

Borno crisis, Nigeria: mortality and nutrition in areas of MSF intervention

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Context

Since 2013, the Boko Haram insurgency and military operations have led to mass population displacement in northeastern Nigeria. Starting in June 2016, MSF was able to operate inside, and to a lesser extent outside, of Maiduguri. We present a series of surveys and surveillance results between July 2016 and May 2017 to describe the health and nutrition status of the population and to follow the situation over time.

Method

In Banki camp, 4 retrospective mortality surveys using systematic sampling and coupled with malnutrition assessments were undertaken between July and December 2016. In Maiduguri, prospective surveillance of mortality, population size and malnutrition was carried out in 12 camps throughout 2016. Retrospective mortality surveys and nutritional assessments were conducted in two unofficial camps between September and October 2016, using exhaustive and systematic sampling. A survey using spatial sampling and covering the urban area of Maiduguri, excluding camps, was carried out in November 2016. In May 2017, cross-sectional population-based surveys using spatial cluster sampling were carried out in the catchment areas of MSF nutrition programs to estimate prevalence of malnutrition and program coverage.

Results

In Banki, the initial retrospective mortality and rapid malnutrition screening in July 2016 demonstrated an extremely critical situation.

However, the subsequent surveys showed a rapid decrease of both mortality and malnutrition. The surveys in the two unofficial camps in Maiduguri also showed critical situations, whereas the survey of the overall urban areas showed low mortality and malnutrition for both host communities and internal displaced people in these communities. The surveys in the Maiduguri MSF ambulatory therapeutic feeding center (ATFC) catchment areas showed a low prevalence of malnutrition. However, admissions to ATFCs remained very high.

Conclusion

The situation in camps assessed outside of Maiduguri was critical but showed a rapid improvement, despite the challenges of accessibility. In Maiduguri, where accessibility to and of the population is less challenging, overall health indicators were much better but heterogeneous. The high number of patients presenting to services can be explained more by the number of people in the area than by either high prevalence or good coverage.

Following mass displacement of the population in Borno state, Nigeria, and the subsequent MSF emergency response, various retrospective mortality surveys and rapid nutritional assessments were carried out to describe and follow over time the extent of the crisis and its evolution in the areas of intervention of MSF. The evaluation of dense urban areas remains a challenge.