Northeast Nigeria Response
BORNO State Health Sector Bulletin # 05
28 October 2016

HIGHLIGHTS

- Partners are scaling up their response to mitigate and control the risk of endemic malaria as more cases are emerging. In Epidemiological Week 42, there were 10,910 suspected malaria cases and seven deaths (CFR 0.1%) reported from the EWARS sites across 13 LGAs. 38% of all cases reported were children under 5 years.

- Artemisinin-based Combination Therapy (considered best treatment option for malaria) will be used for one round of Mass Drug Administration (50% of total target population that is < 15 years old). Resources for the procurement of the drugs are being mobilised, while the initial 400,000 doses for immediate administration is currently being procured.

- Following reports of measles cases in Muna garage IDP camp in Jere LGA, WHO and Partners supported Borno SMOH to conduct an intensified session of measles vaccination on 24 October 2016. Available Routine Immunization vaccine stock was used. The exercise targeted infants and children aged 6 to 59 months of age. 705 out of an estimated 3,920 children under 5 years of age in Muna Garage camp were vaccinated during this session.

HEALTH SECTOR

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<td>780,917</td>
<td>160 EWARS SENTINEL SITES</td>
<td>1,709,581 POLIO IPV &amp; OPV****</td>
<td>7 MILLION USD FUNDED (13%)</td>
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<td>298</td>
<td>298 FUNCTIONING** (OF ASSESSED HEALTH FACILITIES)</td>
<td>54 TOTAL ALERTS RAISED***</td>
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<td>53.1 MILLION USD REQUESTED</td>
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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
*** 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:**

In Borno State alone, 1,446,833 Internally Displaced Persons (IDPs) continue to live in over 100 formal and informal camps and remain extremely vulnerable and exposed to health risks. In addition, over 1.1 million children under the age of five, over 600,000 women of reproductive age (15-49 years), and over 140,000 elders over 60 years, are the most vulnerable population groups in the host communities.

Epicentre and Médecins Sans Frontières (MSF) conducted a retrospective mortality and nutritional surveys (Mid Upper Arm Circumference) among displaced persons in Muna Garage Camp (19 August - 9 September 2016) and Custom House Camp (23-29 September) in Borno State. From the published report, in summary the cross-sectional survey show:

"The high mortality in the two camps confirms the deterioration of the health conditions of the population of Muna Garage and Custom House camps. The surveys performed in these two camps demonstrated very poor health indicators, in terms of retrospective mortality, nutrition and measles vaccination coverage, despite the accessibility of the camps. MSF mass intervention in terms of targeted food distribution, nutritional screening, and seasonal malaria chemoprophylaxis early September in the two camps have likely mitigated the situation. Interventions of other health and food actors in Maiduguri started to scale-up in September 2016. Nevertheless, situation in the two camps surveyed remains of high concerns."

The report further recommendations emphasize the need for an urgent scale-up, and include:

- Conducting general food distribution
- Extending criteria of admission to Ambulatory Feeding Treatment Centres (MAM and children under 10 years old)
- Conducting regular and systematic community based malnutrition screening and referral to nutritional program
- Performing measles vaccination catch-up campaigns
- Assessing and improving water and sanitation conditions in the camp, as well as access to health care and current nutritional program in the camps.

Reacting to the findings of the retrospective survey above, the Health Sector that has been scaling up operations since the end of September, convened a meeting to identify hot spots and adjust the response as per needs on ground to stop further deterioration of the health situation of the affected population. Reactive measles vaccination campaigns are underway in Muna-Garage camp.

Although tentative, the planned National Measles mass vaccination campaign was postpone to December. Thus considering the prevalence of SAM and repeated outbreaks of measles state wide, a measles catch-up vaccination campaign for most vulnerable populations (06 months – 15 years of age) with attention to IDP camps and around outbreak prone locations is currently in the works, with consultations going on at Federal level and micro-planning at Borno State level.

**Public Health Risks and Needs**

- **Malaria** – Need to focus more on holistic approach, community mobilization, improvement of sanitation and drainage situation in communities and camps.
- **Measles**: Major issue is avilability of vaccines at State level.
- **Diarrhea**: Contingency plan need to be prepared with stock prepositioning, improving sanitation in camps and communities with strong WASH and Borno State Environmental Protection Agency (BOSEPA) interventions.
- **Malnutrition**: need more coordinated response, provision of supplies, enhancement of treatment services and strengthening of screening and refrral mechanisms.
- **Reproductive Health / Maternal Health & Child Health**: Gaps in service delivery specially maternal health (Ante-Natal Care, safe deliveries, Post-Natal Care), Reproductive Health Kits and supplies.
- **Training/capacity building**: Need for training of health care providers in specialized services, maternal care, lab testing, medicines management etc. Lack of skilled health care workers (doctors, nurses, midwives, pharmacists and laboratory technicians) in health facilities.
Surveillance and communicable disease control

- **Polio:** From 16 October to 22 October, WHO supported Borno State Ministry of Health (SMOH) to vaccinate 9,870 children less than five years against polio using Oral Polio Vaccine (OPV) and 754 with Inactivated Polio Virus. A total of 965 children were also vaccinated against measles.

  **Early Warning Alert and Response System (EWARS):** In Epi Week 42, 82 out of a total of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted weekly reports through the EWARS. Completeness of reporting was 52% while timeliness was 73% (target 90% and 80% respectively). Fifty-four indicator based alerts were generated from the reports, of which 96% were verified. Malaria remains the leading cause of morbidity during this reporting period, accounting for 55% of all the cases, followed by Acute Respiratory Infection (ARI) at 10%, Acute Watery Diarrhea (AWD) at 9% and Severe Acute Malnutrition at 5%.

- **Malaria:** In Epi Week 42, a total of 10,910 suspected cases of malaria and 7 deaths (CFR 0.1%) were reported from the EWARS sites across 13 LGAs. Jere LGA accounted for 42.3% of the cases, while Maiduguri and Konduga LGAs accounted for 29.4% and 8.8% respectively. Sixty-two percent of all cases reported were aged over 5 years and 38% were aged under 5 years.

- **Measles:** Between Epi Week 36 to 42, a total of 744 suspected cases of measles with two deaths were reported from the EWARS reporting sites in 13 LGAs. In Epi Week 42 alone, 60 suspected cases were reported. Fifty-eight percent of the suspected measles cases had never been vaccinated, 71% of them were under 5 years.
• **Acute Watery Diarrhoea (AWD):** In Epi Week 42, a total of 1866 cases of acute watery diarrhoea were reported from 11 LGAs in Borno State. Monguno LGA accounted for the highest cases this Epi week at 35%, and Jere and Maiduguri LGAs accounted for 24.5% and 19.2% respectively. Seventy-five percent of all the cases reported were over 5 years of age and 25% were under 5 years of age. No confirmed cases of cholera was reported during this reporting period.

**Health Sector Coordination:**

The Humanitarian Response Plan (HRP) process is ongoing and Health Sector has already finalized the health contribution to the Humanitarian Needs Overview (HNO) and the People in Need.

The health sector developed a five-point severity ranking scale to apply for each LGA in the North-East States. The severity needs scale used to measure the severity of the context and the degree of sector needs. Health sector needs severity map, assembled using “4 proxy indicators” with recent available data at LGA-level.

The Indicators chosen are as follows:

- #of functioning health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 populations,
- #of functioning of health posts per 10,000 population
- Immunization coverage, and
- Incidence of major diseases.

Health Sector compiled an Assessment Registry, which is the light version of upcoming Secondary Data Review Matrix (SDR), which includes more details for each assessment with more information at LGA level. The SDR matrix includes a record for each conducted assessment/LGA that describes Focus of the assessment (such affected population groups, number on People in Need, theme/sub-theme). Each record includes as well ranking on needs severity and reliability of assessment.

The aim of the both, registry and SDR matrix is to identify possible gaps in information and assessment related to Health Sector. The information will be used/visualized to show assessments gaps, and needed for health sector needs overview for 2017 in which we will be providing sectorial input to OCHA on Information Gaps and Assessment Planning. Fourteen health related assessments are been conducted so far by sector partners.

On the Health Sector objectives, and indicators a meeting of the Health Sector partners had been called on to discuss the sector objectives, key priorities/activities, and performance indicators and inputs are being finalised at the HRP workshop planned with the government counterparts next week.
Health Sector Action

Health Sector is coordinating the response by Mobile Health Teams to ensure that people in remote areas have access to essential health services. SMoH/WHO is supporting 18 Hard to Reach Mobile Teams (scaling up to 35) and NGO Partners are supporting 18 mobile teams. SMoH with the support of WHO has identified six additional areas where hard to reach teams will be deployed. These include Dikwa, Mafa, Kukawa, Gwoza, Mongunu and Ngala LGAs. 35 health workers will be deployed to the mentioned LGAs each team having five members.

UNICEF: The Minister of Health launched the national strategy of One function PHC per ward in Jiddari Primary Health care centre, one of the health facilities being supported by UNICEF equipped with medical equipment and supplies procured by UNICEF with funding from the General Electric. Sixty health facilities are to be equipped in the state with support from UNICEF to provide functional primary health care per ward in Borno state.

UNICEF supported the state PHCDA in partnership with Borno state college of nursing and midwifery to conduct training of Trainers for 40 health workers from 20 selected health facilities on Community based New-born care aimed was followed up by training of 487 Traditional Birth Attendants in selected communities in the health facilities catchment areas aimed at promoting maternal and new-born health survival in the state through effective linkage of the community structure with the health facilities.

In terms of scaling up the response, UNICEF supported the SPHCDA to re-open three clinics to provide integrated primary health care services in the only three accessible wards in Kukawa Local Government (Kukawa, Baga and Kauwa) for the IDPs and returnees in the newly liberated LGA. A new clinic was established in Mafa LGA for the over 5,000 returnees and in informal IDP settlement in Zannari Kanti Goma in Jere LGA with over 5,000 IDPs living in the host community.

IRC: The IRC stabilization centre has recorded 92 admissions of SAM cases having medical complications, 34 of these cases were referred from the OTPs. The most common complication is malaria and bronchopneumonia with few cases of diarrhoea. Malaria has also notably remained very high during consultations in outreach sites within MMC and Jere. Reproductive Health services are in high demand. 1,070 beneficiaries (432 male and 638 females) received awareness on various reproductive health topics such as importance of family planning, antenatal care, postnatal care, effect of sexual assault, HIV/STI prevention and how to receive support.

WHO: State Ministry of Health (SMoH) and WHO created Medical Supply Working Group to strengthen the response and visibility toward the medical supply pipeline. The purpose of the Working Group (WG) is to support the Borno State health sector partner's activities by advocating for right access of medical supply in adequate quantity, quality and in a timely manner. The WG will facilitate transport of essentials medicines and medical products through the different levels of the supply system (State Stores, Local Government Area (LGA) stores and health structures). The group will share essential information on medical supply pipeline movement at both country and Borno state level.

WHO supported Borno State Ministry of Health to train 37 health workers as part of its scale up plan for the Hard to Reach Teams (HTR) teams in Borno State. Those trained were selected from six newly liberated Local Government Areas including Dikwa, Gwoza, Kukawa, Mafa, Monguno and Ngala.

Malaria response: A Malaria response plan has been draft and presented to the SMOH by WHO and malaria experts. The propose plan is divided into phases 1) Immediate response spanning October - December 2016, 2) Medium term response from January - June 2017 and 3) Long term from July 2017 onwards, has been developed and shared with the state.

The immediate response focuses on, together with distribution of Long-Lasting Insecticide treated Nets (LLIN) with a target of one net for two target population. The aim is an urgent rapid reduction of malaria mortality among the children under the age of 15, giving first priority to children under the age of five. For the approx. 15% of the total population reachable in IDP camps, age-targeted Mass Drug Administration (MDA) for malaria also could be carried out as a standalone campaign. Within the realms of available resources and local feasibility - one to two rounds of MDA is been proposed and currently been discussed.
For the 85% of the newly liberated population that does not live in IDP camps, every available humanitarian encounter with children less than 15 years old should be seized to integrate malaria through administration of this pre-emptive, curative dose. The choice among the above mentioned drug combinations is the prerogative of the National Malaria Elimination Programme of Nigeria and needs to be ratified by the health authorities.

**Nutrition Sector:**

UNICEF and WFP working together on a Mobile Response Team (MRT) mechanism for rapid response to newly accessible areas. The sector is supporting integration of nutritional screening and follow-up of severe acute malnutrition cases into routine services through collaboration with VCMs. Strengthening of services to absorb increase in referrals to existing nutritional services in 120 health facilities already supported in Borno. Integration of infant young child feeding in emergencies into regular nutritional services. Support to start-up of BSFP (Blanket Supplementary Feeding Program) for LWs in Mungono reaching about 10,000 women during phase 1 (Nov-Dec 2017) in partnership with ACF.

**Gaps in response:**

- Robust approach is needed for malaria prevention and control measures to address the current high level of morbidity;
- Need for more geographic focused approach to ensure quality health services, provide standardized package, and ensure close monitoring of the health situation.
- Limited national/international health service capacity, increasingly overstretched health system
- Few Partners mainly international NGOs are on ground, huge health needs and big population caseload.
- Poor water and sanitation situation in camps and host communities posing threat for communicable diseases specially malaria and diarrhoea.
- Need to develop epidemic prone diseases contingency plans such as for cholera and meningitis.

**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, 28 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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