



World Health Organization

REGIONAL OFFICE FOR **Africa**



BORNO STATE GOVERNMENT

Situation report # 8
03 OCTOBER TO 09 OCTOBER, 2016



Photo: © WHO/ P.Ajello

A team of casual workers offloading emergency medical supplies at State Ministry of Health warehouse.

NIGERIAN CONFLICT - Armed conflict in the Northeast.

 **14, 800,000 AFFECTED**
 **2 230 000 DISPLACED INTERNALLY**
 **187, 126 DISPLACED EXTERNALLY**
 **3 700 000 IN NEED (HEALTH)**
 **>20,000‡ DEATHS**

WHO

24 EMERGENCY STAFF DEPLOYED IN THE COUNTRY 09 SEPTEMBER 2016

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*



1.5 IEHK COMPLETE DISTRIBUTED TO DIKWA AND MAFA LGAS

7 IEHK PREPOSITIONED IN MAIDUGURI

WHO FUNDING US\$ ++



7 % FUNDED
5 M REQUESTED

HEALTH SECTOR

18 HEALTH SECTOR PARTNERS
3,700,000 TARGETED POPULATION

HEALTH FACILITIES (PHC - BORNO)



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

HEALTH ACTION



643 381 CONSULTATIONS†**
2848 REFERRALS†

VACCINATION AGAINST



3 152 745 POLIO†***†
83, 494 MEASLES†

EWARN



56 REPORTING OUT OF 160 REPORTING SITES

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



27% % FUNDED
US\$ 24.7 REQUESTED

HIGHLIGHTS

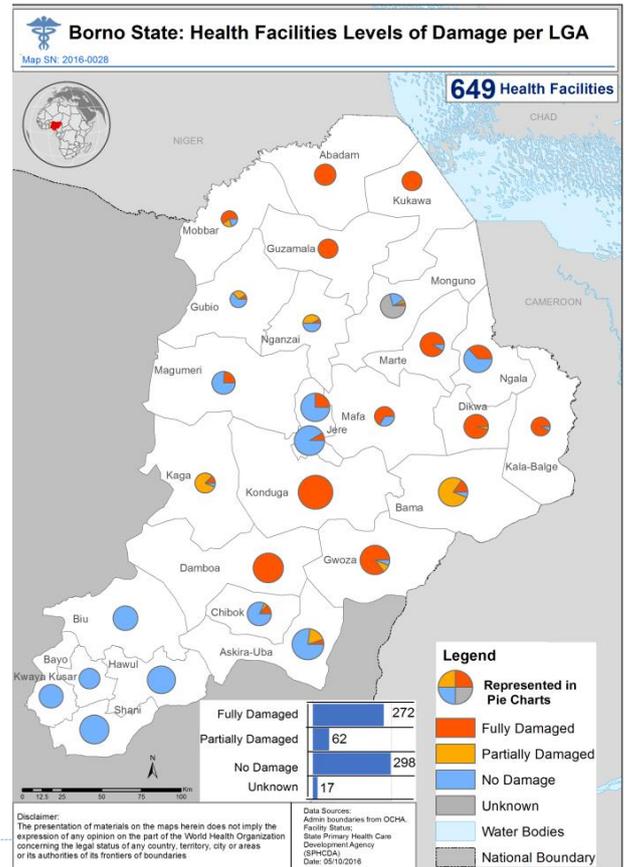
- On 6 October 2016, WHO through the State Ministry of Health delivered emergency medical supplies to Mafa and Dikwa internally displaced people's (IDP) camp, two of the 15 areas liberated this year that host more than 75,000 internally displaced persons (IDP).
- The State Ministry of Health, Borno State and WHO made a follow up visit to Dikwa IDP camp to monitor the delivery of health services and to identify gaps in the health service delivery that require urgent attention.
- The State Ministry of Health with the support of WHO continues to scale up the Early Warning and Alert Systems (EWARS) in Borno state. In this reporting period, 102 health personnel including seven Disease Surveillance and Notification Officers (DSNOs), seven Assistant DSNOs and 88 health facility Focal persons were trained.
- A new confirmed Wild Polio Virus (WPV) type 1 has been reported during this week in Monguno LGA. This makes a total of four WPV1 and circulating vaccine Drive Polio Virus type 2 (cVDPV2) recorded in Borno State.

*coverage for one month
** Total consultations from Borno state alone since week 1 to week 38
*** Total number vaccinated against polio (OPV & IPV) in Local Government Areas in Borno State during the September campaign.
****To be revised
† Figures for Borno state only
†† Figures to be revised at later stage
‡ HRP 2016

Situation update

- Although many areas of Borno State remain insecure, the past month has seen an increase in the number of IDPs returning to their places of origin. With the continued insecurity, very weak infrastructure and inadequate resources to re-establish social services, even in LGA centers in Borno state, this will be a challenge that will require increasing attention by humanitarian actors in coming months.
- Access to secondary and tertiary health services require immediate attention. Most IDPS referred for further specialized services in secondary and tertiary health facilities are required to pay for these services at the point of reference.

- Access to hundreds of communities in newly liberated areas remains limited. Most of these communities are in urgent and immediate need of humanitarian assistance. Information available from the State Ministry of Health indicates that 334 primary health care facilities have been severely affected and damaged since the start of the crisis in Borno State, while 298 are functional. Map 1 shows the health facility level of destruction in LGAs in Borno State.

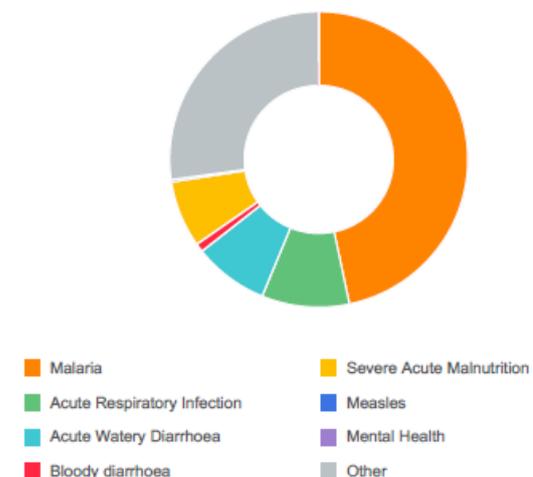


Epi update

- A new confirmed Wild Polio Virus (WPV) type 1 has been reported during this week in Monguno LGA. This makes a total of four WPV1 and circulating vaccine Drive Polio Virus type 2 (cVDPV2) recorded in Borno State. This has a regional and global concern.

- Early Warning Alert and Response System (EWARS): In week 39, 43 out of a total of 160 reporting sites (including 20 IDP camps) submitted their weekly reports through the EWARS. Completeness of reporting was 27% while timeliness was at 51% (target 90% and 80% respectively). However, the low percentages of timeliness and completeness are attributable to the fact that 104 (65%) reporting sites have recently been logged onto the system and are yet to start reporting. Thirty five indicator based alerts were generated of which 86% were verified. Malaria remains the leading cause of morbidity in week 39 accounting for 47% of all the cases, followed by Acute Respiratory Infection (ARI) at 9.5%, Acute Watery Diarrhea (AWD) at 8% and Severe Acute Malnutrition at 7%.

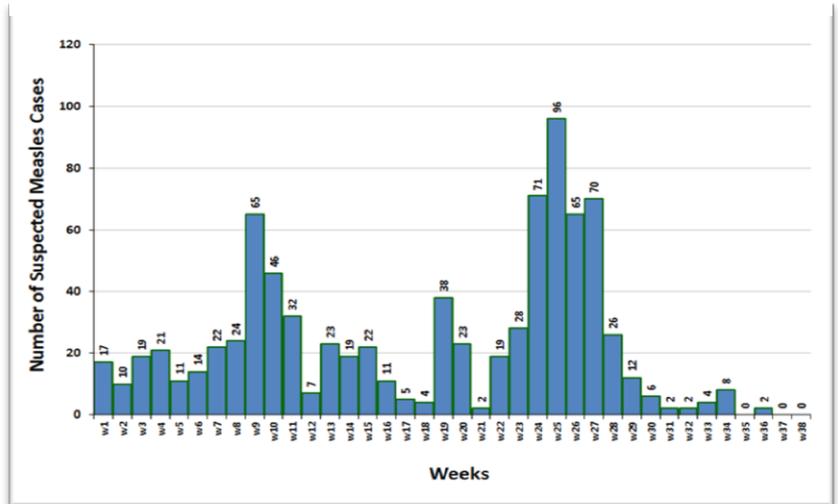
EWARS: Proportional morbidity week 39



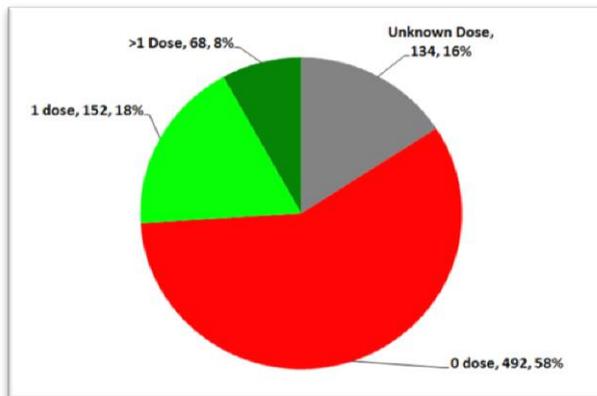
- No suspected case of Cholera, Cerebro-spinal Meningitis, or Viral Haemorrhagic Fever was reported in week 39.

- Measles:** Cumulatively from week 1 (4 January 2016) to week 38 (07 October 2016), a total of 840 suspected cases of measles have been reported in Borno State. 20 cases were laboratory confirmed from 4 LGAs (Askira/Uba, Damboa, Mafa and Maiduguri). 58% of the suspected measles cases were of zero dose measles vaccination status and 59% were aged under 5 years.

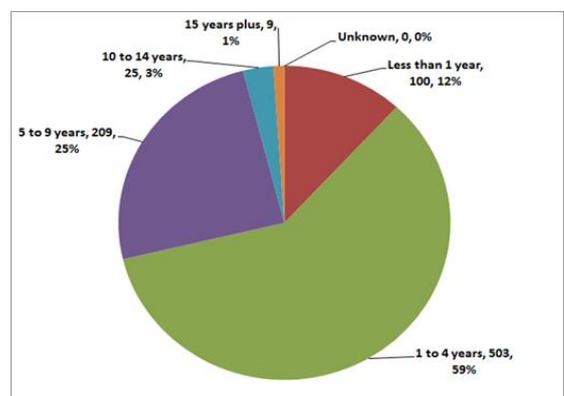
Borno state: suspected measles cases by week as of wk 38



Borno: Vaccination status of suspected measles cases, week 1-38



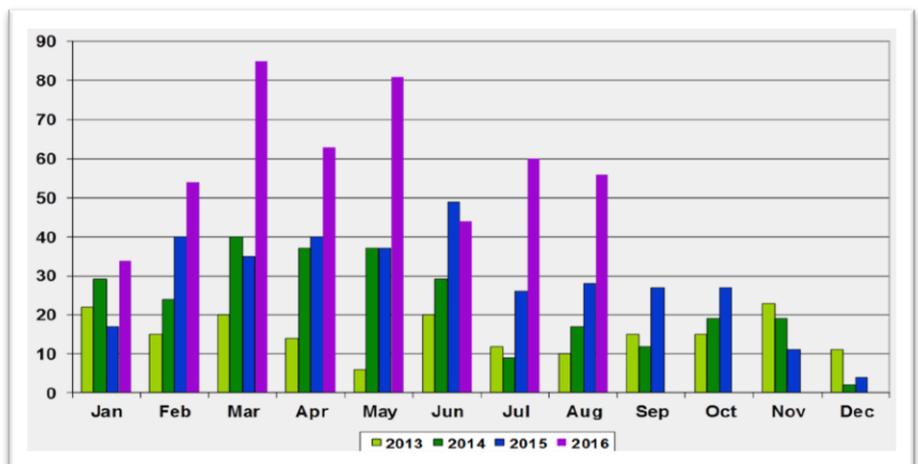
Borno: Age distribution suspected measles cases, week 1-38



Acute Flaccid Paralysis (AFP)

(AFP) : There has been a significant increase in the trend of AFP case reporting in Borno State in 2016 compared with similar periods from 2013 to 2015. Cumulatively, from week 1 to week 39, 2016 a total of 494 AFP cases were

Trend of monthly AFP case reporting in Borno State (2013-2016)



reported of which 3 cases were confirmed to be Wild Polio Virus (WPV). The WPVs were confirmed in Gwoza, Jere and Monguno LGAs. One case of cVDPV2 was detected in Monguno LGA. Efforts are being intensified to improve AFP case reporting from all silent wards in the State and high risk populations. The key indicators of AFP surveillance performance as of week 39 were good; % stool adequacy was at 99% while Non-Polio AFP rate was 27.

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 remains a challenge. In Borno state, 41% health facilities are reported to be partially or completely destroyed.
- The risk of further spread of strains of wild poliovirus in inaccessible areas of Borno State is a significant public health concern. This week an additional case of WPV1 was confirmed in Monguno LGA in Borno State.
- Security challenges coupled with difficult terrain in parts of Borno State make hard to conduct quick investigations of suspected cases of communicable diseases in the affected communities.
- Continued poor Water, Sanitation and Hygiene (WASH) conditions in camps and host communities, particularly in the newly liberated areas and other camps in and nearby Maiduguri.

Health needs, priorities and gaps

The 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 establishment Health Resources Availability Mapping System (HeRAMS);
- 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

- On 6 October 2016, WHO through the State Ministry of Health delivered emergency medical supplies to Mafa and Dikwa internally displaced people's (IDP) camp, two of the 15 areas liberated this year that host more than 75,000 internally displaced persons (IDP). The medical supplies are in form of Interagency Emergency Health Kits (IEHK) with enough drugs and medical supplies to treat 15,000 people for three months. Malaria and Post-exposure prophylaxis (PEP) kits were also provided. The supplies will be distributed to the existing health facilities in each camp and to mobile teams.
- On 27 September, WHO participated in a Joint UN Assessment Mission to Dikwa and Mafa, newly liberated Local Government Areas in Borno State, to assess the health needs, gaps and available health services for the IDPs and host communities. The State Ministry of Health, Borno State and WHO made a follow up visit to Dikwa IDP camp to monitor the delivery of health services and to identify gaps in the health service delivery that require urgent attention. Summary of key conclusions:

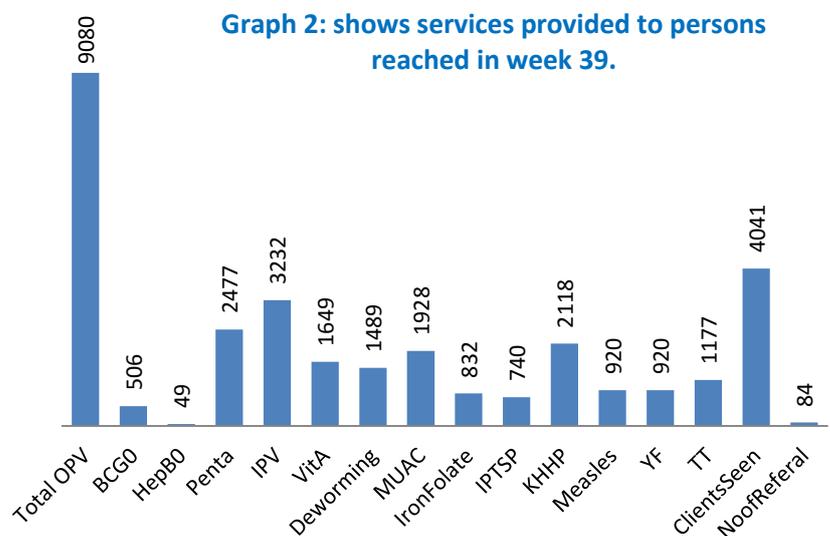
- ✓ The overall health service delivery in Dikwa is limited.
- ✓ The lack of routine immunization service and a functional hospital should be given the highest priority. The facility requires to be supported with refrigerator preferably a solar refrigerator to enable resumption of immunization.
- ✓ There is need for solar lighting specially to attend to critical patients and delivery at night in the short term.
- ✓ Training of CORPS and Hard to Reach Teams is an urgent need to cover gaps in limited numbers of health staff. The CORPS need to be selected from the pool of the volunteers working in the camps is an urgent need to cover gaps in limited numbers of health staff.
- ✓ Need to strengthen joint supervision with SMOH officials regularly.

■ In addition, seven basic IEHKS and malaria modules were prepositioned to the Ministry of Health warehouse in Maiduguri. The supplies are enough to treat 70 000 people for three months. WHO is collaborating with the State Ministry of Health in Borno to ensure good distribution plan. And to ensure a transparent



supply pipeline and enforce the supply chain capacity of the Humanitarian Response a joint meeting was held between WHO and the State Ministry of Health; and the way forward agreed.

■ The Ministry of Health with support from WHO continues to scale up the Early Warning and Alert Systems (EWARS) in Borno State. In this reporting period, 102 health personnel including seven Disease Surveillance and Notification Officers (DSNOs), seven Assistant DSNOs and 88 health facility Focal persons were trained from Askira/Uba, Bayo, Biu, Chibok, Hawul, Kwaya Kusar and Shani



Local Government Areas. To date, 160 reporting sites have been enrolled to the EWARS including 20 IDP camps. However only 56 are currently submitting the EWARS report.

- The second phase of the polio immunization campaign targeting 10 accessible LGAs started on 25 September 2016 and was completed after 6 days. Results indicate that a total of 3 152 745 children (1 660 417 with Oral Polio Virus and 1 492 328) with Injectable Polio Virus) were reached during the September 2016 campaign in all the 23 LGAs in Borno State. Preparations for the third Outbreak Response (OBR) have reached advanced stages in North East Zone. The campaign is planned to commence on 15 October 2016.
- The Ministry of Health with the support from WHO are supporting 18 Hard to Reach Teams to ensure that the underserved populations in Muna garage and Damba internally displaced people's (IDP) camps and in 14 LGAs in Borno State have access to provide basic integrated health services. From 25 to 30 September 2016, a total of 12,312 children less than five years of age were vaccinated against polio (9080 with OPV and 3232 with IPV). A total of 920 children were also vaccinated against measles and 1,177 pregnant women were vaccinated against tetanus. Graph 1 shows services provided to persons reached in week 39.

- During the reporting period, WHO visited the Hard to Reach Teams (HTR) providing integrated health services to IDPs in Jere LGA in Borno State to assess the level of service integration and their workload. It was noted that the HTR teams are significantly bridging gaps in the delivery of health services.



Photo: © WHO/ P.Ajello
The Hard to Reach teams offer integrated primary health care services for the underserved internally displaced people in Muna garage camp in Maiduguri

However the management of children with severe acute malnutrition is limited as patients are charged for health services at the secondary level.

- On 7 October 2016, the State Ministry of Health in collaboration with WHO organized a joint medical supplies and pipeline meeting with 15 health partners including UN and Non-Government Organizations in Borno State. The meeting was chaired by the Director of Pharmacy, Borno State Ministry of Health (SMOH) who is also the Chairman of the Logistics Management Coordination Unit at the SMOH. During the meeting the SMOH supply system was presented to partners while partners presented their supply status, plans and challenges. As an outcome, a working group was formed and will meet bimonthly.
- On 6 October 2016, WHO chaired a Health Partners Forum meeting in Maiduguri. These meetings provide an opportunity for operational planning following monthly Health Sector Coordination meetings. Issues addressed include partner participation in EWARS roll out, planning for measles vaccination and malaria control, re-establishment of a

reproductive health working group and partner activities for commemoration of World Mental Health Day.

- An IDP relocation taskforce has been formed to support effective coordination of the return of IDPs in Borno State. The taskforce, that includes representatives from the Borno State Government and humanitarian agencies, including WHO as Health Sector Co-lead, will liaise with key government, military and humanitarian stakeholders to coordinate basic service delivery, shelter assistance and distribution of food and non-food items in areas of return and ensure humanitarian standards are respected at all stages of this process.
- The Health Sector was represented at the National Intersectional Working Group meeting chaired by UNOCHA in Abuja where a summary of the Health Needs Overview (HNO) field workshops were shared. Figures of People In Need (PIN) were and severity map discussed. Harmonization of the PIN figures and analysis will be completed with field colleagues and Borno SMoH.

Resource mobilization

- As part of the initial Nigerian Humanitarian Response Plan (NHRP), WHO required 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\$ 24 748 290	US\$ 6.6 million	27%

*Contingency Fund for Emergency

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