



World Health Organization

REGIONAL OFFICE FOR **Africa**



BORNO STATE GOVERNMENT

Situation report # 12
31 OCTOBER TO 6 NOVEMBER 2016

NIGERIAN CONFLICT - Armed conflict in the North East.



Emergency medical supplies that WHO donated to Medecins du Monde (MDM) at the State Ministry of Health warehouse.

	14,800,000 TOTAL AFFECTED		1,446,810 TOTAL IDP* BORNO STATE	1,882,541 TOTAL IDP* NE REGION		3,700,000 PEOPLE IN NEED (HEALTH)		>20,000‡ DEATHS
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WHO

24 EMERGENCY STAFF DEPLOYED IN THE COUNTRY ON 16 OCTOBER 2016

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS**



- 3.5** IEHK COMPLETE DISTRIBUTED TO SMOH HEALTH FACILITIES & PARTNERS
- 1** IDDK KIT DISTRIBUTED
- 7** IEHK PREPOSITIONED IN MAIDUGURI
- 10** IDDKs PREPOSITIONED IN MAIDUGURI

WHO FUNDING US\$ ++



- 7** % FUNDED
- 5 M** REQUESTED

BORNO HEALTH SECTOR

- 17** HEALTH SECTOR PARTNERS
- 2.6** TARGETED POPULATION

HEALTH FACILITIES (PHC - BORNO)



- 632** TOTAL NUMBER OF HEALTH FACILITIES†
- 298** HEALTH FACILITIES FUNCTIONING†

BORNO HEALTH ACTION



- 780,917** CONSULTATIONS***
- 3176** REFERRALS†

BORNO CHILDREN VACCINATION



- 1,799,506** POLIO****
- 83,494** MEASLES

BORNO EWARS



73 OUT OF 160 REPORTING SITES

HEALTH CLUSTER FUNDING US\$ (HRP 2016)*****



- 13%** % FUNDED
- US\$ 53.1** REQUESTED

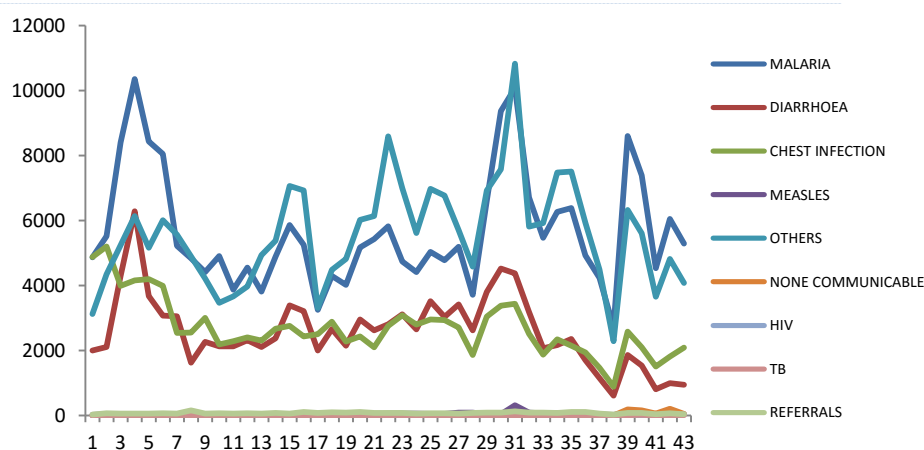
HIGHLIGHTS

- WHO and Borno State Ministry of Health have trained 89 participants including data collectors and rolled out data collection for Health Resources and Services Availability Mapping System (HeRAMS) in Borno targeting 360 health facilities.
- As part of its efforts to control malaria in newly liberated areas, WHO has supported Borno State Ministry of Health to train 80 health workers including clinicians on the use of Rapid Diagnostic Kits (RDTs) and case management for malaria.
- In response to the needs of the internally displaced persons and host communities in Maiduguri Municipal Council (MMC), Kaga and Jere Local Government Areas (LGAs), WHO has donated emergency medical supplies to three health sector partners including MSF Spain, International Rescue Committee and Medecins du Monde (MDM).
- On 4 November 2016, WHO and the State Ministry of Health commenced a reactive measles vaccination exercise in Customs House and Fariya IDP camps in Maiduguri Municipal Council (MMC) and Jere LGA.

* IOM DTM Nigeria Round XI Dataset of Site Assessment **Coverage for one month
 *** Total consultations from Borno state alone since Epidemiological Week 1 to Week 43
 **** Number of polio vaccinated children with Oral Polio Vaccine/Inactivated Polio Vaccine in Borno State in the October campaign.
 ***** Revised funding figures as reflected in the Financial Tracking Systems.
 †† Figures to be revised at later stage

Situation update

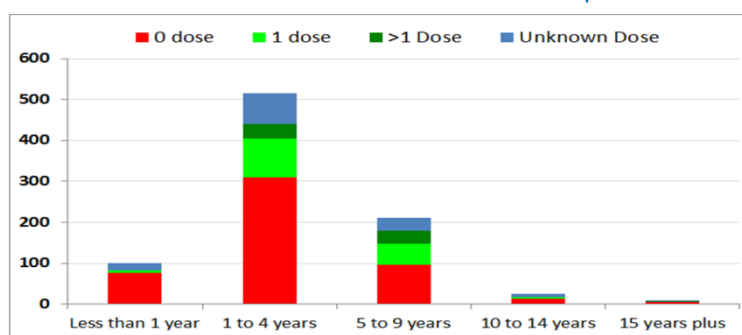
- Accessibility is still a major concern and challenge in Borno state impacting negatively on the delivery of health and humanitarian operations. WHO and partners continue to rely on the support of government security forces to deliver emergency medical supplies and to access the hard to reach and fragile populations in need.
- Borno State weekly surveillance reports from internally displaced persons camps indicate that, malaria, Respiratory Tract Infections (RTI) and watery diarrhea remain the three leading causes of morbidity in the camps. In Epidemiological (Epi) Week 43, a total of 12,646 consultations were recorded from 23 IDP camps: 5,295 for malaria, 2,087 for RTI and 948 for diarrhea accounting for 42%, 17% and 7% respectively. Refer to graph below for disease trends reported from IDP camps from Epi Weeks 1 to 37.
- The cumulative number of consultations recorded since Epi Week 1 in the 23 IDP camps in Borno state has reached 780,917.



Epi update

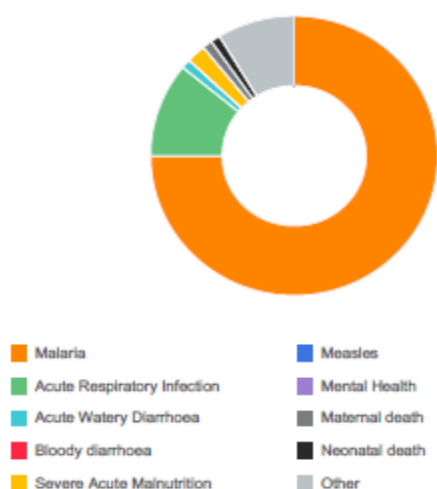
- **Early Warning Alert and Response System (EWARS):** In Epi Week 43, a total of 73 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 46% while timeliness was 64% (target 90% and 80% respectively). The decline in timeliness and completeness could be attributed to interruptions in the network and lack of data bundles reported from the majority of the reporting sites during the period in focus, however this is being addressed. Thirty-eight indicator alerts were received of which 89% were verified.
- **Measles:** Between Epi Weeks 36 to 43, a total of 868 suspected cases of measles with two deaths were reported from EWARS reporting sites in 13 LGAs. In Epi Week 43 alone, 98 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.

Age distribution and Measles vaccination status of suspected measles cases

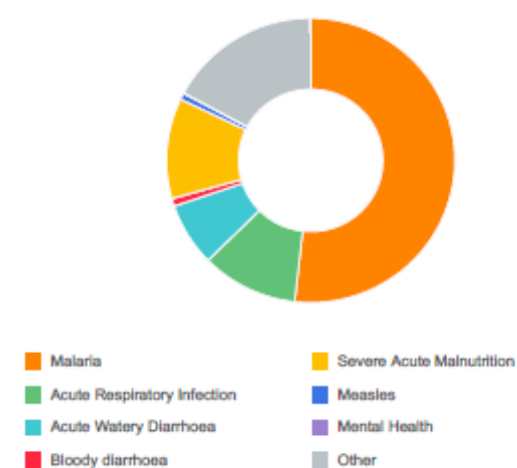


- Malaria:** Malaria remains the leading cause of morbidity in Epi Week 43 accounting for 52% of all cases reported, followed by Acute Respiratory Infection (ARI) at 11%, Severe Acute Malnutrition (SAM) at 11% and Acute Watery Diarrhea (AWD) at 7%. Biu LGA accounted for 23.9% of the cases, while Jere and Maiduguri LGAs accounted for 19.5% and 18.5% respectively. Fifty-three percent (53%) of all the cases reported were aged over 5 years and 47 % were aged under 5 years.

Proportional morbidity in Epi Week 43

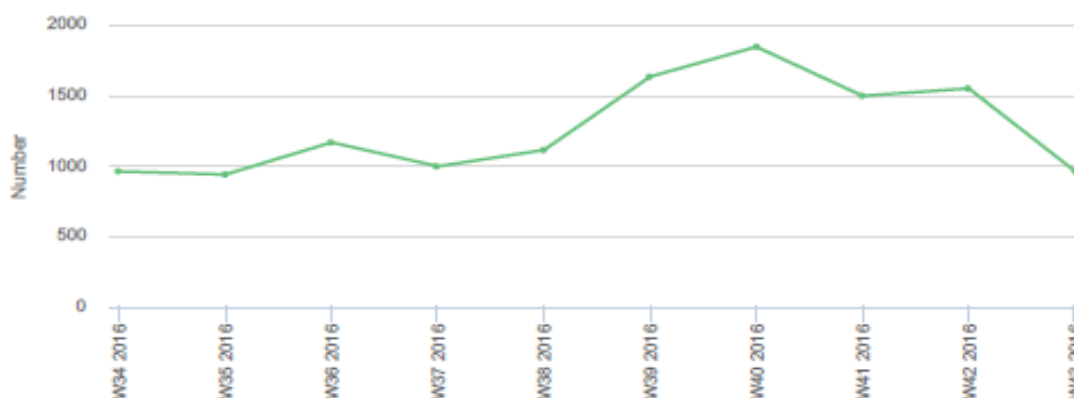


Proportional mortality in Epi Week 43



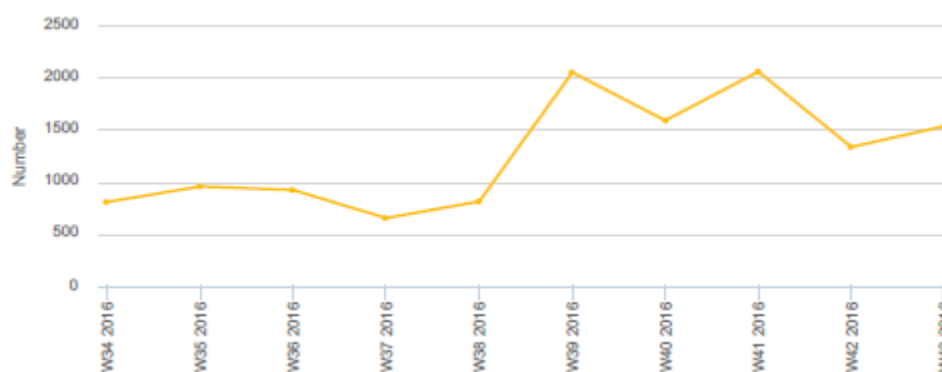
- Acute Watery Diarrhoea (AWD):** In Epi week 43, a total of 963 cases of acute watery diarrhoea were reported from 11 LGAs in Borno State. Monguno LGA accounted for the majority of the cases at 27.5%, while Jere and Maiduguri LGAs accounted for 23% and 12.8% respectively. Seventy-four percent (74%) of all the cases reported were over 5 years and 26 % 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 week 36 to week 43



- Severe Acute Malnutrition (SAM):** In Epi Week 43, a total of 1,534 cases of Severe Acute Malnutrition and two deaths were reported from 12 LGAs. Ninety-six percent (96%) of all the cases reported were under 5 years while only 5% were over 5 years. Monguno LGA accounted for the majority of the cases at 32%, while Bayo and Biu LGAs accounted for 22% and 16.5% respectively.

Weekly trend of SAM cases reported through the EWARS in Borno State from Epi Weeks 36 to 42.



Public health concerns

- Limited access of populations to health facilities in the newly liberated areas due to destruction of health facilities and lack of health personnel remain major challenges.
- The risk of further spread of strains of wild poliovirus in inaccessible areas of Borno State is a significant public health concern.
- Security challenges coupled with the difficult terrain in parts of Borno State make it hard to conduct quick investigations of suspected cases of communicable diseases in the affected communities.
- Water, Sanitation and Hygiene (WASH) conditions in camps and host communities remain poor, particularly in the newly liberated areas and other informal camps in or nearby Maiduguri.

Health needs, priorities and gaps

Needs, priorities and gaps have not changed:

- Provision of primary health care services to the affected population;
- Scale up of Early Warning Alert and Response System (EWARS) and rolled out the Health Resources Availability Mapping System (HeRAMS) exercise in Borno State;
- Control of ongoing polio outbreak;
- Provision of essential medicines and other medical supplies;
- Malaria prevention and control measures to address the current high level of morbidity;
- Development of contingency plans for cholera and meningitis.

WHO action

- In this reporting period, WHO and Borno State Ministry of Health trained 89 participants including data collectors and rolled out data collection for Health Resources and Services Availability Mapping System (HeRAMS) in Borno. A total of 360 health facilities in 23 Local Government Areas (LGAs) were targeted in the roll out. HeRAMS is a rapid online system used for monitoring health facilities, services and resources availability in emergencies. The assessment will inform the SMOH and partners on critical health service gaps that urgently need to be addressed. Through HeRAMS, functionality status, accessibility, health infrastructure, human resources, availability of health services, equipment, medicines at primary and secondary care level will be assessed.
- As part of its efforts to control malaria in newly liberated areas, WHO has supported Borno State Ministry of Health to conduct a two days training on Rapid Diagnostic Tests (RDTs) for 80 healthcare workers. This is in line with the national policy on malaria cases management that advocates for testing before treatment. The training targeted health workers including clinicians, nurse and community health workers providing health services in IDP sites in 14 newly liberated LGAs and Maiduguri Municipal Council (MMC). The participants were also updated on the new malaria treatment protocols to enhance

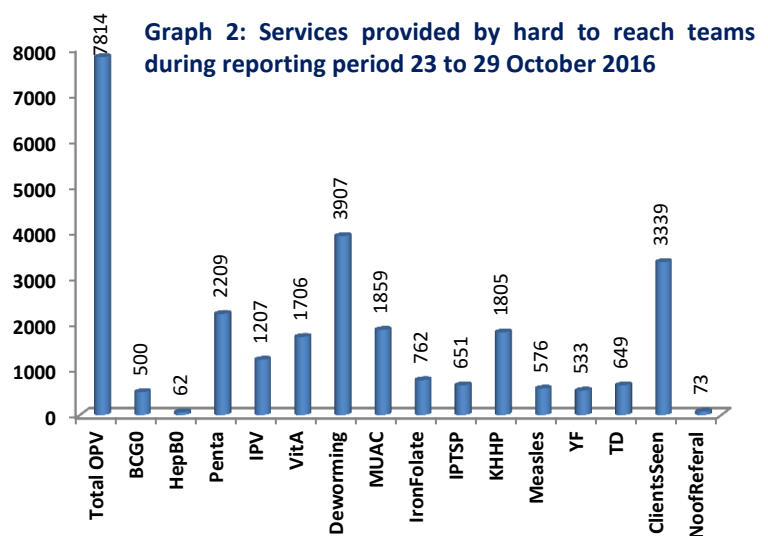
their knowledge on cases management and how to manage data at the facilities.

- WHO in collaboration with the Borno State Ministry of Health donated emergency medical supplies to three international health NGOs partners' supporting the SMOH health facilities and mobile teams at IDP camps and host communities. Items donated include two full Interagency Emergency Health Kits (IEHK) and supplementary unit, malaria module and Post-exposure prophylaxis (PEP) enough for 20,000 people for three months. Both International Rescue Committee and MSF Spain each received one full IEHK kit. The supplies will be used to support the response of IDPs in Benisheik hospital and IDP camps in Jere and Maiduguri LGAs. In addition, one Interagency Diarrhoea Disease Kit (IDDK) to Medecins du Monde (MDM) for prepositioning and five IEHK basic enough for 5,000 people for 3 month for health needs of IDPs in Kawarmela camp.



- On 4 November 2016, WHO and the State Ministry of Health commenced a reactive measles vaccination exercise in Customs House and Fariya IDP camps in Maiduguri Municipal Council (MMC) and Jere LGA. The campaign is part of a planned vaccination campaign targeting 18 IDP camps in the two areas. A total of 75,267 aged 6 month to 15 years will be targeted in this vaccination campaign.

- WHO continues to support the Hard to Reach Teams (HRT) to provide health services to IDPs and host communities in inaccessible areas and among underserved populations. During the period 23 October to 29 October, WHO supported Borno State Ministry of Health (SMOH) to vaccinate 7,814 children less than five years against polio using Oral Polio Vaccine (OPV) and 1207 using Inactivated Polio Virus. A total of 965 children were also vaccinated against measles. Graph 2 shows services provided by the HTR in Epi Week 43.



- During this reporting period, the Federal and Borno State health authorities also defined a strategy for the minimum essential packages and interventions specific to community health services, hard to reach areas, IDP camps, and Primary Health Care clinics. They agreed to:
 - ✓ Establish multi-sectoral rapid response teams that will provide a minimum package of interventions like lifesaving health and nutrition (minimum essential package) including operational modalities through hard to reach mobile teams and engagement of community volunteers.
 - ✓ Expansion and strengthening of surveillance and surveys for nutrition and health,
 - ✓ Establishment and strengthening of referral systems, gap analysis and mapping.

Health partners pledged to support the government under the guidance of the health authorities to rebuild health system including reconstruction of health infrastructure, identification and capacity building of staff.

Resource mobilization

- As part of the initial Nigerian Humanitarian Response Plan (NHRP 2016), WHO has requested a total of US\$ 5 million of which US\$ 350,000 (7%) has been received. The amount required will be revised at a later date based on the revised HRP and results of consultation with the donor community, partners and the Government. Refer to table 2 for details on funding status.

Table 2: Funding status of appeals US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Scale-up	US\$ 8,545,915	US\$ 2,105,189*	
WHO	HRP 2016	US\$ 5,031,200	US\$ 350,000	7%
HEALTH SECTOR	HRP 2016	US\$ 53,143,622	US\$ 7,057,666	13%

*Contingency Fund for Emergency

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