Northeast Nigeria Response
BORNO State Health Sector Bulletin # 09
27 November 2016

HIGHLIGHTS

- The Borno State Ministry of Health and health partners’ reactive measles vaccination campaign in camps continued during the period in focus. At ends week, 47,532 children vaccinated in 12 of the 18-targeted IDP camps.

- The health sector coordination forum chaired by SMOH and WHO as co-lead continues to regularly meet. The main public health risk addressed this week, has been the scaled up approach in response to measles outbreak. Under the guidance of SMOH, the SPHCDA and health sector/cluster partners, prioritized geographical areas of intervention and a measles campaign micro-plan was drafted for Maiduguri Municipal Capital (MMC), Jere and Mongunu LGAs.

- Malaria is still a major cause of morbidity and it was responsible for 22% of mortality against 59% in the last week. The reduction in the rates of morbidity due to Malaria may indicate that anti malaria interventions at the field level i.e. capacity building of health workers at health facilities supporting IDPs and the communities, distribution of available malaria commodities and increased utilization of the data are useful.

HEALTH SECTOR

- 18 HEALTH SECTOR PARTNERS
- 298 HEALTH FACILITIES* (OF ASSESSED HEALTH FACILITIES)
- 334 DAMAGED/BURNT/CLOSED HEALTH FACILITIES
- 835,864 MEDICAL CONSULTATIONS
- 160 EWARS SENTINEL SITES
- 73 REPORTING SENTINEL SITES
- 36 TOTAL ALERTS RAISED***

VACCINATION

- 1,802,796* POLIO VACCINATED CHILDREN
- 1,802,796* POLIO VACCINATED CHILDREN (IPV Inactivated Polio Vaccine & OPV Oral Polio Vaccine)

SECTOR FUNDING

- 7 MILLION USD FUNDED (13%)
- 53.1 MILLION USD REQUESTED

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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:

North-East Nigeria’s and primarily the Borno State is experiencing one of the biggest humanitarian crises in Africa. Now in its seventh year and with the country is an economic recession, the humanitarian crisis is adding to pre-existing deep poverty and chronic under-development. In the wake of gains by the Nigerian Armed Forces (NAF), humanitarian workers are now accessing areas previously controlled by Boko Haram and communities in urgent need of humanitarian assistance. Communicable diseases, alone or in combination with malnutrition, account for most deaths in this complex emergency. Factors promoting disease transmission interact synergistically leading to high incidence rates of malaria, diarrhoea, respiratory infection, and measles. This excess morbidity and mortality is avoidable as effective interventions are available such as immunizations.

1,802,796 children were vaccinated during the fourth round of the polio Outbreak and Response supplementary immunization activity that was implemented in 24 out of 27 LGAs in 7,398 settlements. Two days were used to conduct Directly Observed Polio Vaccination (DOPV) conducted in six LGAs of Jere, Maiduguri Municipal Council (MMC), Mafa, Mongunu, Gubio and Konduga. Three of the LGAs (MMC, Jere and Konduga recorded more than 80% coverage during the DOPV. While four days were used to conduct house-to-house campaigns in 24 LGAs. Preparations for the fifth Out Break Response have commenced.

As a way to further control the spread of measles cases in both the host communities and other IDP camps in Borno State, the Federal Ministry of Health (FMOH) convened a meeting with health authorities and partners on 22 November to discuss a targeted reactive measles campaign in the most at risk host communities and IDP camps. Tentative dates of 7 to 11 December 2016 was agreed to as starting dates for the campaign and will be followed with a second phase in January 2017 that will cover the whole of Borno State based on accessibility. An updated micro-plan has been drafted and is to be ratified by a working group chaired by the State Primary Health Care Development Agency (SPHCDA).

An overview analysis of the health sector of who is doing what, where, when and why (4Ws) shows that 18 Health Sector Partners in Borno State are currently supporting the emergency health needs through mobile units in 76 wards and 29 camps. Among the support being provided by partners is malaria treatment in 99 wards, 21 camps and 127 health facilities across Borno state (as at 25 November data in 4W matrix); similarly, routine immunization services are available is 269 health facilities.

The overall general security situation remains fluid. The armed opposition group have resuscitated their activities with reported attacks at every given time, mostly against the security forces of the government as military target, and against the general population (villages) and commercial convoys for foraging and resupply (food, fuel, vehicles and other provisions). Meanwhile, suicide attacks were again perpetrated within Maiduguri City, four of such incidents only very recently at the proximity of an IDP camp. All these continued to impact on the movements of humanitarian organizations during the period.

Public Health Risks and Needs

- The ongoing reactive measles campaign is inadequate and limited to interrupt the transmission of measles across the state, as it does not involve the host communities nor other settlements and IDP camps where measles cases have also been reported.
- As per Borno State, routine weekly surveillance reports from IDPs camps indicate that, malaria, Acute Respiratory Infection (ARI) and watery diarrhea remain the three leading causes of morbidity in the camps and host communities.
- Among the IDP population, the access to free medical care is currently restricted. Therefore, there is a high risk that an overwhelming majority of malaria and of SAM cases will go untreated.
- MSF reported that although rates of mortality and the prevalence of severe acute malnutrition (SAM) have decreased in some areas, levels remain close to emergency thresholds.
- Community-based Management of Acute Malnutrition (CMAM) clinics are overwhelmed and IDPs describe having to go to neighboring camps to queue for hours, only to have supplies run out. Further south, LGAs surrounding the Sambisa forest, including parts of Konduga, remain areas of particular concern. While access to the entire LGA remains limited, the current nutrition situation in Konduga is critical, with a Mid-Upper Arm Circumference (MUAC) measured GAM of 9-23% estimated in July (ACF SMART survey and UNICEF host community screening, respectively).
**Surveillance and communicable disease control**

- **Epidemiological situation in camps:** As per Borno State, routine weekly surveillance reports from IDPs camps indicate that, malaria, Acute Respiratory Infection (ARI) and watery diarrhoea remain the three leading causes of morbidity in the reporting camps.

  In Epidemiological (Epi) Week 46, a total of 11,695 consultations were recorded from 23 IDP camps: 3,776 for malaria, 2,512 for ARI and 1,183 for diarrhoea accounting for 32%, 21% and 10% respectively. The cumulative number of consultations at camps recorded from Epi Weeks 1 - 46 has reached 835,864.

- **Early Warning Alert and Response System (EWARS):** In this reporting week, cases of malaria remained reportedly high in camps and host communities across Borno State. A total of 7,123 were reported cases were recorded this week as compared to 7,061 reported in the previous week (Epidemiological Week 45). It remained the major cause of morbidity but it was responsible for 22% of mortality against 59% in the last week.

  The EWARS reduction in morbidity rates due to malaria may indicate that anti malaria interventions in the field level such as capacity building of health workers based at health facilities that deliver health services to the IDPs.

  In EWARS Epi Week 46, a total of 78 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 43% (78 sites) while timeliness was 64% (target 90% and 80% respectively).

  There is an urgent need to strengthen and institutionalize LGA Rapid Response Teams (RRTs) to improve completeness of reporting and ensure rapid verification of alerts. Thirty-six (36) indicator-based alerts were received of which 72% were verified (Target 90%).

- **Malaria:** Although decreasing, Malaria continue to be the leading cause of morbidity in Epi Week 46 accounting for 54% of all cases reported, followed by Acute Respiratory Infection (ARI) at 11%, Severe Acute Malnutrition (SAM) at 9% and Acute Watery Diarrhea (AWD) at 7%.

- **Measles:** Between Epi Weeks 36 and Epi 46, a total of 1,289 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi week 46, forty-six (46) suspected cases were reported with 72% of them were aged under 5 years old.

- **Acute Watery Diarrhoea (AWD):** In Epi week 46, a total of 845 cases of acute watery diarrhoea were reported from 12 LGAs in Borno State. Maiduguri LGA accounted for the majority of the cases at 25%, while Jere and Konduga LGAs accounted for 24.6% and 17.8% respectively.
Sixty two percent (62%) of all the AWD cases reported were under 5 years and 32% were aged under 5 years. No laboratory confirmed case of cholera was reported.

- **Severe Acute Malnutrition (SAM):** In Epi Week 46, a total of 1,002 cases of Severe Acute Malnutrition and zero deaths was reported from 13 LGAs. Biu LGA accounted for the majority of the cases at 24.3%, while Kwaya Kusar and Jere LGAs accounted for 20.7% and 16.7% respectively.

**Health Sector Coordination**

- An inter-sectoral mission took place to Ngala camp on Saturday 26 November. The health sector was represented by ICRC, MSF-Switzerland and WHO. UNICEF participated in behalf of the Nutrition Sector.
- 18 Partners are operational supporting health services delivery in IDP camps and up to some extent in host communities.
- Health Sector meetings are regularly conducted at state level under the chair of State MoH and co-chaired by Health Sector Coordinator from WHO. Sector /Cluster Partners and other Health Actors are regularly participating in these meetings and sharing updates on the needs and response.
- Mental Health and Psycho Social Working Group is functional under the Health Sector to address the needs of mental health among the affected population.
- Reproductive health working group is regularly meeting to focusing on identification of gaps, mapping of partners, avoiding duplication of services and coordinate the response and mapping of partners.
- Weekly Health Sector Bulletin is released highlighting needs/gaps and partners’ response with frequent updating of 4W matrix to avoid duplication of services.
- Inter sectoral coordination is in place with Nutrition sector for addressing mal nutrition issues and treatment and similarly, with WASH sector.
- The State Ministry of Health (SMOH) and health partners have commenced discussions on mapping a way of collaborating with the Borno State Environmental Protection Agency (BOSEPA) to ensure environmental management in camps including cleaning exercises among communities where large numbers of malaria cases have been registered using the Early Warning Alert Response and Surveillance (EWARS) data.
**Health Sector Action**

**IRC:** A referral system with the University of Maiduguri Teaching Hospital in Borno State was established for three months due to the needs amongst the Internally Displaced Persons who require but cannot afford medical care. 40 beneficiaries spanning various aspects of medical concerns have benefitted. Priority was given to women especially those of reproductive age who are suffering with obstetric emergencies. During the reporting week, delivery beds and hygiene promotion materials were donated to two Primary Healthcare centers in Maiduguri to support maternity services.

**WHO:** WHO has supported the government to ship a total of 854,100 doses of Artisunate/Amodiaquine to the country. These are currently in Abuja awaiting transportation to Borno State Ministry of Health. The medicines will be used to manage the high numbers of malaria cases recorded in Borno State. Efforts are underway to collaborate with BOSEPA for environmental management of the camps and also to clean the environment in the communities that show large number of Malaria cases in the EWARS data.

The newly trained Hard to reach Teams (HRT) continue to support the ongoing measles outbreak response activities in MMC. The immediate deployment of teams to some of the areas of operation is still subject to security considerations. The existing HTR team in Nganzai is providing services to address the health needs of groups of newly displaced people (primarily from Monguno and Marte).

WHO and the SMOH commenced with the training of additional 70 Community Resource Persons (CORPS) who will be deployed to newly liberated and accessible areas in Borno State. WHO is already supporting a team of over 100 CORPs in Borno State alone to support the treatment of common ailments among under five children in IDP camps and in newly liberated areas.

**UNICEF** continues weekly supply of health commodities (essential medicines, consumables & tools) in 20 supported IDP camps. To avoid the stock-outs of medicines, a one-day orientation training on Logistics Management Information System (LMIS) tools for 60 “Dispensers” of the IDP camps and clinics was conducted. As well a one-day training of State Technical Facilitators (STFs) and Local Government Facilitators (LGFs & LG) Immunization Officers (LIOs) for the 5th Polio Outbreak & Response campaign scheduled for 1st – 6th December 2016. The agency has ensured that 1.9 million doses of bivalent Oral Polio Vaccine arrive in state and distributed according to the plan.

An inter-sectorial mission took place to the Ngala IDP camp on Saturday 26 November. **ICRC, MSF-Switzerland, UNICEF and WHO** represented the Health and Nutrition sectors. Besides the IDP camp, the team also briefly visited the Nigerian Armed Forces (NAF) 3rd Battalion medical unit and the Gamboru town Maternal Child Health (MCH) Health Clinic.

The Ngala IDP camp (picture on the right) is located between the Ngala and Gamboru towns, with a current estimated population of 56,000 people. The figures have decreased in the last weeks as the NAF has relocated the displaced people back to their place of origin, Gamboru and Ngala towns respectively. The current population is from nearby villages.

The IDP camp population is been served by MSF-Switzerland team on a rotational basis visiting from Cameroon; and as well and monthly rotation ICRC and UNICEF SPHCDA supported health workers from Maiduguri.
The day before the visit, medicines and supplies arrived, so there were no reported major needs on drugs by the health workers. Both MSF medical staff and UNICEF supported health workers reported a marked increase in number of whooping cough cases seen. Official epidemiological data was requested. Disease surveillance must be integrated at the camp and LGA level and EWARS established.

Although UNICEF will deploy two nurses and two midwives, the team concluded the urgent need for qualified SMOH staff and especially a medical doctor. The issues raised will be discuss with the SMOH and the FMOH and follow up meeting with all the pertinent agencies.

**Nutrition**

The State Nutrition Officer (SNO) has provided a list of 11 hospitals to be supported by WHO for the management of Severe Acute Malnutrition (SAM) with complications. WHO will delivery 30 inpatient SAM treatment kits, to identified hospitals. Each inpatient SAM kit contains medical drugs and supplies to treat 50 patients for 3 months. As well, to assess the quality of treatment and care at the stabilization centers, a field visit was made to the stabilization center at Molai General Hospital.

**Gaps in response:**

- Although few health partners have shown interest in start health activities in Borno State, the number of health implementing partners in the sector is very limited to address the health needs of the increasing accessible population and increasingly overstretched health system with limited resources.
- There is a real lack of skilled and appropriately trained health staff and health facilities critically are in need of medical equipment and supplies, especially in recently liberated LGAs.
- Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.
- Humanitarian assistance in hard to reach areas remains largely insufficient, access to humanitarian actors should be facilitated to upgrade the level of health services delivery specially in newly liberated areas.
- The poor state of water and sanitation infrastructures affect negatively the existing health system delivery and posing further threat for outbreaks.

**Resource mobilization:**

The latest funding overview of the Humanitarian Response plan reports that the health sector is currently 13% funded (FTS/OCHA, 25 Nov. 2016), well below the level required to conduct the scale up required to address unmet health needs amongst internally displaced populations. WHO has supported the emergency response through HQ based Contingency Funds for Emergencies (CFE) for four months.

**Health Sector Partners**

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

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