

# Situation report # 21

14 JANUARY TO 20 JANUARY 2017

## NIGERIAN CONFLICT - Armed conflict in the North East



Handing over of SAM kits at Molai General Hospital, Jere LGA (Photo: WHO)

 **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

### WHO

#### 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\$ ††



<b>7 M US\$</b>	<b>19% FUNDED</b>
<b>37 M US\$</b>	<b>REQUESTED</b>

#### BORNO HEALTH SECTOR

<b>18</b>	<b>HEALTH SECTOR PARTNERS</b>
<b>5.9M</b>	<b>TARGETED POPULATION</b>

#### HEALTH FACILITIES (PHC - BORNO)



<b>749</b>	<b>TOTAL NUMBER OF HEALTH FACILITIES†</b>
<b>288</b>	<b>HEALTH FACILITIES FUNCTIONING†</b>

#### HEALTH ACTION-2017



<b>6,091</b>	<b>CONSULTATIONS**</b>
<b>33</b>	<b>REFERRALS†</b>

#### CHILDREN VACCINATION



<b>1,769,067</b>	<b>POLIO***</b>
------------------	-----------------

#### BORNO EWARS



<b>90</b>	<b>OUT OF 160 REPORTING SITES</b>
-----------	-----------------------------------

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



<b>93.8 M US\$</b>	<b>7.5 % FUNDED</b>
<b>US\$ 93.8M</b>	<b>REQUESTED</b>

### HIGHLIGHTS

- The national measles vaccination campaign commenced on the 13<sup>th</sup> January targeting all children aged from 6 months to 10 years in accessible areas in Borno State has reached a total of **1,807,490** in 10 LGAs during the first 5 days of the campaign.
- On 15<sup>th</sup> January a suspected measles outbreak was reported by health workers conducting outreach activities at Na'anturu, Dole Machina ward Machina LGA in Yobe State. During a five-week period as from 19 December 2016, twelve deaths were suspected to be cause by measles with 83% of the children under 5 years of age. The Borno State and LGA team visited the community along with WHO personnel and after community sensitization about the importance of the routine immunization all children (168 vaccinated) between the age of 6 months to 10 years were vaccinated with measles vaccine.
- Dozens of people were killed after a Nigerian military plane mistakenly dropped a bomb inside the Rann IDP camp in Kala/Balge LGA. Several ICRC and MSF colleagues were reported as casualties.
- In support to Borno State Ministry of Health as a preparedness plan, WHO has prepositioned 19 Inter-Agency Diarrheal Disease Kits for further delivery to the high risk LGAs in the state. One IDDK is enough for treatment of 1,000 diarrhoea/cholera cases. The IDDKs are enough for treatment of moderate to severe 20,000 diarrhoea/cholera cases.

\* IOM DTM Nigeria Round XIII Dataset of Site Assessment

\*\* Total consultations from Borno State IDPs camps as 2017 Epidemiological Week1.

\*\*\* 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

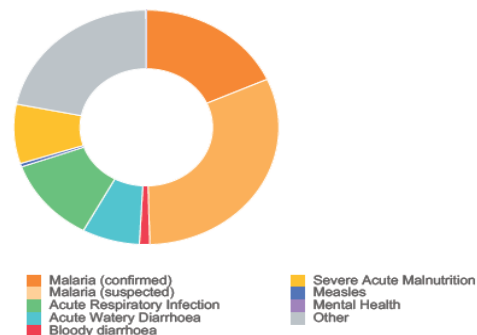
- On 19 January, 15 patients were airlifted from Rann to Maiduguri, bringing to 89 the total number of people evacuated following the military airstrike on Rann on 17 January. Surgical teams in four hospitals, two public and two military in Maiduguri continue to perform operations and treat the injured. Medical assistance is also ongoing in Rann, a locality in the far-north of Nigeria bordering Cameroon and Chad.
- Medical evacuations are ongoing since the 17 January aerial bombardment. The humanitarian community is working on ways to improve assistance to those wounded in Rann. Additional medical supplies and doctors have been deployed to Rann and hospitals in Maiduguri are providing treatments to the dozens of patients already evacuated.
- Rann is one of the localities in north-eastern Nigeria that have recently become accessible to humanitarian organizations. Tens of thousands of displaced people in Rann are struggling with severe food shortages and high levels of malnutrition. Aid organizations have expressed shock over the airstrike on Rann, where they are assisting families and communities left destitute by conflict.
- In 2017 Epi Week 1, 1906 cases of Acute respiratory infection were reported representing 16 % of the reported morbidity. Two deaths due to ARI were reported in Umaru Shehu Hospital (1) and Gatamarwa dispensary (1). The number of Acute Watery Diarrhoea is slightly re-increasing in Epi Week 1-2017 with clusters identified in Jere, MMC and Chibok. 160 reporting sites (including 26 IDP camp clinics) enrolled in 13 LGAs.
- In 2016, the number of confirmed Malaria cases peaked in week 42 (6,579 cases) and has decreased until week 52 (1,731 cases). In Epi Week 1-2017, the number of confirmed Malaria cases (1,907) is slightly re-increasing and two deaths due to Malaria were reported from Umaru Shehu Hospital.
- The phase one of national mass measles vaccination campaign has been completed in Borno State after five days in 10-targeted LGAs. 1,807,490 children aged six months to ten years have been vaccinated. Of the 10 LGAs implementing in phase one, four LGAs reached coverage of 95% and above, three LGAs reached coverage of 90-94% while the coverage in another three LGAs was below 90%. Mop up activities are targeted in those areas with low coverage. Final data including mop up activities, deworming and vitamin A supplementation components of the integrated campaign is pending. In phase two mass vaccination campaign will be implemented in 15 LGAs across Borno state. The total target is 3,113,620 children to be vaccinated during both phases in 25 LGAs across Borno state. Below is the summary of vaccination coverage of Phase-1:

Implementing LGAs	Total vaccinated	Total coverage %
Gubio	32,864	91%
Guzamala	8,157	96%
Jere	554,969	94%
Kaga	25,101	75%
Konduga	166,179	94%
Mafa	83,584	96%
Magumeri	50,735	95%
Maiduguri	747,574	87%
Monguno	115,115	77%
Nganzai	23,212	113%
<b>TOTAL children vaccinated</b>	<b>1,807,490</b>	

## Epi Updates

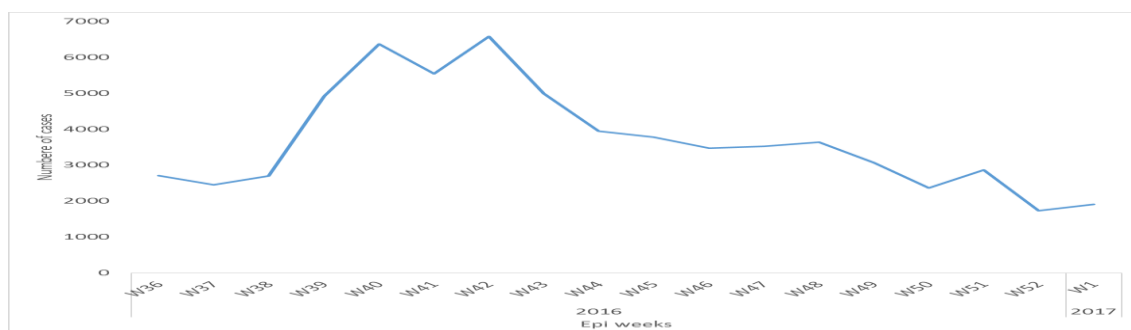
- **Polio:** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week.
- **Viral Haemorrhagic Fever (VHF):** No reported VHF case.
- **Epidemiological situation in IDPs camps:** During Epidemiological (Epi) Week#1 total 6,091 consultations were reported from 30 IDP camps including 1544 cases of malaria, 1363 cases of Acute Respiratory Infections (ARI) and 514 cases of watery diarrhoea. 33 referrals were also reported.

- **Early Warning Alert and Response System (EWARS):** In Epi Week 1-2017, 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 (66%) has improved compared to the previous week (target 80% respectively). 25 indicator-based alerts were received and 60% verified.



Proportional Morbidity in Epi Week 1-2017

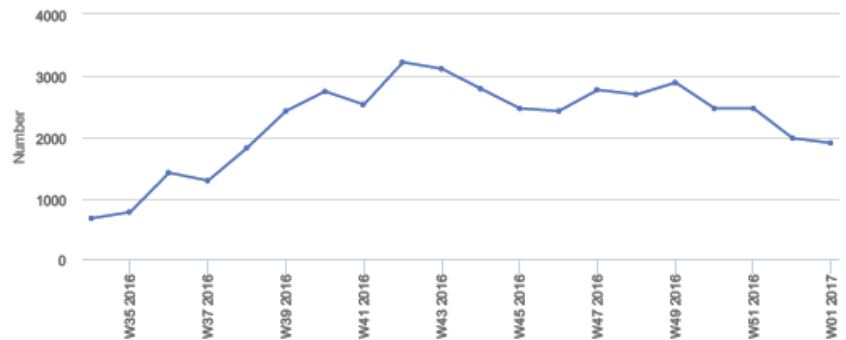
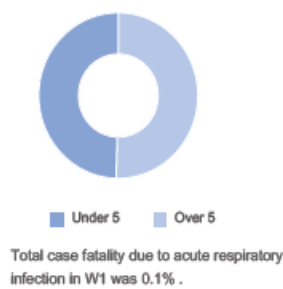
- **Malaria:** Between Epi Weeks 36-2016 to Week 1-2017, a total of 122,159 suspected cases and 70,809 confirmed cases (18% of morbidity) of malaria were reported from EWARS reporting sites in 13 LGAs. The number of Malaria cases peaked in week 42 and has decreased until week 52 (1731). In week 1 the number of confirmed Malaria cases is 1907 is slightly re-increasing and two deaths due to Malaria were reported from Umaru Shehu hospital.



Trend of confirmed malaria cases in Borno state, wk. 36-2016 to wk. 1-2017

- **Measles:** Between Epi Weeks 36-2016 to Week 1-2017, a total of 1,806 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 1, 50 suspected cases were reported with 88% of them under 5 years old.
- **Acute Watery Diarrhoea (AWD):** In Epi Week 1, 848 cases of AWD were reported including 65 cases from Gongulung PHC, 58 cases from Nursing Village IDP camp, 51 cases in Dalaram PHC, 50 cases from State Specialist Hospital, 45 cases from Centre Farm clinic, 44 cases from 250 Housing Estate Camp clinic, and thirty three cases and one death from Federal Health Clinic Kautikari, Chibok LGA.
- **Severe Acute Malnutrition (SAM):** In Epi Week 1, 834 cases of SAM were reported with 1 death in Umaru Shehu Hospital, Jere LGA.

- **Acute Respiratory Infection (ARI):** In Epi Week 1, 1906 cases of Acute respiratory infection were reported representing 16 % of the reported morbidity. Two deaths due to ARI were reported in Umaru Shehu Hospital (1) and Gatamarwa dispensary (1).



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 1-2017

- **Neo-natal deaths:** Three neo-natal deaths were reported in UNICEF Kuya IDP Camp Clinic (1), State Specialist Hospital (1) and Mbalala MCH (1).
- **Maternal death:** One maternal death was reported in Limanti dispensary, Bayo LGA.

### Public health concerns

- From early September to 18 December 2016, Early Warning, Alert and Response System (EWARS) reported more than 1,500 suspected measles cases in Borno State. More than 77% of children aged less than 5 years in Borno State have never received the measles vaccine and this is the age group where most cases have occurred.
- Cholera and meningitis are a threat in the coming weeks and months, preparedness plans as well as prepositioning of supplies is ongoing.
- The incidence of malaria which has become endemic is been decreasing, but warmer temperatures within two months when the temperature will rise again continue to be detrimental for the IDP population.
- The Health Resources Availability and Monitoring System (HeRAMS) was conducted among 749 health facilities, of these facilities, 35% (262) are destroyed, another 29% (215) partially damaged and only 30% (227) intact. Of the 481 health facilities that have not been damaged, 288 (59%) were fully functional, 40 (8%) were partially functional, while 153 (32%) were non-functional.
- Limited access of populations to health facilities in liberated areas due to destruction of health facilities and lack of health personnel remains a key challenge.
- Nutrition screening is not regularly conducted in all the catchment areas to timely detect severe acute malnourished children with complications. There is a need to integrate screening for acute malnutrition at each health facility so that they can identify and refer cases to the Nutrition Stabilisation Centre. Children less than six months are not screened for malnutrition at community level as per the national inpatient guidelines.

### Health priorities and gaps

Needs, priorities and gaps have not changed:

- Control of ongoing polio and measles outbreaks;
- Malaria prevention and control measures to address the high level of morbidity;
- Early Warning Alert and Response System (EWARS) expansion and strengthening.
- Finalised the Health Resources Availability Mapping System (HeRAMS) exercise in Borno State. The report is in final stage and will be shared with all stakeholders for planning their interventions.
- Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.

**WHO  
action**

- A joint team from the NCDC, the WHO and the State Ministry of Health have developed a training package on disease surveillance and outbreak response. A total of 118 clinicians, laboratory technicians and data managers from Jere's health facilities were trained on 19 and 20 January. The same training is planned next week in MMC and intended to be implemented in other LGAs.
- Nutrition—Two stabilization centres visited during the reporting week. The stabilization centre at Umaru Shehu hospital has admitted a total of 267 SAM children with medical complications from September 2016. In the month of January, 56 children were admitted. The stabilization centre is meeting the sphere standards with cure rate of over 75%.

The stabilization centre at State Specialist hospital is catering to the needs of population from Gubio, Dala, Jiddari, Damboa, Malari, Hauari, Mafoni, Shehuri and Bakasi, Dalori and Can IDP camps besides Maiduguri and Jere. The hospital needs to be supported in establishing a separate unit for stabilization centre to ensure quality care for severely malnourished children. Currently SAM/MC are treated at various paediatric wards. The hospital lacks essential therapeutic food and equipment. A SAM kit with essential drugs was delivered by WHO in the reporting week. There is a strong need to provide technical assistance to the staff in management of SAM with medical complications so that they are able to treat children as per inpatient protocols. WHO is in coordination with the Nutrition department/ MoH and UNICEF to arrange a training for MoH staff on inpatient care.

- H2R Teams – The 24 teams are delivering essential health services in 20 LGAs of Borno State and have sent reports for week 2. Apart from regular activities, two of the teams responded to health sector rapid response mechanism alerts in Baga (Kukawa LGA) and Pulka (Gwoza LGA). During week 2, 4,453 patients were seen and 78 referrals were made.

For the same reporting period, mobile routine immunization services by the H2R teams show first time client exposure to the following antigens – OPV0 – 143, Penta L\_1(DPTHibHep1) – 1068; Measles L\_1- 988; BCG0- 632; HepB0 – 84; YF – 933 and TT - 768. Also, during the reporting period 4,329 children were dewormed, 4,498 received Vit A supplementation. For pregnant women, 1,212 received iron folate supplementation and 851 received intermittent preventive treatment of malaria in pregnancy.

- The WHO Health Sector Coordinator (HSC) represented WHO as cluster lead agency in the Borno State Humanitarian Coordination Forum chaired by the National Emergency Management Agency (NEMA) and co-chair by the Borno State Emergency Management Agency (SEMA) where the chair praise the role of the health sector in the coordination structure. A key issue in the agenda was the Brief on State Government return plan for all IDPs. The Nigerian Government plans to close all the IDP camps by May 29, 2017.
- In addition, HSC in behalf of WHO joined UNICEF team in a rapid supervisory visit to Konduga LGA IDP camp, the Nomadic Centre Community, the LGA MCH clinic and the Konduga General Hospital.
- During the 2016 calendar year, the Health Sector Coordination team chaired by the Borno State Ministry of Health and co-chaired by WHO as cluster/sector lead agency conducted 29 coordination meetings with all health partners.
- The Health Sector/Cluster Coordination team published 19 weekly bulletins and as well 19 EWARS bulletins well issued by the Surveillance Team.
- WHO support for the establishment and rehabilitation of the Borno State Ministry of Health Public Health Emergency Operations Centre (EOC) at the Eye Specialist Hospital is ongoing.

**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
<b>WHO</b>	<b>HRP-2017</b>	<b>US\$ 37,170,501</b>	<b>7 M US\$</b>	<b>19%</b>
<b>HEALTH SECTOR</b>	<b>HRP 2017</b>	<b>US\$ 93,827,598</b>	<b>7M US\$</b>	<b>7.5%</b>

**Contacts :**

Dr. Wondimagegnehu Alemu (WR), mobile: +256 414 253 639, email: [alemuw@who.int](mailto:alemuw@who.int)

Mr. David Wightwick (IM), mobile +234 703 178 1781, email : [wightwickd@who.int](mailto:wightwickd@who.int)

Dr. Jorge Martinez (HCC), mobile: +234 813 173 6263, email: [martinezj@who.int](mailto:martinezj@who.int)

Dr. Mary Stephen, mobile: +234 803 659 1332, email: [stephenm@who.int](mailto:stephenm@who.int)

Mr. Muhammad Shafiq, mobile; +234 703 178 1777, email: [shafiqm@who.int](mailto:shafiqm@who.int)