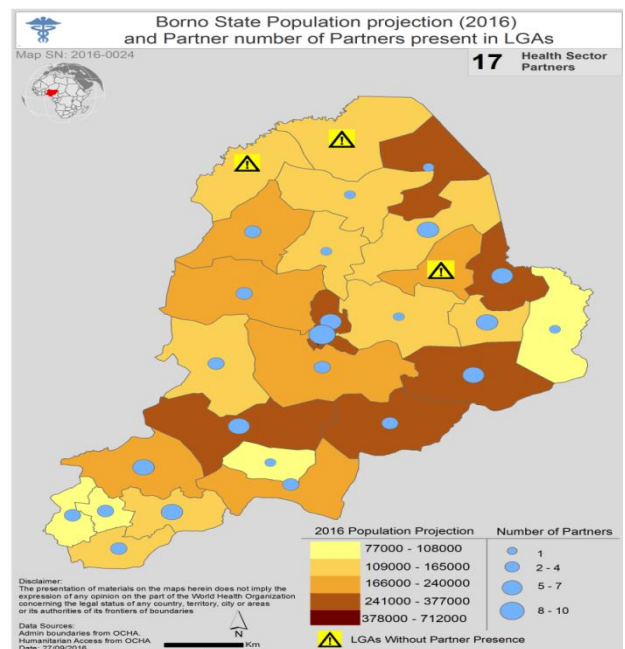
Map 1: Percentage of Settlements inaccessible to "House to House/Special Polio Vaccination Teams" in Borno, Outbreak Response, August 2016

## Public Health Risks and Needs

- UN-led assessment mission to two of the newly accessible areas of Dikwa and Mafa was conducted on 27 September. The main health problems in these communities were high levels of malnutrition, malaria and communicable disease.
- From Epidemiological Week 1 to Week 37 (23 September 2016), a total of 3,905 suspected cases of measles have been reported in four conflict affected states; 846 cases in Borno, 2510 cases in Yobe, 273 in Adamawa and 276 cases in Gombe state. A total of 129 cases were laboratory confirmed.
- Since August 2016, three cases of polio have been confirmed in three LGAs of Borno state, these include: Gwoza, Monguno and Jere. The risk of further spread of strains of wild poliovirus in inaccessible areas of Borno state is a significant public health concern. The State MoH, State Primary Healthcare Development Agency, WHO, UNICEF, Rotary, Nigeria Centre for Disease Control and Core Group are exploring innovative ways of vaccinating children in hard to reach and inaccessible areas.
- The continued poor Water, Sanitation and Hygiene (WASH) conditions in camps and host communities, particularly in the newly liberated areas, and in other camps within and nearby Maiduguri, remains a concern. While the rainy season continues, The Ministry of Health and partners anticipate potential outbreaks of water borne diseases such as acute watery diarrhoea in these locations.

## Health Sector Coordination

- WHO has recently deployed a Maiduguri-based Health Sector Coordination team including Information Management capacity. The Health sector Coordinator and his team will support the Ministry of Health in the coordination of the health sector response in North East Nigeria. Two health sector coordination meetings have been convened by the Ministry of Health and supported by WHO at the state level.
- on 29 September, a Borno State Health Sector Coordination meeting was co-chaired by the Permanent Secretary of the MoH in Borno and the Health Sector Coordinator and was attended by representatives of the MoH, the State Primary Health Care and Development Agency, National Emergency Management Agency (NEMA), United Nations and INGO partners. During the meeting, a draft State Health Sector Operational Response plan was discussed and will serve as a guide for all partners in the health sector emergency response.
- The Government of Nigeria in partnership with the Humanitarian Country Team (HCT) has commenced the planning for the 2017 Humanitarian Programme Cycle (HPC), a coordinated process to assess the humanitarian needs, plan, prepare for and deliver the humanitarian response in North East Nigeria.
- A one-day Humanitarian Needs Overview (HNO) validation workshop was held in Borno State on 27 September 2016 to develop a shared understanding of the context for the humanitarian response for each sector, a description of the people in need (PIN) and strategies that will be used to address the humanitarian needs and challenges in each state. Government lead ministries for each sector, co-leads, UN agencies and NGO partners participated in the workshop. Results from each state meeting will be brought together in a final HNO document for the North East Nigeria response.
- Health sector partners are actively engaged with national and state health and government authorities to strengthen coordination of resources and emergency response through their involvement in special issue task force meetings and inter-sector working group platforms. As part of cholera preparedness in Borno State, the Ministry of Health has activated the Cholera Task Force and developed, reviewed and circulated cholera Preparedness Plan to all partners.





## Health Sector Action

Provision of direct life-saving assistance targeting the most vulnerable in the most affected areas remains the focus of the humanitarian response in Borno state. As of September 28, there were 18 UN and NGO partners working with the Ministry of Health to deliver essential health services in IDP camps and host communities in 24 LGAs in Borno state. This includes delivery of clinic-based, mobile and outreach primary health care services, as well as sexual and reproductive health services, inpatient treatment, psychosocial and mental health services, and referrals for emergency and specialist care.

Service delivery is also supported through training and supervision for health care workers, strengthening surveillance and reporting as well as the provision of essential medicines and supplies. Polio immunization campaigns, triggered by the detection of three cases of Wild Polio Virus polio cases amongst children from newly accessible areas, are ongoing; while planning for measles vaccination and efforts to address the high burden of morbidity due to malaria is underway.

- **UNICEF** supports the State Ministry of Health to provide integrated primary health care services in 92 health facilities across 23 LGAs and 42 IDP camps. This includes 22 camps in Maiduguri Municipal Council (MMC) and Jere, and 20 in the LGAs outside Maiduguri including Bama, Banki, Gwoza, Dikwa, Monguno, Ngala, Kukawa, Kaga, Konduga, and Biu in Borno State. UNICEF also supported the state Primary Health Care Development Agency (PHCDA) to establish clinics in Konduga, Mafa and Dikwa towns to provide integrated primary health care services for the IDPs who have recently returned to their homes/communities. 150 Nigerian health kits were distributed to the health facilities in camps and host communities in Borno state during the reporting period.

- **The International organization for Migration (IOM)** since the beginning of the crisis in Nigeria, strived to provide Mental Health and Psychosocial Support services to persons affected by the insurgency. IOM established psychosocial mobile teams providing services aimed at alleviating emotional distress and rebuild support mechanisms. Through the psychosocial mobile teams, individuals with severe mental health disorders are also identified and will be referred to the recently inaugurated facility. The IOM teams provide ongoing follow up to patients and provide psycho-education to their families and have supported 81 patients with mental illnesses.

A new child and adolescent therapy room supported by IOM, was inaugurated on September 15<sup>th</sup> at the Federal Neuropsychiatric hospital in Maiduguri. IOM support included the refurbishment of the facility in order to encourage the use of play psychotherapies. IOM also provided toys, creative tools and psychological assessment tools to help the child psychologists in their service delivery. The facility comprises a family therapy room, two counselling rooms and a play therapy room.

- **The International Rescue Committee (IRC)** scaled up health and nutrition services in Maiduguri Municipal Council (MMC/JERE) and Monguno. The agency established eight integrated health and nutrition services in eight communities in MMC and Jere and two mobile clinics in Monguno. So far 1,608 adults and 1,033 children under five received medical consultations; 56,294 children were screened for malnutrition and 1,739 Severe Acute Malnutrition cases have been admitted to the outpatient therapeutic feeding program (OTP). IRC also opened a 24 bed capacity stabilization ward at Umaru Shehu Hospital in Maiduguri to provide 24 hour patient care for children with Severe Acute Malnutrition (SAM).



The IRC team conduct an outreach activity in Sulumburi community in Borno State Photo courtesy: © IRC

Since its opening on 1 September 2016, a total of 36 SAM cases have been managed and successfully discharged, 12 of them after successful rehabilitation. The agency has also prepositioned one interagency kit, which can treat 30,000 people to MMC/Jere.

- The World Health Organization (WHO) in collaboration with the Federal and State Ministry of Health, conducted the second phase of training for 28 community resource persons (CORPs) from newly liberated areas in Borno. This phase focused on integrated community case management of childhood illnesses (ICCM), accompanied with practical training in Maiduguri State Specialist Hospital. The practical component gives participants an opportunity to identify cases and symptoms of pneumonia, malaria and diarrhoea that they will manage in the communities.

WHO also provided medical commodities to the CORPS including: Antibiotics, ACTs, analgesics, Zinc/ORS, cholera and malaria Rapid Diagnostic Tests CORPS will serve an estimated population of 265,860 IDPs and host communities including 47,751 children under five years.

- A total of 18 Hard to Reach (HTR) teams are currently active in seven locations in Borno state. Two teams are permanently stationed at two IDP sites (Muna garage and Damboa), while others conduct three sessions every week at different sites in the host communities.



## Vaccination

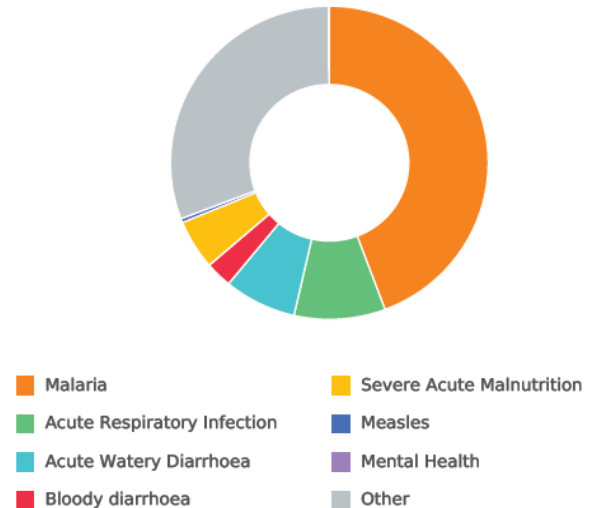
- The first phase of the polio immunization campaign started on 17 September 2016, targeting 14 hard to reach and semi-accessible LGAs. Preliminary results indicate that 226,003 children (118,977 with Oral Polio Virus and 107 026 with Injectable Polio Virus) were reached. The second phase of the campaign started on 24 September 2016 and targets nine accessible LGAs within Borno State.
- In total 1.6 million children in Borno state in 23 LGAs for both in hard to reach (14) and accessible areas (9) are being targeted. Comprehensive results will be shared by the Borno state Polio Emergency Operations Centre (EOC) once ready.
- WHO and partners are supporting the Ministry of Health to conduct the vaccination campaigns. Together they monitor and supervise the quality of the campaigns in hard to reach areas.
- Integrated screening for malnutrition and referral to the OPV/IPV campaign was conducted in four LGAs; Konduga, MMC, Jere and Mafa. A total of 30,000 children are expected to enrol in Community Management of Acute Malnutrition (CMAM) programs at the end of the exercise.
- From 14 to 18 September 2016, a total of 698 children were also vaccinated against measles and 1,116 pregnant women were reached by the teams that provided basic integrated health services to underserved populations in Muna Garage IDP camp and in 14 LGAs in Borno state.
- UNICEF procured 20 Passive Vaccine Storage Device (ARKTEK) to be distributed to the newly liberated LGAs so as to ensure routine immunization services are provided on a continuous basis.

## Surveillance and communicable disease control

- An Early Warning Alert and Response System (EWARS), which will build upon the existing disease surveillance system, is currently being rolled out in Borno state. This system, involving the regular collection of data on priority diseases and trend analysis, will support detection and rapid response to suspected disease outbreaks.

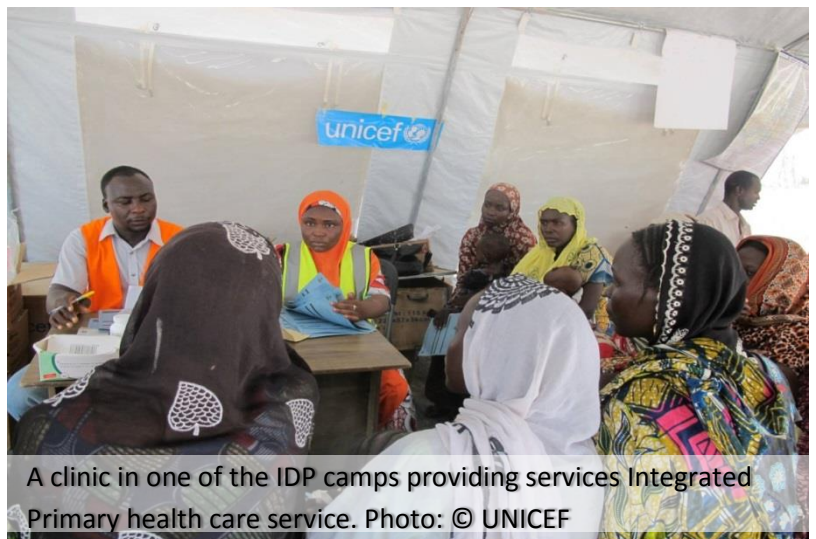
- In Epi Week 37, a total of 56 reporting sites, including 20 IDP camps in 35 LGAs, covering 1.3 million people submitted their weekly reports through the EWARS reporting system.
- Between Epidemiological Week 1 to week 37, a total of 636,853 consultations were reported from internally displaced persons camps in Borno State. In Epi Week 37 alone, 11,370 consultations were recorded from 23 IDP camps. Malaria was the leading cause of morbidity for this reporting period accounting for 44% of all the cases, followed by Acute Respiratory Infection (ARI) at 9% and Acute Watery Diarrhoea (AWD) at 7%.
- Sixty three percent of the reports were complete while 51% were reported in time. Twenty six indicator based alerts were generated of which 88% were verified.

**Graph: Proportional morbidity, week 37**  
Source: Early Warning Alert and Response System Update



## Reproductive Health

- Between 11 to 18 September a total of 1,677 pregnant women accessed focused antenatal visits and there were 165 deliveries in UNICEF supported clinics in 27 IDP camps in Maiduguri Municipal Council, Jere and newly liberated Local Government Areas.
- As part of its support to the government, the IRC opened a Reproductive Health unit at Bakasi IDP camp and supported four health facilities in MMC and Jere. The clinic will provide antenatal care, post-natal and family planning services.



## Gaps

Critical health response gaps include:

- Access to adequate integrated primary health care services to meet the health needs of the displaced population in Borno state remains a challenge.
- Primary health care services in some IDP camps and host communities are overstretched.
- Geographical access and security constraints, particularly in Borno State, continue to pose challenges for health sector planning and timely response.
- Limited number of health partners, compared with the magnitude of the humanitarian health needs in North Eastern Nigeria in General and in Borno State in particular.
- There is limited non-availability of essential medicines and other medical supplies.
- There is limited secondary health care services in Borno due to shortage of staffing damaged infrastructure and equipment and limited funds.
- There is limited availability of mental health and psychological services across the state especially among the displaced population.

## Resource mobilization

- More funding is urgently needed to implement essential interventions in Maiduguri and the newly liberated areas. The latest funding overview of the Humanitarian Response plan reports that the health sector is currently 13 % funded (OCHA, 30 Sept 2016), well below the level required to conduct the scale up required to address unmet health needs amongst internally displaced populations.



## Health Sector Partners

Partners supporting the response include the following:

- Federal Ministry of Health, State Ministries of Health
- UN Agencies: WHO, UNICEF, UNIFPA, UNHCR
- International partners: *Alima, ACF, Premiere Urgence Internationale, Medecins du Monde, International Rescue Committee, FHI360, International Medical Corps, CDC, IOM, UNFPA, UNICEF, WHO, Nigerian Military, Nigerian Air Force and other partners*

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