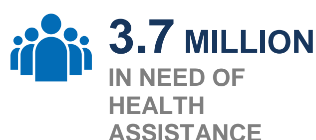
BORNO STATE GOVERNMENT

Midwife doing routine malaria Rapid Diagnostic Test (RDT) screening to a pregnant woman as an Ante-Natal Care service in Garba Buzu IDP Camp (Photo: MdM)

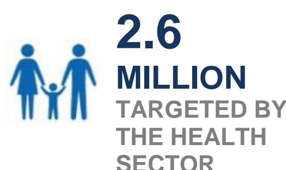
Northeast Nigeria Response
BORNO State Health Sector Bulletin # 07

12 November 2016



3.7 MILLION IN NEED OF HEALTH ASSISTANCE

1.8 MILLION INTERNALLY DISPLACED PERSONS



2.6 MILLION TARGETED BY THE HEALTH SECTOR

1,799,506* POLIO VACCINATED CHILDREN

HIGHLIGHTS

- Suspected Measles cases continue to spur across IDPs camps spite ongoing routine immunization activities. As part of a phase I measles campaign, Borno State Ministry of Health and partners conducted reactive measles vaccination in three camps: Muna Garage, Custom House and Fariya informal camp. The total vaccinated children aged 6 months to 15 years was 13,537 with vaccination coverage of 98.2%. Reactive measles vaccination campaigns are ongoing targeting 16 camps in MMC and Jere LGAs.

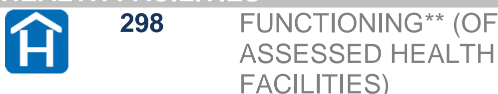
- Based on trends in previous years, the risk of malaria, measles and acute respiratory infection, it is expected to increase over the next three months. The Borno State Ministry of Health and the Nigerian Meteorological Agency (NMA) predicts that increase in temperature heralding the end of the rainy season could lead to increase incidence of meningitis.

- The initial draft for the NE Nigeria HRP 2017 shows 18 health projects by 12 partners with estimated request budget of $93.8 million.

HEALTH SECTOR

18 HEALTH SECTOR PARTNERS

HEALTH FACILITIES*



298 FUNCTIONING** (OF ASSESSED HEALTH FACILITIES)

334 DAMAGED/BURNT/CLOSED

CONSULTATIONS**

798,638 MEDICAL CONSULTATIONS

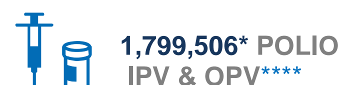
EARLY WARNING & ALERT RESPONSE

160 EWARS SENTINEL SITES

79 REPORTING SENTINEL SITES

31 TOTAL ALERTS RAISED***

VACCINATION



1,799,506* POLIO IPV & OPV****

SECTOR FUNDING

7 MILLION USD FUNDED (**13%**)

53.1 MILLION USD REQUESTED

** 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:

According to latest International Organization of Migration (IMO) Displacement Tracking Matrix (DTM), as of 31st October there are 1,822,541 internally displaced people (IDPs), with 93% of those in Borno, Adawama and Yobe states. Borno State alone is hosting 1,468,810 IDPs. Children under 18 constitute 55% of the IDP population and 48% of those are under five years old. In Borno, over 1 million of the IDPs are residing in host communities, as opposed to camps.

The DTM found that IDPs 50% of sites have access to health facilities but not medicines, as the facilities are not equipped. However, the situation is worse for those living outside the camps; 18 Health partners are supporting 128 SMOH health facilities in Borno State. Of the 86 camps (formal and informal) in Borno, 60% are with no health partners' support. Of the 128 partner-supported facilities, only 2 provided psychosocial support or mental health services. Coupled with the finding that the referral system is also non-functioning; these factors have no doubt led to the anecdotal reports by health partners of patients dying due to lack of medicines, poorly trained staff, or a failing referral service.

According to MSF-Switzerland *Snapshot on OCG operations in Nigeria's Borno State* report (November 2016) the MoH teams working in Banki, Ngala and Gambaru LGAs in Borno State, lack the proper space and medical equipment to conduct consultations and are struggling to cope with the high number of patients. As briefly described by the report:

- Banki IDP camp: the population is currently at 20,000 to 25,000 people with one health post attended by only six MoH community health workers.
- Ngala IDP camp: estimated population between 50,000 to 65,000 people and only 2 nurses from the Nigerian Red Cross conducting medical consultations.
- Gambaru town: estimated population at 70,000 to 80,000 people and the health centre is destroyed and only one nurse working from time to time.

MSF conducted three retrospective mortality surveys amongst the general population and children under 5 years of age in Banki camp, all three surveys showed an abnormally high mortality rate of children under 1 year of age; they make out 54% of all registered deaths of children under 5 in September and still represent 43% in October. The main cause of death reported in the October survey was malaria (50% of all deaths).

Already-poor host communities have been sharing resources with one of the largest IDP populations in the world for more than twelve months with little support, and are now relying on negative coping mechanisms after savings and assets have been used. The fact that routine immunization have been prevented by the conflict is compounded by the overcrowding, insufficient potable water, poor hygiene and sanitary conditions in the camps, centers and host communities, increasing the risk of disease outbreaks like measles and meningitis. The Health Sector, lead by the Ministry of Health, has identified the need for a comprehensive minimum package of health services to be delivered, including Primary Health Care (PHC) services including immunization, mental health and psycho-social services, Integrated Management of Childhood Illnesses (IMCI), emergency obstetrics, and management of severe acute malnutrition.

The security situation remains fluid and unpredictable. The number of improvised explosive device (IED) incidents have spiked during this month, the most recent of which have been perpetrated by suicide bombers within Maiduguri mainly at densely populated areas. These incidents, coupled with the additional corresponding security measures had continued to impact on the accessible footprint and tempo of humanitarian response operations.

Public Health Risks and Needs

- **Malnutrition:** 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). Only three inpatient facilities exist in Borno, run by IRC, MSF and the MoH – all of which are in Maiduguri.

- **Measles:** There have been continous recorded increased incidences of measles and suspected diphtheria outbreaks amongst children in the affected areas in Borno State. Children under 5 years, already lacking immunizations in the inaccessible areas, are also highly susceptible to malnutrition; food being the most urgent need identified by the population in the DTM.

- **Malaria** is endemic in Borno state with perennial transmission and a seasonal peak of morbidity from September to December and even though it is still the peak, period of transmission in the State, the situation is exceptionally severe due to other prevailing circumstances.

- **Meningitis**: The Borno State Ministry of Health and the Nigerian Meteorological Agency (NMA) predicts that increase in temperature heralding the end of the rainy season could lead to increase incidence of meningitis and potential outbreaks.

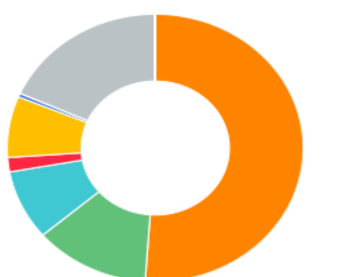
- **Reproductive Health / Maternal Health & Child Health :** The Northeast Nigeria Maternal Mortality Ratio is 1,549[1] is the worst in the country. Only 22.3% of pregnant women deliver with a skilled birth attendant and teenage pregnancy is high at 28.8% (DHS 2013) representing a major health concern due to its association with higher morbidity and mortality for both mother and child. Both malnutrition and malaria are major contributors of indirect causes of maternal deaths and aggravate the already high maternal mortality ratio in the region.

Surveillance and communicable disease control

As per ***Borno State routine weekly surveillance*** reports from 23 IDPs camps indicate that, malaria, Respiratory Tract Infections (RTI) and Acute Watery Diarrhoea (AWD) remain the three leading causes of morbidity in the camps. In the Epidemiological (Epi) Week 44, 14,970 consultations were recorded from these camps: 6,015 for Malaria, 2,422 for RTI and 1,091 for AWD accounting for 40%, 16% and 7% respectively. The cumulative consultations recorded from Epi Week 1 to 44 in these camps is 798,638.

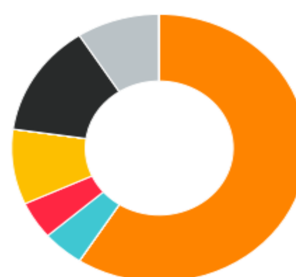
- ***Early Warning Alert and Response System (EWARS)***: In Epi Week 44, a total of 79 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 49% (79 sites) while timeliness was 67% (target 90% and 80% respectively). Thirty-one indicator-based alerts were received of which 97% were verified (Target 90%). *In the* ***EWARS*** reporting period, Malaria as well remains the leading cause of morbidity in Epi Week 44 accounting for 51% of all cases, followed by Acute Respiratory Infection (ARI) at 10%, Severe Acute Malnutrition (SAM) at 7% and Acute Watery Diarrhea (AWD) at 7%.

Figure 1a | Proportional morbidity (W44)



The numbers of immediately notifiable diseases under IDSR 002 are shown below in section 2. Overall, reportable diseases under surveillance represented 82% of total morbidity and 91% of total mortality in W44.

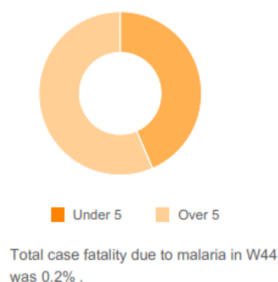
Figure 1b | Proportional mortality (W44)

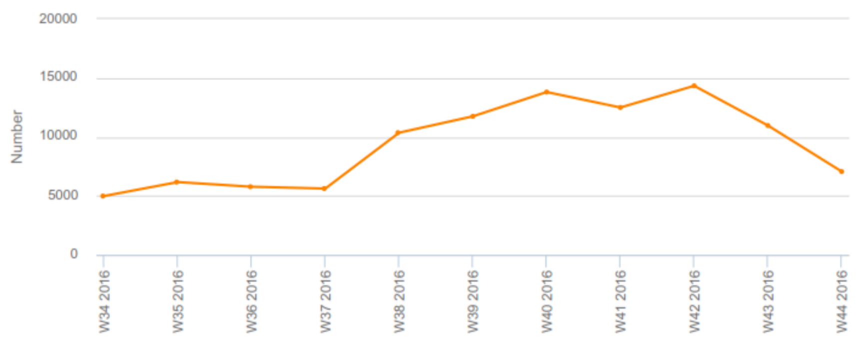


[1] NDHS 2008

- **Malaria** is endemic in Borno state with perennial transmission and a seasonal peak of morbidity from September to December and remained the leading cause of morbidity with a cumulative morbidity of 103,316 cases and mortality of 241 deaths (*EWARS Epi Weeks 1 - 44*). Malaria accounts for 51% of all morbidities reported between week 36 and 44. The total case fatality rate in week 44 is 0.2%.

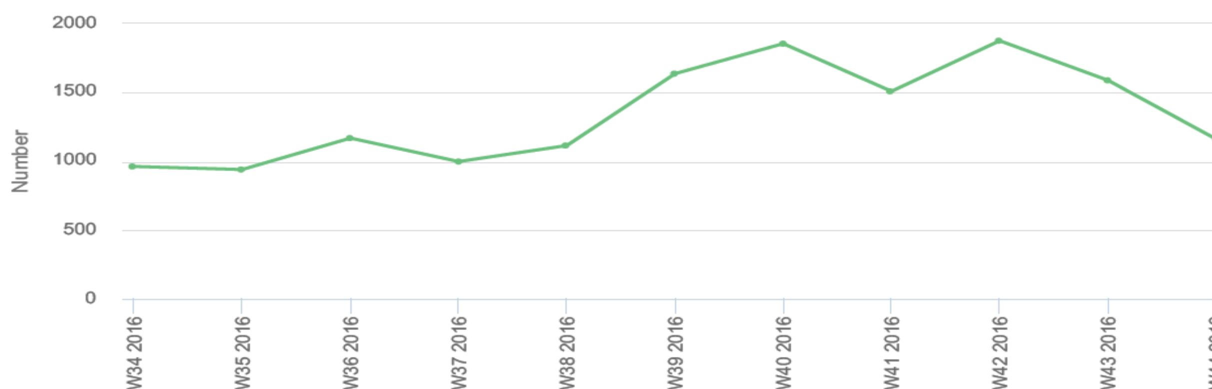
  Biu LGA accounted for 23.9% of the cases, while Jere and Maiduguri LGAs accounted for 19.5% and 18.5% respectively. Fifty-three percent (57%) of all the cases reported were aged over 5 years and 43 % were aged under 5 years. The graph below shows a decline trend but the completeness of the reporting for the last two weeks decreased due some technical problems with the data collection process.





- **Acute Watery Diarrhoea (AWD):** In Epi week 44, a total of 1,160 cases of acute watery diarrhoea were reported from 11 LGAs in Borno State. Maiduguri LGA accounted for the majority of the cases at 39%, while Jere and Konduga LGAs accounted for 18.9% and 7.9% respectively. Fifty-three percent (53%) of all the cases reported were over 5 years and 47 % were aged under 5 years. No laboratory confirmed case of cholera was reported.

Weekly trend of AWD cases reported through EWARS in Borno State since Epi Weeks 34 to 44



- **Measles:** Between Epi Weeks 36 to 44, a total of 961 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 44 alone, 62 suspected cases were reported with zero death. Fifty-eight (58%) percent of the suspected measles cases had never been vaccinated and 71% of them were aged under 5 years old.

- **Severe Acute Malnutrition (SAM):** In Epi Week 44, a total of 1,018 cases of Severe Acute Malnutrition and two deaths were reported from 12 LGAs. 88.9% of all the cases reported were under 5 years while only 11.1% were over 5 years. Biu LGA accounted for the majority of the cases at 24.8%, while Maiduguri and Monguno LGAs accounted for 18.0% and 11.8% respectively.

Health Sector Coordination

The Honourable Ministry of Health Commissioner and the Permanent Secretary invited all health actors facing such issues to address them directly to their offices and they will contact the competent authorities to facilitate said shipments.

The first health sector draft for the NE Nigeria 2017 Humanitarian Response Plan (HRP 2017) reflects twelve health sector partners (CCFN, IRC, ALIMA, IOM, Save the Children, IFRC, PUI, Medecins du Monde, ACF, UNICEF, UNFPA and WHO) have submitted 18 projects, with total budget estimated of 93.8 USD million for the three most affected states in Nigeria North-east region. The proposed projects will strategically focus on live savings and live sustaining health services delivery to the affected population, disease surveillance and outbreak response, and strengthening sector coordination and health system restoration.

Health Sector Action

The Borno State MoH and partners (MSF-France, WHO, UNICEF and NCDC) conducted a reactive measles vaccination campaign in three camps (Muna Garage, Custom House and Fariya camps) from 29th October to 9th November 2016. The vaccination targeted children aged 6 months to 15 years. The total children vaccinated in the three camps was 13,537 with vaccination coverage of 98.2%. These activities are part of the phase I plan in place to scale up the measles vaccination through 16 camps. Additional five camps had started today 12th November 2016. The targeted camps are Bakassi, Farm Centre, NYSC, Gubio Road and Teachers village.

MSF-Switzerland started operations in Nigeria's Borno state in July 2016: first in the IDP camp of Banki (estimated and later expanding its operations to the towns of Gambaru and Ngala (beginning of October). Activities include: mass screening of children under 5 years of age for and treatment of malnutrition; measles vaccination; support to the existing MoH teams with drugs, equipment and staff; organization of medical references for secondary care; general distribution of food rations, as well as Non-Food Items (NFIs) such as mosquito nets, jerry cans and soap; and water and sanitation works.

In Banki IDP camp, MSF-Swiss teams have used so far 7,506 vaccine doses for measles; 13,019 chemical prevention doses for malaria; conducted 633 consultations for SAM and 812 for MAM, and more than 1,300 in general OPD. In addition, their teams established the health post's waste management zone. In Ngala IDP camp, they vaccinated 7,060 children under 5 years against measles, distributing Vitamin A and abendazole to each one. As October 2016 MSF screened of 7,163 children under 5 years with a prevalence of 8.5% of SAM and 14.3% of MAM (GAM of 22.9%), describing an untenable situation for the camp's population.

In Gambaru town, MSF-Swiss vaccinated 8,200 children under five against measles, distributing Vitamin A and Abendazole to each one. 8,227 children were MUAC screened, identifying a prevalence of 2.1% of SAM and 6.4% of MAM (GAM of 8.5%).

MDM-France: During the month of October, MDM delivered 3,611 consultations (including 1,326 <5 years) to affected populations in Karwamela and Garba Buzu informal camps. Malaria toped all morbidities seen during the month with 987 (26.3%) followed by respiratory infection with 712 (17.8%). A total of 505 pregnant women were attended at ANC where they also received TT vaccine.

In the same month, 20 suspected cases of whooping cough and 7 suspected cases of measles were reported in Kawarmela and Garba Buzu camps. 174 children received routine immunization in both IDP camps; while 272 pregnant women received Tetanus toxoid vaccine during the month. A total of 62 patients with complicated cases were referred to secondary facilities for further treatment. A total of 2,778 children were MUAC screened, whereby 486 children were admitted in OTP in the two camps during the month.

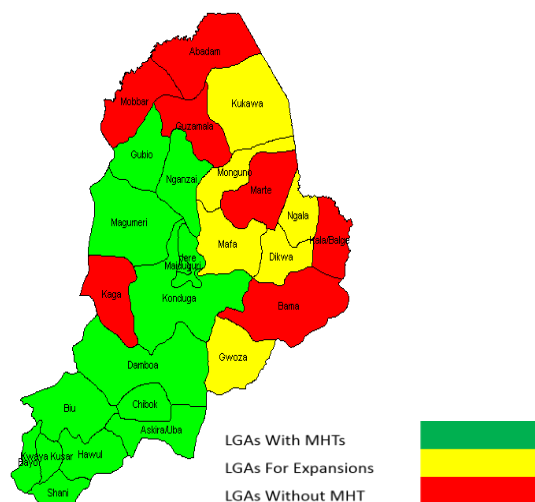
MDM reached 1,270 (242 male and 1,028 female) people attending mobile clinic in the two camps with various health education messages (Immunization, family planning/ANC, Breastfeeding, Hygiene and Malaria prevention).

UNICEF handed over of educational materials worth over 200,000 USD to the schools of Nursing/Midwifery in Borno and Yobe States aimed at strengthening training capacity of the institutions. In addition, is distributing the prepositioned LLINs in the 14 newly liberated LGAs of the State in collaboration with SMOH and LGAs concerned through their community volunteers.

WHO is supporting 24 Mobile Health Teams spread across 14 LGAs. Six newly inducted Mobile Health Teams deployed to the nearest old mobile health teams where there are gaps in the coverage.

WHO in support and collaboration with the Borno State Ministry of Health has delivered two Interagency Emergency Health Kits (IEHK) to the Maiduguri State Specialist Hospital and one IEHK to the Umaru Sehu Hospital in Maiduguri City. Each kit contains essential medicines and medical supplies to treat 10,000 people for three months.

Malaria and Post-Exposure Prophylaxis (PEP) modules also were provided as part of these kits. Moreover, WHO delivered 15,500 Malaria RDTs to the Malaria Control Unit of the Borno SMOH.



Map showing LGAs with HTR MHTS, LGAS for expansion

Reproductive Health

UNFPA in support to the BSMOH deployed health workers to provide outreach services on Reproductive health services in two liberated LGAs of Mafa and Nganzai. In addition supported the distribution of 24 reproductive health kits had been supplied to health facilities and IDP camp clinics; and 2,350 dignity kits were supplied to 18 MCH clinics in: Biu, Dalori, Dalaram Abba Ganaram, Gamboru, Dus man, Mashirmami, Bulabulun, Gwange, Jiddari, Maimusari, Fatima Ali Sharif, Gommari, Pampomari, Tom, and Maimusari.

Mental Health and Psychosocial Support

IOM: During the period 31st October to 11th November, IOM's psychosocial team reached 8,994 IDPs (1,125 children, 536 youth between 18 to 24 years, and 7,333 adults) in Borno State. The IOM's psychosocial mobile teams offer MHPS services ranging from community-based support through specialized mental health services. Activities include lay counselling, provision of basic emotional support, recreational activities with a therapeutic aim, support groups and support to SGBV survivors. The teams also conduct sensitization, case identification and focus group discussions. PSS teams continue to offer MHPSS integrated livelihood support by targeting the most vulnerable in Chibok, Maiduguri and the newly accessible areas, which include Pulka, Dikwa, Bama, Banki and Gwoza. Under the Psychosocial Program, IOM is working on livelihood activities as a form of community support in order to promote positive coping mechanisms and resilience skills among displaced persons. As a response towards improving the psychosocial well-being of displaced persons, 200 people (84.5% female) benefited from livelihood support within this 2 weeks' period.

Over the past week, IOM in collaboration with the Federal Neuropsychiatric Hospital in Maiduguri has deployed five psychiatric nurses to Bama, Gwoza, Banki, Pulka, and Dikwa. The nurses will be on a rotation roaster of two weeks. The psychiatric nurses are able to provide specialized services for the identified cases of patients who are suffering from mental disorders. IOM has also provided support to the hospital by purchasing some drugs.

Gaps in response:

- Since humanitarian assistance in those three hard to reach areas remains largely insufficient, access to humanitarian actors should be facilitated to upgrade the level of emergency aid
- Existing MoH teams on the ground need to be reinforced with qualified personnel.
- Need for more geographic focused approach to ensure quality health services, provide standardized package, and ensure close monitoring of the health situation.
- Poor water and sanitation situation in camps and host communities posing threat for communicable diseases specially malaria and diarrhoea.

Resource mobilization:

The OCHA Financial Tracking System (https://ftsunocha.org) shows the Health Sector 2016 Humanitarian Response Plan (as 11 November 2016) only 13% funded; this well below the level required to conduct the scale up required to address unmet health needs amongst IDPs and host communities.

Health Sector Partners

- Federal Ministry of Health and Borno State Ministry of Health
- UN Agencies: IOM, UNFPA, UNICEF, WHO
- National and International Partners: ALIMA, Action Against Hunger, Medicines du Monde, Premiere Urgence Internationale, International Rescue Committee, FHI-360, International Medical Corps, Catholic Caritas Foundation of Nigeria, Nigeria Centre for Disease Control, WASH & Nutrition Sectors, Nigerian Military, Nigerian Air Force & others

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