



BORNO STATE GOVERNMENT



UNICEF Health and C4D teams addressing the VCMs during the monthly coordination meeting in Gwoza. Photo UNICEF






**Northeast Nigeria Response  
Health Sector Bulletin #37  
15 December 2017**

	<b>6.9 MILLION</b>		<b>5.9 MILLION</b>		<b>1,713,771*</b>		<b>6,372,838**</b>
<b>PEOPLE IN NEED OF HEALTH CARE</b>		<b>TARGET BY THE HEALTH SECTOR</b>		<b>IDPS IN THE THREE STATES</b>		<b>HRP 2017 PARTNER HEALTH GIVEN CONSULTATIONS</b>	

**HIGHLIGHTS**

- According to Humanitarian Need Overview (HNO)-2018 chapeau, the most severe and acute needs across multiple sectors are concentrated in the areas of ongoing conflict, as well as areas hosting large numbers of IDPs. These includes almost all local government areas (LGAs) of Borno State, and areas of Adamawa and Yobe states that are bordering Borno.
- HNO-2018 further reflects that around 7.9 million conflict-affected people are in need of primary and secondary health interventions across six states, of whom 5.4 million are located in the three worst crisis-affected states of Adamawa, Borno and Yobe. Conflict-affected people remain at significant risk of epidemic-prone diseases like cholera, measles, meningitis, and viral haemorrhagic fevers (VHF) such as Lassa and yellow fever.
- Due to evolving conflict dynamics in some areas as well as other various environmental/seasonal factors new population displacement is ongoing in different areas including Gajigana /Magumeri, Tungushe /Konduga , Rann, Ngala, Pulka, Gwoza, Banki, Dikwa and Monguno LGAs.
- Phase II of the Oral Cholera Vaccination (OCV) campaign has been completed in MMC, Jere, Mafa and Konduga while vaccination is ongoing in Dikwa and Monguno. The cholera vaccination will protect the population for up to 3 years against cholera. The national Measles vaccination campaign has been completed in all LGAs of Borno state.

**HEALTH SECTOR**

	<b>45 HEALTH SECTOR PARTNERS</b>
<b>HEALTH FACILITIES***</b>	
	<b>376 (50%) NON FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)</b>
	<b>292 (39%) FULLY DAMAGED</b>
	<b>205 (27%) PARTIALLY DAMAGED</b>
	<b>253 (34%) NOT DAMAGED</b>
<b>IDP CAMPS CUMULATIVE CONSULTATIONS</b>	
	<b>869,889 CONSULTATIONS**** 2,450 REFERRALS</b>
<b>EPIDEMIOLOGICAL WEEK 49: EARLY WARNING &amp; ALERT RESPONSE</b>	
	<b>248 EWARS SENTINEL SITES 157 REPORTING SENTINEL SITES 22 TOTAL ALERTS RAISED*****</b>
<b>SECTOR FUNDING, HRP 2017</b>	
	<b>HRP 2017 REQUIREMENTS \$93.8M 21.6M US\$ FUNDED (23.1%) UNMET REQUIREMENTS \$72.2M</b>

\* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XIX  
 \*\*Number of health interventions provided by reporting HRP partners as of November 2017. (This figure will need further revision/analysis)  
 \*\*\* MoH/WHO HeRAMS September/October 2017  
 \*\*\*\* Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 1- 49.  
 \*\*\*\*\* The number of alerts change from week to week.

## Situation update

The crisis in north-east Nigeria is one of the most severe in the world today. Across the six affected states of Borno, Adamawa, Yobe, Bauchi, Gombe and Taraba, 10.2 million people are estimated to be in need of humanitarian assistance in 2018, of which 52 per cent are women and girls, and 48 per cent are men and boys. Children constitute 63 per cent of those needing assistance. The most acute humanitarian needs are clearly concentrated in Borno state – and areas bordering Borno in Adamawa and Yobe states – where the crisis shows no sign of abating.

The Health and WASH sectors partners have successfully controlled the cholera outbreak in MMC, Jere, Dikwa and Mafa LGAs, where no cases have reported for the last 6 weeks. Two weeks back cases were reported from the non-secure and with limited access Mairari ward in Guzamala, and Monguno LGA. Sensitization on cholera prevention messages and importance of good sanitation and Hygiene practices are ongoing in all affected areas to mitigate further risk of any outbreak. No new cases reported during the last two weeks.

There is an ongoing relocation of IDPs to the new camp site in Bama LGA. The IDPs are currently living in General Hospital camp in a congested environment. Health Sector has identified a partner to deliver health care services at new location. WHO and Federal Government mobile teams can also be deployed based on the needs on ground.

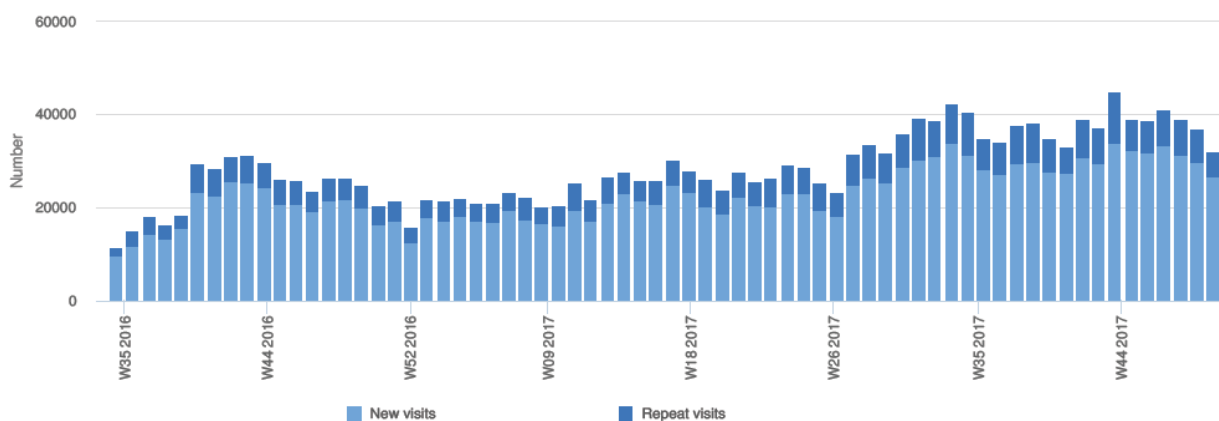
For coordinated health sector response to new displacement in Borno state, partners' capacity mapping was consolidated to ensure effective service delivery and avoid duplication of services. The potential displacement locations are Gajigana/Magumeri, Tungushe/Konduga, Rann, Ngala, Pulka, Gwoza, Banki, Dikwa and Monguno LGAs. In terms of health sector response in different geographical areas, health partners/observers specially ICRC, MSF (France, Swiss, Spain, Belgium), UNICEF and WHO have wider coverage in all LGAs so in case of limited population influx the minimum health services are already available.

Phase II of the Oral Cholera Vaccination (OCV) campaign has been completed in MMC, Jere, Mafa and Konduga while vaccination is ongoing in Dikwa and Monguno. The second round of the cholera vaccination will protect the population for up to 3 years against cholera. The national Measles vaccination campaign has been completed in all LGAs of Borno state. The vaccination data is under compilation and analysis stage. The campaign has targeted children up to 5 years age.

## Surveillance and communicable disease control

**Early Warning Alert and Response System (EWARS):** 157 out of 248 reporting sites (including 20 IDP camps) submitted their weekly reports for Epidemiological Week 49. The timeliness and completeness of reporting this week were 61% and 63% respectively (target 80%). The total consultations were 32,201, marking a 13% decrease from the previous week (n=36,891). Twenty-two (22) indicator-based alerts were generated with 82% of them verified.

Figure 1 | Trend in consultations



Acute respiratory infection (n= 5,147) was the leading cause of morbidity reported during week 49, accounting for 18% of reported morbidities. Neonatal deaths (2), severe acute malnutrition (2), and suspected malaria (2) accounted for 60% of the deaths (10) reported through EWARS.

Figure 1a | Proportional morbidity (W49)

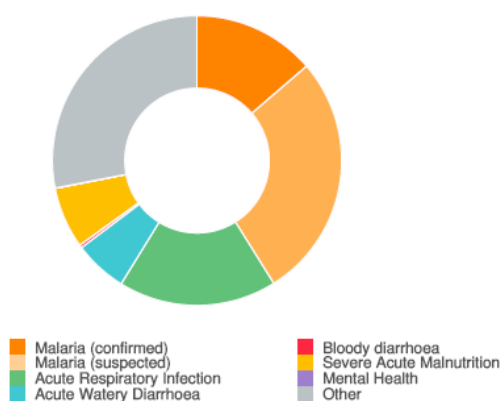
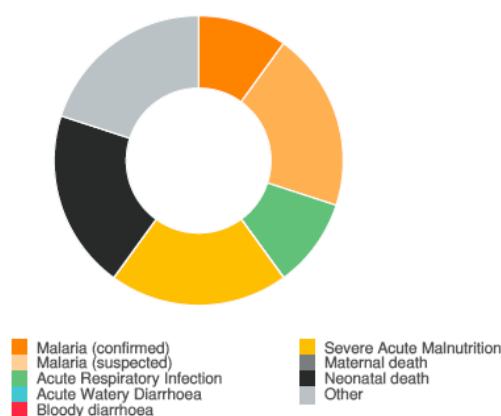


Figure 1b | Proportional mortality (W49)



- Hepatitis E outbreak:** Forty-four new cases were reported from Rann, Kala/Balge LGA (39), Monguno LGA (4), and Konduga LGA (1) in weeks 48 and 49. No cases were reported from the other LGAs involved in the outbreak and there were no reports from any new area. The cumulative number of cases and deaths are 1476 and 8 respectively (CFR: 0.5%). Of the total reported cases, 815 were from Ngala, 357 were from Kala Balge, 102 were from Monguno, and 99 were from Mobbar. Out of 226 samples tested, 182 were laboratory confirmed across eight LGAs.
- Suspected measles:** Nine cases of measles were reported from Madinatu IDP camp clinic in Jere (3), Herwa PHC in MMC (2), State Specialist Hospital in MMC (2), 400 Housing Estate Gubio road IDP camp clinic A in Konduga (1), and Gwoza LGA (1).
- Suspected yellow fever:** One suspected yellow fever case was reported from Njimtilo Health Clinic in Konduga
- Malaria:** In Epi week 49, there was an 11% decrease in the total number of confirmed malaria cases (n= 3,983) in comparison to the previous week (see figure 2). Of the reported cases, 277 were from Shaffa PHC in Hawul, 250 were from General Hospital Biu, 130 were from EYN (CAN) centre IDP camp clinic in MMC, 109 were from 400 Housing Estate Gubio road IDP camp clinic A in Konduga, and 103 were from Dikwa MCH in Dikwa. One death was reported from Kashim dispensary in Shani.

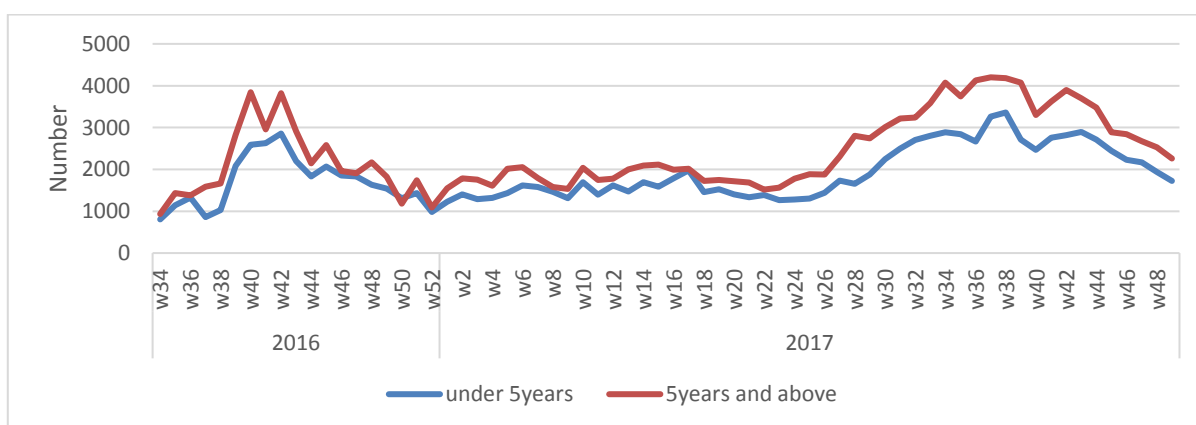


Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 49 2017

- Acute Respiratory Infection:** In Epi week 49, 5,147 cases of acute respiratory infection were reported. Of the reported cases, 567 were from Herwa PHC in MMC, 475 were from Dikwa general Hospital in Dikwa, 232 were from 250 Housing Estate (Kofa) IDP camp clinic in Konduga, 191 were from UNICEF GSSSS IDP camp clinic in Monguno, 167 were from UNICEF GDSS IDP camp clinic in Monguno, 166 were from EYN (CAN)

centre in MMC, 163 were from Sangaiya IDP camp clinic in Dikwa, 158 were from Jakana PHC in Konduga. One death was reported from Federal Training Centre Dalori IDP camp clinic A in Jere.

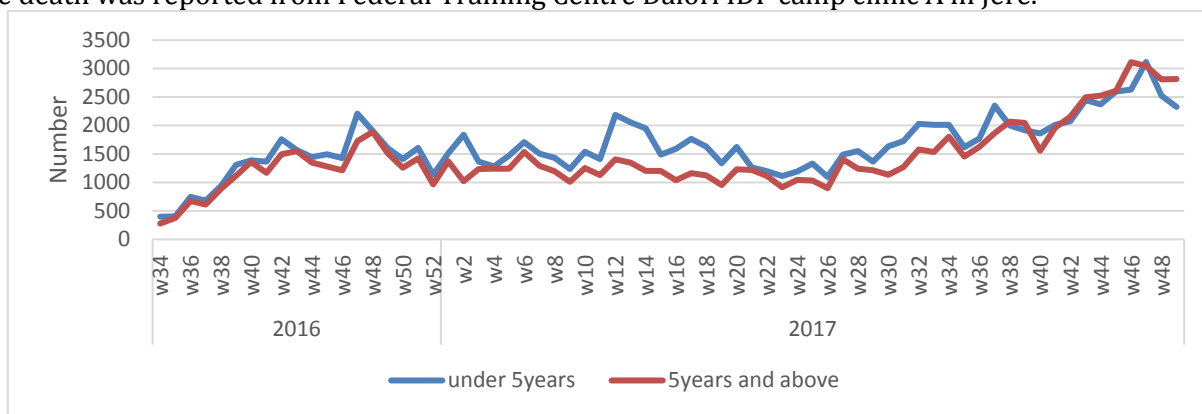


Figure 3: Trend of ARI cases by week, Borno State, week 34 2016 - 49 2017

- **Acute watery diarrhea:** In Epi week 49, 1,729 cases were reported through EWARS. Of the reported cases, 210 were from Dikwa General Hospital in Dikwa and 191 were from Herwa PHC in MMC. No death was reported.

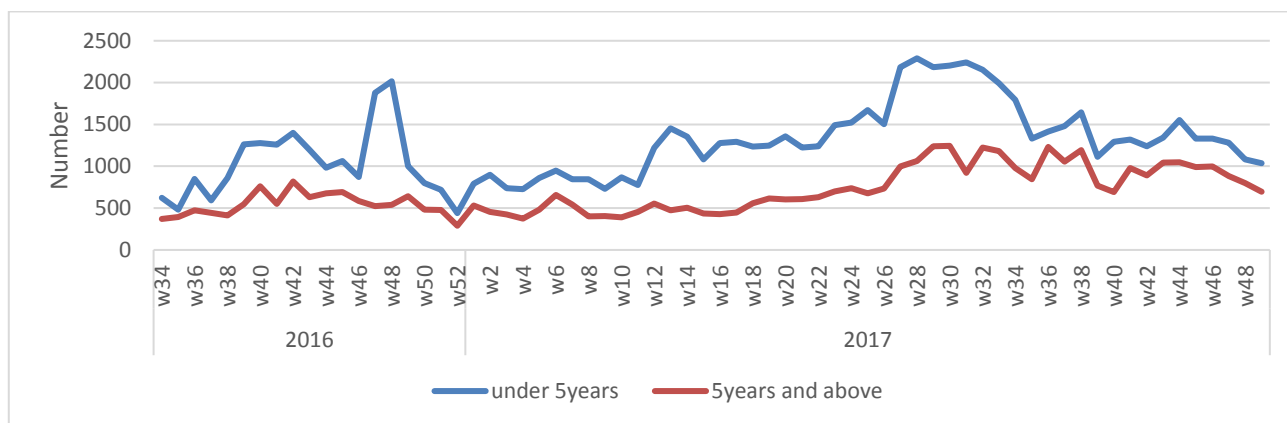


Figure 4: Trend of AWD cases by week, Borno State, week 34 2016 - 49 2017

- **Malnutrition:** In Epi week 49, a total of 1,989 cases of severe acute malnutrition were reported through EWARS. Of the reported cases, 185 were from Gunda CHC in Biu and 151 were from Kurbagayi MCH in Kwaya Kusar. Two deaths were reported from Kurungulung dispensary in Shani (1) and Vinadam dispensary in Hawul (1).

Figure 7b | Trend in number of cases over time (Borno State)



Figure 5: Trend of malnutrition cases by week, Borno State, week 34 2016- 49 2017

- **Neonatal death:** Two neonatal deaths were reported from Dikwa General Hospital in Dikwa.
- **Maternal death:** No maternal death was reported by EWARS.

## Health Sector Coordination

**Health system recovery and strengthening:** The revitalisation and strengthening of the health system is vital, especially the development of a functional referral system mechanism given that less than 30 per cent of health facilities in Borno have a functional referral mechanism to a higher level of care (HeRAMS, 2017). Facilities that are functioning are short of staff, lack safe water, basic drugs and/or equipment. Although maternal and newborn health, such as antenatal care services were available in at least half of the functional health facilities, comprehensive obstetric and abortion care were only available in 5 per cent and 18 per cent of IDP camp clinics, respectively. Normal delivery was at least partially available in 46 per cent of health posts.

Following is the list of general hospitals in Borno state which are prioritised for rehabilitation/reconstruction:

**Hospitals fully rehabilitated and furnished are:**

1. Molai General Hospital
2. Women and Children Hospital
3. Benishiekh General Hospital
4. Biu General Hospital
5. Shani General Hospital
6. Gubio General Hospital
7. Magumeri General Hospital
8. Konduga General Hospital
9. Dikwa General Hospital
10. Mamman Shuwa Memorial Hospital
11. Mafa General Hospital

**Those rehabilitated but not fully equipped are:**

1. Damboa General Hospital
2. Gwoza General Hospital
3. Chibok General Hospital

**Those with rehabilitation on going are:**

1. State Specialist Hospital
2. Kwaya Kusar Gen Hospital
3. Damasak General Hospital

**Brand New General Hospitals been constructed:**

1. Gongolong General Hospital
2. Baga General Hospital
3. Ganiram General Hospital
4. Maimusari General Hospital
5. Ngarannam General Hospital
6. Ngamdu General Hospital
7. Azare General Hospital
8. Borgu General Hospital

## Health Sector Action

IRC conducted a three-day workshop on reproductive health services and its importance in emergencies to 34 (13F, 21M) community and religious leaders

Across the six LGAs in Borno state, 5,462 (36% children under 5) patient consultations held at the IRC mobile health and nutrition services in the first two weeks of December. In the past two weeks, IRC has through community health volunteers disseminated health messages to 17,965 people (72% women) At all supported RH facilities IRC attended to 1,041 ANC first visits, and assisted in 194 skilled deliveries by skilled midwives. 375 women were registered as new acceptors of modern FP methods as part of the family planning services provided at all RH supported facilities.



Mother-to-Mother support group meeting Photo: IRC

**UNFPA** continues to support the delivery of life saving timely and quality care in IDP settlement camps and health facilities throughout Borno State. This is mainly through the provision of RH supplies, capacity building of health care workers and deployment of mobile outreach teams in underserved areas. UNFPA in partnership with the State Ministry of Health (SMOH) and the State Primary Health Care Development Agency (SPHCDA), dispatched mobile outreach teams to Kaga, Jere, Konduga and Mafa LGAs to provide RH services and Clinical care for survivors of sexual assault. In partnership with the Royal Heritage Healthcare Foundation, completed the construction of an adolescent friendly health space in Bama. This centre will be provide in school and out of school young people to access adolescent sexual and reproductive health information and link them to health facilities for services. Implementation of the SRH outreach programme continued with FHI-360 and CARE International in LGAs of Jerre, Biu, Bama, Kala Balge, Gwoza and Ngala in Borno State. During this period, 3,387 women and girls were reached with SRH services, 34 high-risk pregnancies were identified and referred to health facilities, 879 new users of FP methods and 13 rape survivors received timely CMR services among other activities. Field Mission: conducted on spot checks, mentoring, and supportive supervision Farm centre IDP camp safe space and Muna Garage safe space, a rapid assessment of SRH needs of the health facility were conducted, gaps identified and plans made to kick start the process of remediation. Refurbishment and equipping of the obstetric fistula centre and theatre at the State Specialist Hospital has been completed in collaboration with the SMOH. UNFPA RH and GBV team in collaboration with the state ministry of health concluded Training of 60 frontline health workers in hot spots of Bama, Dikwa, Chibok, Pulka, Gwoza, Kala/Balge, MMC and Jere LGAs of Borno state on Clinical Management of Rape and sexual assault (CMR).

**UNICEF** is reporting 228,405 beneficiaries (children women and men) were reached with integrated PHC in all the UNICEF supported health PHC clinics in the IDP camps and host communities of Adamawa, Borno and Yobe States. A total of 68,119 consultations reported, malaria (17,274) was the major cause of morbidity followed by ARI (15,348); AWD (11,205); Measles (25); and other medical conditions (24,267). Of the 155,744 prevention services 84,720 children and pregnant women were reached with various other antigens (of which 5,322 children 6months-15 years were vaccinated against measles); Vitamin A supplementation (23,186); Albendazole for deworming (29,384); ANC visits (13,117), out of which 15 pregnant women received 1 LLIN each during ANC visit in Fofure PHC in Adamawa State. 1,427 deliveries and 3,115 postnatal visits were recorded during the reporting period. UNICEF donated 53 Nigeria Health Kits (NHKs) to the SMOH Adamawa (6), Borno (5) and Yobe (42) States to support integrated emergency PHC services in the IDP camps, host communities and outreach activities to reach both IDPs and vulnerable host community members accessing health services in UNICEF supported health service delivery points. In line with UNICEF concept of convergence of interventions involving health, nutrition, C4D and WaSH sections to improve the quality of health care service delivery and reach more beneficiaries, UNICEF health section has been using the VCMs network (UNICEF C4D activities) and other community volunteers (CORPs) platform to track pregnant women and newborns and link them up to the health facilities for appropriate care: e.g. Post Natal Care, immunization, defaulters, etc. This concept of convergence ensures effective and efficient use of resource and has significant improvement in the quality of care and life of the IDPs and other vulnerable host community members.

**WHO:** In Yobe state during the first two weeks of December 2017, Hard to Reach (H2R) teams have treated 15,337 children for minor ailments. 12,544 and 11,725 under-5 children have been provided with Vitamin A supplementation and deworming services respectively. The 35 H2R teams have immunized 15,834 children and reached 10,140 young women with health promotion messages on reproductive health and hygiene. WHO is collaborating with Yobe State Agency for the Control of AIDS (YOSACA) and SPHCMB to ensure HTS is provided as part of ANC package to pregnant women in remote and security compromised areas, where there are no functioning health facilities or laboratories. WHO is also working with SPHCMB to intensify supportive supervision for both H2R teams and CORPS and improve community engagement and participation in iCCM programme.

In Borno, state **WHO** is supporting mental health outreaches in 36 health facilities of Borno state. A total of 28 mental health outreach sessions were conducted in the last 2 weeks, during which 529 patients were seen and treated for different forms of mental ailments while 38 of the patients were referred to Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management. Six (6) patients out of those referred were admitted for inpatient management. 265 Mobile Health Team members and 237 community leaders were trained to conduct quality walkthrough micro-plan in all the hard to reach but accessible settlements of the 25 LGAs of Borno State. This is part of the effort to ensure that every member of the communities irrespective of where they live have

access to essential life saving healthcare services. Through the Hard to Reach Mobile Health teams, 18,331 persons were treated for minor ailments in 25 LGAs of Borno state, vaccinated 56,021 children against vaccine preventable disease while 14,234 children were screened for malnutrition within the period of report. Through the Community oriented Resource persons (CORPs), WHO within the last 2 weeks have treated 19,243 under 5 children with treatment for cases ranging from Diarrhoea, Pneumonia and Malaria, furthermore, 11,710 were screened for malnutrition from which the 184 severely malnourished children were referred to the CMAM centres

## Nutrition updates

**UNICEF Nutrition interventions in Borno and Yobe States:** During the reporting period 13,848 children with severe acute malnutrition (SAM) were admitted for treatment in 398 UNICEF supported treatment facilities in Borno and Yobe states. Overall, the performance indicators for the community management of acute malnutrition in the two northeast states are within the Sphere standards (90.5 per cent cure rate, 7.1 per cent defaulter rate, 1.9 per cent non-respondent and 0.5 percent death rate). Six UNICEF-supported in-patient facilities admitted 98 SAM cases with medical complications and 75 were stabilized and transferred to OTPs. Community screening of children 6-59 months reached 988,568 children in 27 LGAs (19 in Borno and 8 in Yobe), of which the number of children identified with SAM was 11834 (1.2 percent) and MAM was 101830 (10.3 percent). All children identified with SAM were referred to a CMAM treatment facility. Preventive nutrition services in 27 UNICEF supported LGAs (19 in Borno and 8 in Yobe) reached 63591 caregivers with IYCF counselling and 15,345 children 6 -23 months with micronutrient powder (MNP). Nutrition supplies provided during the reporting period were 7068 boxes of RUTF and 120,000 sachets of MNP. Supportive supervision was provided to 229 OTP sites, 6 stabilization centres, 336 Mother support group (MSG), 156 IYCF corners and 744 CNMs in Borno and Yobe states. Fourth round nutrition surveillance is on-going in Yobe, Adamawa and Borno state by using SMART survey methodology. Eleven survey teams each team composed of one measurer and one assistant measurer are trained for 4 days of SMART survey methodology and deployed for data collection. Five supervisors and 3 coordinators with expertise in SMART survey methodology are providing onsite coaching and support supervisions to data collection team to ensure the quality of survey. Plausibility check is done on daily basis using ENA/SMART software and feedback is given on following day morning before departing for data collection to sensitize the teams on quality of data.

**WHO in Yobe State has trained 25 SMOH, HMB and SPHCMB Officials on Coaching, mentoring and Supportive Supervision of Staff Working in Stabilization Centres (SCs):** To complement the efforts of Yobe State Ministry of Health (SMOH), Hospitals management Board (HMB) and State Primary Health care Management Board (SPHCMB) to improve services delivery and reduce morbidity and mortality from Severe Acute Malnutrition (SAM) amongst conflict-affected children in Yobe state, WHO has conducted intensive 2-day workshop to improve the capacity of government officials on mentoring, coaching and supportive supervision for inpatient care for children with complicated SAM. This workshop is part of the series of

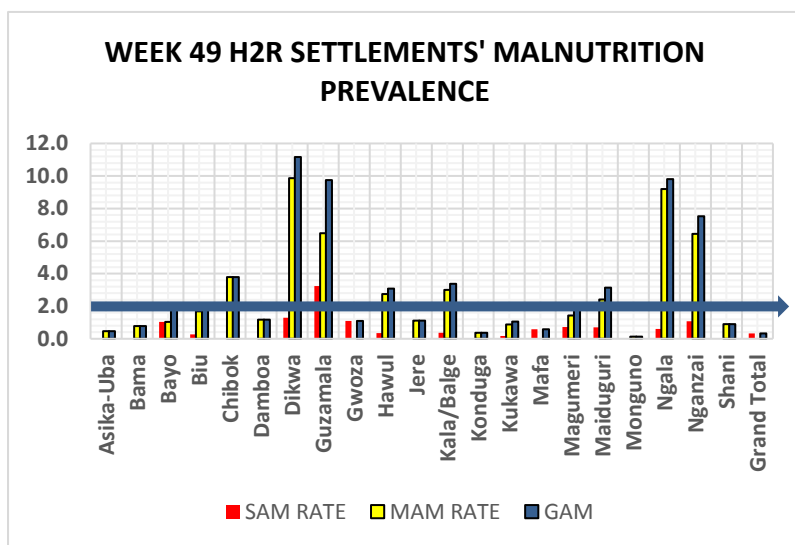


*A cross-section of Yobe SMOH, HMB and SPHCMB officials during training on mentoring, coaching and supportive supervision Photo: WHO*

capacity building interventions conducted by WHO to increase the number of SCs and quality of services provided in Yobe state. In the last quarter of 2017, WHO has conducted series of trainings for MOH up to 62 doctors, nurses, and nutrition program officers on inpatient management of SAM with medical complications. It has also conducted comprehensive technical assessment and supplied SAM kits to 6 functional SCs in Yobe state. WHO is currently providing technical support, and has recently donated additional SAM Kits to SMOH and COOPI to establish new SC in GH Jakusko, in the Northern part of the state. This will increase the number of functional SCs from six to seven in Yobe. And whilst these interventions continue to strengthen inpatient care of SAM with medical complications, H2R teams and COPRs in the iCCM programme are also working to prevent severe malnutrition by screening under-5 children in remote communities and referring severe cases to OTPs sites and

SCs. In Yobe state, in the first two weeks of December 2017, H2R teams have screened 14,690 under-5 children for malnutrition and referred 153 of them to receive care in OTP sites and SCs.

WHO hard to reach(H2R) teams in Borno state screened a total of 9,218 children (aged 6-59months) for malnutrition out of which 8,971 were normal, 234 were MAM. Only 13 were SAM and referred to the nearest OTP



for treatment. While 477 children (6-23months) were reached with micro nutrient powder. Although the cumulative prevalence of malnutrition in the H2R settlements appears to be decreasing, the weekly breakdown by LGAs still show high pockets of malnutrition in some of the H2R settlements of local government areas e.g. Dikwa, Guzamala, Nganzai, and Ngala. The dramatic upsurge seen in Dikwa which started from week 45 was as a result of the screening among the new arrivals. While in Guzamala there is no OTP close to the H2R settlements providing nutrition interventions, unlike Monguno where there are many OTPs.

Fig.: Week 49 prevalence of malnutrition in H2R settlements in Borno State.

## Public Health Risks and Gaps

- The current picture is one of protracted crisis and a disrupted health system, especially in Borno state.
- Health service delivery continues to be hamper by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work in accessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupts and further challenges the health programs implementation.
- Access to secondary health care and referral services in remote areas is significantly limited.

## Health Sector Partners

Federal Ministry of Health and Adamawa, Borno and Yobe State Ministries of Health/ UN Agencies: IOM, OCHA, UNFPA, UNICEF, UNDP, WHO, OCHA/ National and International NGOs: ALIMA, Action Against Hunger, Action Health Incorporated, AGUL, CARE International, MSF (France, Belgium, Spain and Switzerland), ICRC, INTERSOS, Medicines du Monde, Premiere Urgence Internationale, International Rescue Committee, eHealth Africa, FHI-360, International Medical Corps, Catholic Caritas Foundation of Nigeria, Victims of Violence, Terre des hommes, SIPD, Nigeria Centre for Disease Control, RUWASA, BOSEPA, BOSACAM; other sectors (WASH, Nutrition, Protection, Food Security, Shelter and RRM), Nigerian Armed Forces and Nigerian Air Force.

**-Health sector bulletins, updates and reports are now available at <http://health-sector.org>**

*For more information, please contact:*

Dr. Haruna Mshelia  
 Commissioner for Borno State Ministry of Health  
 Email: [harrymshelia@gmail.com](mailto:harrymshelia@gmail.com)  
 Mobile: +23408036140021

Mr. Mustapha Bukar Allau  
 Permanent Secretary, BSMOH  
 Email: [musbuk2012@gmail.com](mailto:musbuk2012@gmail.com)  
 Mobile +2348061301165

Dr. Jorge Martinez  
 Health Sector Coordinator-NE Nigeria  
 Email: [martinezj@who.int](mailto:martinezj@who.int)  
 Mobile +23408131736262

Mr. Muhammad Shafiq  
 Technical Officer- Health Sector  
 Email: [shafiqm@who.int](mailto:shafiqm@who.int)  
 Mobile: +23407031781777