Northeast Nigeria Response  
BORNO State Health Sector Bulletin # 03  
14 October 2016

HIGHLIGHTS

- On Saturday 8 October 2016, the Borno State Deputy Governor launched the distribution of 300,000 Long Lasting Insecticide-treated Nets (LLINs) to accessible Internally Displaced People (IDPs) camps. The distribution by the State Ministry of Health, with the support of UNICEF and funded by USAID, was launched at the Muna Garage IDP camp on the eastern outskirts of Maiduguri. It is planned that a total of 675,000 LLIN will be distributed.

- A new confirmed Wild Polio Virus (WPV) Type 1 case was reported this week in Monguno LGA. This makes a total of four WPV1 and one circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) cases recorded in Borno State since August.

- On-going scale up of the Early Warning and Alert Systems (EWARS) in Borno State with deployment of an additional 102 health personnel in 88 health facilities. EWARS reporting sites have increased from 56 to 160 during this reporting week.

- The Nutrition Sector Working Group reports 65,000 people in newly liberated areas are estimated to be in famine situation in Borno State.

HEALTH SECTOR

- 18 HEALTH SECTOR PARTNERS
- 298 FUNCTIONING** (OF ASSESSED HEALTH FACILITIES)
- 334 DAMAGED/BURNT/CLOSED
- 726,637 MEDICAL CONSULTATIONS
- 160 EWARS SENTINEL SITES
- 59 TOTAL ALERTS RAISED***
- 83,494 MEASLES
- 1,709,745 POLIO IPV & OPV****
- 7 MILLION FUNDED 13%
- 53.1 MILLION REQUESTED

*Correction: previous bulletin reported total number of doses given as the total number of vaccinated children.
** 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 Polio vaccinated children in the Outbreak and Response campaign (IPV Inactivated Polio Vaccine & OPV Oral Polio Vaccine)
**Situation Update:**

- The latest confirmed Wild Polio Virus (WPV) Type 1 was reported in Monguno LGA. This makes a total of four WPV1 and one Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) case recorded in Borno State since August 2016. A new phase of the polio campaign targeting 1.6 M children is being initiated this week.

- Health services are stretched in Maiduguri due to the overwhelming number of IDPs in the city and surrounds.

- Although 18 Health partners are supporting 128 health facilities in Borno State, the essential health services show major gaps as reflected in the partners 4Ws. -Fig.1 4Ws breakdown per health service as 12 Oct. (Note: data do not reflect the SMOH activities; further analysis is required).

- According to UNICEF, the lead Nutrition Sector/Cluster Working Group, 1 million people are in emergency situation of which about 90% are from Borno state. This includes 65,000 people in newly liberated areas, estimated to be in a state of famine.

- The level of Global Acute Malnutrition (GAM) recorded in July and August in newly-accessible areas in Borno State, Nigeria, revealed an “extremely critical” situation. GAM rates in Bama, Banki, Monguno and Dikwa range between 30 and 60 per cent which is associated with a significantly increased risk of child mortality.

**Public Health Risks and Needs**

- Access by the population to health facilities in newly liberated areas and geographically hard to reach locations in Borno State remains a challenge.

- In Borno state, over 40% of health facilities are known to be destroyed, many of them found to have been burned during the armed conflict. (Borno State Ministry of Health).

- Further spread of strains of wild poliovirus in Borno state is a significant public health concern.

- Efforts to strengthen cholera preparedness and rapid response capacity across the state remain a priority.

- Malaria remains a significant public health concern, responsible for half of the reported morbidity.

- Based on trends in previous years, it is expected that the risk of measles and acute respiratory infection, along with meningitis will continue to increase over the next three to four months.

- A large number of women, girls and men have been exposed to the risk of HIV infection through rape and forced marriage. As reported by FHI 360, there are 10,000 HIV positive patients on Anti-Retroviral Therapy (ART) in Borno State.
**Surveillance and communicable disease control**

- **Measles**: Between Epidemiological (Epi) Week 1 to Epi Week 40, a total of 921 suspected cases of measles were reported in Borno State. Fifty eight per cent of those with suspected measles had zero dose measles vaccination status and 59% were children aged under 5 years.

- **Acute Flaccid Paralysis (AFP)**: There has been a significant increase in the trend of AFP cases reported in Borno State in 2016 compared with similar periods in 2013 to 2015. From Epi Week 1 to Week 39, a total of 494 AFP cases were reported, of which 4 cases were confirmed to be Wild Polio Virus (WPV). The WPV cases were confirmed in Gwoza, Jere and Monguno LGAs. One case of Circulating Vaccine Derived Polio Virus Type 2 (cVDPV2) was detected in Monguno. Efforts are being intensified to improve AFP case reporting from high risk populations and all silent wards in the state. Key AFP surveillance performance indicators for Week 39 showed stool adequacy was at 99% and the non-polio AFP rate was 27 per 100,000 children under 15 years.

- **Early Warning Alert and Response System (EWARS)**: In Epi Week 40, 43 out of a total of 160 reporting sites (including 20 IDP camps) submitted their weekly reports through the EWARS. Completeness of reporting was 60% while timeliness was at 54% (target 90% and 80% respectively). Although improving, these suboptimal outcomes are attributable to the fact that 104 (65%) of the reporting sites have only recently completed training and are yet to start reporting in a consistent manner. Efforts to strengthen the quality of reporting are ongoing. Fifty nine indicator based alerts were generated of which 85% were verified.

- **Malaria** remained the leading cause of morbidity with a cumulative mortality of 219 deaths (EWARS Epi Weeks 1-40). In Epi Week 40 malaria accounts for 51% of all cases, followed by Acute Respiratory Infection (ARI) at 9%, Acute Watery Diarrhea (AWD) at 8% and Severe Acute Malnutrition at 7%.

**Health Sector Coordination**

The Ministry of Budget & Planning organized the High Level Humanitarian Co-ordination Group. Ministers from lead Ministries Interior, Agriculture, Water & Resources, Health, NEMA, PCNI, ONSA, GON and HC, heads of UN agencies, World bank, and INGOs were invited to support the inter-ministerial task force objectives; To ensure coordinated GON Humanitarian Response, to expedite immediate delivery of short term lifesaving support, and to address wider humanitarian crisis as a matter of urgency via response hub plans and strengthen medium to longer term resilience. On Thursday, OCHA Head of Office Vincent Lelei presented a summary of UN agencies focus and achievements. On Friday, the Focal Point for the Health and Nutrition Hub, Dr Ngozi AZODOH Director of Special Project at the Ministry of Health made a presentation on the progress of the health response. The objective of the Health & Nutrition Hub is to support coordinated work planning of the emergency response in affected North Eastern states.

As part of the Government of Nigeria Humanitarian Response, the Federal MoH and the Borno SMOH are holding an eight days operational planning workshop to further develop and finalise the 2017 Borno State Health Sector Response Plan.
Health Sector partners are collaborating with the Borno SMoH through a newly established Logistics for Health Commodities Working Group, to develop an integrated distribution plan, ensure a transparent supply pipeline and strengthen supply chain capacity for the humanitarian response.

Following confirmation of new polio cases, a WASH technical working group has been established to identify strategies and tailor hygiene promotion campaigns to complement the health sector’s vaccination campaigns to curb the outbreak.

Health sector partners, led by the Ministry of Health and supported by WHO, have formed a task team and commenced planning for implementation of the Health Resource Availability and Mapping System (HeRAMS) in Borno State. This system will involve the collection of baseline data to provide a comprehensive baseline of information concerning the condition, capacity and services delivered in all accessible health facilities across the state.

**Health Sector Action**

**World Mental Health Day** was celebrated on 10th October 2016 with the theme of Psychosocial First Aid. After a ceremony at the Federal Neuropsychiatric Hospital, SMOH and the Federal Neuropsychiatric Hospital, with the support of IOM, Playback Theatre, UNICEF, UNFPA and WHO, held an event at Teachers Village Camp in Maiduguri. The event, including theatre performances and distribution of printed pamphlets on the topic of psychosocial first aid in Hausa and Kanuri languages, was aimed at increasing awareness of mental health needs in crisis affected communities. Over 300 people attended the occasion, the first to be held for several years in Borno State.

**Medecins du Monde (MdM)** commenced operation of two integrated mobile health and nutrition services in Kawarmella and Garba Buzu areas in Maidauguri Municipal Council (MMC) in conjunction with the SMoH. In the first four days of operation 862 medical consultations were conducted, around 50% for children under five. The most common diseases treated were malaria, acute diarrhoea and upper respiratory infections. Eighty three clients with severe acute malnutrition (SAM) were admitted to an outpatient therapeutic feeding program (OTP) and 75 antenatal consultations were conducted.

Routine immunization is also being conducted in collaboration with the governmental health facilities in the area. Initially, the mobile clinics will operate in these areas of high need for the first two weeks of the month, then rotate to provide services in other underserved camps/areas. The agency has also prepositioned 10 unit basic interagency kits which can treat 1,000 people each to MMC/Jere.

The **International Rescue Committee (IRC)** outreach mobile team in Konduga reached 1,292 beneficiaries since it commenced on 15th September, 2016. Watery diarrhoea and malaria were the most common ailments treated.

On 11th October, the State Primary Health Care Development Agency (SPHCDA) officially declared open the IRC supported Reproductive Health unit in Clinic B, Bakassi camp. The occasion was graced by Health Sector partners, representatives of the National Emergency Management Agency (NEMA) and camp officials. The clinic will provide free family planning and post abortion care services, clinical care for survivors of sexual assaults and referral of emergency cases to higher level health centres for further care.
**WHO** and the SMOH conducted a joint monitoring visit to assess the level of service integration and performance of Hard to Reach Teams (HTR) providing integrated health services to IDPs in Jere LGA. In addition, seven basic Inter-agency Emergency Health Kits and Malaria supplementary modules were prepositioned in the State Ministry of Health warehouse in Maiduguri. The supplies are enough to treat 70,000 people for three months.

**UNICEF** supported the SPHCDAs, in partnership with Borno State College of Nursing and Midwifery to conduct a training of trainers' workshop for 40 health workers on community based newborn care. This group will conduct follow up training for over 500 Traditional Birth Attendants in selected communities, aimed at promoting maternal and newborn health survival in the state.

### NUTRITION Sector:

A rapid SMART assessment conducted by the Nutrition Sector in Maiduguri and Jere LGAs in April 2016 revealed a Global Acute Malnutrition (GAM) rate of 19.1% and Severe Acute Malnutrition (SAM) rate of 3.1%. A recent nutrition assessment undertaken by sector partners in Borno state confirms the existence of pockets of extremely high malnutrition, including: Konduga GAM 16.4%, SAM 5.0%; Kaga GAM 13.0 %, SAM 3.4%; and Monguno GAM 27.3%, SAM 8.7%.

The burden of severe acute malnutrition in the 3 states of Adamawa, Borno and Yobe in 2016 was 398,000, while moderate acute malnutrition was 504,250 in children under five. With more areas becoming accessible and the deteriorating food and nutrition situation the nutrition sector estimates the burden of SAM to be 449,271 and MAM burden of 506,858 in 2017.

Routine monitoring of the nutrition situation has been strengthened with frequent Mid Upper Arm Circumference (MUAC) assessment, population based SMART surveys and integration of nutrition screening with polio vaccination in some LGAs. A quarterly nutrition surveillance system rolled out this month will also provide real time representative nutrition findings.

**Action Against Hunger/Action Contre La Faim (AAH/ACF)** continues CMAM and Primary Health Care service provision, with focus on under five year olds in three camps in Monguno. Approximately 500 clients with severe acute malnutrition in the programme. A three day rapid MUAC assessment training was conducted for 50 Community Health Volunteers so that they will be able to conduct MUAC screening in all accessible areas in Monguno. AAH/ACF expects to finish these in two weeks. Training needs have been identified for the clinical officers and on job training has begun on scheduled days at the clinics.

**Medecins du Monde** started health and nutrition services in Maiduguri Municipal Council (MMC) on 3 October 2016 in conjunction with the SMoH. The agency established two integrated health and nutrition services in two areas in MMC; Kawarmella and Garba Buzu. So far in the first four days, 862 persons, including around 50% of children under five received medical consultations, from the four clinicians present; the most common diseases during those days were malaria, acute diarrhoea and Upper Respiratory Infections. 83 Severe Acute Malnutrition (SAM) cases have been admitted to the outpatient therapeutic feeding program.

### WASH Sector:

Efforts to scale up water provision in MMC/Jere continue, as four solar powered boreholes became operational last week, providing water for 10,000 people (both IDPs and host community inhabitants) in Goni Damgari, Maiduguri, Kiribiri and Mashamari communities.

After unsuccessful drilling attempts yielding unsuitable water in Muna Garage camp, last week saw the completion of a successful deep borehole, together with the laying of an over one kilometre distribution network, increasing the water supply and facilitating access for this sensitive IDP hub. A mapping exercise to register and record coordinates of all points (over 500) which have been targeted by the water point chlorination campaign has also been initiated and will contribute to improve planning for cholera preparedness plan.
A coordinated WASH response is currently being implemented in Dikwa where the population is estimated to have reached 100,000. Borno State Rural Water Supply and Sanitation Agency (RUWASSA) has taken the lead, with the support of UNICEF, commencing rehabilitation of several boreholes and latrine construction; 12,500 people are benefiting from three newly rehhabed/upgraded boreholes last week in Rabbiri, Modu Chibololo and Dikwa IDP and host communities.

WASH partners are rehabilitating non-operational hand pumps and supporting in the sanitation response, in line with CCCM/Shelter sector and site planning. The local council is contributing to the WASH response by equipping several dysfunctional boreholes throughout the city with solar panels taken from the abandoned camp boreholes.

Gaps in response:

- Less than half of Borno State MoH health facilities are fully functional.
- Only 128 (20%) Health Facilities are supported by health partners in Borno State.
- Of 86 camps (formal and informal) 60% are with NO health partners’ support.
- More mobile health teams are needed in camps and hosting communities.
- There is a lack of skilled health care workers (doctors, nurses, midwives, pharmacists and laboratory technicians) in health facilities.
- 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.

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 (FTS/OCHA, 10 Oct. 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


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