



World Health Organization

REGIONAL OFFICE FOR

Africa

Situation report # 2
22-AUG-2016

NIGERIA

Armed conflict in the Northeast



Hard-to-reach team providing immunization services in Borno state.
(WHO 2016)



WHO

06 EMERGENCY STAFF IN THE COUNTRY

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

03 IEHK Complete (Being Shipped)



FUNDING US\$

11 % FUNDED
24.7M REQUESTED



HEALTH SECTOR

15 HEALTH SECTOR PARTNERS
2,600,000 TARGETED POPULATION

HEALTH FACILITIES (PHC - BORNO)

622 TOTAL NUMBER OF HOSPITALS†
299 HOSPITALS FUNCTIONING†



HEALTH ACTION

72,961 CONSULTATIONS†
365 REFERRALS†



VACCINATION AGAINST

84, 630 POLIO†
83, 494 MEASLES†



EWARN

Not yet established



FUNDING US\$ (HRP 2016)**

11% % FUNDED
US\$ 24.7 REQUESTED



HIGHLIGHTS

- Emergency team met key health sector partners on the ground; OCHA, MSF, ICRC and UNFPA to review health response and coordination
- Estimated 750,000 - 800,000 persons in dire need of health sector interventions in the newly liberated areas of Borno state
- Access constraints continue to hamper delivery of health care in many parts of the Northeast.

*coverage for one month

**To be revised

† July figures for Borno state only

‡ HRP 2016

Situation update

A total of 14.8 million people affected across the 4 states (Adamawa, Borno, Gombe and Yobe) with more than 2.2 million internally displaced (10% in IDP camps and 90% in host communities) from their homes and about 7 million people requiring humanitarian assistance.

An estimated 3 million people were living in areas that have been inaccessible for most of 2015. The Nigerian government intensified its military campaign and has dislodged the insurgents freeing some of the territories. About 800,000 persons are now in newly liberated areas. Initial polio outbreak response in 5 LGAs(Jere, Gwoza, Bama, MMC) was completed on 18th August 2016.

Effort to engage military and civilian Joint Task Force(JTF) for vaccination in security compromised area is on-going

Public health concerns

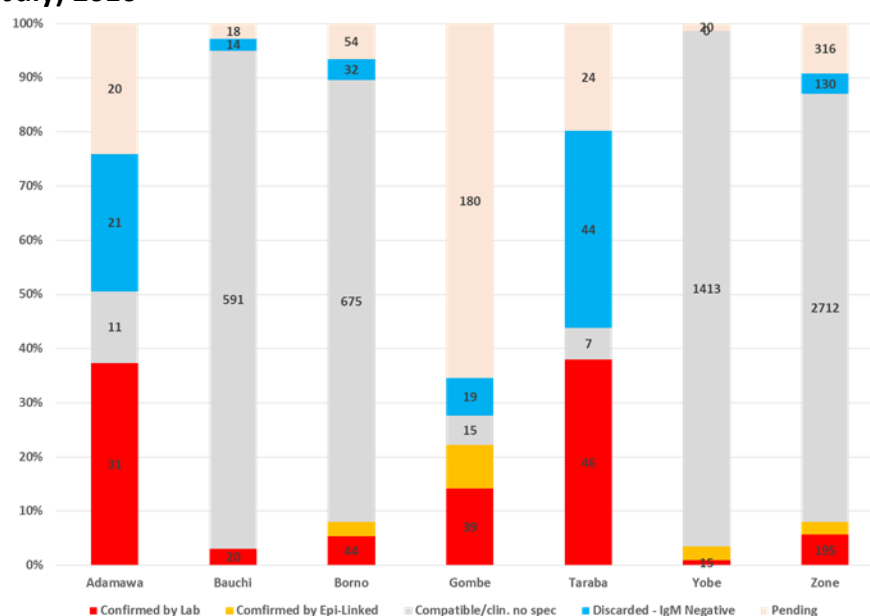
9 – 14% Severe Acute Malnutrition (SAM)is reported among children under five years (highest in the newly liberated areas of Borno state)¹.

Poor Water, Sanitation and Hygiene (WASH) conditions in the camps and host communities particularly in the newly liberated areas. The rainy season poses an increased risk of cholera outbreak.

Early Warning Alert and Response System (EWARS) is not yet established 3, 700, 000² persons are in need of health interventions in 4 states (Adamawa, Borno, Gombe and Yobe).

Measles outbreak in Yobe and Borno states still on-going

Suspected Measles Cases by Classification Status by Districts (January – July) 2016



Health needs, priorities and gaps

The needs and priorities and gaps remain the same

- Provision of primary health care services to the affected population
- Case management of severe acute malnutrition

¹ MSF/ALIMA Rapid Assessment

² 2016 HRP

- Establishment of Early Warning Alert and Response System (EWARS)
- Control of ongoing Polio and measles outbreaks
- Provision of essential medicines and supplies

WHO action

- The 3Ws mapping is on-going in Borno; the first draft shows 8 INGOs and 3 United Nations agencies supporting the State Ministry of Health (SMoH) and State Primary Health Care Development Agency (SPHCDA) in providing services to the affected population, including in-patient care³.
- 22 local government areas (LGA) are regularly reached by the WHO hard-to-reach teams who provide immunization, out-patient care, health education and surveillance in Borno. 15 of these teams (68%) are mobile covering multiple locations of in each LGA
- 42 WHO hard-to-reach teams are operational in Adamawa, Borno and Yobe states.
- WHO is supporting 100 Community Resource Persons (CoRPs) providing Integrated Community Case Management (ICCM) of childhood illnesses in 15 IDP camps and 45 host communities.
- Emergency team in Maiduguri met with Borno state health authorities to discuss the process of developing health sector response plan. They have agreed on the key steps for the way forward including the timeline for rapid need assessment

Resource mobilization

The funding requirement will be reviewed with the health response plan

FUNDING STATUS OF APPEALS US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	HRP 2016	US\$ 5,031, 200	US\$ 350,000	7%
HEALTH SECTOR	HRP 2016	US\$ 24,748,290	US\$ 2, 722, 312	11%

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