



PEOPLE AFFECTED

Across Adamawa, Borno and Yobe states:
6.9 million people in need of health assistance
5.9 million people targeted by the health sector

In Borno:

1.4 million internally displaced persons
5.2 million people expected to face food insecurity between June and August

IMPACT ON THE HEALTH SECTOR

Health facilities:

One third not damaged during the conflict
67% of the facilities not damaged are partially or fully functional
About 60% supported by at least one health partner

FUNDING NEEDS

Health Sector request

US\$ 93.8 million requested
93.3% funding gap

WHO funding request

US\$ 28 million
61% funding gap

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WHO Hard to Reach Team provide health assistance to the people living in insecure locations and areas with limited access to healthcare. WHO Nigeria.

WHO's top priority is to address the health needs of the most populations in north eastern Nigeria

WHO's Objectives

In collaboration with the Health Sector partners, the Federal and State Ministries of Health, WHO aims to:

- Deliver essential life-saving health assistance
- Increase the resilience of the health system
- Gather, analyse and share health information
- Coordinate the Health Sector response
- Develop plans to prepare for and respond to disease outbreaks
- Screen children for malnutrition regularly and ensure treatment of cases with complications

WHO actions and major achievement to date

Since August 2016, WHO has increased its operational presence on the ground to provide health assistance, health services and revitalise health infrastructure. WHO's main activities in collaboration with Health Sector partners include:

- Conducting multiple immunization campaigns against polio, measles and meningitis;
- Performing regular nutrition screening and referring cases with complications;
- Establishing an Early Warning and Response System (EWARS) currently active in 158 reporting sites;
- Supporting 35 mobile teams in least accessible locations in 25 Local Government Areas (LGAs);
- Conducting the evaluation of the functionality of 749 health facilities in Borno State through a Health Resources Availability Mapping System (HeRAMS) survey in January 2017;
- Training health staff on detection, case management and treatment of specific diseases and conditions



Operations on the ground

Increase access to essential health services

To ensure the functioning and resilience of the health system, WHO is leading both the revitalisation of the health care services, the provision of mobile services and coordinating the provision of supplies to health partners.

WHO signed a Memorandum of Understanding with the United Nations Development Programme (UNDP) to rehabilitate physically and operationally health facilities in Borno State, which will be prioritised according to the criteria of accessibility, scale of damage, population concentration, need, availability of staff and funding. Some partners have also started renovation or basic rehabilitation of health facilities damaged or destroyed during the insurgency. WHO trained and deployed 430 Community Oriented Resource Person (CORP) volunteers to provide integrated community case management consultations. Moreover, activities of Hard to Reach Teams now include routine immunizations (RIs), supplemental immunization activities (SIAs), maternal newborn and child health (MNCH), antenatal care services, malaria prevention among pregnant women, Diarrheal disease treatment and prevention, nutritional status screening of under five children and referral, treatment of minor ailments and referral for the general population.

Strengthen surveillance and early warning systems

In Borno State, WHO instituted an EWARS to ensure early detection, investigation and response to epidemic prone diseases and early notifiable events which is aligned to the national integrated disease and surveillance response (IDSR) guidelines with adjustment to meet the need of the humanitarian crisis. Mobile data collection technology is used to collect epidemiological information from a network of health facilities in 158 reporting sites located in 27 LGAs. Epidemiological bulleting indicating numbers and trend of malaria, measles, polio, acute respiratory infections, bloody diarrhoea acute watery diarrhoea and severe acute malnutrition are produced and disseminated on a weekly basis.

In February, the early detection and timely containment of a Lassa Fever outbreak. The patient was treated and discharged from the hospital healthy, and an isolation centre was set up in Borno for the management of disease cases that require isolation.

Outbreaks prevention and control

The protracted humanitarian crisis and persistent insecurity situation caused interrupted routine vaccination campaigns for many years. To prevent and control outbreaks, WHO along with other health partners is supporting the state in strengthening Expanded Programme on Immunization (EPI) activities. In Internally Displaced Persons (IPDs) camps, new arrivals from areas with low immunization coverage are prioritised for vaccinations. Host communities are equally included in the vaccination campaigns against the major immunization preventable diseases, such as polio and measles. Additionally, WHO has supported the state in developing a preparedness and control plan for cholera, malaria and meningitis.

Establishment of effective coordination and operations support

Health sector meetings are held on a bi-weekly basis to improve the coordination and targeting of the activities. Furthermore, WHO has directed and financed the construction of a State Public Health Emergency Operations Centre (EOC), which will start operations early June pending a formal inauguration after Ramadan.

Next steps and priorities

WHO has decided to adopt a sub-regional approach across the four Lake Chad basin affected countries, to increase its interventions, which will address the health needs of the displaced populations and host communities alike.

The main areas of interventions will be:

- Continuing to increase the immunization coverage against vaccine preventable diseases, particularly polio and measles;
- Strengthening early warning system by supporting weekly surveillance reporting and expanding the geographical coverage;
- Prepositioning contingency stocks and respond on time to cholera, malaria and meningitis outbreaks;
- Linking health and nutritional interventions and ensuring effective referral and treatment of severely malnourished patients to reduce the related levels of mortality;
- Increasing psychological and mental health support to the people exposed to high risk of psychological suffering;
- Establishing emergency response mechanisms to address sexual and gender-based violence and sexually transmitted diseases in collaboration with other players including (UNFPA and UN Women).