



Situation report # 23
28 JANUARY TO 3 FEBRUARY 2017

NIGERIAN CONFLICT - Armed conflict in the North East



Hard to Reach Team conducting medical consultations in Maitakuruki village in Borno state (Photo: WHO)

Summary statistics: 5,919,913 PEOPLE IN NEED (HEALTH 2017), 1,370,880 TOTAL IDP\* BORNO STATE, 1,770,444 TOTAL IDP\* NE REGION, 1,769,067\* POLIO CHILDREN VACCINATED, 17,242 CONSULTATIONS BY WHO' MOBILE TEAMS

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

18 HEALTH SECTOR PARTNERS
5.9M TARGETED POPULATION

HEALTH FACILITIES (PHC - BORNO)



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

HEALTH ACTION-2017



68,202 CONSULTATIONS\*\* FROM IDPS CAMPS
122 REFERRALS†

CHILDREN VACCINATION



1,769,067 POLIO\*\*\*

BORNO EWARS



91 OUT OF 160 REPORTING SITES

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



93.8 M US\$ 7.5 % FUNDED
US\$ 93.8M REQUESTED

- The mass measles vaccination campaign has concluded across Borno state; total 2,915,712 children have been vaccinated out of target of total 3,113,620 children of age group 6 months to 10 years in 25 LGAs with 94% coverage. The measles vaccination campaign, conducted in partnership with Nigerian government, WHO and several non-governmental organizations, also included vitamin A supplement for all children under five to boost their immunity and as well deworming tablets.
A draft cholera preparedness plan is on the works in close consultation with SMOH and Health Sector Partners. The main priority areas identified to be review are existing epidemiological data, identification of high-risk "hot spots" geographical areas and IDP camps, mapping of health facilities for establishment of Cholera Treatment Centres (CTC), trainings and community mobilization activities.
In Epi week 3,873 cases of AWD were reported including 106 cases from Monguno Camp Clinic in Maiduguri. 3, 2,168 cases of Acute respiratory infection were reported representing 16 % of the reported morbidity. One death due to ARI was reported from Whitambaya Dispensary.
WHO (in collaboration with UNICEF) will support the State MoH for comprehensive inventory/stock management at the Central Medical Store/Warehouse of the Borno State MoH.

\* IOM DTM Nigeria Round XIII Dataset of Site Assessment
\*\* Total consultations from Borno State IDPs camps since Epidemiological Weeks 1-4.
\*\*\* Number of Polio vaccinated children with Oral Polio Vaccine/Inactivated Polio Vaccine in Borno State in the December campaign.
\*\*\*\* Number of Measles vaccinated children in Routine Immunization activities.
\*\*\*\*\* Revised funding figures as reflected in the OCHA Financial Tracking Systems.
†† Figures to be revised at later time

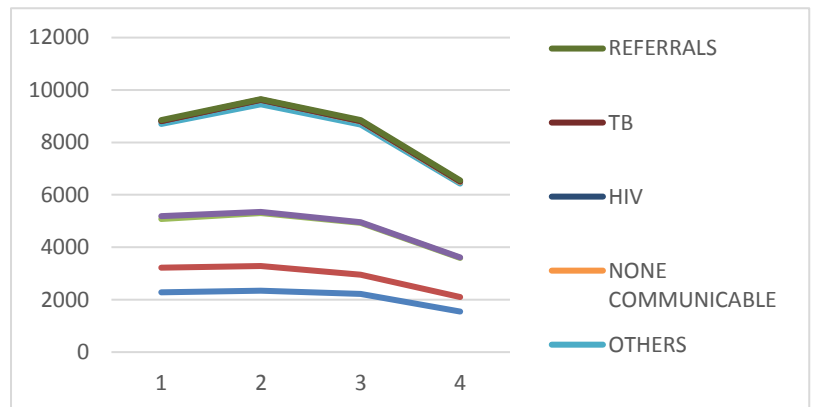
## Situation update

- During the reporting period, clashes continued within Borno State between Nigerian Armed Forces and Boko Haram insurgents in the Damboa LGA. On 31 January insurgents also attacked a Police van escorting prisoners in Maiduguri. Suicide attacks continue to occur in the form of PBIED attacks. These occurred on a mosque in Maiduguri where two persons were killed. Another suicide attack occurred on 30 January near an IDP Camp gate close to WFP/INTERSOS compound in Banki town in Bama LGA. On 29th January 2017, Nigerian soldier was killed by planted IED along Talala – Ajigin axis in Damboa LGA in Borno State. Arrests continue to be made by security forces within Maiduguri of suspected Boko Haram insurgents.
- WHO is scaling up the number of community resource persons (CORP) to 500 with funding support of USAID. The CORPs are volunteer community-based health worker that are trained to classify and treat key childhood illnesses, and also to identify children in need of immediate referral (ICCM-Integrated Community Case Management and IMCI-Integrated Management of Childhood Illness) and are an important tool for reducing mortality, especially among marginalized children who otherwise have limited or no access to lifesaving treatment.
- In the WHO managed EWARS system, 160 reporting sites (including 26 IDP camp clinics) are enrolled in 13 LGAs. 91 out of 160 (57%) health facilities reported (Target: 80%) with 59% timeliness (Target: 80%). 22 Indicator-based alerts were raised with 73% verified (Target 90%).
- In Epi week 3, 873 cases of AWD were reported including 106 cases from Monguno camp clinic in Bakasi Camp. Investigations were conducted last week and a sample taken. The culture result was negative for *vibrio cholera*. In Week 3, 2168 cases of Acute respiratory infection were reported representing 16 % of the reported morbidity. One death due to ARI was reported from Whitambaya Dispensary. 19 measles alerts reported in week 3 & 4, eight children have received vaccination recently, which is expected after mass vaccination campaign.

## Epi Updates

- **Polio:** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week.
- **Epidemiological situation in IDPs camps:**

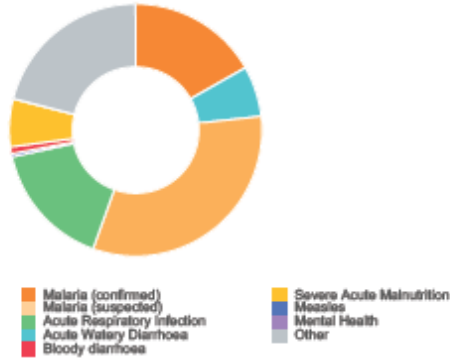
During Epidemiological (Epi) Week 4 total 6,616 consultations were reported from 30 IDP camps including 1457 cases of malaria, 1492 cases of Acute Respiratory Infections (ARI) and 553 cases of watery diarrhoea. 30 referrals were also reported.



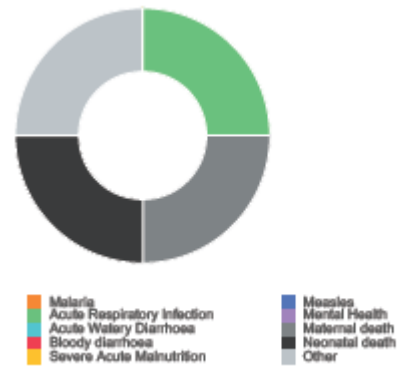
- **Early Warning Alert and Response System (EWARS):** In Epi Week 3-2017, a total of 91 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 57% and timeliness was 59% (target 80% respectively). Twenty-two indicator-based alerts were received and 73% were verified.

(Note: the epi week-4 data is under process at the time of preparation of this Sitrep)

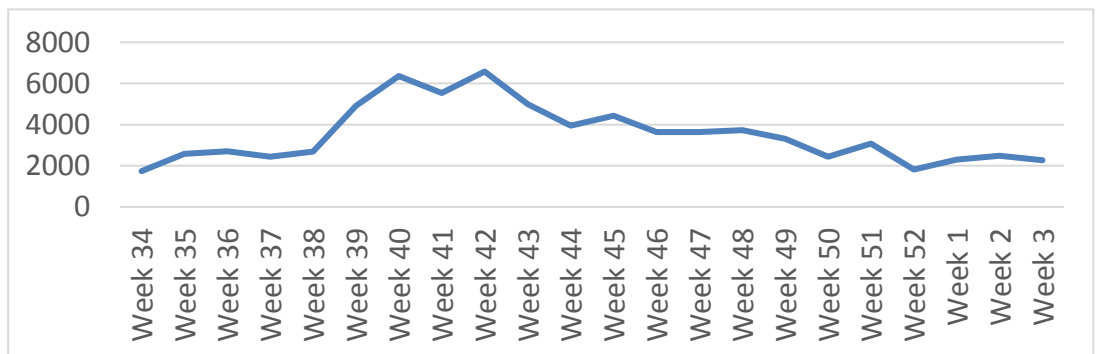
Proportional Morbidity in Epi Week 3-2017



Proportional mortality in Epi Week 3-2017



- Measles:** Between Epi Weeks 34-2016 to Week 3-2017, a total of 1,986 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 3, 54 suspected cases were reported with 87% of them under 5 years old.
- Malaria:** Between Epi Weeks 34-2016 to Week 3-2017, a total of 133,861 suspected cases and 77,619 confirmed cases (18% of morbidity) of malaria were reported from EWARS reporting sites in 13 LGAs. The number of Malaria cases peaked in week 42 and has decreased until week 52 (1731). In week 3 the number of confirmed Malaria cases is 2256. There was no death due to malaria.



Weekly trend of confirmed Malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 3-2017

- Acute Respiratory Infection (ARI):** In Epi Week 3, 2168 cases of Acute respiratory infection were reported representing 16 % of the reported morbidity. One death due to ARI was reported from Whitambaya Dispensary.

Figure 3a | Age breakdown

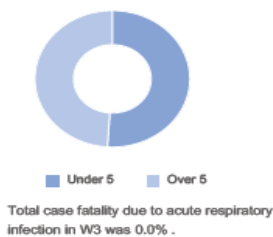
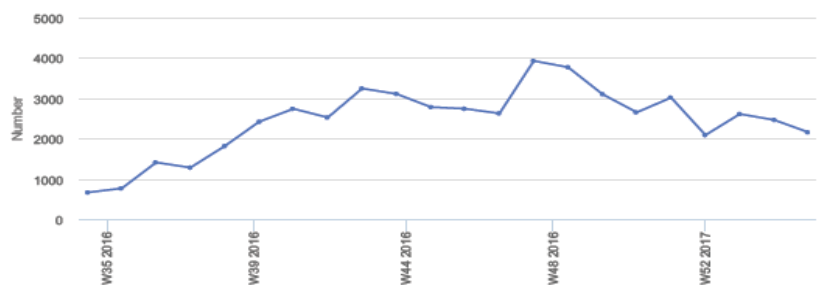


Figure 3b | Trend in number of cases over time (Borno State)



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 3-2017

- **Acute Watery Diarrhoea (AWD):** In Epi week 3, 873 cases of AWD were reported including 106 cases from Monguno Camp Clinic, Bakasi. Investigations were conducted last week and a sample was taken and negative for v. cholerae.

Figure 4a | Age breakdown

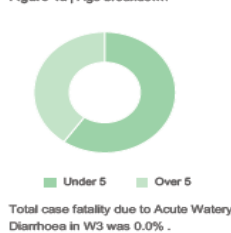
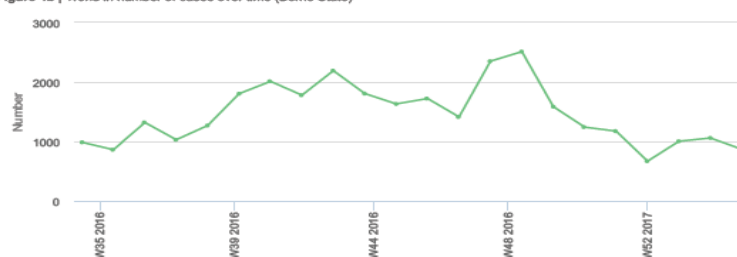


Figure 4b | Trend in number of cases over time (Borno State)



- **Severe Acute Malnutrition (SAM):** In Epi Week 3, 824 cases of SAM were reported. No deaths were recorded.
- **Neo-natal deaths:** One neo-natal death was reported from Dalaram PHC.
- **Maternal death:** One maternal death was reported from Town dispensary.
- **Viral Haemorrhagic Fever (VHF):** No reported VHF case.

### Public health concerns

The following are the key public health concerns:

- Cholera and meningitis are a threat in the coming weeks and months and outbreaks of epidemics are expected, particularly with the start of the rainy season in April.
- Warmer temperatures within two months when the temperature will rise again continue to increase the risk and incidence of malaria which has become endemic in the North East Region.
- The upward review of import duty on antimalarial drugs and antibiotics is likely to increase the burden on already vulnerable populations and drive up the cost of treating malaria and fighting epidemics.
- The need for food assistance is likely to increase even further from March, when stores from 2016' low-yielding harvest run out, marking the start of the annual lean season.
- Lack of qualified human resources, essential medicines and the destruction of medical facilities continues to hamper the delivery of lifesaving health interventions.

### Health priorities and gaps

- Control of ongoing polio and measles outbreaks;
- Cholera and meningitis preparedness plan and a coordinated response;
- Malaria prevention and control measures to address the high level of morbidity;
- Expansion and strengthening of the early warning and response system
- Filling critical gaps in the health services delivery through mobile teams and outreach services.
- Community mobilization on key health issues and public health risks.
- Revitalization of health facilities damaged/destroyed during the conflict.
- Maintain supply chain of the essential medicines and supplies.
- Prevent further deterioration of the health system by filling critical gaps in the primary health care services delivery, essential medicines and medical supplies to care for the affected population.
- Nutrition screening is not regularly conducted in all the catchment areas to timely detect severe acute malnourished children with complications.

### WHO action

**Surveillance and outbreak response:** During the reporting week progress was made on the cholera preparedness plan under the Borno State SPHCDA. Two meetings were conducted under Health Sector coordination mechanism, which were attended by health sectors partners with the

commitment to be part of the cholera preparedness plan. The key points discussed and followed up are:

- **Surveillance:** Review epidemiological data to identified “hot spots” wards/LGAs in addition to high risk IDPs camps. WHO Surveillance and WASH Sector colleagues will develop criteria for prioritization using population concentration, epidemiological data and WASH criteria.
- **Assessment and mapping** of the health facilities to identify locations to establish Cholera Treatment Center (within the facility or in the community as tented CTC).
- **Capacity building:** Training of hospital staff on CTC management and cholera case management
- **Community awareness and education:** community mobilization and training of volunteers.
- The next meeting for the Cholera Preparedness partners meeting will held on Friday 17<sup>th</sup> February.

**Health operations:** The Mobile Hard to Reach Teams (H2R), covering 24 LGAs have performed a total of 4,427 consultations bringing the total number of consultations to 17,242 (since 1<sup>st</sup> January). 3,538 children received deworming treatment. 2,918 children were screened for malnutrition (with MUAC). 90% (2,618) of the children had a Green MUAC, 7% (215) were found yellow and 3% (85) were diagnosed severely malnourished (Red MUAC). 2,661 children received Polio vaccinated during the campaign.

The national mass measles vaccination campaign concluded last week and 2,915,712 children were vaccinated during the campaign. The total coverage is 94% while the coverage survey will be conducted in two weeks’ time.

68 new CORPs were trained on ICCM (Integrated Community Case Management) and IMCI Integrated Management of Childhood Illness). The teams are now deployed in their respective communities. 57 new supervisors were also trained the same week on supervision of ICCM, and they will be linked with CORPS and the Nigerian Health system. They will be responsible of supervision, drugs supply and data collection of the CORPS teams.

**Health Logistics:** WHO (in collaboration with UNICEF) will support the state MoH for comprehensive inventory counting and stock management at the Central Medical Stores/Warehouses. WHO is supporting the partners for custom clearance, wavier applications and identification of pre-qualified vendors in Nigeria. WHO in Maiduguri have completed a preliminary supply pipeline analysis that identified a pending and fast approaching problem for many health partners related to drug and supply stock ruptures.

**Nutrition:** The Hard to Reach (H2R) team screened a total of 2,918 children 6 -59 months in the reporting week in Borno state. About 85 (2.9%) children were identified as Severely Acute Malnourished (SAM), 215 (7.4%) were Moderately Acute Malnourished (MAM) whereas the remaining 2,618 (89.7%) children had satisfactory nutritional status based on MUAC.

The below table reflects the nutritional status of the children 6-59 months assessed in the 22 LGAs.

	Boys	%	Girls	%	Total	%
Screened	1334		1584		2918	
Green	1189	89.1	1429	90.2	2618	89.7
Yellow	89	6.7	126	8.0	215	7.4
Red	56	4.2	29	1.8	85	2.9

**Resource mobilization**

- **WHO's 2017 HRP seeks more than US\$37 million to address the health needs of the affected population in the three most affected states of Adamawa, Borno and Yobe.**
- *For the 2017 health response, WHO has received an approval of grant from USAID/OFDA with a total amount of three million USD, which will be utilized for the health sector coordination in three states of Adamawa, Borno and Yobe and for disease surveillance and outbreak response. Another grant of 4 million USD from USAID has been approved for provision of essential health services delivery to the affected population in Borno state.*

**Funding status of appeals-2017 (in US\$)**

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	HRP-2017	US\$ 37,170,501	7 M US\$	19%
HEALTH SECTOR	HRP 2017	US\$ 93,827,598	7M US\$	7.5%

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