WHO is requesting US$ 1 million to address the health needs of the affected populations over the next six months.

**Overview**

Torrential rains in recent weeks have caused flash floods in many areas of West Africa and the Sahel region. In Nigeria, this has been the worst flooding in 50 years. It has left at least 431 people dead and over one million displaced (1.4 million according to UN-OCHA). The Federal Capital Territory and 35 out of 37 states have been affected. Of the 35 affected, 14 have suffered severe damage including destruction of bridges and civil infrastructure, health facilities and homes.

There are 550 000 damaged houses (UN-OCHA) and many families have relocated into makeshift camps. The rainy season is not yet over, and the recent, forced release of additional dams and reservoirs has increased the extent and impact of these floods.

The Government of Nigeria has now requested international assistance in responding to the flooding crisis and detailed multi-sector assessments in 14 of the worst-affected states are under way. The National Emergency Management Agency (NEMA) is coordinating the overall response to the emergency.

**Health situation and health risks**

Before the floods hit, most of the affected regions were facing a food crisis. Extended periods of under-nutrition and malnutrition due to the food crisis, combined with displacement, poor shelter, overcrowding and lack of access to safe water and sanitation, have rendered people vulnerable to disease.

Flooding can damage or cause the overflow of sanitation facilities and increase the risk of contamination of water sources. This facilitates the spread of diarrhoeal diseases such as cholera. It can also enhance mosquito breeding and increase vector-borne diseases such as malaria. The loss of shelter and exposure will also increase the risk of pneumonia and related deaths, especially in children under five years of age.

**Health priorities**

The goal of the health interventions is to prevent excess mortality and morbidity among the target population by restoring basic health services and supporting early detection and rapid response to communicable disease outbreaks.
The main priorities are:

1. To assess the health situation and public health threats in newly-flooded areas by deploying health staff as part of Government-led interagency teams.

2. To strengthen disease surveillance for early detection and rapid response to outbreaks by adapting data collection and reporting procedures, training health staff and volunteers in the Nigerian Red Cross, deploying additional surveillance officers and prepositioning supplies.

3. To support the efforts to restore access to basic and referral health care through the procurement and distribution of essential medicines and supplies, and the deployment of medical staff in highly affected areas.

4. To support the Ministry of Health (MoH) in coordination and planning.

**WHO Activities**

**Objective 1: Assess the health situation and public health threats in newly flooded areas**

Activities:

- Deploy epidemiologists and public health experts to support assessment of public health risks and the health system capacity to provide required health care.

- Coordinate joint health assessment and analysis to support response planning.

**Objective 2: Strengthen epidemic-prone disease surveillance and response to outbreaks**

Activities:

- Set up sentinel sites (including reporting tools, mobile phones for data transmission, health worker training, etc.): Health facilities (MoH and NGOs) in the affected areas will be part of the disease surveillance system and will collect, analyze and transmit data on diseases using a standardized format and case definition.

- Support case investigation and assessment of health needs (per diem, transport, equipment): following an epidemic-prone disease alert, an investigation will be conducted to assess the situation, analyze the index case (first case) and contact persons, collect samples for confirmation and set up immediate control measures. Investigation teams are composed of one epidemiologist, one clinician (nurse or medical doctor), one laboratory expert and one health environmental engineer.

  - Provide refresher training for health workers in the management of water and vector borne disease cases (malaria and potential haemorrhagic fevers, diarrheal disease, etc.).

  - Prepositioning of supplies for rapid response to disease outbreaks (e.g. Inter-Agency Diarrhoeal disease kits (IDDKs), anti-malarial medications and laboratory sampling equipment). These supplies will be pre-positioned mainly in high-risk districts (based on risk factors such as access to potable water and sanitation, overcrowded population, accessibility and security at the pre-positioning point, availability of storage capacity and means of transport).

**Objective 3: Restore access to basic and referral health care including curative and preventive health services**

Activities:

- Support the deployment of additional health workers to increase access to health care: nurses and medical doctors will be deployed to the operational health centres (including referral centres) in flood affected regions. Training will be provided to health workers for detection and management of complications related to moderate and severe malnutrition. WHO will work with local NGOs to improve access to basic health care.

- Provision of essential medicines and medical supplies to manage common illnesses. Inter-Agency Emergency Health Kits (IEHKs) and medical supplies will be provided to cover basic health care services addressing most of the common diseases (acute respiratory infections, diarrhoeal diseases, malaria, etc.).

- Support referral services by supporting minimal rehabilitation of affected referral centers. Support will also be provided to nutrition
stabilization centers to deal with medical complications associated with severe and moderate malnutrition cases.

Objective 4: Support health partners through coordination and response planning to address the health needs of flood affected populations

Activities:
WHO will deploy staff to support the coordination of health partners. The team will be composed of one emergency public health officer, one epidemiologist/data manager and one information/communication officer. The main tasks of the team are to:

• Lead and coordinate the joint planning process in the health sector by conducting a needs analysis to inform the development of a joint health response strategy and plan.
• Implement the WHO Early Warning and Response System (EWARS) to monitor potential communicable disease outbreaks and coordinate EWARS implementation with all partners.
• Provide technical assistance to health partners, in health assessments, strategic planning, implementation, monitoring and evaluation.
• Engage other clusters/sectors such as Water, Sanitation and Hygiene (WASH), Food Security and Nutrition to facilitate synchronized actions, and identify ways to increase coverage of life-saving health interventions.

Expected results
The results expected from these interventions are:
• Disease surveillance in the most-affected areas reinforced to promptly detect and control disease outbreaks.
• Increased access to health services through the fielding of additional health staff and the provision of essential medicines and supplies to affected areas.
• Country coordination of health partners and interventions reinforced for effective use of scarce resources and greater impact.

Funding required
WHO is supporting health authorities and health partners to coordinate the response to the flood-affected population. Technical experts and medical officers are required to support MoH and health partners to monitor public health risks, address health priorities, reinforce epidemic surveillance and response, and strengthen intra and inter-sectoral coordination.

WHO requires US$ 1 million to address the health needs of affected populations in the next six months.

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