



**World Health Organization**

REGIONAL OFFICE FOR **Africa**



**BORNO STATE GOVERNMENT**

Situation report # 9  
10 OCTOBER TO 16 OCTOBER, 2016

**NIGERIAN CONFLICT - Armed conflict in the Northeast.**



WHO supported Hard to Reach team staff weighs a pregnant woman during one of the outreach in Muna garage IDP camp in Maiduguri, Borno State.



**14, 800,000**  
**AFFECTED**



**2 230 000**  
**DISPLACED INTERNALLY**



**187, 126**  
**DISPLACED EXTERNALLY**



**3 700 000**  
**IN NEED (HEALTH)**



**>20,000‡**  
**DEATHS**

**WHO**

**26** EMERGENCY STAFF DEPLOYED IN THE COUNTRY ON 16 OCTOBER 2016

**MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS\***



**1.5** IEHK COMPLETE DISTRIBUTED TO DIKWA AND MAFA LGA

**7** IEHK PREPOSITIONED IN MAIDUGURI

**WHO FUNDING US\$ ++**



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

**HEALTH SECTOR**

**18** HEALTH SECTOR PARTNERS  
**2.6** TARGETED POPULATION

**HEALTH FACILITIES (PHC - BORNO)**



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

**HEALTH ACTION**



**726 637** CONSULTATIONS†\*\*  
**2,998** REFERRALS†

**VACCINATION AGAINST**



**1 660 417** BOPV POLIO†\*\*\*†  
**1 492 328** IPV POLIO\*\*\*†  
**83, 494** MEASLES†

**EWARN**



**56** REPORTING OUT OF 160 REPORTING SITES

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



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

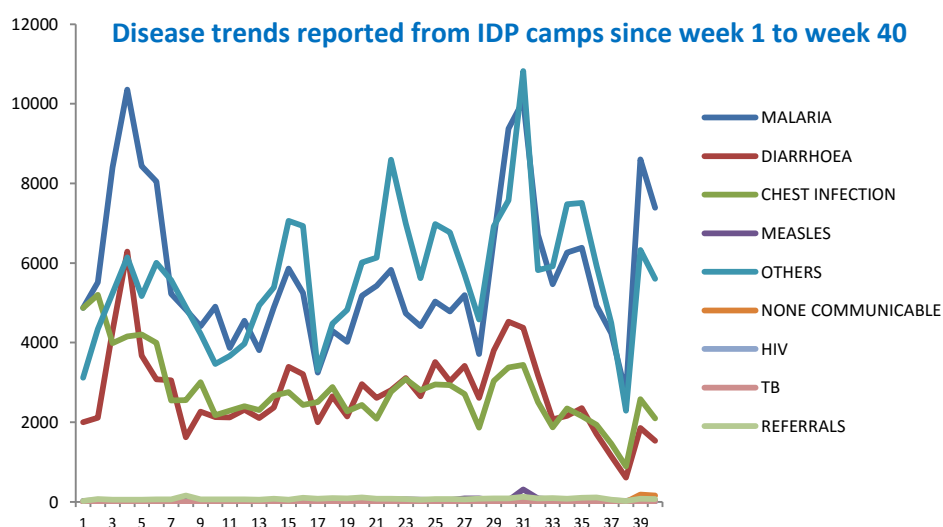
**HIGHLIGHTS**

- On 11 October 2016, WHO in collaboration with the State Ministry of Health delivered emergency medical supplies to an international NGO partner for distribution to facilities in Gwoza Local Government Area (LGA). The supplies are enough to treat 20,000 people for three months.
- As part of its efforts to expand the Hard to Reach Teams (HTR) to the most difficult to access areas and to the underserved populations, the SMOH with the support of WHO has identified six additional areas where the hard to reach teams will be deployed, these include: Dikwa, Mafa, Kukawa, Gwoza, Mongunu and Ngala LGAs.
- WHO and other partners are supporting the State Ministry of Health in Borno and other neighbouring north eastern states to implement the third round of the polio Outbreak Response (OBR).
- The Hard to Reach (HTR) teams continued delivering integrated health services to Muna garage and Damboa internally displaced people's (IDP) camps and in 14 LGAs in Borno State reaching 7,255 children under the age of 5 years with Oral Polio Vaccine (OPV) and 689 with Injectable Polio Vaccine (IPV).

\*coverage for one month  
\*\* Total consultations from Borno state alone since week 1 to week 40  
\*\*\* Total number vaccinated against polio (OPV& IPV) in Local Government Areas in Borno State during the September campaign.  
\*\*\*\*Revised funding figures as reflected in the Financial Tracking Systems.  
† Figures for Borno state only  
†† Figures to be revised at later stage  
‡ HRP 2016

Situation update

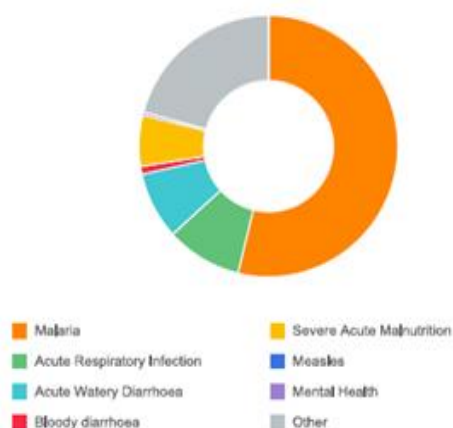
- The Joint UN assessment mission organized by WHO on 12 September 2016, to Mafa was cancelled due a severe security incident that caused a number of casualties. The WHO led convoy that included three other UN agencies and the Director of Emergencies and Humanitarian services from the State Ministry of Health (SMH) was cancelled, due to insufficient number of escorts. The WHO team was meant to assess the health needs and gaps as well as health services available to the IDPs and host communities in Mafa. Five basic Interagency Emergency Health Kits (IEHK) kits including malaria modules were lined up for delivery during mission. Plans are under way to re-schedule a new mission.
- Plans are also under way for WHO and other partners to support the SMOH to establish routine immunization in the Health facilities of the newly accessible LGAs of Bama, Gwoaza, Dikwa, Gala, Mongunu, Kukawa and Kalabalge where the service was disrupted due to the conflict.
- During week 40 a total of 17,056 consultations from 23 IDP camps were conducted and 74 referrals were made (Weekly surveillance reports from internally displaced persons camps). Malaria, chest infections and watery diarrhea remain the top causes of morbidity in the camps accounting for 43%, 12% and 9% of cases respectively. Refer to graph 1 for disease trends reported from IDP camps from week 1 to week 40.
- Since week 1, The cumulative number of consultations recorded since week 1 in the 23 IDP camps in Borno state has reached 726 637.



Epi update

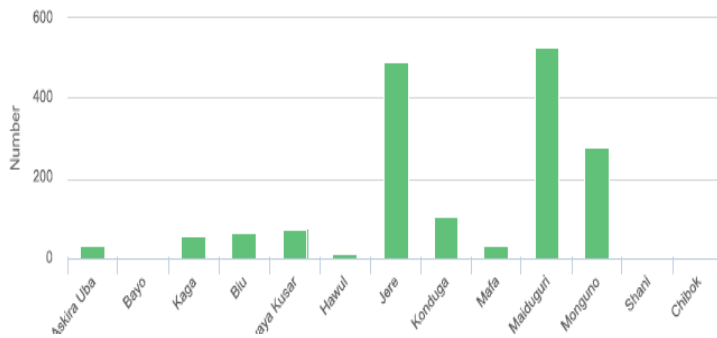
- Early Warning Alert and Response System (EWARS): In week 40, 96 out of a total of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports through the EWARS. Completeness of reporting was 60% while timeliness was 54% (target 90% and 80% respectively). Efforts are ongoing to improve performance through regular follow-up and support to identify challenges and corrective actions. Fifty-nine Alerts were received of which 85% were verified.

EWARS: Proportional morbidity week 40



- Malaria remains the leading cause of morbidity in week 40 accounting for 51% of all the cases, followed by Acute Respiratory Infection (ARI) at 9%, Acute Watery Diarrhea (AWD) at 8% and Severe Acute Malnutrition at 7%.
- **Acute Watery Diarrhoea (AWD):** In week 40 a total of 1,678 cases of acute watery diarrhoea were reported from 10 LGAs. Maiduguri LGA accounted for 31.4% of the cases, while Monguno and Jere LGAs accounted for 29.4% and 16.5% respectively. Sixty-three percent of all the cases reported were aged over 5 years and 37% were aged under 5 years. No confirmed case of cholera was reported. WHO through the SMOH has delivered Rapid cholera Diagnostic Test Kits to Bama, Gwoza and Kalabalege.

**AWD cases by LGA**

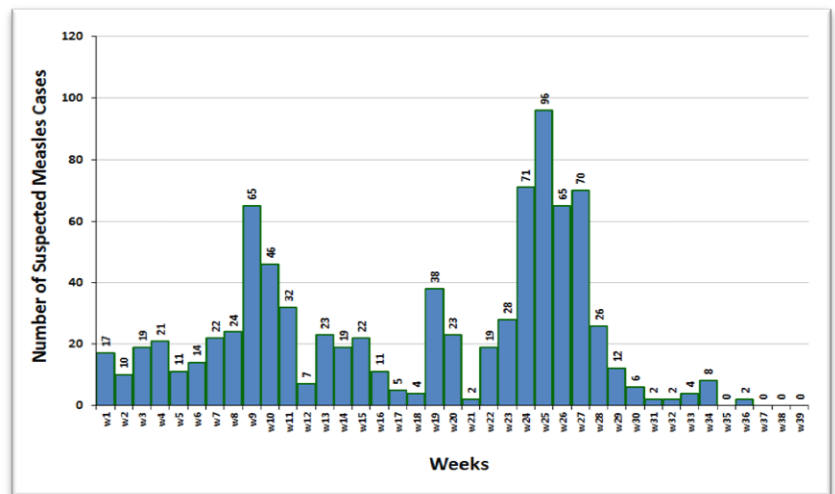


**Age distribution of AWD cases**

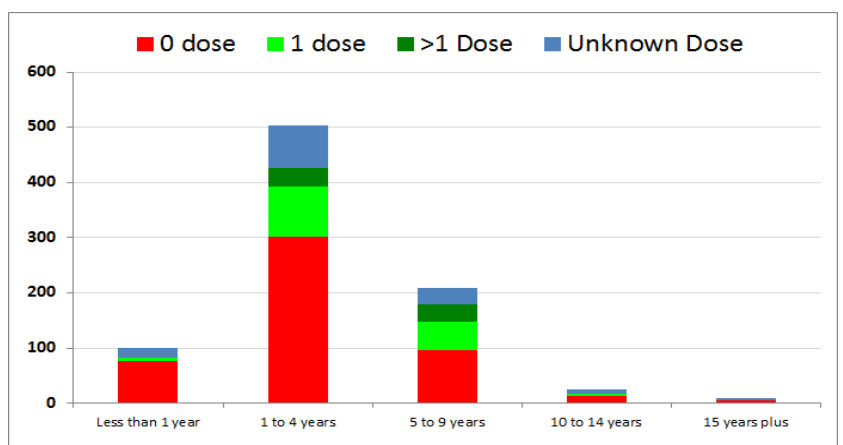


- **Measles:** Cumulatively from week 1 to week 39, 2016, a total of 846 suspected cases of measles have been reported in Borno State. A total of 20 cases were laboratory confirmed from four LGAs (Askira/Uba, Damboa, Mafa and Maiduguri). 58% of the suspected measles cases were of zero dose measles vaccination status and 71% were aged under 5 years.

**Borno state: suspected measles cases by week as of week 39**

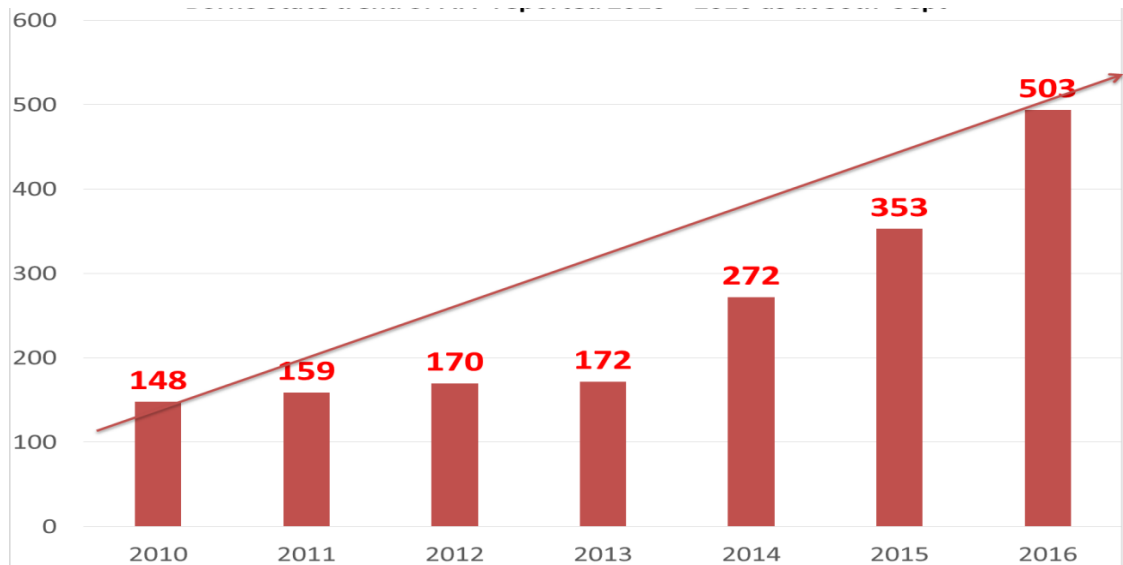


**Borno state: suspected measles cases by week as of week 39**



to be Wild Polio Virus (WPV). There is a substantial increase in AFP reporting in 2016 when compared to previous years. The WPVs were confirmed in Gwoza (1), Jere(1) and Monguno (2) LGAs. One case of cVDPV2 was detected in Monguno LGA. Intensified active case finding activities are ongoing to improve AFP case detection and reporting from all silent wards in the State and high risk populations. The key indicators of AFP surveillance performance as of week 40 were good with 99% stool adequacy, and Non-Polio AFP rate at 27.6%.

**Borno state trend of AFP case reporting , 2010-2016 (as of Oct 9)**



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% of 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 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.
- 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.

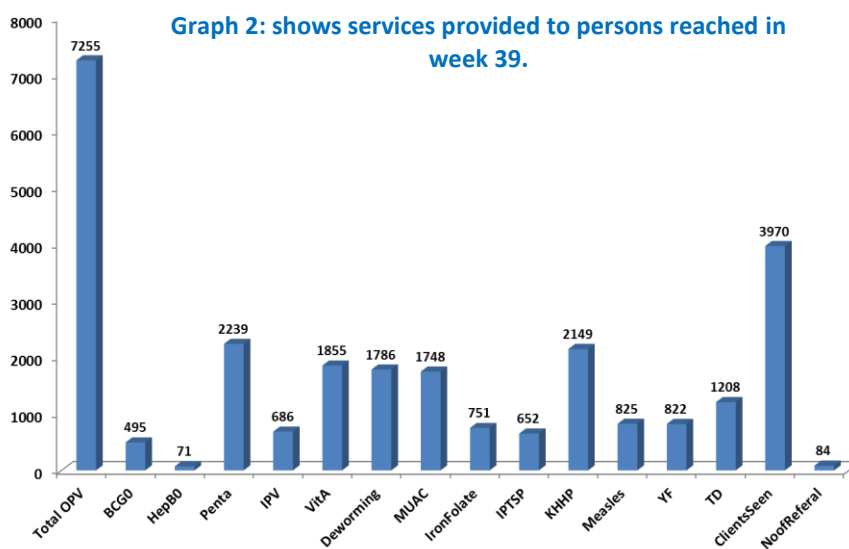
Health needs, priorities and gaps

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.

- On 11 October 2016, WHO in collaboration with the State Ministry of Health delivered emergency medical supplies to an international Non-Governmental Organization partner for the needs of a hospital and other health facilities in Gwoza LGAs. The medical supplies are 2 Interagency Emergency Health Kits (IEHK) with enough drugs and medical supplies to treat 20,000 people for three months. Malaria and Post-exposure prophylaxis (PEP) kits were also provided. Gwoza is one of the LGAs with limited access in Borno State. It has one general hospital of 100 bed capacity which is currently non-functional. The health service delivery to the IDPS and host community is currently being provided by partners, the military and local government.
- WHO and other partners are supporting the State Ministry of Health in Borno and other neighbouring north eastern states to implement the third round of the polio Outbreak Response (OBR). The campaigns commenced on 14 October 2016 applying the Directly Observed Polio Vaccination (DOPV) strategy for two days. The house to house campaign will last for four days. An additional LGA (Moba) with over 300 settlements will be accessed during this round bringing the number of LGAs accessible in Borno State to 25 out of 27. Over 1,000 settlements that were not previously accessible will be reached this time round.
- In addition, polio surveillance activities are also being conducted in line with the external surveillance review recommendations. Special attention is on the IDP camps and the newly accessible LGAs and settlements. The surveillance activity includes expansion and sensitization of Community Key Informants, Surveillance Focal points and Clinicians.

- From 3 to 7 October 2016, a total of 7,941 children less than five years were vaccinated against polio (7,255 with OPV and 689 with IPV). In addition 825 children were also vaccinated against measles. Graph 1 shows services provided to persons reached in week 39. The



HTR teams continued delivering integrated health services to Muna garage and Damba internally displaced people's (IDP) camps and in 14 LGAs in Borno State.

- As part of its efforts to expand the Hard to Reach Teams (HTR) to the most difficult to access areas and to the most underserved populations, the SMOH with the support of WHO has identified six additional areas where hard to reach teams will be deployed. These include Dikwa, Mafa, Kukawa, Gwoza, Mongunu and Ngala LGAs. Thirty health workers will be deployed to the mentioned LGAs each team having five members. A shortlist of health workers who will be part of the HTR teams has been completed and

interviews will be conducted in the last week of October. Once deployed the HTR teams will increase from 18 teams to 24 teams and will deliver integrated health services.

- The Federal Ministry of Health (FMH) is supporting the SMOH in Borno State to develop an operational plan for 2017. The operational plan will be aligned with the Emergency Response Strategy for the humanitarian crisis in north-eastern Nigeria.
- Led by the SMOH, health sector partners including WHO, have formed a task team to plan for the implementation of the Health Resource Availability and Mapping System (HeRAMS) in Borno State. HeRAMS is a system of collection of baseline data that provides comprehensive information on health facility conditions, capacity and services delivered in all accessible across the state.

Resource mobilization

- As part of the initial Nigerian Humanitarian Response Plan (NHRP), 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

\*\* To be updated

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