



WHO's team doing measles vaccination at Muna Garage Camp (Photo: WHO)

**Situation report # 13**  
7 NOVEMBER TO 11 NOVEMBER 2016

**NIGERIAN CONFLICT - Armed conflict in the North East.**

 **14,800,000**  
TOTAL AFFECTED

 **1,446,810**  
TOTAL IDP\*  
BORNO STATE

**1,882,541**  
TOTAL IDP\*  
NE REGION

 **3,700,000**  
PEOPLE IN NEED  
(HEALTH)

 **>20,000‡**  
DEATHS

**WHO**

**24** EMERGENCY STAFF DEPLOYED IN THE COUNTRY TILL 11 NOVEMBER 2016

**MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS\*\***



- 8** IEHK COMPLETE DISTRIBUTED TO SMOH HEALTH FACILITIES and PARTNERS
- 1** IDDK KIT DISTRIBUTED
- 2** IEHK PREPOSITIONED IN MAIDUGURI
- 9** IDDKs PREPOSITIONED IN MAIDUGURI

**WHO FUNDING US\$ ††**



**7** % FUNDED  
**5 M** REQUESTED

**BORNO HEALTH SECTOR**

**18** HEALTH SECTOR PARTNERS  
**2.6** TARGETED POPULATION

**HEALTH FACILITIES (PHC - BORNO)**



**632** TOTAL NUMBER OF HEALTH FACILITIES†  
**298** HEALTH FACILITIES FUNCTIONING†

**BORNO HEALTH ACTION**



**798,638** CONSULTATIONS\*\*\*  
**3,242** REFERRALS†

**BORNO CHILDREN VACCINATION**



**1,799,506** POLIO\*\*\*\*  
**83,494** MEASLES

**BORNO EWARS**



**79** OUT OF 160 REPORTING SITES

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



**13%** % FUNDED  
**US\$ 53.1** REQUESTED

**HIGHLIGHTS**

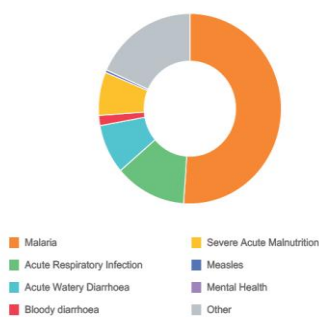
- WHO has delivered two IEHKs (Interagency Emergency Health Kits) to the Maiduguri State Specialist Hospital and one IEHK to the Umaru Sehu Hospital in Maiduguri. Each kit contains essential medicines and medical supplies to treat 10,000 people for three months. Malaria and Post-exposure prophylaxis (PEP) modules were also provided as part of these kits. Moreover, WHO delivered 15,500 Malaria RDTs to the Malaria Control Unit of the Borno State Ministry of Health.
- For the Humanitarian Response Plan (HRP), 2017 WHO has submitted 4 projects with total budget of 31 million for the north east region. These projects focus on health services delivery, disease surveillance and outbreak response, health system restoration and coordination of the Health Sector response.
- WHO and partners conducted measles vaccination campaign in Muna Garage, Custom House and Fariya IDPs camps. The vaccination targeted children aged 6 months to 15 years' and vaccinated 13,537 children with 98.2% vaccination coverage.
- Malaria continues to constitute the highest proportion (51%) of the reported morbidities (EWARS).

\* JOM DTM Nigeria Round XI Dataset of Site Assessment \*\*Coverage for one month  
\*\*\* Total consultations from Borno state alone since Epidemiological Week 1 to Week 43  
\*\*\*\* Number of polio vaccinated children with Oral Polio Vaccine/Inactivated Polio Vaccine in Borno State in the October campaign.  
\*\*\*\*\* Revised funding figures as reflected in the Financial Tracking Systems.  
‡‡ Figures to be revised at later st

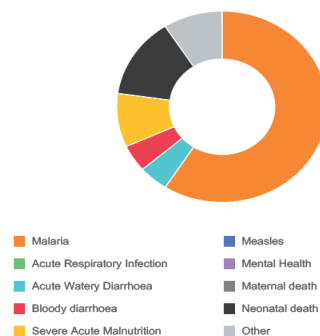
Situation update

- The general security situation remains fluid and unpredictable. The number of improvised explosive device (IED) incidents have spiked during this month, the most recent of which have been perpetrated by suicide bombers within Maiduguri mainly at densely populated areas. The militants appear to have resorted to these attacks to ease out pressure from military operations conducted against them around both Eastern and Northern areas of Borno State. These incidents, coupled with the additional corresponding security measures had continued to impact on the accessible footprint and tempo of humanitarian operations in the area.
- According to latest IOM Displacement Tracking Matrix (DTM), as of 31st October there are 1,822,541 displaced people, with 93% of those in Borno, Adawama and Yobe states. Borno State alone is hosting 1,468,810 IDPs. The DTM finds that 53.5% of the IDP population are female and 46.4% are male. Children under 18 constitute 55% of the IDP population and 48% of those are under five years old. In Borno, over 1 million of the IDPs are residing in host communities, as opposed to camps.
- There have been recent recorded incidences of suspected measles and diphtheria outbreaks amongst children in the affected areas in Borno State. This has to be aggressively combated to stamp out a full blown epidemic which could readily spread to other regions and across the border. Children under 5, already lacking immunizations in the inaccessible areas, are also highly susceptible to malnutrition; food being the most urgent need identified by the population in the DTM.
- Borno State weekly surveillance reports from IDPs camps indicate that, malaria, Respiratory Tract Infections (RTI) and watery diarrhea remain the three leading causes of morbidity in the camps. In Epidemiological (Epi) Week 44, a total of 14,970 consultations were recorded from 23 IDP camps: 6,015 for malaria, 2,422 for RTI and 1,091 for diarrhea accounting for 40%, 16% and 7% respectively. The cumulative number of consultations recorded from Epi Week 1 till Week 44 in the 23 IDP camps in Borno state has reached 798,638.
- **Early Warning Alert and Response System (EWARS):** In Epi Week 44, a total of 79 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 49% (79 sites) while timeliness was 67% (target 90% and 80% respectively). There is an urgent need to strengthen and institutionalize LGA Rapid Response Teams (RRTs) to improve completeness of reporting and ensure rapid verification of alerts. Thirty-one indicator-based alerts were received of which 97% were verified (Target 90%).
- **Measles:** Between Epi Weeks 36 to 44, a total of 961 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 44 alone, 62 suspected cases were reported with zero death. Fifty-eight (58%) percent of the suspected measles cases had never been vaccinated and 71% of them were aged under 5 years old.
- **Malaria:** Malaria remains the leading cause of morbidity in Epi Week 44 accounting for 51% of all cases reported, followed by Acute Respiratory Infection (ARI) at 10%, Severe Acute Malnutrition (SAM) at 7% and Acute Watery Diarrhea (AWD) at 7%. Biu LGA accounted for 23.9% of the cases, while Jere and Maiduguri LGAs accounted for 19.5% and 18.5% respectively. Fifty-three percent (57%) of all the cases reported were aged over 5 years and 43 % were aged under 5 years.

Epi update



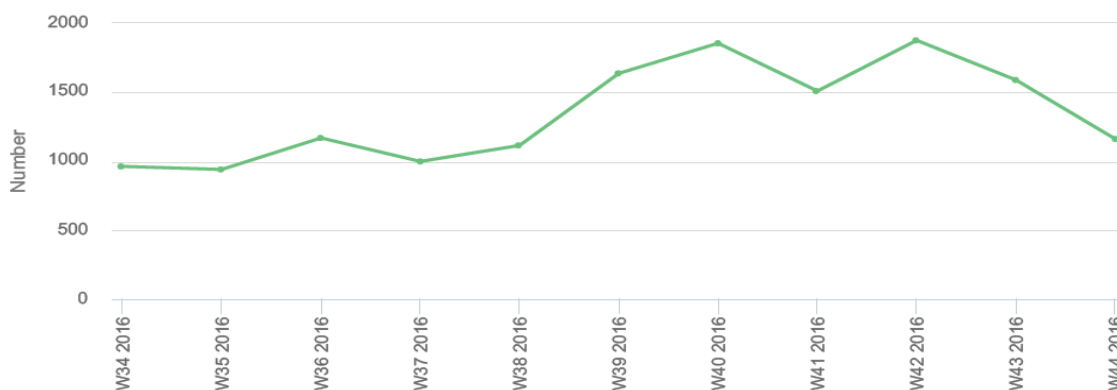
Proportional Morbidity in Epi Week 44



Proportional Mortality in Epi Week 44

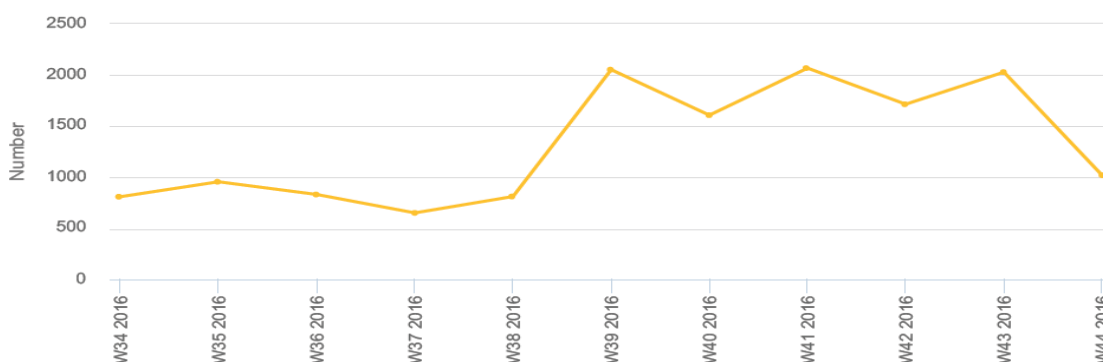
- **Acute Watery Diarrhoea (AWD):** In Epi week 44, a total of 1,160 cases of acute watery diarrhoea were reported from 11 LGAs in Borno State. Maiduguri LGA accounted for the majority of the cases at 39%, while Jere and Konduga LGAs accounted for 18.9% and 7.9% respectively. Fifty-three percent (53%) of all the cases reported were over 5 years and 47% were aged under 5 years. No laboratory confirmed case of cholera was reported.

**Weekly trend of AWD cases reported through EWARS in Borno State since Epi Weeks 34 to 44**



- **Severe Acute Malnutrition (SAM):** In Epi Week 44, a total of 1,018 cases of Severe Acute Malnutrition and two deaths were reported from 12 LGAs. 88.9% of all the cases reported were under 5 years while only 11.1% were over 5 years. Biu LGA accounted for the majority of the cases at 24.8%, while Maiduguri and Monguno LGAs accounted for 18.0% and 11.8% respectively.

**Weekly trend of SAM cases reported through the EWARS in Borno State from Epi Weeks 34 to 44.**



#### Public health concerns

- Alarming situation of suspected measles outbreak as more cases are reported, posing threat to the lives of more than two million children.
- Malaria cases are still being reported with high proportion of morbidity and mortality. 51% cases of the reported morbidity by EWRAS are malaria.
- Limited access of populations to health facilities in the newly liberated areas due to destruction of health facilities and lack of health personnel remain major challenge.
- The risk of further spread of strains of wild poliovirus in inaccessible areas of Borno State is a significant public health concern.
- Security challenges coupled with the difficult terrain in parts of Borno State make it hard to conduct quick investigations of suspected cases of communicable diseases in the affected communities.
- Water, Sanitation and Hygiene (WASH) conditions in camps and host communities remain poor, particularly in the newly liberated areas and other informal camps in or nearby Maiduguri.

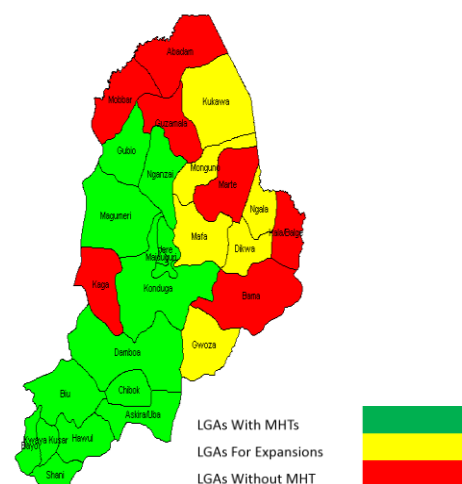
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Needs, priorities and gaps have not changed:

- Provision of primary health care services to the affected population especially in the newly liberated areas and to prevent further deterioration of the health system.
- Scale up of Early Warning Alert and Response System (EWARS) and rolled out the Health Resources Availability Mapping System (HeRAMS) exercise in Borno State;
- Control of ongoing polio outbreak;
- Measles vaccination and health promotion through community mobilization.
- Provision of essential medicines and other medical supplies;
- Malaria prevention and control measures to address the current high level of morbidity;
- Development of contingency plans for cholera and meningitis.
- Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.

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- The Health Sector has set priorities for the sector response during 2017. The sector priorities will focus on life saving and life sustaining health services interventions, expansion and strengthening of disease surveillance and response to outbreaks, health system restoration and coordination of the health sector response. The priorities were discussed with the Federal and State MoH and with partners with in the Health Sector coordination meeting.
  - The Health Sector meeting was conducted in Maiduguri the capital of Borno State in which the ongoing reactive measles camps vaccination campaign was discussed with partners and State MoH to involved the host community.
  - Under the Humanitarian Response Plan (HRP)-2017, the Health Sector Coordination team in consultation with the partners has finalized 18 projects with funding requirements of 87USD million. In the Humanitarian Need Overview (HNO) the total target population of 5.9 million people have been estimated in three highly affected states of Adamawa, Borno and Yobe for the Health Sector response during 2017.
  - The prioritization criteria used for the response is as below:
    - *Access to life saving essential health services*
    - *Geographic coverage of population living in hard to reach and newly liberated areas*
    - *Vulnerability - targeting vulnerable groups including: elderly, children, disabled, pregnant and lactating women, people suffering from chronic diseases*
    - *Time critical response (malaria, diarrhea, measles vaccination etc.) through multi sectoral Rapid Response Teams*
  - Updates on Measles vaccination in IDPs camps: State MoH and partners (WHO, MSF, UNICEF and N-CDC) conducted measles vaccination in three camps (Muna Garage, Custom House and Fariya) from 29th October to 9th November 2016. The vaccination targeted children aged 6 months to 15 years' age and the target population in the three IDP camps was 13,772. Total children immunized in the three camps are 13,537 with vaccination coverage so far is 98.2%. There is a plan in place to scale up the vaccination to five other camps on 12th November 2016. The targeted camps are Bakassi, Farm Centre, NYSC, Gubio Road and Teachers village
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- WHO is supporting 24 Mobile Health Teams spread across the 14 LGAs. Six newly inducted Mobile Health Teams deployed to the nearest old mobile health teams where there are gaps in the coverage. –See map
- To promote the health and safety wellbeing of WHO’s staff members deployed in Maiduguri Nigeria, an Occupational Health Nurse was deployed to support the Emergency Response team. Her role encompasses preventive and curative measures. In order to increase skills for health protection, medical briefings are given to incoming staff members. In a bid to ensure staff health wellbeing, a ‘clinic’ has also been set up at the office where staff members are attended to should they fall sick at work and this has seen a significant number of staff members treated. Presentations are also delivered in the conference room at the office on topics of relevance to health promotion. Facility assessments have been carried out in a bid to ensure staff members work (office) and stay (guest house) in an environment with good safety and hygiene standards. The nurse also assessed, together with a WHO doctor, a Trauma unit managed by ICRC in Maiduguri and it was approved as a referral center for emergency cases for WHO staff members.



Map showing LGAs with HTR MHTs, LGAs for expansion

Resource mobilization

- As part of the initial Nigerian Humanitarian Response Plan (NHRP 2016), WHO has requested a total of US\$ 5 million of which US\$ 350,000 (7%) has been received. Refer to table below for details on funding status.

**Funding status of appeals US\$**

	NAME OF THE APPEAL	REQUIRED FUNDS	FUNDED	% FUNDED
WHO	Scale-up	US\$ 8,545,915	US\$ 2,105,189*	25%
WHO	HRP 2016	US\$ 5,031,200	US\$ 350,000	7%
HEALTH SECTOR	HRP 2016	US\$ 53,143,622	US\$ 7,057,666	13%

\*Contingency Fund for Emergency

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