



World Health Organization

REGIONAL OFFICE FOR

Africa

Situation report # 4

06 SEPTEMBER TO 12 SEPTEMBER, 2016



Photo: © WHO/ P Ajello

Community resource persons (CORPs) from newly liberated areas participate in group discussion during a training in Integrated Management of Childhood Illness in Maiduguri, Borno State.

NIGERIAN CONFLICT - Armed conflict in the Northeast.



WHO

06 EMERGENCY STAFF IN THE COUNTRY

MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS*

03 IEHK Complete arrived Maiduguri

10 IDDK Being shipped

WHO FUNDING US\$

7 % FUNDED

5M REQUESTED

HEALTH SECTOR

15 HEALTH SECTOR PARTNERS
3,400,000 TARGETED POPULATION

HEALTH FACILITIES (PHC - BORN0)

622 TOTAL NUMBER OF HOSPITALS[†]

299 HOSPITALS FUNCTIONING[†]

HEALTH ACTION

604 360 CONSULTATIONS^{†**}

2697 REFERRALS[†]

VACCINATION AGAINST

1 698 950 POLIO^{†***}

83,494 MEASLES[†]

EWARN

56 REPORTING SITES

HEALTH CUSTER FUNDING US\$ (HRP 2016)****

27% % FUNDED

US\$ 24.7 REQUESTED

*coverage for one month

** Total consultations from Borno state alone since week 1 to week 35

*** Total number vaccinated against polio during the August campaign in Borno state

****To be revised

† figures for Borno state only

‡ HRP 2016

HIGHLIGHTS

- The WHO in collaboration with the Ministry of Health (MOH) and State Ministry of Health, Borno trained 28 community resource persons (CORPs) from newly liberated areas on Integrated Management of Childhood Illness including handwashing, breastfeeding and malnutrition screening.
- The WHO team visited Monguno Local Government Area (LGA) to determine the feasibility of expanding the Early Warning Alert and Response System (EWARS) and conduct rapid health facility assessments in Monguno LGA.
- In response to the polio outbreak in Borno State, WHO and other partners, UNICEF, CDC, Rotary and CORE Group supported the Ministry of Health to plan for the upcoming vaccination campaigns that start on 17 September 2016.
- The Rapid Response Team that travelled to investigate an alert of acute watery diarrhoea in Rann, Kala Balge Local Government Area (LGA) in Borno State, arrived in Rann and have commenced investigations.

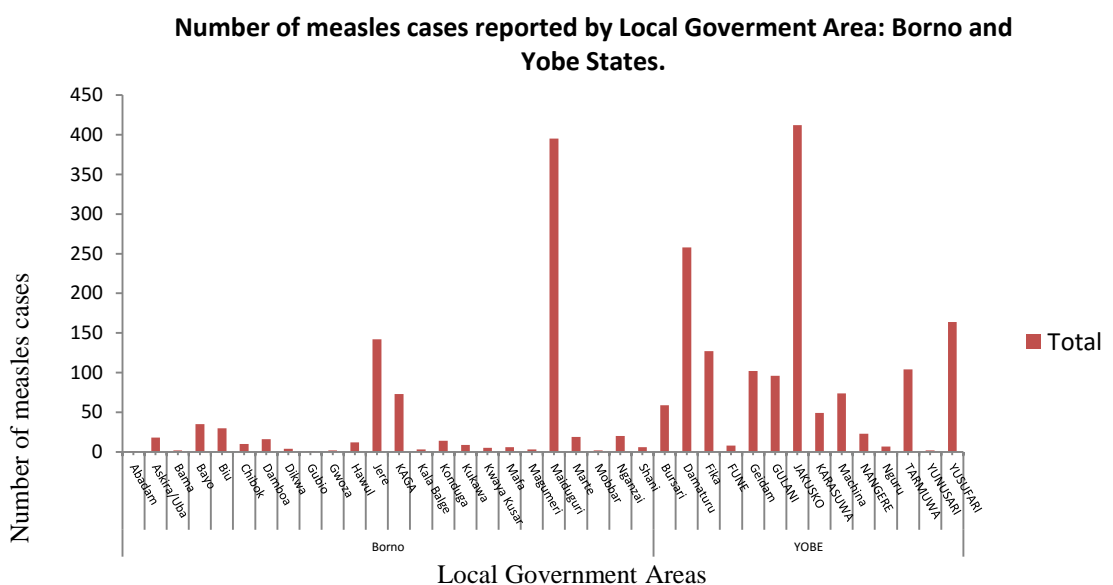
Situation update

- Since August to date, three cases of polio have been confirmed in three LGAs of Borno state, these include: Goza, Monguno and Jere. The WHO, UNICEF and Centre for Disease Control (CDC), Rotary Club and CORE Group are supporting the Ministry of Health to respond to the outbreak. Since the cases were reported, a total of 1 698 950 children have been vaccinated.
- Accessibility and access to comprehensive information on the health situation in conflict areas remains challenging.
- A limited number of partners are reported to be on ground in the four worst affected states of Borno, Yobe, Gombe and Adamawa. For instance in Monguno LGA where WHO team visited on 9 September, there are nine internally displaced people’s camps and 16 functioning health facilities serving an estimated population of 300 000 camp-based Internally Displaced Persons (IDPs) and an unknown number of IDPs in host community. However, only four health partners are active on the ground including Alima, International Committee of the Red Cross, UNICEF and Doctors without Borders (MSF)-France.
- Limited access to health services will likely increase the vulnerability of the displaced populations and host communities to diseases, particularly the most vulnerable such as children, the elderly and people suffering from chronic diseases.

Epidemiological update

- From Week 01 starting 4 January 2016 to week 35 (4 September 2016), a total of 2313 suspected cases of measles have been reported from 2 conflict affected States in Nigeria (Borno and Yobe state). Refer to figure 1 for details.

Figure 1 suspected measles cases recorded in Borno and Yobe states as at 7 September 2016

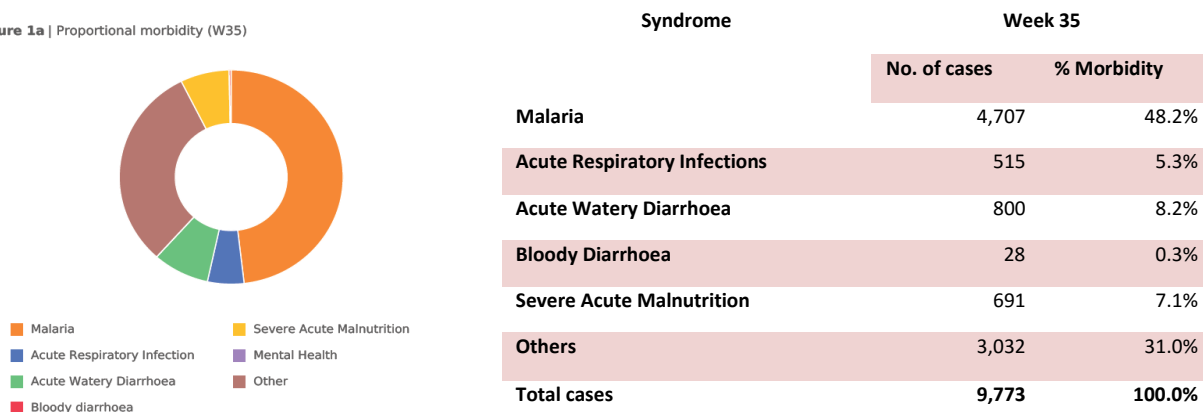


- An Early Warning Alert and Response System has been activated in Borno State. By the end of week 35, (4 September 2016) a total of 1.3 million IDPs (80% of IDPs) have been covered from 56 Reporting sites including 20 IDP

camps in 5 LGAs. There was 45% completeness and 52% timeliness of reporting this week. Twenty seven Indicator based alerts were generated with 81% verification.

Proportional Morbidity of Early Warning Alert and Response System in week 35

Figure 1a | Proportional morbidity (W35)



Public health concerns

- Limited access to health facilities in the newly liberated areas resulting from destruction of health facilities and other infrastructure and lack of health personnel is a public health concern, particularly for patients requiring specialized care. WHO and the Ministry of Health have trained community health workers in some areas to respond this challenge.
- The risk of further spread of the wild polio virus to inaccessible areas of Borno state is a public health concern. WHO, UNICEF, Rotary, Centre for Disease Control and Core Group, with the Ministry of Health and SPHCDA are exploring innovative ways of vaccinating children in hard to reach and inaccessible areas.
- Accessibility coupled with terrain in parts of Borno state creates challenges for quick investigations of suspected cases of communicable diseases in the community. This is a public health concern as it may delay sample collections and investigations, as well as timely response, thus accelerating the spread.
- The continued poor Water, Sanitation and Hygiene (WASH) conditions in the camps and host communities particularly in the newly liberated areas and Munagaraj remains a concern for the local communities. And as the rainy season continues, WHO and partners anticipate potential outbreaks of water borne diseases such as acute watery diarrhoea in these locations.

Health needs, priorities and gaps

The needs, priorities and gaps have not changed:

- Provision of primary health care services to the affected population;
- Case management of severe acute malnutrition;
- Establishment of an Early Warning Alert and Response System (EWARS);
- Control of ongoing polio and measles outbreaks;
- Provision of essential medicines and other medical supplies

- To respond to health needs of people in newly liberated areas, WHO in collaboration with the Ministry of Health and State Ministry of Health, Borno state, trained 28 community



Photo: © WHO/ P Ajello
Male Community resource persons (CORPs) from newly liberated areas in group discussion during a training in Integrated Management of Childhood Illness in Maiduguri Borno State.

resource persons (CORPs) and supervisors from 14 satellite camps on Integrated Management of Childhood Illness including handwashing, breastfeeding and malnutrition screening. The training, which is the first phase of two weeks training, lasted for five days; the second phase will resume after one week and will focus on integrated community case management of childhood illnesses (iCCM).

- On completion of the trainings, WHO will provide medical supplies to the CORPS including: Antibiotics, ACTs, analgesics, Zinc/ ORS and cholera and Malaria Rapid Diagnostic Tests for treating common ailments like pneumonia, watery diarrhoea and malaria. The CORPS will refer all patients with serious health conditions to nearby health facilities for specialized care. Those trained will serve an estimated population of 265 860 Internally Displaced Persons and host communities including 47,751 children under five years.
- In response to the polio outbreak in Borno State, WHO and other partners, UNICEF, CDC, Rotary and CORE group supported the Ministry of Health to plan for the upcoming vaccination campaign that will start on 17 September 2016. Particularly, WHO supported the State Ministry of the development of micro plans and training vaccinators and supervisors. The campaign is scheduled to run for 5 days and will be conducted by 3365 vaccinators and 6730 health workers, targeting more 1.5 million children under five years of aged in 24 Local Government (LGAs). It will be conducted in two phases; the first phase will focus on the insecure and difficult to access areas, while the second will focus more accessible LGAs.
- During the campaigns, approximately 3000 health camps will also be established, and each will last for up to 4 days. Basic maternal and child health services like counselling, provision of iron tablets, routine immunization, treatment of minor ailments and referrals will be offered. To date three cases of polio have been confirmed in three LGAs in Borno state, North East of Nigeria.
- On 8 September, the WHO team visited Mongunu LGA to determine the

feasibility of expanding the Early Warning Alert and Response System (EWARS) EWARS and rapid health facility assessments in Monguno LGA. Findings: there are nine internally displaced people's camps and 16 functioning health facilities in Monguno providing health services to approximately 300,000 camp-based IDPs and an unknown number of IDPs in the host community. Currently four health partners are active on the ground including Alima, International Committee of the Red Cross, UNICEF and Doctors without Borders (MSF)-France. The current priorities are: to establish formal health sector coordination mechanisms with partners and MoH at LGA level; establish mortality and disease surveillance in all functional health facilities and at community level, and conduct baseline health facility assessments in all functional health facilities to quantify gaps in service delivery.

- To further strengthen EWARS field implementation in North East Nigeria, WHO conducted a national level training in Abuja on 9 September 2016. Twelve participants from the WHO Country Office and Nigeria Centre for Disease Control (CDC) were trained on the on-line platform. The training aimed at developing the core capacity of the team on surveillance under Integrated Disease Surveillance and Response (IDSR) using EWARS as an emergency tool.
- The Rapid Response Team that travelled to investigate an alert of acute watery diarrhea in Rann, Kala Balge Local Government Area (LGA) in Borno State, arrived in Rann on 10 September and have commenced investigations. WHO provided Cholera Rapid Diagnostic Test (RDT) Kits and sample collection media that will be to transport samples to the reference laboratory in Maiduguri Teaching Hospital. The outcome of the investigation will be shared once the team returns to Maiduguri given difficulties in communication.
- WHO participated and provided technical support and guidance during to the National Infectious Diseases Task Force meeting convened by the State Ministry of Health, Borno State. A preparedness plan for the response to cholera has been developed and partner capacity mapping is being conducted.
- As part of the revised Nigerian Humanitarian Response Plan (YHRP), WHO requires a total of US\$ 5 million of which US\$ 350,000 (7%) has been received.

Resource mobilization

Table 2: Funding status of appeals US\$

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Scale-up	US\$8 545 915	US\$ 2, 105, 189*	
WHO	HRP 2016	US\$ 5 031 200	US\$ 350,000	7%
HEALTH SECTOR	HRP 2016	US\$ 24 748 290	US\$ 6.6 million	27%

*Contingency Fund for Emergency

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