BORNO STATE GOVERNMENT

HEALTH SECTOR NIGERIA

Under 5 year's old consultation in MDM El Miskin IDP Camp Clinic. (Photo MDM)

Northeast Nigeria Response
BORNO State Health Sector Bulletin #20
5 March 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

1,506,170*
IDPS IN BORNO STATE

1,891,160
POLIO VACCINATED CHILDREN

HIGHLIGHTS

- Borno SMOH in northeast Nigeria has recorded its first Lassa fever outbreak in almost five decades. The last confirmed outbreak of the deadly disease was in 1969. On 22nd February, an alert was received at the WHO field office in Maiduguri about a suspected case of Viral Haemorrhagic Fever (VHF) detected at the Umaru Shehu Hospital. The laboratory confirmation for Lassa fever was reported on the 27th Feb 2017.
- The Lassa fever response mechanism has been set up on March 1st by the Honourable Health Commissioner, and a daily coordination meeting supported by WHO is taking place. It includes teams for case management, contact tracing, laboratory and infection control, environmental investigation, social mobilization and communication.
- In 2017 so far, a total of 8,596 children (2.7 per cent of annual nutrition sector target of 314,557) with severe acute malnutrition have been admitted into therapeutic program in Borno and Yobe states. The quality of the program implementation is within the sphere standards.
- The health sector strategy has been informed by and supports the MOH NE Health Sector Response Plan, the HRP 2017, State MOH Health Sector Operations Plans and health sector partner strategies.

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

---- MEDICAL CONSULTATIONS***

EARLY WARNING & ALERT RESPONSE

160 EWARS SENTINEL SITES

98 REPORTING SENTINEL SITES

19 TOTAL ALERTS RAISED****

VACCINATION

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

SECTOR FUNDING, HRP 2017

93.8M US$ – HRP 2017 REQUIREMENTS

3 MILLION USD FUNDED (3.2%)

2016 UNMET REQUIREMENTS

11.8 MILLION USD FUNDED (22%)

53.1 MILLION USD REQUESTED

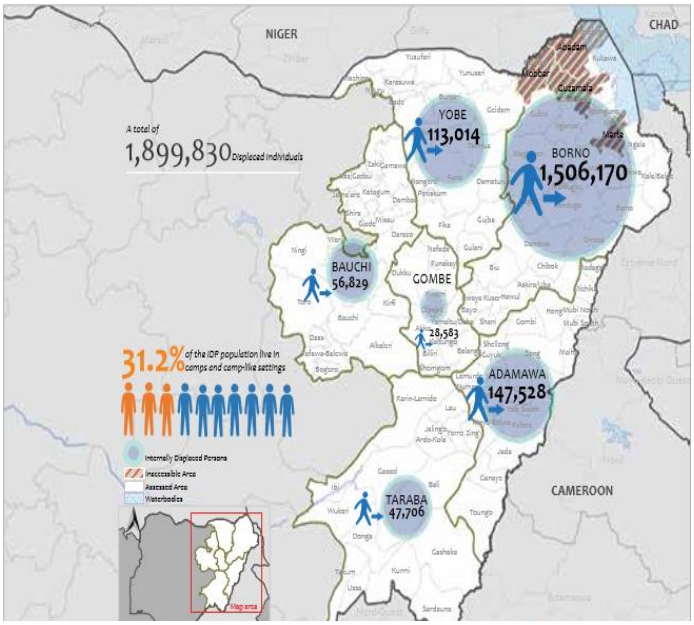
** Total number of IDPs in Borno State by IOM DTM XIV January 2017.*
*** MOH/WHO HeRAMS December 2016.*
**** Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 1- 7.*
***** The number of alerts change from week to week.*
******Number of Polio vaccinated children in the Outbreak and Response campaign (IPV Inactivated Polio Vaccine & OPV Oral Polio Vaccine) as January 2017*

Situation update:

The four countries in the Lake Chad Region have similar health priorities: rapidly expanding access to a package of essential health care services – including child and reproductive health; boosting immunization rates; preventing, detecting and responding to disease outbreaks; effectively treating malnutrition and its consequences.

The most urgent needs are in north-eastern Nigeria, particularly Borno State. This is the heart of the Lake Chad Region crisis, where at least 6.9 million people, including 1.8 million internally displaced persons, urgently need the expansion of life-saving health services.

High morbidity, excessive mortality and high rate of severe malnutrition cases have been a consistent feature. Over 2016 there were serious outbreaks of measles and polio – in fact, the eradication of polio in Africa, and globally, is threatened by the crisis in NE Nigeria. Besides the polio and measles outbreaks, malaria continues to be the major cause of morbidity and the main cause of mortality among children under 5 years of age. It is also expected that there will be an increase in respiratory infections and the potential for a cholera outbreak and/or meningitis in the coming months.



Number of IDPs per state (Source: DTM XIV)

Although the disease surveillance, alert and outbreak response system have been seriously eroded at a time of high population vulnerability and increasing likelihood of outbreaks; the local health officials in Borno on 27th February 2017 confirmed a case of Lassa Fever from Zabarmari village, Jere LGA. The initial diagnosis was septicaemia, but the case was compatible with the viral haemorrhagic fever case definition (fever, bleeding from nose, vagina, and blood in vomiting). The patient had been hospitalized on 20th February. The patient was isolated in a single room; recommendation was made to the personnel to wear PPE until laboratory diagnosis was received. The patient is under isolation and receiving proper medical care.


Healthcare workers in personal protective garbs provided by WHO.

WHO is supporting the government to contain the outbreak in an area of the country which is already coping with a humanitarian crisis resulting from years of conflict. In order to contain the outbreak, the WHO emergency humanitarian health team in the state has taken a number of actions. This includes rapid training on clinical case management, contact tracing, mobilizing a network of healthcare workers at the hospital, and building public awareness. Fifty-four people who had contact with the index case have been identified and will be monitored for 21 days according to WHO protocols to ensure that any Lassa fever-related incidence is immediately contained.

The State Government and health partner's capacity to respond has been overstretched with the continued increasing requirements. Revitalizing and strengthening of the health system is vital. Re-establishing functional, staffed and supplied health facilities to cover vulnerable populations and moving away from mobile services must be a priority for the health sector in 2017. The current picture is of protracted conflict and a continuing active insurgency. Many areas have now become more accessible, however insecurity remains and the pattern of safe accessibility on the ground remains liable to local changes and reversals not in control of the health sector.

Public Health Risks and Needs

- Cholera and meningitis, Viral Haemorrhagic Fever (VHF) such as Lassa fever, outbreaks are an increasing threat; full preparedness and response plans are ongoing.
- Active surveillance for Polio and Acute Flaccid Paralysis remain extremely active.
- Measles outbreaks continues to be a challenging to be contained.
- The need for food assistance is likely to increase even further in the coming weeks.
- Qualified health human resources, essential medicines and the destruction of medical facilities continues to hamper the delivery of lifesavings health interventions

Surveillance and communicable disease control

- **Polio*:*** No new cases of Polio have been reported.

- **Viral Hemorrhagic Fever**: A Lassa fever virus was laboratory confirmed 28th February 2017. Fifty-nine people who had contact with the index case have been identified and will be monitored for 21 days according to WHO protocols to ensure that any Lassa fever-related occurrence is immediately contained.

Early Warning Alert and Response System (EWARS): In Epidemiological Week 7 - 2017, a total of 98 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 61% and timeliness was 64% (target 80% respectively). Nineteen indicator-based alerts were received and 68% were verified.

Figure 1a | Proportional morbidity (W7)

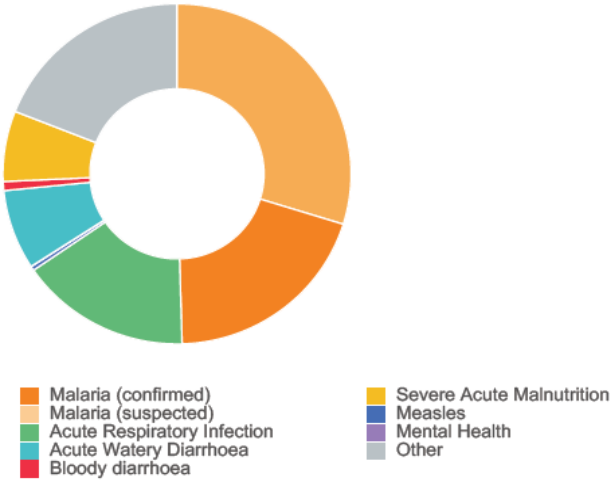
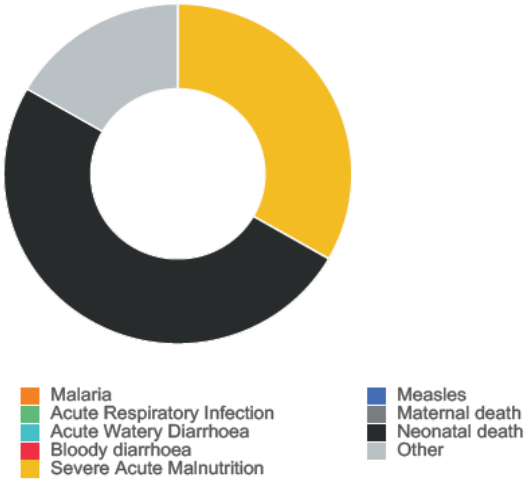
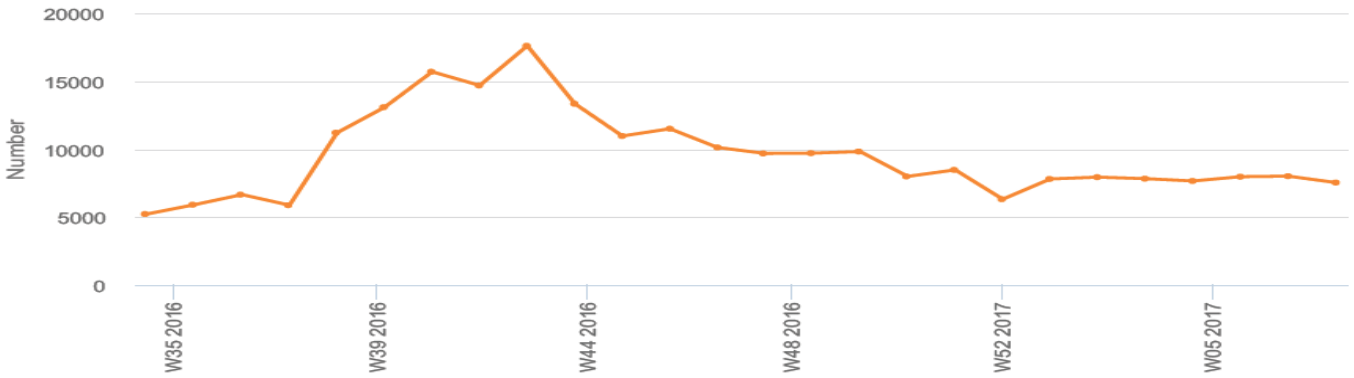


Figure 1b | Proportional mortality (W7)

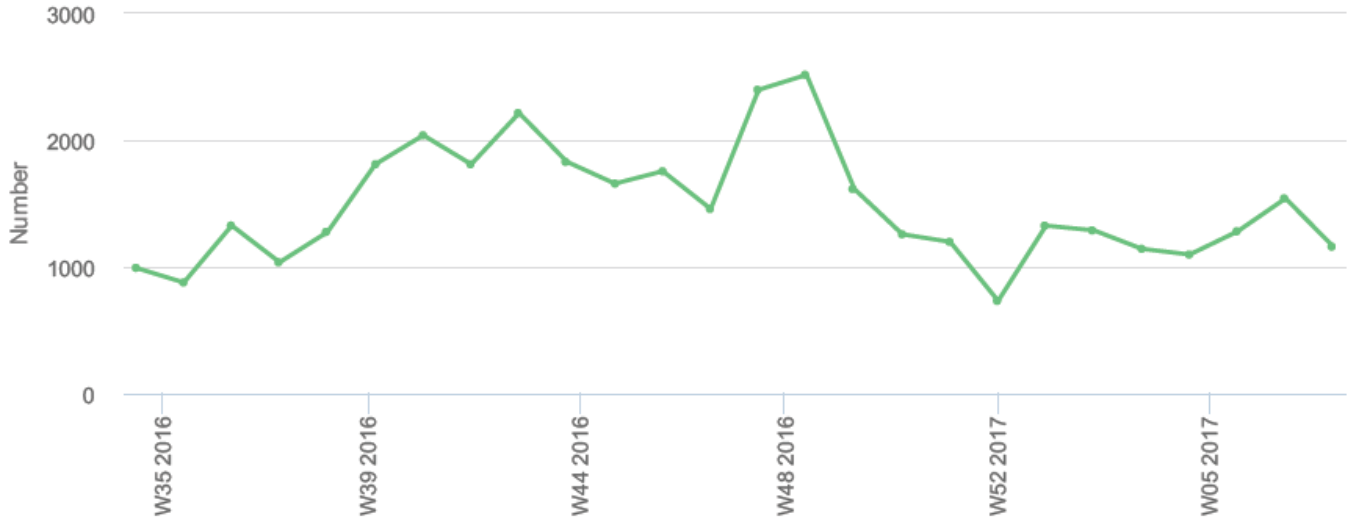


- **Malaria:** Between Epi Weeks 34-2016 to Week 7-2017, a total of 156,232 suspected cases and 92,640 confirmed cases (18% of morbidity) of malaria were reported from EWARS reporting sites in 13 LGAs. There were no deaths reported due to malaria during this week.



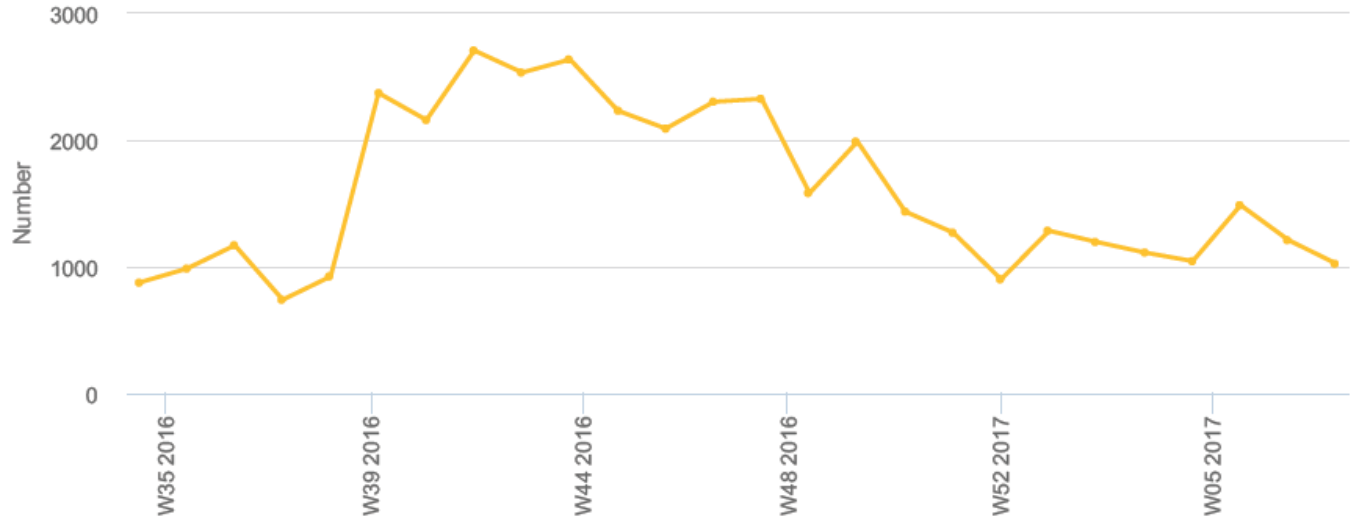
Weekly trend of malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 7-2017

- **Acute Watery Diarrhoea (AWD):** In Epidemiological Week 7, 1157 cases of AWD were reported with no deaths. The below figure shows the trends of AWD cases in Borno State between Epi Weeks 34-2016 to Week 7-2017.



Weekly trend of AWD cases reported through EWARS in Borno State from Week 34-2016 to Week 7-2017

- **Severe Acute Malnutrition (SAM):** In Epi Week 7, the number of Severe Acute Malnutrition cases remains above 1,000. Two deaths-related to SAM were recorded.



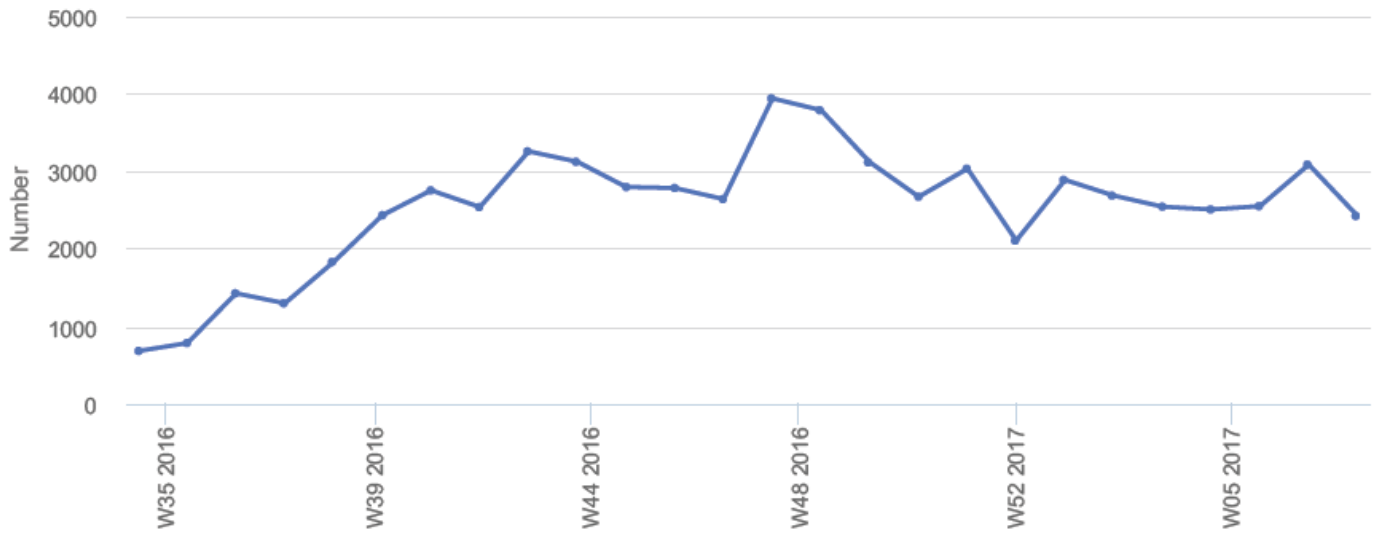
Weekly trend of SAM cases reported through EWARS in Borno State from Week 34-2016 to Week 7-2017

- **Measles:** Between Epi Weeks 34-2016 to Week 7-2017, a total of 2,354 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 7, 61 suspected cases were reported. In January 2017, the LGAs/health facilities with continuous transmission of measles are Bama, Jere (Dalaram, Maimusari, Farm Center, Muna Garage), Maiduguri (State Specialist, Fatima Ali Sharif, Ngaranam, Abagaranam), Monguno, and Konduga (Boarding primary school camp).

- **Neo-natal deaths**: Three reported neo-natal deaths

- **Maternal death:** No maternal death was reported.

- **Acute Respiratory Infection (ARI)**: In Epi Week 7, 2420 cases of Acute Respiratory Infection were reported representing 13% of the reported morbidity. There were no deaths due to ARI.

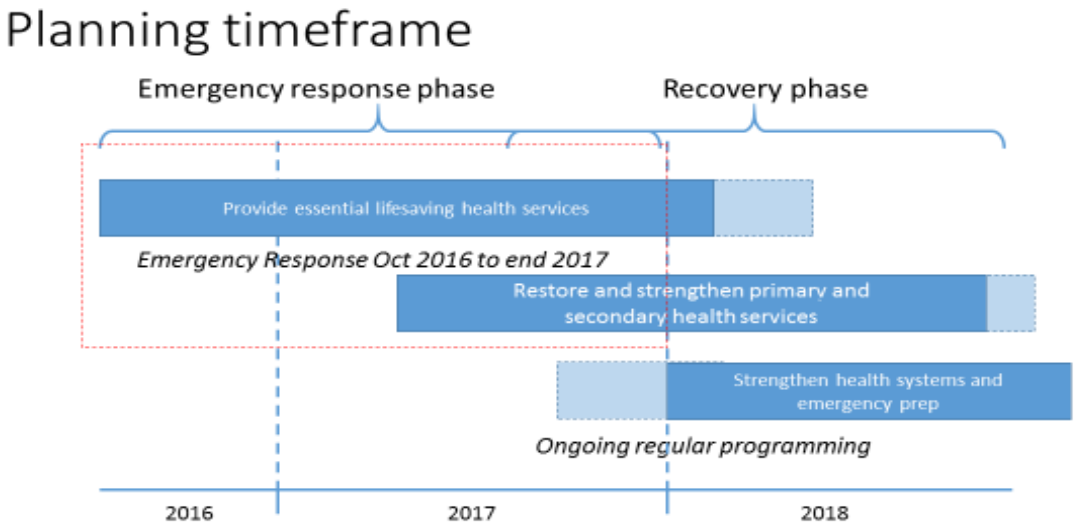


Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 7-2017

Health Sector Coordination

On Tuesday 28th February the Health Sector held a one-day workshop open to all partners representing the affected states with the aim to further develop the sector response strategy for 2017. The health sector strategy has been informed by and supports the MOH North East Health Sector Response Plan, the Humanitarian Response Plan 2017, State MOH Health Sector Operations Plans and health sector partner strategies for Adamawa, Borno and Yobe states.

It is the aspiration of the drafted strategy to attain the basic norm of access of one secondary facility per LGA, supported by Primary Health Care Centres, Primary Health Care Clinics and Health Posts with a functioning referral system. The timeframe of the strategy takes into account the operational situation in which emergency response activities will remain a key component throughout 2017. At the same time the contextual reality in certain locations will permit health sector revitalization and some health systems strengthening activities. The different levels of activity will overlap for a significant part of 2017 and must be mutually supporting so that revitalization activities free up resources for a greater scale and rapidity of response.



Health Sector Action

Borno SMOH in northeast Nigeria has recorded its first Lassa fever outbreak in almost five decades. The last confirmed outbreak of the deadly disease was in 1969. ***WHO*** is supporting the government to contain the Lassa Fever outbreak. In order to contain the outbreak, the WHO emergency humanitarian health team in the state has taken a number of actions. This includes rapid training on clinical case management, contact tracing, mobilizing a network of healthcare workers at the hospital, and building public awareness.

In addition, ***WHO*** has provided the State Ministry of Health and the hospitals with personal protection equipment including gloves, boots, goggles and masks, decontamination supplies, infrared thermometers as well as medical and laboratory supplies.

WHO Hard-to-Reach Teams (H2R) vaccinated 33,889 children 0-59month with OPV in February 2017, dewormed 11,575 with Albendazole tablet and consulted 16,108 clients including 238 referrals. The team also screened 16,974 children for malnutrition, out of which 1.1% were categorized as severely malnourished while 7.1% were moderate.

The existing 24 teams, eleven teams have been trained and will be deployed soon to expand the scope of the integrated healthcare services offered by the hard-to-reach teams.

150 Community Resource Persons ***(CORPs)*** have been trained on Integrated Community Case Management of minor ailments. Presently, 282 trained CORPs provide integrated healthcare services including treatment of minor ailments such as malaria, diarrhoea, and pneumonia; malnutrition screening and health promotion.

Medecins du Monde (MDM) opened a new Fixed Clinic in El Miskin IDP Camp on 27th February, 2017. MDM will run activities in this camp in conjunction with ***Action Contre la Faim (ACF)*** who will be implementing CMAM while MDM implements integrated PHC. In El Miskin Clinic, MDM is implement consultation of both under-five and above five years of age through two doctors (one female for female/children patients and one for male/children patients). MDM is also implementing Ante-Natal and Post-Natal Care, and Family Planning through a qualified midwife and Routine immunization by a nurse.

MDM Clinical Staff Training on Clinical Management of Rape.

MDM in collaboration with ***UNFPA*** conducted a four-day Clinical Management of Rape training in Pinnacle hotel from 23rd – 26th February 2017. The training targeted all clinicians (doctors, community health officer, nurses and midwives). A total of twelve clinicians drawn from Garba Buzu, Kawarmella and El Miskin IDP camps clinics attended the training. MDM received three supplementary health Kit B from UNICEF to boost its drugs stock which was running out. MDM is set to receive more kits from WHO and UNICEF so as to ensure it has enough drugs for its PHC activities in the three clinics in Garba Buzu, Kawarmella and El Miskin IDP Camps.

As of 15 February ***UNICEF*** reported, a total of 183,025 women and children were reached with integrated Primary Health Care (PHC) services throughout Borno, Yobe and Adamawa. In total 105,034 medical consultations were conducted with UNICEF support, with malaria being the most common condition treated (Malaria 40,350, Acute Respiratory Infection 14,306 and Acute watery diarrhoea 9,582, Measles 43 other medical conditions 40,753).

UNICEF agreed with ***Save the Children*** to collaborate in provision of PHC services in selected supported health facilities in MMC and Jere. UNICEF will support with drugs and other supplies and both organizations will be responsible for ensuring quality of services being provided in the health facilities. Currently the agency is partnered with ***International Rescue Committee (IRC) in*** Bakassi IDP camp, Gwanje PHC clinic and Gamboru PHC clinic. UNICEF provided two tents to IRC to set up clinic, 100 Nigeria health kits and three supplementary kits to ACF, and ten Nigeria health kits and three supplementary kits to MDM.

Nutrition

UNICEF team participated to the RRM mission (20-25 Feb 2017) in Monguno to strengthen the quality of nutrition services and increase coverage of the new arrivals. Also to finalize the hand over process with INGOs (ALIMA, ACF, IRC). Distribution of supplies to service delivery points in MMC, Jere, Konduga and Mafa LGAs; and routine support and supervision to field visits are ongoing.

WHO trained 58 staff of the Hard to Reach Teams on screening and referral of acute malnourished children using MUAC measurement and checking for nutritional oedema. The newly WHO recruited team were also trained on health and nutrition messages including Infant and Young Child Feeding (IYCF).

UNICEF medical supplies delivery at Custom House IDP camp.

Gaps in response

- Process challenges remain including entry visas, international non-governmental organisation (INGO) registration, import permits and tax waivers, access, providing other Items and services and, last but not least, funding.
- Re-establishing a functional health referral system within MMC and other LGAs.
- Restoration of health services and non-functional health facilities
- The limited or absent of skilled health care workers especially doctors, nurses and midwives; and reluctance to work in the newly accessible 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 and/or insecure wards.
- Integration of the three states coordinated response and the opening of the LGAs humanitarian hubs.

Resource mobilization

During 2016, the health sector received only 22% for northeast Nigeria. In 2017, the health sector has collectively appealed for US$ 125 million for the Lake Chad region. At the Oslo Conference pledges of US$458 million for 2017 and $214 million for 2018 and beyond were announced by 14 donors. The US, the UK and Canada did not announce their pledges at the event.

At the conference, Nigeria Humanitarian Pooled Fund, a country based pooled fund, was also launched. It received a total pledge of $4.8 million but funding for the Fund is likely to increase. The Nigerian government has also allocated more than $1 billion from its own domestic resources.

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 that the health sector is currently 3.2% funded of the USD 93.1 million required (FTS/OCHA, 03/03/2017).

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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