### Northeast Nigeria Response

**BORNO State Health Sector Bulletin # 13**

**27 December 2016**

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<th><strong>HIGHLIGHTS</strong></th>
<th><strong>HEALTH SECTOR</strong></th>
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<td><strong>3.7 MILLION</strong> IN NEED OF HEALTH ASSISTANCE</td>
<td><strong>18 HEALTH SECTOR PARTNERS</strong></td>
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<td><strong>1.8 MILLION</strong> INTERNALLY DISPLACED PERSONS</td>
<td><strong>HEALTH FACILITIES</strong>**</td>
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<td><strong>2.6 MILLION</strong> TARGETED BY THE HEALTH SECTOR</td>
<td><strong>298 FUNCTIONING</strong>** (OF ASSESSED HEALTH FACILITIES)**</td>
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<td><strong>1,849,995</strong> POLIO VACCINATED CHILDREN</td>
<td><strong>334 DAMAGED/BURNT/CLOSED</strong></td>
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- **Under reactive measles vaccination campaign**, 83,321 children were vaccinated in 18 IDPs camps targeting children of age group 6 months to 15 years. The nationwide routine measles vaccination campaign will be conducted in Borno State in two phases Phase -1 (12-16 Jan. 2017) in 10 LGAs, Phase-2 (from 19-23 Jan, 2017) in 15 LGAs.

- In Borno state, by the end of November, 81,133 children 6-59 months have been provided with Severe Acute Malnutrition (SAM) treatment by SPHCD and partners with the support of UNICEF.

- The disease surveillance working group is established under the Health Sector umbrella to bring all health sector partners on one page for timely response to alerts of outbreak prone diseases (such as meningitis, cholera, measles, acute flaccid paralysis, malaria) and severe conditions like severe acute malnutrition.

- As temperature is going more cooler malaria morbidity is decreasing, however it will increase again with increase in temperature after two months.

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*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**

**Cumulative number of medical consultations at the IDP camps from Epidemiological Weeks 1 - 49**

**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 December 2016**
Situation update:

Reports from the Nigerian Military Command claim that significant progress had been made regarding counter terrorism operations against Boko Haram within the vicinity of the Sambisa Forest area. It is claimed that several hundred Boko Haram members have been arrested and these operations have also led to the rescue of over 1000 women and children. Following on from this President Buhari declared that Boko Haram have been defeated in Borno State. On 26 Dec. at approx. 0900hrs two female bombers detonated explosives in the Kasuwam Shanu (Cattle Market) area of Maiduguri.

As per latest Internal Displacement Tracking and Monitoring System (DTM Round XIII, Dec.2016) the estimated number of IDPs are 1,770,444 in Adamawa, Bauchi, Borno, Gombe, Taraba and Yobe. 24.34% (430,932) IDPs are living in camps and camp like settings while 75.66% (1,339,512) are living in host communities. 77.4% IDPs are originating from Borno state.

The reactive measles vaccination campaign is ongoing in the last IDP camp which is Dalori-1 while the campaign has been completed in 17 camps. As per latest reports 83,321 children were vaccinated under reactive measles vaccination campaign in 18 IDPs camps. The nationwide measles vaccination campaign will be conducted in Borno State in two phases Phase -1 (12-16 Jan. 2017) in 10 LGAs, Phase-2 (from 19-23 Jan, 2017) in 15 LGAs.

There was a multi-agency/sector humanitarian monitoring visit to the newly liberated town of Banki (Bama LGA) close to the Cameroon border. As per report from SEMA (State Emergency Management Agency) there are 21,240 IDP living in Banki (increase of 4,093 since the latest DTM XIII, which reported 17,147 IDP). This number includes over 800 new arrivals over the past week. Daily arrival numbers vary from a dozen to many hundreds. The health facilities in Banki town are fully destroyed and non-functional. The people are living in a IDP camp inside the destroyed town with limited access to basic services. There are two temporary health clinics in the camp with limited capacity. MSF-Swiss across the border from Cameroon is running a temporary health clinic on weekly basis with PHC, MNCH, nutrition, pharmacy and basic observation unit. The MSF-Swiss services are not full time and the health clinic is overburden to cater the needs of the catchment population. Another clinic is operated by MoH/Unicef with main focus on nutrition and EPI only which need further scale up of services including staff and supplies.

There was a UNHAS led air mission to Rann town, Kala Balge LGA which borders Cameroon in the east and Ngala, Dikwa and Bama LGAs in the north, west and south respectively. Rann is the headquarters of Kala Balge LGA. According to the military, Rann has a current IDP population of 43,000 people. IDP numbers are growing. 15,000 IDPs stay in makeshift grass / cloth / stick / tin sheet makeshift shelters in the burnt out general hospital compound. With the exception of a small, inadequate dispensary and a small basic clinic there are no medical services provided in Rann. A WHO polio health staff was on ground to oversee a polio vaccination campaign. Reportedly there are no doctors or nurses in Rann. Severe acute malnutrition is reported. In late August 2016, reportedly suspected watery diarrhoea broke out in Rann which means high risk of diarrhoea outbreak prevail.
Public Health Risks and Needs

- Measles camping has been delayed till 12th January 2017 and further delay will put children lives at risk.
- The incidence of malaria which has become endemic is being decreasing, but warmer temperatures within two months when the temperature will rise again continue to be detrimental for the IDP population.
- Cholera and meningitis are a threat in the coming weeks and months, preparedness plans as well as prepositioning of supplies has been started.
- Limited access of population to health facilities in liberated areas due to destruction of health facilities and lack of health personnel remains a key challenge.
- Basic restoration of health facilities is needed specially in the areas where situation is normal and population are returning to their homes.
- Referral support needed to be strengthened in newly liberated areas despite security challenges.

Surveillance and communicable disease control

- **Polio**: No new cases of wild poliovirus type 1 (WPV1) were reported in the past week.

- **Epidemiological situation in IDPs camps**: During Epidemiological (Epi) Week 50 malaria, Acute Respiratory Infections (ARI) and watery diarrhoea are the leading causes of morbidity based on 7,804 consultations from 30 IDP camps reporting. The graph shows a malaria downward trend in the reporting period from the 30 IDP camps. Total cumulative consultations are 918,728 with 3,701 cases requiring referral.

- **Early Warning Alert and Response System (EWARS)**: In Epi Week 50, a total of 81 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 51% (81 sites) while timeliness was 73% (target 80% respectively). 21 indicator-based alerts were received and all verified.

- **Measles**: Between Epi Weeks 36 to 50, a total of 1552 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 50, 28 suspected cases were reported with 86% of them under 5 years old respectively in Boarding Primary School Camp Clinic (6), MCH Miringa (5), State Specialist Hospital (3), Yawi Dispensary (2), Muna Garage Camp Clinic B (2), Dalaram PHC (2), Biu MCH (2), Teachers Village Camp Clinic (1) and ALIMA GSSS IDP Camp Clinic (1).

- **Malaria**: Between Epi Weeks 36 to 50, a total of 101,444 suspected cases and 60,515 confirmed cases (19% of morbidity) of malaria were reported from EWARS reporting sites in 13 LGAs. In Epi Week 50,
4502 suspected cases and 1806 confirmed cases of Malaria were reported. Six deaths due to Malaria were reported, respectively in Shani MCH (3), Mbala MCH (1), Mairi PHC(1) and Guwal clinic (1).

- **Acute Respiratory Infection (ARI):** In Epi week 50, 1703 cases of Acute respiratory infection were reported representing 11 % of the reported morbidity. One death was reported due to ARI in Mairi PHC.

- **Acute Watery Diarrhoea (AWD):** In Epi week 50, 875 cases of AWD were reported.

- **Severe Acute Malnutrition (SAM):** In Epi Week 50, 975 cases of SAM and one deaths due to SAM were reported in MCH Miringa.

- **Neo-natal deaths:** 2 neo-natal deaths were recorded in Mbalala MCH and Garubua MCH.
Health Sector Coordination

Surveillance Working Group (SWG):

The disease surveillance working group has been established under the health sector coordination mechanism. The surveillance working group is bringing together the Borno Health State health department, WHO, NCDC, INGOs and NGOs partners in a common forum to institute a decision making process to respond timely to alerts of outbreak prone diseases (such as meningitis, cholera, measles, acute flaccid paralysis, malaria) and severe conditions like severe acute malnutrition. The SWG will continuously work to improve the existing reporting mechanism of the disease situation including alerts from the health facilities to the MoH run IDSR (Integrated Disease Surveillance and Response System). The working group will meet once or twice weekly to share and analyse surveillance data, review the detected alerts through IDSR/EWARS and other surveillance systems (like the community-based surveillance system set-up by MSF), share information, plan outbreak investigations, discuss risk assessment and plan response activities. Also, as an important step to further strengthen diseases surveillance, SMOH, WHO and NCDC visited the laboratory of the Umar Sherub Modern Hospital (selected as the regional public health laboratory) to review the current capacities and plan for samples collection and laboratory testing of meningitis, cholera, measles and potentially other pathogens causing outbreak-prone diseases.

Health Sector Action

Reactive measles vaccination in IDPs camps: As per latest reports 83,321 children have been vaccinated under reactive measles vaccination campaign in 18 IDPs camps. The reactive measles campaign is ongoing in the last IDP camp which is Dalori-1 with the support of MSF-France. The Health workers and volunteers were supported by Health Partners in close collaboration with the State Primary Health Care Department. Community mobilizers and volunteers moved from house to house informing parents and caregivers of the location of nearby vaccination sites and the importance of the measles campaign. Other services that were provided during the campaign included Vitamin-A administration and malnutrition screening. The vaccination campaign is targeting children among 6 months – 15 years in 18 targeted camps in MMC, Jere and Gowza LGAs. The routine nationwide measles vaccination campaign will be conducted in Borno.
State in two phases, Phase -1 from 12-16 Jan. 2017 in 10 LGAs, Phase-2 from 19-23 Jan, 2017 in 15 LGAs.

Measles is a highly infectious viral disease and one of the leading causes of death among young children globally. Children with malnutrition are particularly vulnerable to illness and death.

**CORPs (Community Resource Persons):** The additional 70 CORPs (Community Resource Persons) trained on 12-17 December 2016 (bringing to a total 218) have started delivering services in their targeted communities, with supervisors scheduled to collect initial reports shortly. Prior to collection and collation of December reports, there have been 3,134 iCCM (integrated community case management) consultations for under-fives by CORPs since the start of the emergency.

**Hard to Reach (H2R) Teams:** The teams were recently deployed in six LGAs and they are delivering basic health services and conducting settlement, population mapping, updating schedule of session and outreach activities. There are communication challenges as all the areas have no mobile network coverage. Security challenges also persist over all the areas covered by the teams. Practical and pragmatic solutions to these are being sought. During week 50, 2743 curative MNCH consultations were done by pre-existing H2R teams.

### Nutrition

- The Stabilization Centre (SC) in Umaru Shehu Hospital in Maiduguri is functional. The SC has treated 215 children to date from Maiduguri, Jere, Konduga and adjoining IDP camps. In relation to the sphere standards, the cure rate was observed to be 73% which is less than the recommended > 75%. The mortality rate was higher than the sphere standards i.e. 13.9% compared to < 10%. The default and non-respondent rates were meeting the sphere standards i.e. the default rate was 4.6% compared to < 15% and no non respondents were reported. In terms of age, a higher percentage of children 6-24 months were admitted whereas in terms of gender no significant difference was observed among boys and girls. The SC is promoting key health and nutrition messages among mothers including appropriate Infant and Young Child Feeding (IYCF) practices, hygiene and sanitation. The nutrition department of the Borno state MoH in collaboration with WHO and UNICEF is planning a capacity building exercise in order to ensure that the SCs follow the national inpatient protocols and use uniform reporting formats.
- In Borno state, by the end of November, 81,133 children 6-59 months have been provided with Severe Acute Malnutrition treatment by SPHCDA and partners with the support of UNICEF. 82% is the reported recovery rate which is within SPHERE standards.
- UNICEF Nutrition team joined WFP in a Rapid Response Mechanism in Magumeri from Dec 19-22. Working in support of SPHCDA and jointly with the Nutrition Focal Person, services were increased from two health facilities to five health facilities delivering SAM treatment. A screening exercise was done in Gajigana ward as part of the exercise with ward focal person and the Volunteer Community Mobilisers (VCMs) which indicated the need for establishment of sites to ensure children with SAM can receive timely treatment.

### Gaps in response:

- Local Govermental Areas Rapid Response Teams (RRTs) need to be strengthened to improve EWARS completeness of reporting and ensure rapid verification of alerts;
- Control of ongoing polio and measles outbreaks;
- Malaria prevention and control measures to address the current high level of morbidity;
- Provision of primary health care services, essential medicines and medical supplies to care for the affected population especially in the newly liberated areas and to prevent further deterioration of the health system;
- Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.

### Resource mobilization:

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, 24 December 2016) to respond to needs of 2.6 m people targeted.
Health Sector Partners

- Federal Ministry of Health and Borno State Ministry of Health
- UN Agencies: IOM, UNFPA, UNICEF, WHO

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-Health sector updates and reports are now available at http://who.int/health-cluster/news-and-events/news/en