



**World Health Organization**

REGIONAL OFFICE FOR **Africa**



**BORNO STATE GOVERNMENT**

Situation report # 11  
24 OCTOBER TO 30 OCTOBER, 2016

**NIGERIAN CONFLICT - Armed conflict in the North East.**



Hard to Reach Team carrying out measles vaccination campaign in Muna garage internally displaced people's camp, Jere Local Government Area.



**WHO**

**24** 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  
**10** 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



**780,917** CONSULTATIONS\*\*\*  
**3,040** REFERRALS†

BORNO CHILDREN VACCINATION



**1,709,581** POLIO\*\*\*\*  
**83,494** MEASLES

BORNO EWARS



**82** OUT OF 160 REPORTING SITES

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



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

**HIGHLIGHTS**

- On 27 October, WHO supported Borno State Ministry of Health to train 37 health workers as part of its scale up plan for the Hard to Reach Teams (HTR) programme in Borno State. Those trained were selected from six newly liberated Local Government Areas including Dikwa, Gwoza, Kukawa, Mafa, Munguno and Ngala.
- From 16 to 22 October, WHO through the HTR programme supported Borno State Ministry of Health (SMOH) to vaccinate 9,870 children less than five years against polio using Oral Polio Vaccine (OPV) and 754 using Inactivated Polio Virus. A total of 965 children were also vaccinated against measles.
- On 25 October, Borno State Ministry of Health and WHO held malaria coordination meeting to discuss partners mapping in order to harmonise the implementation of malaria activities in the State.
- WHO and other partners are working with Borno State Ministry of Health to plan for the upcoming mass measles campaigns in Jere and Maiduguri Municipal Council (MMC). The campaign will target children aged 6 month to 15 years old.

\* 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 41  
\*\*\*\* Number of polio vaccinated children with Oral Polio Vaccine/ Inactivated Polio Vaccine in Borno State.  
\*\*\*\*\* Revised funding figures as reflected in the Financial Tracking Systems.  
‡ Figures to be revised at later stage

Situation update

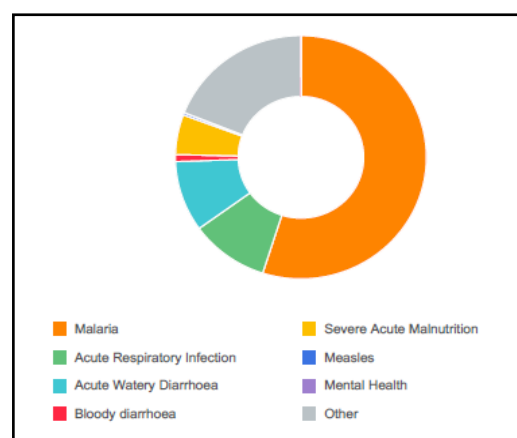
- The general security situation in North East remains fluid. While the overall trend in the entire north-east Nigeria appears to be improving benchmarked from the historical record of incidents, the obtaining situation on the ground, including in Maiduguri, the base of humanitarian operations, remain unpredictable. This continues to negatively impact on WHO and other partners’ operations with access restrictions on one hand and limited protection capacity of aid workers on the other hand.
- On 29 October, two bombing incidents were reported, one at the entrance of Bakasi IDP camp in Maiduguri Municipal Council (MMC) and the other in the close vicinity of the camp which resulted to 10 fatalities and 32 injuries. These incidents posse challenges and security risks to partners and agencies that deliver health services to the internally displaced persons and host communities. Bakasi IDP camp is one of the many camps targeted for an upcoming measles campaign due in the second week of November 2016.

Epi update

• **Early Warning Alert and Response System**

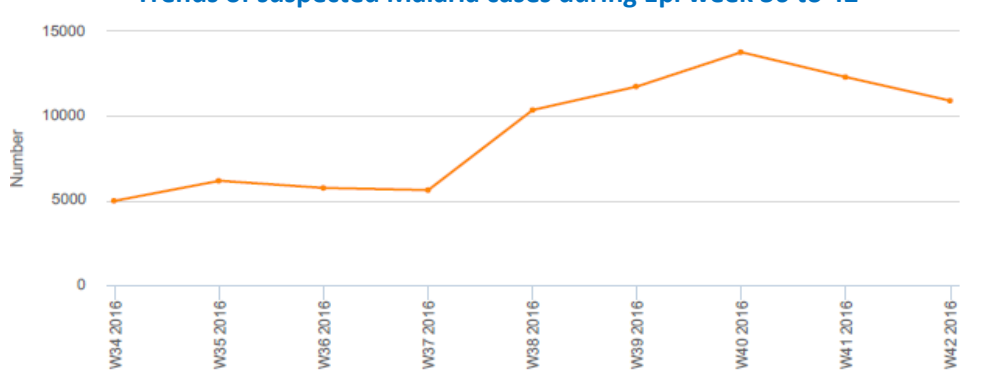
**EWARS: Proportional morbidity Epi week**

**(EWARS):** In Epidemiological (Epi) Week 42, of the 160 EWARS reporting sites, 82 in 13 LGAs submitted their weekly reports (including 26 IDP camps). Completeness of reporting was 52% while timeliness was 73% (target 90% and 80% respectively). Fifty-four indicator based alerts were generated in this reporting period, of which 96% were verified. Malaria remained the leading cause of morbidity during this reporting period, accounting for 55% of all the cases, followed by Acute Respiratory Infection (ARI) at 10%, Acute Watery Diarrhea (AWD) at 9% and Severe Acute Malnutrition at 5%.



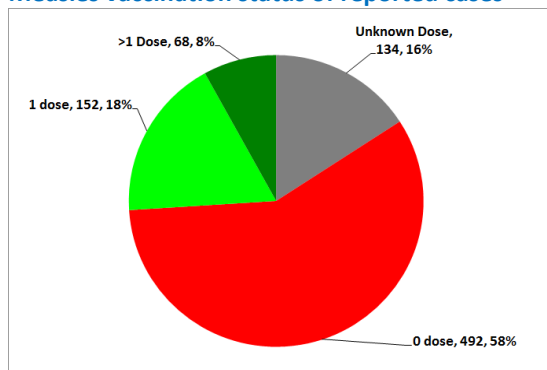
- **Malaria:** In Epi Week 42, a total of 10,910 suspected cases of malaria and 7 deaths (CFR 0.1%) were reported from the EWARS sites across 13 LGAs. Jere LGA accounted for 42.3% of the cases, while Maiduguri and Konduga LGAs accounted for 29.4% and 8.8% respectively. Sixty-two percent of all cases reported were aged over 5 years and 38% were aged under 5 years.

**Trends of suspected Malaria cases during Epi week 36 to 42**

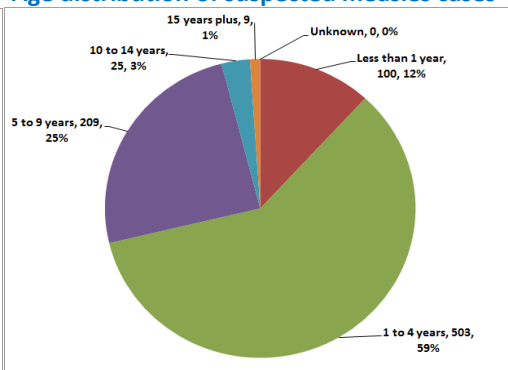


- **Measles:** Between Epi Week 36 to 42, a total of 744 suspected cases of measles with two deaths were reported from the EWARS reporting sites in 13 LGAs. In Epi Week 42 alone, 60 suspected cases were reported. Fifty-eight percent (58%) of the suspected measles cases had never been vaccinated, 71% of them were under 5 years.

Measles vaccination status of reported cases

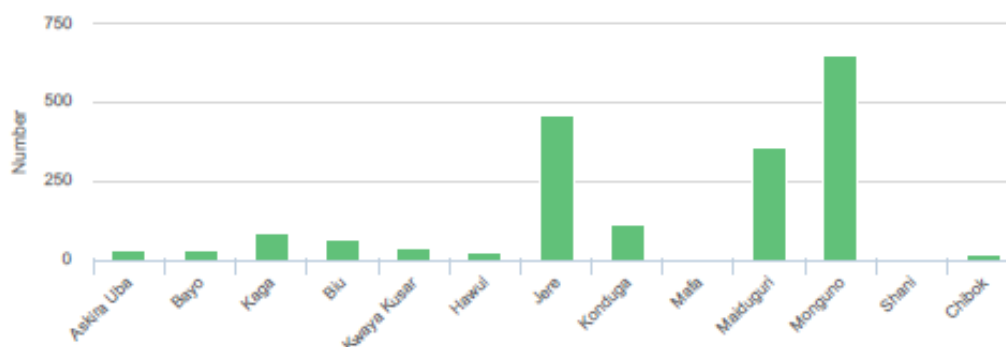


Age distribution of suspected measles cases



- Acute Watery Diarrhoea (AWD):** In Epi Week 42, a total of 1,866 cases of acute watery diarrhoea were reported from 11 LGAs in Borno State. Monguno LGA accounted for the highest number of cases this Epi Week with 35% of all cases, and Jere and Maidguri LGAs accounted for 24.5% and 19.2% respectively. Seventy-five percent (75%) of all the cases reported were over 5 years of age and 25% were under 5 years of age. No confirmed case of cholera was reported during this reporting period.

Number of AWD cases by LGA in Borno State



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 Maidguri.

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.

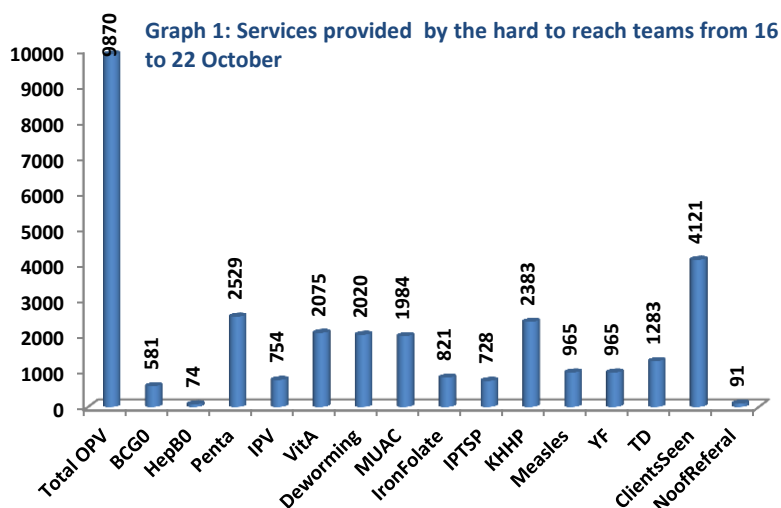
- On 27 October, WHO supported the Borno State Ministry of Health to train 37 health workers as part of its scale up plan for the Hard to Reach Teams (HTR) programme in Borno State. Of those trained, thirty health personnel will form six HTR teams for deployment to six newly liberated Local Government Areas of Dikwa, Gwoza, Kukawa, Mafa, Munguno and Ngala. Each team is comprised of five persons per mobile health team. This brings the total number of HTR teams supported by WHO in Borno State to 24 up from 18 teams.

- During this reporting period, WHO supported Borno SMOH to convene a malaria technical working group to discuss mapping of health partners supporting the malaria programme in Borno State. As a way forward, another meeting involving all partners supporting malaria interventions in the state (Expanded Malaria Technical Working Group) will be convened in the second week of November to agree on mapping modalities. Malaria is the leading cause of morbidity and mortality among internally displaced persons (IDPs) and host communities in Borno state (Borno State Ministry of Health surveillance reports).



WHO staff carries out support supervision visits of community resource persons in Bakasi internally displaced person's camp in Maiduguri.

- From 16 October to 22 October, WHO supported Borno State Ministry of Health (SMOH) to vaccinate 9,870 children less than five years against polio using Oral Polio Vaccine (OPV) and 754 using Inactivated Polio Virus. A total of 965 children were also vaccinated against measles. Graph 1 shows services provided during the HTR in week 42.



- Following reports of measles cases in Muna garage IDP camp in Jere LGA, WHO supported Borno SMOH to conduct an intensified session of measles vaccination on 24 and 29 October 2016 using the available Routine Immunization vaccine stock. The exercise targeted infants and children aged 6 to 59 months of age. Over 2,900, out of an

estimated target of 9,000 children under 5 years of age in Muna garage camp were vaccinated during this session.

- As a state-wide intervention, WHO and other partners are working with Borno State Ministry of Health to plan for an upcoming mass measles campaign for children aged 6 month to 15 years old. The campaign will target children in Jere and Maiduguri Municipal Council (MMC) living in IDP camps and hotspot areas in host communities. Approximately 9,000 children will be targeted during this campaign. It's important to note that Borno State has also low measles immunization coverage.
- On 25 October, the Borno SMOH convened a Health Sector Coordination meeting co-chaired by WHO, to discuss the health response in the state. Key issues discussed include: health services provided by partners and their coverage in Borno State, high rates of morbidity and mortality due to measles and malaria, revitalization of monitoring teams and the outcomes of a recent Reproductive Health Working Group meeting.
- WHO participated in a partners' meeting held on 28 October 2016 to discuss priority health issues that will be addressed in the upcoming 2017 Humanitarian Response Plan. These includes strategies that will be used to address barriers for the delivery of health services, strengthening operational coordination with the State Ministry of Health and expanding reach and effectiveness of health services in Borno State.

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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