



BORNO STATE GOVERNMENT



IRC Kwanan Yobe mobile clinic staff attending patients.

Northeast Nigeria Response BORNO State Health Sector Bulletin #18 12 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



1,770,444
INTERNALLY DISPLACED PERSONS



2,915,712*
MEASLES VACCINATED CHILDREN

HIGHLIGHTS

- The FMOH recorded Lassa fever outbreaks in nine states of the Nigerian Federation, including Osun, Bauchi, Plateau, Ebonyi, Ondo, Edo, Taraba, Nasarawa and Rivers.
- The mass measles vaccination campaign has concluded across Borno State; of total 2.9 million children have been vaccinated out of the targeted 3.1 million children of age group 6 months to 10 years in 24 of the 25 targeted LGAs with 94% coverage. Due to security Kala Balge LGA has not been conducted.
- In Borno state, there were 84 cases of minor Adverse Events Following Immunization (AEFI) and two major cases (2 deaths of boys: 4 years old and 9 months old and one admission which is currently being investigated).
- Nigeria continues to implement the emergency polio outbreak response, both in response to the detected WPV1 strain and circulating vaccine-derived poliovirus type 2 (cVDPV2) strains affecting the country.
- The new National Health Policy 2016 specifically indicates the strengthening of health emergency management capacity and emergency coordination mechanisms at all levels.

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



6,616 MEDICAL CONSULTATIONS***

EARLY WARNING & ALERT RESPONSE



160 EWARS SENTINEL SITES
92 REPORTING SENTINEL SITES
30 TOTAL ALERTS RAISED****

VACCINATION



1,842,274 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 Borno State Measles vaccinated children 06 months to 10 years (National Campaign); February 2017.

** MOH/WHO HeRAMS December 2016

*** Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 4.

**** 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 of 02/02/2017.

Situation update:

Boko Haram continued insurgent activities in the form of a person borne improvised explosive device (PBIED), in common language Suicide Bombers. The explosive devices can contain any kind of explosive military, commercial or homemade. Also armed attacks are on civilian populations and as well the Nigerian Security Forces continue. During the reporting week, a suicide attack was attempted at a petrol station in Maiduguri Metro Area. This resulted in the shooting dead of one suicide bomber and the arrest of another.

Insurgents also attacked the towns of Damasak in Mobbar LGA and Gajiram in Nganzai LGA, Chibok LGA, all in Borno State. They also attacked and razed settlements in the vicinity of Sasawa in Damaturu LGA in Yobe State. These attacks resulted in civilian casualties being incurred. Nigerian security forces were also engaged with Boko Haram Forces in the Dikwa LGA on 10th Feb resulting in the reported death of eight soldiers and another three missing. Nigerian security forces continued anti insurgent operations. This included the interception and arrest of a Boko Haram insurgent in the Maiduguri Metro Area at Fariya IDP Camp.

The national measles vaccination campaign concluded across the NE region. In Borno State, of total 2.9 million children have been vaccinated out of the targeted 3.1 million children of age group 6 months to 10 years in 24 of the 25 targeted LGAs with 94% coverage. Due to security Kala Balge LGA has not been conducted. In Borno state, there were 84 cases of minor Adverse Events Following Immunization (AEFI) and two major cases (2 deaths of boys: 4 years old and 9 months old; and one admission which is currently being investigated).

In Yobe State, after successful pre and intra campaign social mobilization activities, a total of 535,116 children were immunized out of a target population of 554,869 (coverage of 96%). In Adamawa State the measles outbreak response conducted in 5 LGAs reached 175,242 children out of the 158,473 targeted children (110%).

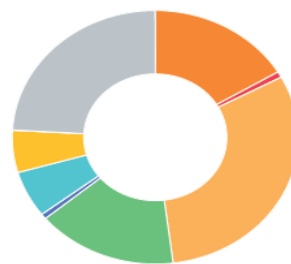
Public Health Risks and Needs

- The need for food assistance is likely to increase even further from March, when stores from 2016' low-yielding harvest run out, marking the start of the annual lean season.
- Cholera and meningitis outbreaks are a threat with the start of the rainy season in April. Preparedness and response plans are ongoing.
- Warmer temperatures within two months when the temperature will rise again continue to increase the risk and incidence of malaria which has become endemic in the Nort East Region. 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

- **Viral Haemorrhagic Fever:** No reported VHF case in Borno nor in Adamawa nor Yobe states.
- **Polio:** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week.
- **Epidemiological situation in IDPs camps:** In epidemiological (Epi) Week 4, a total 6,616 consultations were reported from 30 IDP camps including 1,457 cases of malaria, 1,492 cases of Acute Respiratory Infections (ARI) and 553 cases of watery diarrhoea. 30 referrals were also reported.

Early Warning Alert and Response System (EWARS): In Epidemiological Week 4-2017, a total of 92 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 57% and timeliness was 73% (target 80% respectively). Thirty indicator-based alerts were received and 70% were verified.



■ Malaria (confirmed)

■ Malaria (suspected)

■ Acute Respiratory Infection

■ Acute Watery Diarrhoea

■ Bloody diarrhoea

■ Severe Acute Malnutrition

■ Measles

■ Mental Health

■ Other

-See Figure: [Proportional Morbidity in Epi Week 4-2017](#)

- Acute Watery Diarrhoea (AWD):** In Epidemiological Week 4, 839 cases of AWD were reported with no deaths.

Figure 4a | Age breakdown

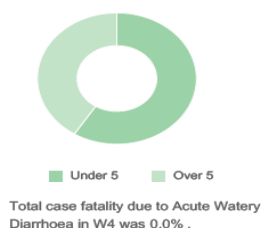
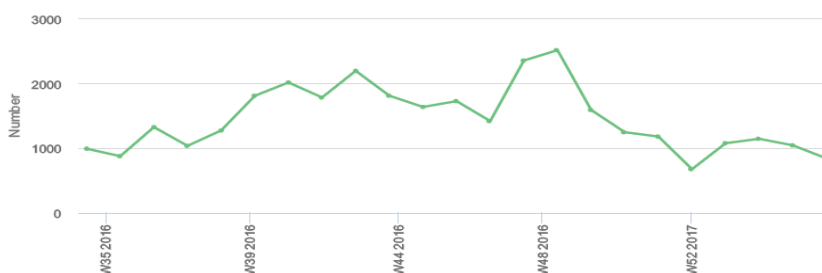
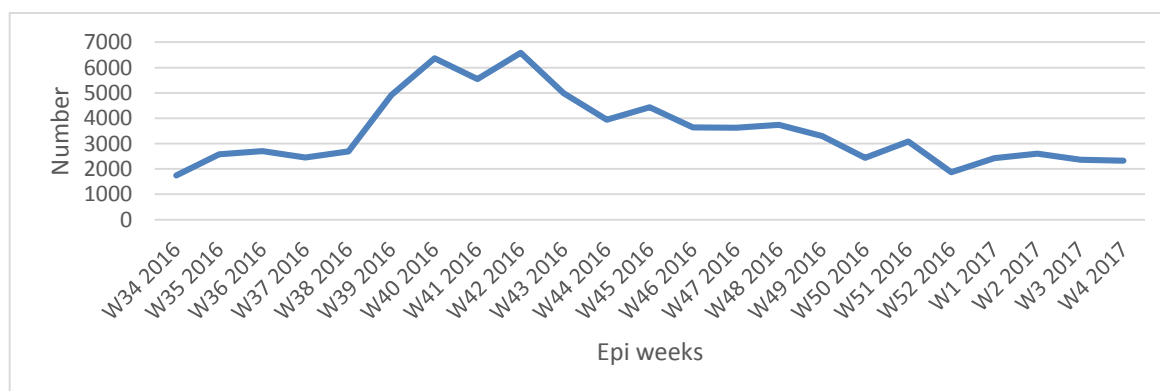


Figure 4b | Trend in number of cases over time (Borno State)



Weekly trend of AWD cases reported through EWARS in Borno State from Week 34-2016 to Week 4-2017

- Measles:** Between Epi Weeks 34-2016 to Week 4-2017, a total of 2,097 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 4, 93 suspected cases were reported with 83% of them under 5 years old, including 30 from Maiduguri, 26 from Monguno, 20 from Jere. Among 26 measles alerts investigated in week 4 & 5, 16 (61%) have been vaccinated. The increase of the number of measles cases after vaccination could be explained by the onset of mild symptoms after vaccination and increase of detection by the vaccination teams.
- Malaria:** Between Epi Weeks 34-2016 to Week 4-2017, a total of 138, 963 suspected cases and 80,342 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 week 4 the number of confirmed Malaria cases is 2,323. There were two deaths due to malaria in MCH Miringa and Limanti dispensary.



Weekly trend of Malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 4-2017

- Severe Acute Malnutrition (SAM):** In Epi Week 4, 759 cases of SAM were reported. No deaths were recorded.

- **Acute Respiratory Infection (ARI):** In Epi Week 4, 2259 cases of Acute respiratory infection were reported representing 16% of the reported morbidity. There were no deaths due to ARI.

Figure 3a | Age breakdown

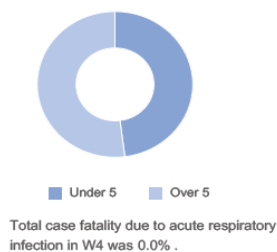
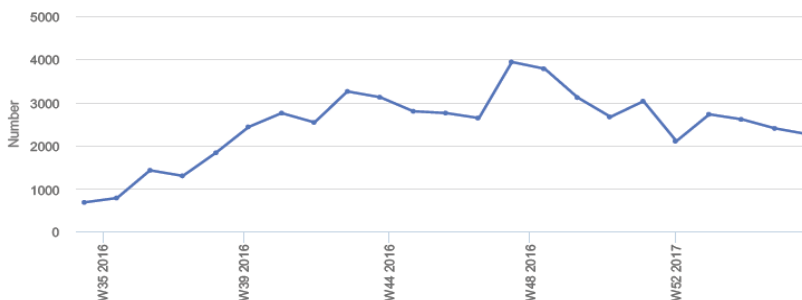


Figure 3b | Trend in number of cases over time (Borno State)



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 4-2017

- **Neo-natal deaths:** One neo-natal death was reported from UNICEF Government Secretariat IDP camp clinic.
- **Maternal death:** No reported maternal death.

Health Sector Coordination

His Excellency the executive governor of Borno State has granted approval for establishment of Borno State Public Health Emergency Operation Centre (PHEOC). Borno State MOH will receive initial financial and technical support from WHO for establishment and operationalization of state level PHEOC. A building in current Eye Hospital is being converted to physical space for PHEOC with required rehabilitation and a steering committee chaired by the Permanent Secretary (PS) of Borno State MOH is in place to oversee the PHEOC establishment. At the same time development of policy and operation guides, identification of EOC structures and finalization of the list of equipment to be installed in the PHEOC is also in good progress.

The PHEOC will be the platform for improving emergency management capacity in the state. The humanitarian health response initiative is a collective responsibility not only of the SMOH and the FMOH but the humanitarian community as a whole.

Health Sector Action

The **Federal Government** has disbursed \$5.5 billion (N16.9 billion) grant to the 36 states and Abuja for the implementation of Save One Million Lives programme. The **59th National Council on Health (NCH)** meeting, was held in Umuahia, Abia State. The NCH, is the highest decision making body in the health sector made up of the federal government and the 36 states of the federation, has approved the New National Health Policy. The new National Health Policy 2016 specifically indicates the strengthening of health emergency management capacity and emergency coordination mechanisms at all levels. This gives the FMOH the opportunity to use the emergency nutrition and health response initiative to help the state develop the appropriate management and coordination systems.

ALIMA delivers primary health care for children < 5 years of age (within six health facilities; five in Monguno and one in Jere) and pregnant women (within one health facility in Jere). During January 2017, ALIMA conducted 7,781 consultations for children < 5, vaccinated 133 children with Penta 3, delivered 468 antenatal consultations and 90 postnatal consultations.

The Borno state staff of **FHI-360** on 16-17th January 2017, welcome Dr. Tim Mastro (Scientific Officer, FHI360, Washington DC) to Maiduguri. In his entourage were Satish Raj Pandey (Chief of Party, SIDHAS project), Dr. Hadiza Khamofu (Deputy Chief of Party, SIDHAS), Abdulraheem Yakubu (Associate Director, Program Management) and Fabian Shivachi, Security Manager. This is the first time a high ranking staff of FHI360 HQ is visiting Borno State.



Dr Tim Mastro and FHI360 staff during courtesy call to BSMOH.

FHI360 has been supporting the Borno State government now for the past ten years (2007-2017) to provide comprehensive HIV/AIDS services. FHI360 is now expanding into humanitarian assistance to Borno State in the areas of WASH, MCH and protection services in IDP camps and host communities.

The **International Rescue Committee (IRC)** Comprehensive Women Centre at the GGSS compound in Monguno, is now also providing psychosocial counselling and case management services besides reproductive health care. Two deliveries were conducted by skilled midwives at this centre during the week.



IRC RH midwife providing neonatal care in Monguno.

In Bakassi camp, 11 deliveries were conducted by the skilled midwives at the IRC - RH facility, which is now open 24 hours/day. In total, 465 women attended ANC (1st visit) at IRC's RH facilities and supported PHCs (4), 65 women delivered with skilled midwives and 161 clients initiated family planning. IRC is currently in the process of renovating Dala PHC, to include additional rooms for ANC and delivery.

WHO 24 Mobile Hard to Reach Teams (H2R) are providing integrated PHC services in 23 LGAs. During the reporting week consultation for minor ailment by the teams was 4,222 with 76 referrals. 7,721 children immunized with polio vaccine and 3,185 received Vitamin A supplementation. MUAC screening conducted on 2,566 children with 64 showing red and were referred to Stabilization Centres. Antenatal care services were provided to 1,521 beneficiaries with routine drugs while 961 received preventive treatment with standard protocols for malaria.

WHO inventory and stock management at the Central Medical Store (CMS -State MoH warehouse) began on 6th February. This activity, in collaboration with **UNICEF** is progressing well. It should take 2 - 3 weeks longer to complete the physical count, after which the data will be encoded into a stock keeping software platform.

Nutrition

ALIMA provides community based Management of Acute Malnutrition (CMAM) services within six ATFC and one ITFC. During January 2017, there were 817 new admissions to their Outpatient Therapeutic Programmes (Jere and Monguno LGAs) and 25 new admissions to the Stabilization Centre in Monguno LGA.

International Rescue Committee (IRC) mobile clinics operating in MMC (4), Jere (6), Konduga (4) and Monguno (4), reached 1,346 patients (40% children under 5) last week, approximately 75 patients/day at each location.

The IRC clinics provide integrated care with nutrition OTP and 13 children were referred to the stabilization centre in Umeru Shehu Ultra-Modern Hospital. Sensitization and awareness raising through community volunteers form another important component of the program, and this week they reached 3,900 people (84% women).

Gaps in response:

- Re-establishing a functional health referral system.
- 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:

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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