

## Situation report # 26

18 FEBRUARY TO 03 MARCH 2017

### NIGERIAN CONFLICT - Armed conflict in the North East




Healthcare worker in personal protective garb provided by WHO


	<b>5,919,913</b> PEOPLE IN NEED (HEALTH 2017)	<b>1,506,170</b> TOTAL IDP* BORNO STATE		<b>1,899,830</b> TOTAL IDP* NE REGION		<b>1,891,160</b> CHILDREN VACCINATED AGAINST POLIO
--	---	---	---	---	---	--

WHO	HIGHLIGHTS
-----	------------

#### MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

	30	INPATIENT SAM KITS TO HOSPITALS
	10	IEHK complete DISTRIBUTED TO SMOH HEALTH FACILITIES and PARTNERS
	1	IDDK KIT DISTRIBUTED TO PARTNER
	9	IDDKs PREPOSITIONED IN MAIDUGURI
	10	IDDKs HANDEDOVER TO SMOH


#### WHO FUNDING REQUIREMENTS 2017 US\$ ++

	7 M US\$	19% FUNDED
	37 M US\$	REQUESTED


#### BORNO HEALTH SECTOR

	19	HEALTH SECTOR PARTNERS
	5.9M	TARGETED POPULATION

#### HEALTH FACILITIES (PHC - BORNO)

	749	TOTAL NUMBER OF HEALTH FACILITIES†
	288	HEALTH FACILITIES FUNCTIONING†


#### HEALTH ACTION - 2017

	108927	CONSULTATIONS**
	356	REFERRALS†

#### CHILDREN VACCINATED

	1,891,160	POLIO***
--	-----------	----------

#### BORNO EWARS WEEKLY

	160	EWARS SENTINEL SITES
	98	REPORTING SENTINEL SITES
	19	ALERTS RAISED

#### HEALTH SECTOR FUNDING US\$ (HRP 2017)\*\*\*\*

	3.2 %	FUNDED
	US\$ 93.8M	REQUESTED

- **Borno State confirmed an outbreak of Lassa fever in Zabarmari, Jere LGA.** It was the first case in nearly five decades. The case was isolated from a 32-year old woman admitted at Umaru Shehu hospital, Maiduguri.
- **WHO supported the Ministry of Health to contain the spread of the outbreak by tracing and monitoring 59 contacts.** WHO also trained health workers and provided personal protection equipment including gloves, boots, goggles and masks, decontamination products, infrared thermometers as well as laboratory supplies.
- **The health sector partners under the leadership of the World Health Organization, ratified its 2017 humanitarian response strategy.**
- **A draft cholera preparedness plan was developed in collaboration with SMOH and other Health Sector partners with a view to identifying high risk areas and IDPs camps, establishing Cholera Treatment Centres (CTC), building capacities and empower communities for response.**
- **A Sub-national Immunisation Plus Days (SIPDs) targeting 1.9m children (0-59months) in 24 out of 27 LGAs was implemented between February 25 – 28, 2017.**

\* IOM DTM Nigeria Round XIV Dataset of Site Assessment.  
 \*\* Total consultations from Borno State IDPs camps since Epidemiological Weeks 1-7  
 \*\*\* Number of Polio vaccinated children with Oral Polio Vaccine/Inactivated Polio Vaccine in Borno State in the January OBR 2017.  
 \*\*\*\* Revised funding figures as reflected in the OCHA Financial Tracking Systems.  
 † Figures to be revised at later time.

**Situation update** Boko Haram insurgency continues in the form of suicide bombings (PIED) and armed attacks resulting in casualties. Suicide attacks continue to occur in the military locations and IDP camps in Maiduguri.

The Nigerian Army troops encountered Boko Haram insurgents at Chikin Gudu, Marte LGA. Scores of the insurgents were reportedly killed, with 14 prisoners captured and two gun trucks as well as arms and ammunitions recovered. Four soldiers were reportedly injured.

As per IOM Displacement Tracking and Matrix (DTM) round XIV undertaken in January 2017, total IDP population is 1,506,170 in Borno state. It is an increase by 8% from the round XIII (December 2016). The population in camp increased by about 53%. The number of IDP sites increased from 126 to 143.

- Epi Updates**
- **Polio:** No new cases of polio have been reported.
  - **Viral Hemorrhagic Fever:** A case of Lassa fever was confirmed 28<sup>th</sup> February 2017. The index case was isolated at a ward in Umaru Shehu hospital, Maiduguri. Fifty-nine people who had contact with the index case were identified and being monitored for 21 days according to WHO protocols to ensure that any Lassa fever-related occurrence is immediately contained.

**Early Warning Alert and Response System (EWARS):** In Epidemiological Week 7 - 2017, a total of 98 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 61% and timeliness was 64% (target 80% respectively). Nineteen indicator-based alerts were received and 68% was verified.

Figure 1a | Proportional morbidity (W7)

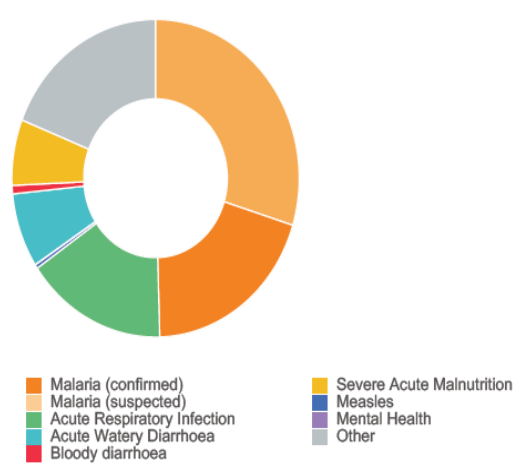
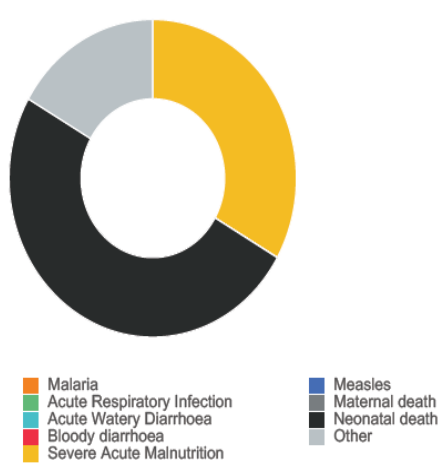
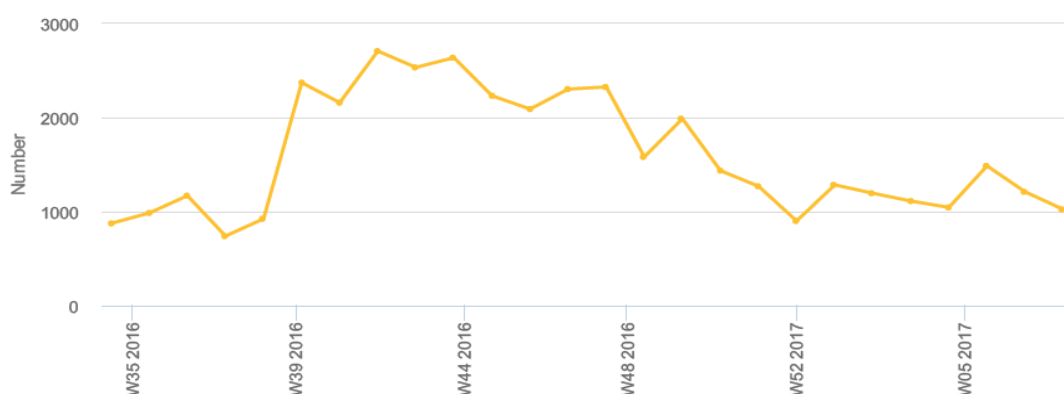


Figure 1b | Proportional mortality (W7)



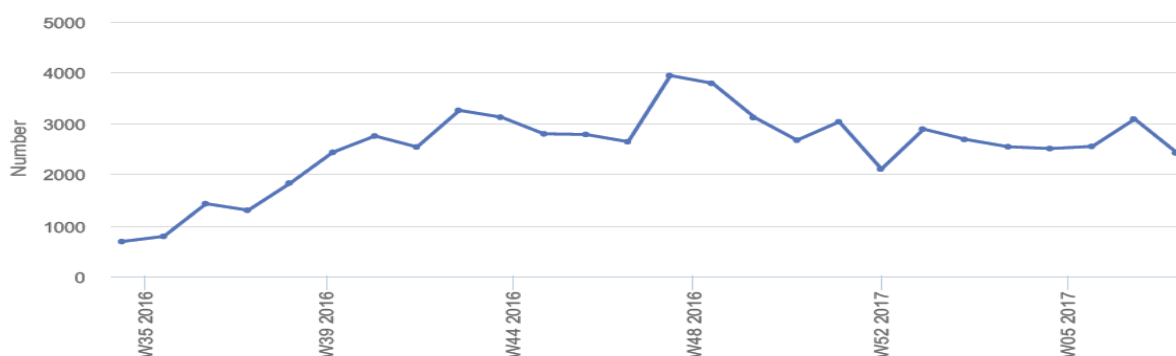
- **Measles:** Between Epi Weeks 34-2016 to Week 7-2017, a total of 2,354 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 7, 61 suspected cases were reported.
- **Malaria:** Between Epi Weeks 34-2016 to Week 7-2017, a total of 156,232 suspected cases and 92,640 confirmed cases (18% of morbidity) of malaria were reported from EWARS reporting sites in 13 LGAs. There were no deaths reported due to malaria during this week.
- **Neo-natal deaths:** Three reported neo-natal deaths
- **Maternal death:** No maternal death was reported.
- **Acute Watery Diarrhoea (AWD):** In Epidemiological Week 7, 1157 cases of AWD were reported with no deaths.

- **Severe Acute Malnutrition (SAM):** In Epi Week 7, the number of Severe Acute Malnutrition (SAM) remains 1000 and two deaths related to SAM.



*Weekly trend of SAM cases reported through EWARS in Borno State from Week 34-2016 to Week 7-2017*

- **Acute Respiratory Infection (ARI):** In Epi Week 7, 2420 cases of Acute Respiratory Infection were reported representing 13% of the reported morbidity. There were no deaths due to ARI.



*Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 7-2017*

**Health Operations: Hard-to-Reach Teams (H2R)** vaccinated 33,889 children 0-59month with OPV in February 2017, dewormed 11,575 with Albendazole tablet and consulted 16,108 clients including 238 referrals. The team also screened 16,974 children for malnutrition, out of which 1.1% was categorized as severely malnourished while 7.1% was moderate.

- In addition to the existing 24 hard-to-reach teams, 11 teams were trained and will be deployed soon to expand the scope of the integrated healthcare services provided by the hard-to-reach teams.
- 150 Community Resource Persons have been trained on Integrated Community Case Management of minor ailments, malnutrition screening and health promotion.
- Presently, 282 trained CORP provide integrated healthcare services including treatment of minor ailments such as malaria, diarrhea and pneumonia, malnutrition screening and health promotion.
- **Health Sector Coordination: WHO and Partners ratify 2017 Health Sector Strategy for Northeast, Nigeria**
- With a hindsight of its achievements and challenges in 2016, the health sector partners under the leadership of the Borno State Ministry of Health and the World Health Organization, held a workshop to ratify its 2017 health sector strategy.

Health Response

	<ul style="list-style-type: none"> <li>The overarching aim of the sector is to provide life-saving health assistance to the affected populations especially IDPs, people in need in host communities and those returning to areas of origin with specific attention to children under five, women of reproductive age and the elderly.</li> <li>Three objectives were discussed extensively at the groups-work levels including the provision of life-saving and life-sustaining humanitarian health assistance to the affected IDPs and host populations; the expansion and strengthening of the communicable disease surveillance, outbreak prevention, control and response, and; the strengthening of the health sector coordination and health information systems.</li> <li><b>Health Logistics:</b> The inventory of the Central Medical Store (CMS) has been completed. UNICEF and WHO store keepers are encoding the information on a spreadsheet.</li> <li>WHO SIMS (Stock and Inventory Management System) software is being reviewed by the WHO Operations and Supply Logistics (OSL) and UNICEF logistics team for possible use in the CMS.</li> <li>WHO supported the State MoH to distribute urgently needed Basic Health Kits from CMS to health partners.</li> </ul>															
<b>Public health concerns</b>	<b>Key public health concerns:</b> <ul style="list-style-type: none"> <li>Cholera and meningitis are threats in the coming months and outbreaks are likely.</li> <li>Upward review of import duty on antimalarial drugs and antibiotics is likely to hike the cost of malaria and fighting epidemics to increase the burden on already vulnerable populations and.</li> <li>Lack of qualified human resources, essential medicines and the destruction of medical facilities continue to hamper the delivery of lifesaving health interventions.</li> </ul>															
<b>Health priorities and gaps</b>	<b>Health Priorities and Gaps</b> <ul style="list-style-type: none"> <li>Containment of Lassa fever outbreak</li> <li>Preparedness for cholera and meningitis for a coordinated response</li> <li>Malaria prevention and control measures to address the high level of morbidity</li> <li>Pilot of a mortality survey in Monguno LGA</li> <li>Expansion and strengthening of the Early Warning Alerts and Response System (EWARS)</li> <li>Filling the critical gaps in healthcare services delivery through mobile teams and outreach services</li> <li>Community mobilization on key health issues and public health risks</li> <li>Revitalization of damaged/destroyed health facilities</li> <li>Maintenance of supply chain of the essential medicines and supplies</li> <li>Regular nutrition screening in all the catchment areas.</li> </ul>															
<b>Resource Mobilization</b>	<table border="1"> <thead> <tr> <th>NAME OF APPEAL</th> <th>AWARDEE</th> <th>REQUIRED FUNDS</th> <th>FUNDED</th> <th>PROPORTION FUNDED</th> </tr> </thead> <tbody> <tr> <td>HRP-2017</td> <td>WHO</td> <td>US\$ 37,170,501</td> <td>US\$ 7M</td> <td>19 %</td> </tr> <tr> <td>HRP 2017</td> <td>HEALTH SECTOR</td> <td>US\$ 93,827,598</td> <td>US\$3M</td> <td>3.2%</td> </tr> </tbody> </table>	NAME OF APPEAL	AWARDEE	REQUIRED FUNDS	FUNDED	PROPORTION FUNDED	HRP-2017	WHO	US\$ 37,170,501	US\$ 7M	19 %	HRP 2017	HEALTH SECTOR	US\$ 93,827,598	US\$3M	3.2%
NAME OF APPEAL	AWARDEE	REQUIRED FUNDS	FUNDED	PROPORTION FUNDED												
HRP-2017	WHO	US\$ 37,170,501	US\$ 7M	19 %												
HRP 2017	HEALTH SECTOR	US\$ 93,827,598	US\$3M	3.2%												
	<p>Contacts: Dr. Wondimagegnehu Alemu (WR); +234 813 173 6282; email: <a href="mailto:alemuw@who.int">alemuw@who.int</a></p> <p>Mr. David Wightwick (IM); +234 703 178 1781 email: <a href="mailto:wightwickd@who.int">wightwickd@who.int</a></p> <p>Dr. Jorge Martinez (HCC); +234 813 173 6263; email: <a href="mailto:martinezj@who.int">martinezj@who.int</a></p> <p>Dr. Mary Stephen (DPC) +234 803 659 1332; email: <a href="mailto:stephenm@who.int">stephenm@who.int</a></p> <p>Dr. Chima E. Onuekwe; Comms Officer; +234 8035354876; <a href="mailto:onuekwec@who.int">onuekwec@who.int</a></p>															