



BORNO STATE GOVERNMENT

Situation report # 14

12 NOVEMBER TO 18 NOVEMBER 2016

NIGERIAN CONFLICT - Armed conflict in the North East.



WHO's mobile team conducting measles vaccination at Custom House camp (Photo: WHO)

 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 TILL 11 NOVEMBER 2016

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS



- 9** IEHK COMPLETE DISTRIBUTED TO SMOH HEALTH FACILITIES and PARTNERS
- 1** IDDK KIT DISTRIBUTED
- 1** IEHK PREPOSITIONED IN MAIDUGURI
- 9** IDDKs PREPOSITIONED IN MAIDUGURI

WHO FUNDING US\$ ††



7 % FUNDED
5 M REQUESTED

BORNO HEALTH SECTOR

18 HEALTH SECTOR PARTNERS
2.6 TARGETED POPULATION

HEALTH FACILITIES (PHC - BORNO)



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

BORNO HEALTH ACTION



827,556 CONSULTATIONS**
3,290 REFERRALS†

BORNO CHILDREN VACCINATION



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

BORNO EWARS



160 REPORTING SITES ENROLLED

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



13.3 % FUNDED
US\$ 53.1 REQUESTED

* IOM DTM Nigeria Round XI Dataset of Site Assessment
** Total consultations from Borno state alone since Epidemiological Week 1 to Week 45
*** Number of polio vaccinated children with Oral Polio Vaccine/Inactivated Polio Vaccine in Borno State in November.
**** Revised funding figures as reflected in the Financial Tracking Systems.
†† Figures to be revised at later st

HIGHLIGHTS

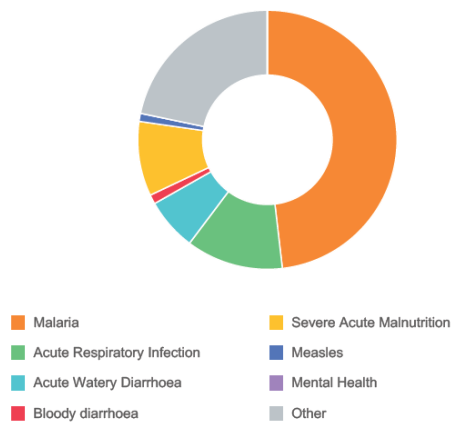
- WHO has delivered one Interagency Emergency Health Kit (IEHK) to Premiere Urgence Internationale (INGO) who will start their activities at the Primary Health Centre in Bolori II (estimated catchment population is 108,915, including IDPs). This donated kit contains essential medicines and medical supplies to treat 10,000 people for three months and also includes malaria module. So far nine IEHKs and one diarrheal disease kits have been distributed.
- Children under the age of five are at highest risk of malaria morbidity with up to seven-disease episode per year and of malaria mortality. Malaria mortality is exceedingly high in the presence of concomitant severe acute malnutrition (SAM) which is prevalent at around 20%. The combination of malaria morbidity with SAM is reported to be able to reach case fatality rates of up to 50% as compared with 3% for uncomplicated malaria.
- The Borno State Ministry of Health and partners are conducting a reactive vaccination campaigns targeting 18 locations, mainly IDP camps. So far, 35,742 children have been vaccinated in six camps. This campaign however is inadequate 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. The Borno State Ministry of Health is expanding the present campaign to include all accessible estimated 2.3 million children aged 6 months – 15 years in the state without prejudice to the national measles campaign. This expanded campaign will take place from 27 – 30 November 2016.

Situation update

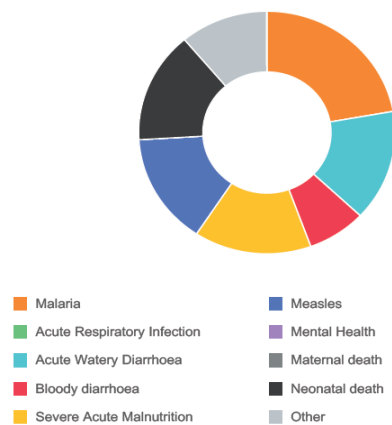
- Security incidents of the past week indicate the continued fluidity and unpredictability of the general situation in the area. Major engagements of the armed opposing forces continued at identified areas thereby resulting to population movements and displacements at the affected areas. In Maiduguri City, personal born explosives attacks continued to be perpetrated mainly against government security forces and populated areas. These continued to impact on the humanitarian movements and activities.
- The deteriorating health condition of the affected population in camps and host communities need urgent support through comprehensive package of integrated basic Primary Health Care (PHC) services including immunization, mental health and psycho-social services (MHPSS), mother and child health, management of life threatening and other non-communicable diseases, referral for IDPs and host communities.
- As for the reports of suspected measles outbreaks, following the harmonization of the available data from different health information management platform including Early Warning and Response System (EWARS), IDP camp surveillance data from State Primary Health Care Development Agency (SPHCDA), Health sector partners and Integrated Diseases Surveillance and Response (ISDR), it was concluded that there is an ongoing measles outbreak in Borno State afflicting camp and non-camp populations.
- The Borno State Ministry of Health is already conducting a reactive vaccination campaign with the support of partners targeting 18 IDP camps. So far, 35,742 children have been vaccinated in six camps. This campaign however is inadequate 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 the BSMOH is expanding the present campaign to include all accessible estimated 2.3 million children aged 6 months – 15 years in the state without prejudice to the national measles campaign, a request for support (including vaccines) have been communicated to the Federal MoH. This expanded campaign is planned to take place from 27 – 30 November 2016.
- Borno State 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. In Epidemiological (Epi) Week 45, a total of 10,780 consultations were recorded from 23 IDP camps: 3,452 for malaria, 2,110 for ARI and 966 for diarrhea accounting for 32%, 19% and 7% respectively. The cumulative number of consultations recorded from Epi Weeks 1 till Week 44 in the 23 IDP camps in Borno state has reached 827,556.

Epi updates

- **Early Warning Alert and Response System (EWARS):** In Epi Week 45, a total of 84 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 53% (79 sites) while timeliness was 57% (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. Forty eight indicator-based alerts were received of which 83% were verified (Target 90%).
- **Measles:** Between Epi Weeks 36 to 45, a total of 1,142 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi week 45 alone, 148 suspected cases were reported with 76% of them were aged under 5 years old.
- **Malaria:** Malaria remains the leading cause of morbidity in Epi week 45 accounting for 48% of all cases reported, followed by Acute Respiratory Infection (ARI) at 10%, Severe Acute Malnutrition (SAM) at 8% and Acute Watery Diarrhea (AWD) at 7%.



Proportional Morbidity in Epi Week 45



Proportional Mortality in Epi Week 45

- Acute Watery Diarrhoea (AWD):** In Epi week 45, a total of 966 cases of acute watery diarrhoea were reported from 10 LGAs in Borno State. Maiduguri LGA accounted for the majority of the cases at 26.9%, while Jere and Konduga LGAs accounted for 17.9% and 14.7% respectively. Sixty seven percent (67%) of all the cases reported were over 5 years and 33% 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 45

Figure 4a | Age breakdown

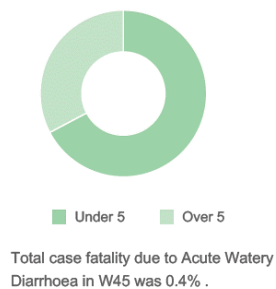
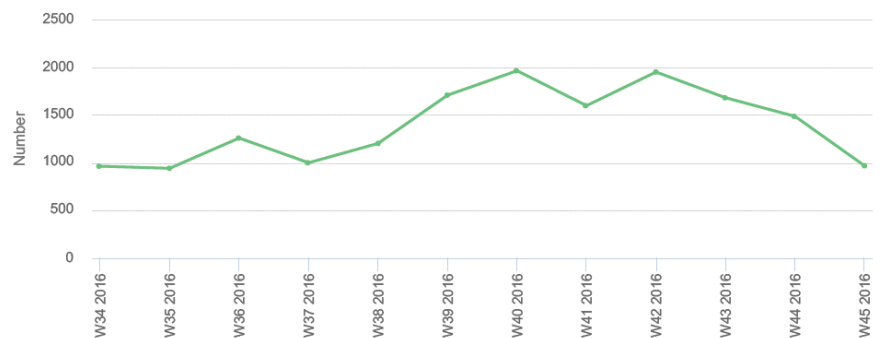


Figure 4b | Trend in number of cases over time (Borno State)



- Severe Acute Malnutrition (SAM):** In Epi Week 45, a total of 1,377 cases of Severe Acute Malnutrition and four deaths were reported from 10 LGAs. 95.9% of all the cases reported were under 5 years while only 4.1% were over 5 years. Maiduguri LGA accounted for the majority of the cases at 23.9%, while Monguno and Biu LGAs accounted for 22.7% and 17.7% respectively.

Weekly trend of SAM cases reported through the EWARS in Borno State from Epi Weeks 34 to 45.

Figure 6a | Age breakdown

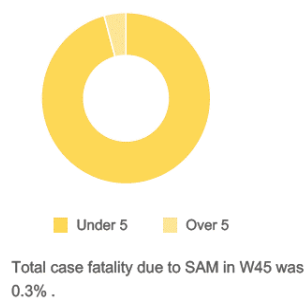
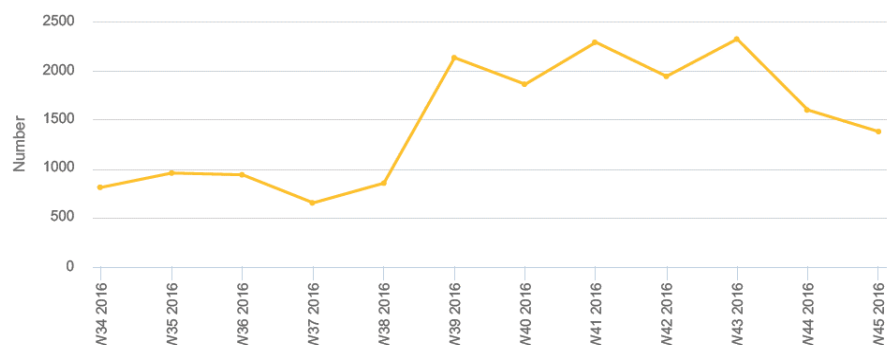


Figure 6b | Trend in number of cases over time (Borno State)



Public health concerns

- Alarming situation of suspected measles outbreak as more cases are reported, posing threat to the lives of more than two million children.
- Malaria cases are still being reported with high proportion of morbidity and mortality. 51% cases of the reported morbidity by EWRAS are malaria.
- 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 challenge.
- 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 especially in the newly liberated areas and to prevent further deterioration of the health system.
- 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;
- Measles vaccination and health promotion through community mobilization.
- 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.
- Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.

WHO action

- **Malaria:** Last week, the National Malaria Elimination Programme (NMEP) held an annual review meeting for all State Malaria Program managers. There were side meetings specifically to discuss the Borno State situation. The main issue was the use of the mass drug administration (MDA) of antimalarial, with the NMEP preference for mass screening and treatment. A written decision is being awaited from the NMEP. In the meantime, planning for integration of the proposed MDA of ASAQ with the upcoming measles mass vaccination campaign is on-going. 854,100 doses of ASAQ to be used have been procured and being shipped. Also, the 375,000 LLINs that had been moved to LGA's are in the process of distribution. Mobilization of malaria commodities from other programs and projects within the country is currently on-going.
- **Measles:** The outbreak response vaccination in IDP camps continued this week. A total of 17,274 children (target pop: 6 months – 15 years) in 2 camps were vaccinated by WHO teams between 12 -15 November 2016. In Bakassi camp, a total of 11,506 were vaccinated from a target population of 9,586 (120% coverage). In Farm center camp, a total of 5,768 were vaccinated from a target population of 5,392 (107% coverage). Vaccination started in Dalori camp on 17/11/2016.
- Official planning for state wide measles vaccination campaign have begun, with technical working groups constituted. Inaugural meeting held on 16/11/2016.
- **Nutrition:** During the CMAM task force meeting, WHO and IMC were given the responsibility to develop TORs for the task force. The TORs have been drafted and shared with Borno- Nutrition Sector working group members for their comments and feedback.
- 30 inpatient kits for the management of severe acute malnutrition (SAM) with complications have arrived in Abuja and will be delivered at Maiduguri this weekend. Some of the hospitals with stabilization centers (SCs) have already been identified for the delivery of kits. Contacts with relevant government department focal points and I/NGOs are ongoing for the distribution of the kits.

Communication is ongoing with UNICEF on developing a manual on inpatient care and subsequent training of local master trainers to cascade technical knowledge to staff of SCs and ITFCs on management of SAM with medical complications.

- **CORPS** (Community Resource Persons): Planning and selection of 70 new CORPS have been finalized and training will commence on 21/11/2016.
 - **Hard to Reach Mobile Teams:** The 6 newly trained teams have been engaged in measles outbreak response vaccination in IDP camps around Maiduguri metropolis. These teams will be deployed to the 6 recently liberated LGAs next week.
 - **Supplies and other services:** An Interagency Emergency Health Kit (IEHK) was delivered to Premiere Urgence Internationale (INGO) who will start their activities at the Primary Health Center in Bolori II (estimated catchment population is 108,915, including IDPs). This donated kit contains essential medicines and medical supplies to treat 10000 people for three months and also includes malaria and Post-exposure prophylaxis (PEP) modules.
 - A visit to State Specialist Hospital was made on 16/11/2016, a recipient of 2 IEHK, to discuss post exposure prophylaxis (PEP) standard operating procedures and protocols based on national and state HIV guidelines. Unfortunately, a final resolution couldn't be reached, as the chief medical director was unavailable. After consulting with the technical experts and the national guidelines it was established that PEP with 2 components (zidovudine + lamivudine, as contained in the PEP modules) is not obsolete, except in cases of sexual assault.
 - **Occupational health and safety:** In pursuit of promoting the health and safety wellbeing of its staff members deployed in Maiduguri Nigeria, incoming WHO staff members receive medical briefing at the office. Medical travel kits have been issued to 16 staff members. More staff members are making use of the dispensary facility at the office. In the past 2 weeks the nurse attended to 21 staff members for various ailments. As a follow up to the office inspection conducted earlier, which saw recommendations made to improve general hygiene at the office, six office cleaners were provided training in housekeeping and hygiene at WHO field office and Emergency Operation Center.
 - **Health Sector Coordination:** The Mental Health and Psycho Social Support (MHPSS) working group is being constituted to provide technical guidance to the set up and delivery of MHPSS services to conflict affected communities in a responsive, accountable and coordinated manner. The composite term Mental Health and Psychosocial Support is used to describe any type of local or outside support that aims to protect and/or promote the psychosocial well-being and/or prevent or treat mental disorder. The Ministry of Health will serve as a chair of the group, co-chaired by IOM. Participating organizations may be required to host the meeting and share secretarial duties on a rotational basis to ensure shared responsibility.
 - The MHPSS Working Group will be a sub-sector working group that falls within the Health Sector coordination mechanism. Membership of the reference group is open to UN agencies, relevant government institutions, and NGOs with technical expertise in the field of MHPSS and those involved in the delivery of MHPSS services/interventions as part of the humanitarian response in North East Nigeria.
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- 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. 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*	25%
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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