World Health Organization
REGIONAL OFFICE FOR Africa

Situation report # 25

11 FEBRUARY TO 17 FEBURARY 2017

NIGERIAN CONFLICT - Armed conflict in the North East

Public Health Emgergency Operation Centre (PHEOC) Steerging Committee meeting in Maiduguri graced by Honoroubale Commissioner and Chaired by Permanet Secretarary, SMOH, Borno (Photo: WHO)

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

WHO

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS

30	INPATIENT SAM KITS TO HOSPITALS
10	IEHK complete DISTRIBUTED TO SMOH HEALTH FACILITIES and
1	PARTNERS
9	IDDK KIT DISTRIBUTED TO PARTNER
10	IDDKs PREPOSITIONED IN MAIDUGURI
	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 - BORN0)

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

HEALTH ACTION-2017

68,202	CONSULTATIONS**
122	REFERRALS†

CHILDREN VACCINATION

1,891,160	POLIO***

BORNO EWARS WEEKLY

160	EWARS SENTINEL SITES
90	REPORTING SENTINEL SITES
29	ALERTS RAISED

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

	7.5 % FUNDED
US$ 93.8M	REQUESTED

** IOM DTM Nigeria Round XIV Dataset of Site Assessment.*
*** Total consultations from Borno State IDPs camps since Epidemiological Weeks 1-6.*
**** 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

HIGHLIGHTS

- Borno State PHEOC steering committee chaired by the Permanent Secretary Dr. Abubakar, Borno State MOH met on the 13th of February. The meeting was graced by Honourable Commissioner who expressed his heartfelt appreciation to WHO for establishing State PHEOC.
- 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), capacity building and community mobilization activities.
- In Epi week six 1,425 **cases** of AWD were reported which are mostly from Maiduguri, Jere and Konduga. **2,873 cases** of Acute Respiratory Infection were reported representing 17 % of the reported morbidity. One death due to ARI, one due to malnutrition and one maternal death were reported.
- A case of confirmed VDPV 2 form Environmental specimen collected 15/01/17 at Shafa bridge site, Bauchi LGA. Four confirmed WPV 1 in Jere (1), Gwoza (1) and Monguno (2) LGA Borno State in 2016.
- The national mass measles vaccination campaign January 2017 concluded with a record number of 2,915,712 children vaccinated during the campaign. The administrative coverage is 94%.

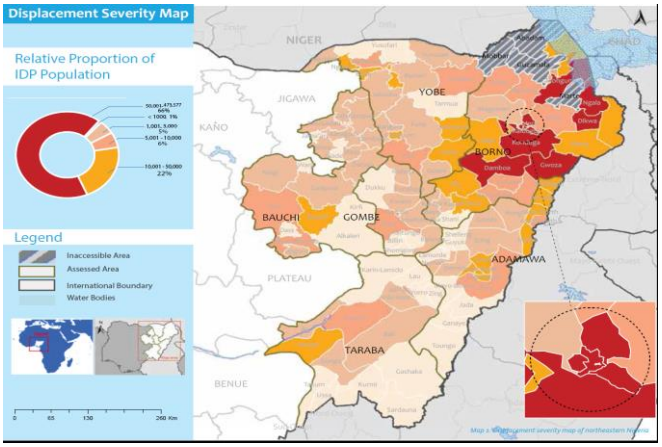
Situation update

The reporting period saw Boko Haram insurgent activity continue in the form of suicide bombings (PIED) and armed attacks which resulted in civilian and military casualties. Suicide attacks continue to occur in the Maiduguri area on Military locations and IDP Camps.

Boko Haram have shown the capability of still mounting armed attacks on military targets when they ambushed Nigerian army troops deploying from Maiduguri to Dikwa inflicting casualties on the forces and abducting others.

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.

The accessibility to health facility for IDP sites also showed an improvement as more sites have an on-site health facility or an off-site within a distance of 3km. The improvement in access is demonstrable as there are increased number health care providers for IDP sites. The INGO health service providers almost doubled over the period.

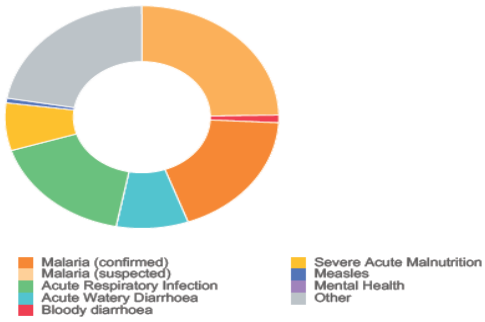
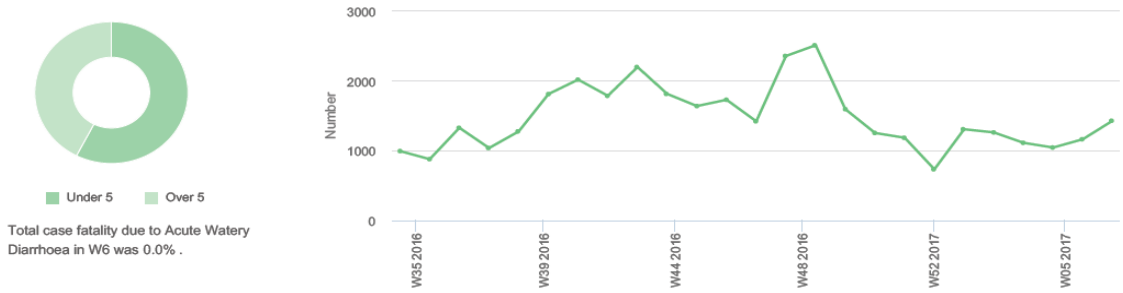
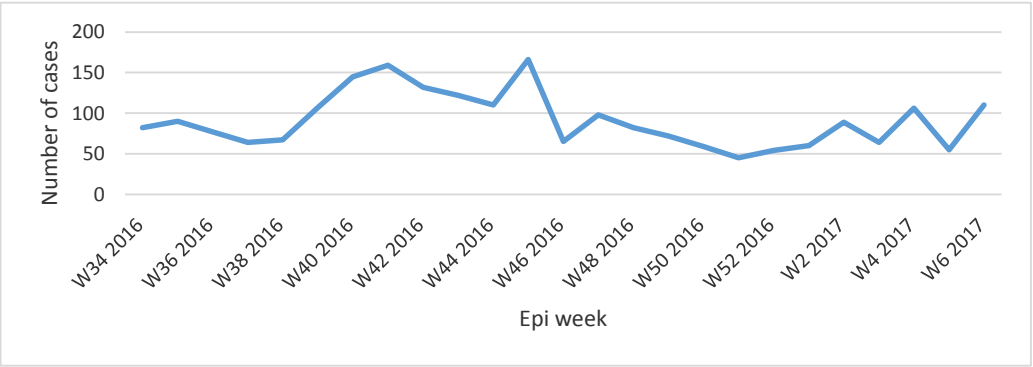


Data	DTP 13 round	DTM 14 round	Change
IDPs			
In Camps	369,035	565,175	53%
In host community	1,023,892	940,995	-8%
Total IDPs	1,392,927	1,506,170	8%
Location of HF			
On-site (<3 km)	47	96	104%
On-site (>3 km)		4	
Off-site (<3 km)	46	17	-63%
Off-site (>3 km)	10	8	-20%
Mobile clinic	1	1	0%
None	22	17	-23%
Number of IDP sites	126	143	13%
Health Care Provider Agency			
Government	27	29	7%
INGO	29	57	97%
NGO	41	39	-5%
Local clinic	6	1	-83%
None	23	17	-26%
Number of IDP sites	126	143	13%

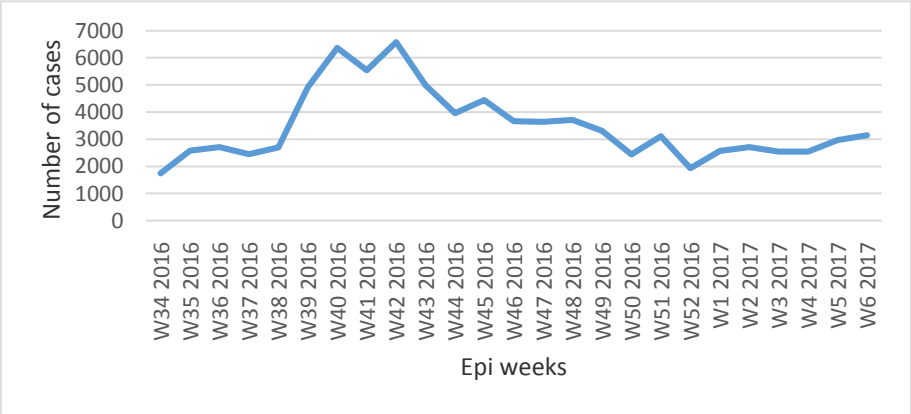
Field monitoring in Dikwa: It hosts about 120,000 populations of which over 80,000 are IDPs in 13 camps. There are three health facilities providing services at the Sangaya Kilagori camp, Shehu Sanda camp and the Maternal Child Health supported by MSF, ICRC and UNICEF; as the major partners supporting the delivery of health services in Dikwa. WHO is active in providing essential medicines and organizing health camps for immunization.

Visited some camps: Sangaya Kilagori camp, Mohd Kyari, Shehu Sanda, and 20 housing unit/Bulabulin. The sanitation situation at Mohd Kyari, Shehu Sanda, and 20 housing unit/Bulabulin is fair with adequate toilet facilities as most of which was recently constructed by UNICEF, however hand washing points are lacking.

At Sangaya camp, one of the biggest with a population of about 18,000 IDPs the situation is entirely different. UNHCR constructed several toilets constructed but they are all filled up requiring immediate evacuation. Aa a consequence some people have stated digging a shallow pit for their use. Not addressing it immediately could result to open defecation soon. Hand washing points are also not available by the facilities. Therefore, there is a high risk of contamination of food and water and can result to an outbreak of diarrhoea in the camp.

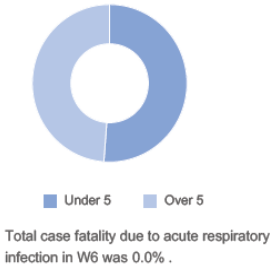
Epi Updates	**Early Warning Alert and Response System (EWARS)**: In Epidemiological Week 6-2017, a total of 90 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 56% and timeliness was 76% (target 80% respectively). Twenty-nine indicator-based alerts were received and 90% were verified. *-See Figure: Proportional Morbidity in Epi Week 6-2017*  **Acute Watery Diarrhoea (AWD):** In Epidemiological Week 6, 1425 cases of AWD were reported with no deaths. They included 265 cases from Bakassi Monguno camp clinic, 178 cases from Ngaranam PHC, 93 cases from Fori PHC, and 84 from 400 Housing Estate Gubio Rd camp clinic A. Further investigations will be conducted and stool samples to be collected.  *Weekly trend of AWD cases reported through EWARS in Borno State from Week 34-2016 to Week 6-2017* **Measles:** Between Epi Weeks 34-2016 to Week 6-2017, a total of 2,280 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 6, 110 suspected cases were reported with 78% of them under 5 years old, including 35 from Dalaram PHC and 26 from Maimusari PHC. Among 72 measles alerts investigated in week 6, 50 (69%) have been vaccinated. The Disease Surveillance Notification Officers network was activated to take measles samples and collect line-lists of cases in health facilities.  *Weekly trend of Measles cases reported through EWARS in Borno State from Week 34-2016 to Week 6-2017* **Severe Acute Malnutrition (SAM):** In Epi Week 6, 1162 cases of SAM were reported. One death was recorded in Dalaram PHC, Jere. **Polio*:*** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week. **Viral Hemorrhagic Fever**: No reported VHF case in Borno nor in Adamawa nor Yobe states.

Malaria: Between Epi Weeks 34-2016 to Week 6-2017, a total of 148, 382 suspected cases and 87,193 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 Epi week 6, the number of confirmed Malaria cases (3,139) appears to be rising. There were no deaths due to malaria.

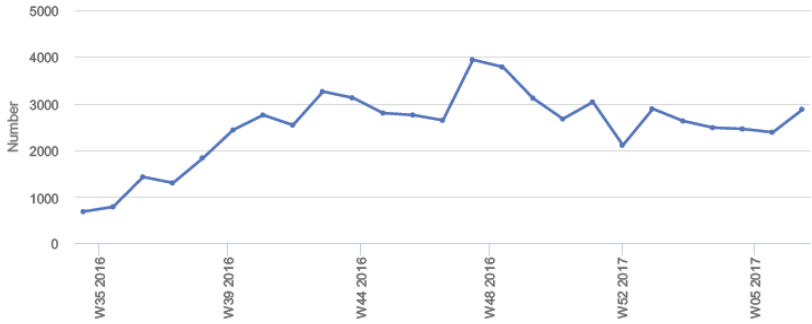


Weekly trend of Malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 6-2017

Acute Respiratory Infection (ARI): In Epi Week 6, 2873 cases of Acute Respiratory Infection were reported representing 17% of the reported morbidity. There were no deaths due to ARI.



Total case fatality due to acute respiratory infection in W6 was 0.0% .



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 6-2017

Neo-natal deaths: No reported neo-natal death

Maternal death: One maternal death was reported from Guwal clinic, Kwaya Kusar.

Health Response

Health operations: The Hard to Reach Teams (H2R), covering 24 LGAs have performed a total of 4,222 consultations bringing the total number of consultations to 21,464 (since 1st January). 2,935 children received deworming treatment. 2,570 children were screened for malnutrition (with MUAC). 89% of the children had a Green MUAC, 9% (215) were found yellow and 3% (68) were diagnosed severely malnourished (Red MUAC).

WHO Reviews Emergency Humanitarian Operations in North-East Nigeria

With the humanitarian response in northeast Nigeria gaining more traction, WHO has conducted the second wave of operational review in Abuja to evaluate operations of the emergency response in affected states of the region in a bid to enhance health service delivery in NE Nigeria. The first review meeting was conducted in Abuja in November 2016 to assess the progress made and lessons learnt from the health sector response for humanitarian emergency in the northeast states of Nigeria after four months of scaling up operations in the region affected by insurgency.

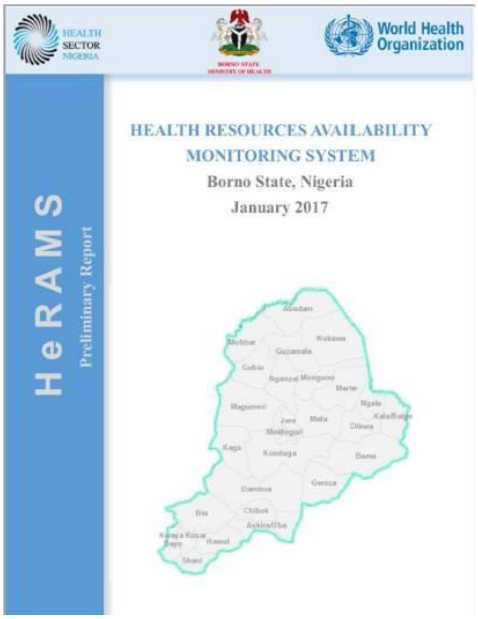
The second review meeting which was attended by emergency humanitarian experts from the organization's Country office team, regional office and global headquarters, aimed at sharpening strategies, approaches and protocols for delivering WHO's operational mandate in the NE Nigeria.

The Borno State Public Health Emergency Operation Centre

The Borno PHEOC steering committee chaired by the Permanent Secretary (PS) Dr. Abubakar of Borno State MOH met on the 13th February that was graced by the Honourable Commissioner joined the meeting in the late afternoon. In his remarks, the Honourable Commissioner expressed his happiness over the process of establish state EOC. He said that he briefed the His Excellency the Governor about it who was very happy and in support for an EOC in MOH to be managed by SMOH. He went on to say that it is dream come true for SMOH to have a state PHEOC with the assistance of WHO and took the opportunity to thank WHO for the assistance.

WHO technical officer EOC made presentation on EOC overview and WHO PHEOC Framework highlighting purpose, functions, organization structure and plans and procedure required for development and managing of a PHEOC. The presentation was followed by panel discussion on the composition of policy group, steering committee and staff of EOC.

The physical rehabilitation and remodelling of the MoH Public Health Emergency Operations Centre is progressing well with the electrical wiring and the network cabling plan being designed and ITC work commencing in March.



The ***Health Resources Availability Monitoring System*** (HeRAMS) was set up by the Borno State Ministry of Health with the support of WHO to collect information on the availability of health resources and services in Borno State in 49 health facilities. Only 30% of the health facilities were not damaged while 29% were partially damaged. Furthermore, 59% are fully functional and 32% were non-functional. The partners supporting health care services is limited to functional health facilities. The assessment revealed that the population has access to less than optimum health-care services. Provision of health services is lacking in several medical areas (child health, detection of epidemic prone diseases). Provision of health services has been discontinued in a large number of health facilities, especially outside Maiduguri. Funding and logistic support are necessary to improve the delivery of health services. This results highlight to the government and the health partners the need to support reconstruction and rehabilitation of health facilities as an urgent issue. A re-construction effort is already taking place for secondary health facilities, however it also crucial to include the PHCs in the re-construction plan.

Health Logistics: Inventory and stock organization at the State MoH Central Medical Store is ongoing. This activity, in collaboration with UNICEF logistics team should take two weeks longer to complete the physical count. In the meantime, the data is being encoded into a specifically designed spreadsheet.

The Borno State MoH with facilitation of WHO lead health sector has also been supportive of the idea to provide essential medical supplies to NGO partners to cover gaps needs in their supply chain. WHO continues to support health actors and donor agencies regarding bottlenecks with regards to importation of drugs and supplies.

Public health concerns

The following are the key public health concern:

- Cholera and meningitis are a threat in the coming weeks and months and outbreaks of epidemics can be 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 Nort 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, 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 lifesavings 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.

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 secured 7 million dollars which amounts to 19% of WHO's need. USAID has provided 4 million and OFDA has provided 3 million. WHO would like to thank the donors their current and potential funding for its leadership health roles in NE.*

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%**

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