



BORNO STATE GOVERNMENT



FHI 360 staff providing HIV/AIDS services in one of the IDP camps in Maiduguri through the USAID funded SIDHAS project, Feb 2016

Northeast Nigeria Response
BORNO State Health Sector Bulletin # 02
7 October 2016



3.7 MILLION
IN NEED OF HEALTH ASSISTANCE



2.2 MILLION
INTERNALLY DISPLACED PERSONS



2.6 MILLION
TARGETED BY THE HEALTH SECTOR



3 152 745 CHILDREN
VACCINATED AGAINST POLIO
IPV & OPV

HIGHLIGHTS

- FHI360, through the PEPFAR/USAID funded Strengthening Integrated Delivery of HIV and AIDS Services (SIDHAS), supported the Borno State Government with laboratory equipment, reagents, medical consumables and national monitoring and evaluation tools to strengthen provision of comprehensive HIV/AIDS services in 10 hospitals in seven LGAs and 15 IDP camps in Maiduguri City Municipality (MCM).
- The World Health Organization (WHO) through the State Ministry of Health delivered essential medicines and medical supplies to Mafa and Dikwa IDP camps, two of the 15 areas liberated this year. The supplies are sufficient to treat 15,000 people for three months.
- UNFPA has established mobile outreach teams to deliver sexual and reproductive health (SRH) services for communities in newly liberated areas in Borno State that have limited or no available primary health care services.
- UNICEF procured and distributed 20 Passive Vaccine Storage Devices (ARKTEK) to newly liberated LGAs of Monguno, Bama, Gwoza, Dikwa, Kukawa, Ngala and Kalabale.

HEALTH SECTOR



18 HEALTH SECTOR PARTNERS

HEALTH FACILITIES*



298 FUNCTIONING* (OF ASSESSED HF)



334 DAMAGED/LOOTED/CLOSED

CONSULTATIONS**



643,381 MEDICAL CONSULTATIONS

EARLY WARNING & ALERT RESPONSE



56 EWARS REPORTING SENTINEL SITES



24 TOTAL ALERTS RAISED**

VACCINATION



83,494 CHILDREN VACCINATED: MEASLES

3 152 745 CHILDREN VACCINATED: POLIO
IPV (1 492 328) & OPV (1 660 417)***

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

**The number of alerts change from week to week

***Number of children vaccinated in the September Outbreak and Response campaign

Situation Update

- Although many areas of Borno State remain insecure, the past month has seen an increase in the number of IDPs returning to their places of origin. With the continued insecurity, very weak infrastructure and lack of resources to re-establish livelihoods, even in LGA centres in Borno state, this will be a challenge that will require increasing attention by humanitarian actors in coming months.
- On 27 September, WHO participated in a Joint UN Security Risk Assessment Mission to Dikwa and Mafa, newly liberated Local Government Areas in Borno State. WHO used the opportunity as scoping mission to assess the health needs, gaps and available health services for the IDPs and host communities. A follow up joint WHO-SMOH mission was conducted on 5th October. Findings:
 - ✓ Dikwa town has an estimated population of 72,444 internally displaced people (IDP), 48,982 of whom live in 14 IDP camps within the town. One Maternal and Child Health Clinic (MCH) and 2 satellite clinics, run by 16 health workers on 2 week rotation, is serving the needs of the IDPs. These services were supported by UNICEF and ICRC.
 - ✓ An estimated 175 to 250 consultations are recorded in the clinics each day, many of the patients presenting with conjunctivitis, malaria and Acute Respiratory Infections (ARI).
 - ✓ The clinic conducts an average of 35 to 40 deliveries per week. Complicated cases are referred to Maiduguri using a military escort. An estimated 60 ANC follow consultations are conducted and up to 150 children with malnutrition are attended every day.
 - ✓ There are 14 mobile health teams, each with three health workers report on average, 120 medical consultations per day. Malaria, diarrhoea, ARI and severe malnutrition represent the leading causes of morbidity. An urgent need for more supplies, especially anti-malarial drugs, was observed.
 - ✓ In Mafa LGA, there is only one health worker available to provide basic health services (SMOH supported) to an estimated 2,972 IDPs. Malaria, malnutrition and diarrhoea are the leading causes of morbidity.
- Malaria, respiratory infections and watery diarrhoea remained the leading causes of morbidity in the camps as shown by the **Weekly surveillance reports from IDP camps**. In Epi Week 38, a total of 6,528 consultations were recorded from 23 IDP camps: 42% of these are cases of malaria, 14% are respiratory infections and 9% are cases of diarrhoea. The cumulative number of consultations recorded since Epi Week 1 (from 23 IDP surveillance reporting camps in Borno State) has reached 643,381. Malaria accounted for 33% of the overall number of these cases.

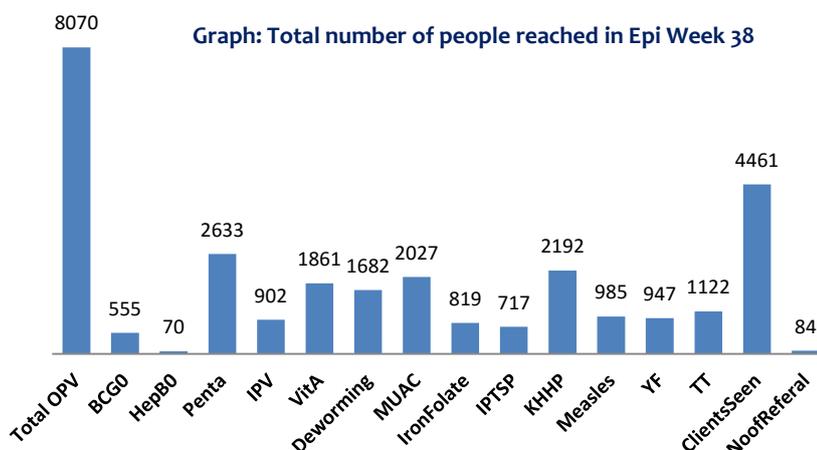
Public Health Risks and Needs

- Limited access of populations to health facilities in the newly liberated areas due to destruction of health facilities and lack of health personnel remains a challenge. In Borno state, 41% health facilities are reported to be partially or completely destroyed (Borno State Ministry of Health).
- The risk of further spread of strains of wild poliovirus in inaccessible areas of Borno state is a significant public health concern.
- Partners report a notable increase in malaria cases in some LGAs, which may be attributable to the recent humidity encouraging mosquito breeding sites.
- Inadequate Water, Sanitation and Hygiene (WASH) conditions in camps and host communities, particularly in newly liberated areas and camps in and nearby Maiduguri.
- A large number of women, girls and men have been exposed to the risk of HIV infection through rape and forced marriage. Malnourished children of HIV positive mothers are in particular need of additional nutritional support.

Health Sector Coordination

- A Health Partner Forum meeting was held on 6 October 2016. These meetings, agreed by the Borno State MoH provide an opportunity for operational partners planning.

- An IDP Relocation Taskforce has been formed to support effective coordination of the return of IDPs in Borno State. The taskforce, that includes representatives from the Borno State Government and humanitarian agencies, will liaise with key government, military and humanitarian stakeholders to coordinate basic service delivery, shelter assistance and distribution of food and non-food items in areas of return and ensure humanitarian standards are respected at all stages of this process.



- During a month period the number of health partners reporting against the 4Ws matrix has increased from 12 to 18 partners.
- The Health Sector partners agree in the criteria to be used to identify the most vulnerable population in need of health services for the 2017 Humanitarian Response Plan (HRP). The selected most vulnerable groups; are all the IDPs, all children under 5 years, plus in the hosting population, reproductive age females (15-49 years) and the elderly over 60 years. For the host communities population inclusiveness criteria we applied the poverty index of **76.8%** for the NE Region. The Borno SMOH agreed with the methodology and the population figures are been revised.
- According to the United Nations' Global Multi-Dimensional Poverty Index (MPI Report, published in June 2015, and is based on data collected on years between 2004 and 2014) as at 2010, 46% of Nigerians lived below the national poverty line and the North East Region is one of the worst with - 76.8% Poverty. The Borno SMOH agreed with the methodology and the population figures are been revised.
- Health sector updates and reports are now available at: <http://who.int/health-cluster/news-and-events/news/en>

Health Sector Action

Over the past week, health sector partners continued to support the Ministry of Health to deliver essential health services in IDP camps and host communities in 24 LGAs in Borno state. This support included the delivery of essential primary and secondary health care services through fixed clinics, mobile and outreach teams. Partners are also providing medical supplies and equipment to fill critical needs in a range of locations and conducting training and supervision of health workers to build capacity for effective delivery of health services. The second phase of the state-wide polio campaign was completed and roll out of the Early Warning Alert and Response System throughout Borno State is continuing.

- The PEPFAR/USAID funded Strengthening Integrated Delivery of HIV and AIDS Services (SIDHAS) supported Borno State Government with laboratory equipment, reagents, medical consumables and national Monitoring and Evaluation tools strengthen provision of comprehensive HIV/AIDS services in ten (10) functional hospitals in 7 LGAs and 15 IDP camps in Maiduguri metropolis. The services include: HIV Testing and Counseling, Anti-retroviral Therapy (ART), Prevention of Mother to Child Transmission of HIV (PMTCT), Early Infant Diagnosis, Tuberculosis-HIV and Reproductive Health/Family Planning/HIV. In addition, 75 government health care workers have been trained to screen IDPs in 15 camps. Two ART mobile teams were also set up in the camps to provide on-site CD4 test and ART

services. The teams visit the camps on a regular basis to provide technical assistance to the health care workers.

- In the past 12 months 14,960 IDPs including 8,802 pregnant women were screened for HIV in Maiduguri Municipal Camp (MMC), Jere & Konduga LGAs. Of these, 531 IDPs tested HIV positive and 298 started Anti-Retroviral Treatment. Between May and September 2016, FHI360 has profiled over 100,000 IDPs and gender-based violence survivors for provision of psychosocial support.
- Despite these achievements, implementation remains challenging as a number of the project supported hospitals, such as in Bama, Gwoza, Ngoshe, Kirawa, Banki, Gudumbali, Mafa, Benisheik, Damasak and Shani LGAs are not functional either due to security challenges, partial destruction due to conflict, or they are under renovation.
- UNICEF procured 20 Passive Vaccine Storage Device (ARKTEK) and distributed to seven newly liberated LGAs (Monguno, Bama including Banki, Gwoza, Dikwa, Kukawa, Ngala and Kalabalge) so as to ensure routine immunization services are provided. The devices were deployed to Primary Health Care clinics and Immunization offices. Twenty health workers from the affected local government were trained by a team of facilitators from UNICEF and the National Primary Health Care Development Agency.



Casual labourers offload WHO emergency medical supplies to Borno State Ministry of Health warehouse in Maiduguri.



UNICEF Immunization officer demonstrating the use of ARKTEK to a cross section of health workers

- The **World Health Organization (WHO)** delivered emergency medical supplies to Mafa and Dikwa and Mafa internally displaced people's (IDP) camp, two of the 15 areas liberated this year that host more than 75,000 internally displaced persons (IDP). In addition, WHO supported 18 Hard to Reach Teams provide basic integrated health services to underserved populations in Muna Garage and Damba IDP camps and in 14 LGAs in Borno state. From 19 to 24 September 2016, a total of 8,972 children less than five years of age were vaccinated against polio (8,070 with OPV and 902 with IPV). A total of 985 children were also vaccinated against measles and 1,122 pregnant women were vaccinated against tetanus.
- The **International Rescue Committee (IRC)** provided essential drugs through its mobile clinic services to 8 communities within MMC and Jere and 2 communities in Monguno, reaching over 400 beneficiaries. There is need for sensitization on reproductive health due to increasing numbers of women accessing these services for medical care.
- An increased number of children are being referred for inpatient care in IRC run stabilization center in the Umaru Shehu Hospital in MMC. Following the IPV/CMAM Campaign, the 30 bed ward has been filled up to capacity.

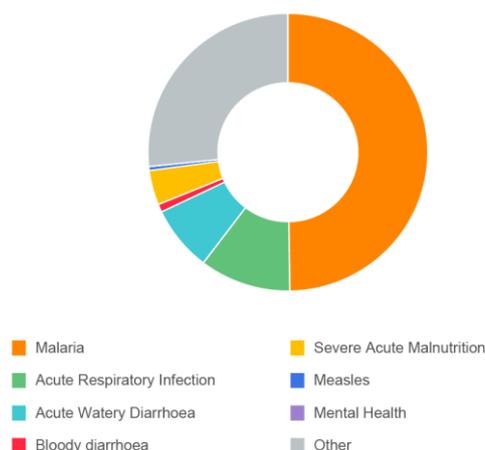
Vaccination

- The second phase of the polio immunization campaign targeting 10 accessible LGAs started on 25 September 2016 and was completed after 6 days. Results indicate that a total of 3 152 745 children (1 660 417 with Oral Polio Virus and 1 492 328) with Injectable Polio Virus) were reached during the September 2016 campaign in all the 23 LGAs in Borno State.

Surveillance and communicable disease control

- As part of scaling up the Early Warning Alert and Response System (EWARS), WHO on 26 September trained an additional 19 surveillance focal points from 15 health facilities in Mongunu LGA in Borno State and provided them with mobile phones for reporting. This brings the number of health facilities that will be enrolled for EWARS since August 2016 to 71. The newly enrolled facilities are expected to commence reporting in Week 39.
- In Epi Week 38, a total of 56 reporting sites -including 20 internally displaced persons camps in 35 LGAs-covering 1.3 million IDPs submitted their weekly reports through the EWARS reporting system. Completeness of reporting reached 59% while timeliness was at 70%. Twenty four indicator based alerts were generated of which 92% were verified. Malaria was the leading cause of morbidity for this reporting period accounting for 50% of all the cases, followed by Acute Respiratory Infection (ARI) at 11% and Acute Watery Diarrhea (AWD) at 8%.

Proportional morbidity (W38)



The numbers of immediately notifiable diseases under IDSR 002 are shown below in section 2. Overall, reportable diseases under surveillance represented 73% of total morbidity and 57% of total mortality in W38.

Reproductive Health

- To strengthen Sexual and Reproductive Health (SRH) service delivery for communities in newly liberated areas that have limited or no available primary health care services in Borno State, UNFPA is conducting medical outreach. These serve as a stop gap measure to meet critical SRH needs in the newly accessible areas and to bring maternal and reproductive health services, including family planning, closer to the communities.
- The team consists of six health care workers including one medical doctor, two nurses/midwives, two Community Health Extension Workers (CHEWs), and one records officer. Community mobilizers run the clinics five days a week in the newly accessible LGAs of Bama, Kaga, Biu, Konduga and Damboa. Reproductive health services offered are: antenatal and neonatal care, post-natal care, nutritional counselling in pregnancy, HIV counselling and testing and screening and treatment for sexually



Adolescent girl beneficiary of skilled delivery services in Benisheikh, Kaga LGA

transmitted infections. Other services provided are: general examination, family planning counselling, commodities and referrals for those requiring higher level of care. A total of 6,840 people were reached with these services between 1 to 7 September.

- In the same period a total of 1,280 women were reached with antenatal and neonatal services in the five LGAs, 50 deliveries were conducted by outreach team midwives in primary health care stations and nine maternal complications identified and referred to higher level health facilities. Also 206 women received FP services and 413 pregnant women were reached with PMTCT services.

Gaps

Critical health response gaps include:

- Inadequate funding to scale up delivery of services to populations in need.
- Insufficient skilled health care workers (doctors, nurses, midwives, pharmacists and laboratory technicians) in health facilities and IDP camps.
- In addition to the extensive damage to primary health care facilities in Borno State, a number of secondary-level health care facilities and equipment has been damaged and looted, restricting options for referral and the delivery of secondary level health care services.
- Difficulty in taking services to persons of concern in insecure LGAs and locations. The security challenges posed by insurgency in Borno are one of the main barriers to the provision of health care services to the people of Borno State. Many newly liberated areas with populations in great need of essential health services remain difficult to access.

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

- Federal Ministry of Health and Borno State Ministry of Health
- UN Agencies: IOM, UNFPA, UNICEF, WHO
- Other National and International Partners: ALIMA, Action Contre La Faim, Premiere Urgence Internationale, Medecins du Monde, International Rescue Committee, FHI360, International Medical Corps, Centre for Disease Control, Nigerian Military, Nigerian Air Force and other partners

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