



Situation report # 24
4 FEBRUARY TO 10 FEBRUARY 2017

NIGERIAN CONFLICT - Armed conflict in the North East



Work in progress on the Borno State Public Health Emergency Operations Centre in Maiduguri. (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, 1,842,274 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



1,842,274 POLIO\*\*\*
2,915,712 MEASLES\*\*\*\*

BORNO EWARS



92 OUT OF 160 REPORTING SITES

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



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

- WHO supported 24 Mobile Hard to Reach Teams (H2R) are providing integrated PHC services in 23 LGAs across Borno State. During the reporting week consultations for minor ailments by the teams was 4,222 with 76 referrals. 7,721 children immunized with polio vaccine and 3,185 received Vitamin A supplementation.
The work in progress on the State Public Health Emergency Operation Centre (EOC) with renovation and rehabilitation work started after approval from the Governor of the Borno State. A steering committee chaired by the Permanent Secretary (PS) of Borno State MoH is in place to oversee the EOC expanded responsibilities besides polio in public health.
The WHO's Logistic team in collaboration with UNICEF logistic team is supporting the State MoH for stock inventory in the state Central Medical Stores (CMS) warehouses and immediate distribution plans.
The Cholera Preparedness Plan is in progress with participation from State MoH and Health Sector Partners under a Working Group arrangement of the Health Sector.
The HeRAMS assessment has been approved by the steering committee which compiled information among 749 health facilities in Borno State. Only 30% of the health facilities were not damaged while 29% were partially damaged. Furthermore, 59% are fully functional and 32% were non-functional.

\* 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 January 2017.
\*\*\*\* Number of Measles vaccinated children in Borno State National Vaccination Campaign January 2017.
\*\*\*\*\* Revised funding figures as reflected in the OCHA Financial Tracking Systems.
†† Figures to be revised of later time

## Situation update

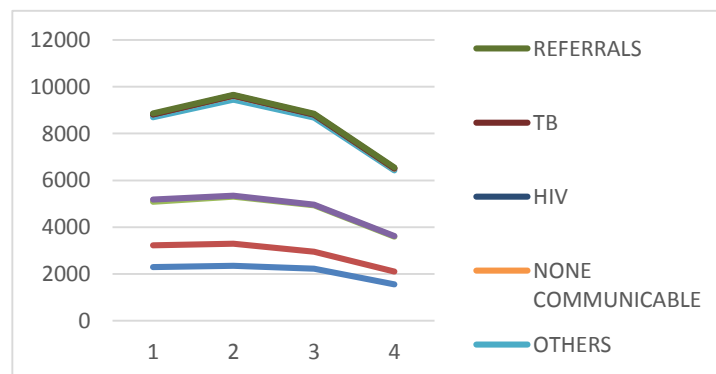
- During the reporting period, Boko Haram continued insurgent activities in the form of Suicide Bombers (PBIED) and also armed attacks on civilian populations and the Nigerian Security Forces. During the reporting week, a suicide attack was attempted at a petrol station in Maiduguri Metro Area. This resulted in the shooting dead of one suicide bomber and the arrest of another. Insurgents also attacked the towns of Damasak in Mobbar LGA and Gajiram in Nganzai LGA, Chibok LGA, all in Borno State. They also attacked and razed settlements in the vicinity of Sasawa in Damaturu LGA in Yobe State. These attacks resulted in civilian casualties being incurred. Nigerian security forces were also engaged with Boko Haram Forces in the Dikwa LGA on 10 Feb resulting in the reported death of eight soldiers and another three missing. Nigerian security forces continued anti insurgent operations. This included the interception and arrest of a Boko Haram insurgent in the Maiduguri Metro Area at Fariya IDP Camp.
- 160 EWARS reporting sites (including 26 IDP camp clinics) enrolled in 13 LGAs. 92 out of 160 (57%) health facilities reported (Target: 80%) with 73% timeliness (Target: 80%). 30 Indicator-based alerts were raised with 70% verified (Target 90%). In Epi Week 4, 93 suspected cases were reported with 83% of them under 5 years old, including 30 from Maiduguri, 26 from Monguno, 20 from Jere. Among 26 measles alerts investigated in weeks 4 & 5, 16 (61%) have been vaccinated. The increase of the number of measles cases after vaccination could be explained by the onset of mild symptoms after vaccination and increase of case detection by the vaccination teams.
- In Epi week 4, the number of confirmed Malaria cases is slightly re-increasing (2,323 cases). There were two deaths due to malaria in MCH Miringa and Limanti dispensary. As well during Epi Week 4, 2,259 cases of acute respiratory infection were reported representing 16% of the reported morbidity. Two patients died with suspected Meningitis infection in Biu General Hospital.
- 100 kits of Pastorex test-kits will be shipped to Maiduguri early next week and planned to be dispatched in LGAs (priority in Biu). A plan of action will be implemented next week (systematic visits to non-reporting EWARS sentinel sites) to explore the reason of non-reporting and re-confirm contact-information of the EWARS focal persons.

## Epi Updates

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

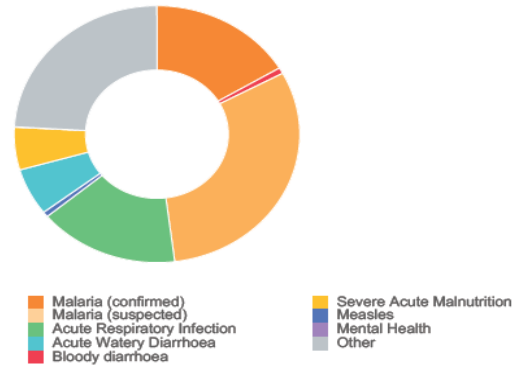
### Epidemiological situation in IDPs camps:

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.



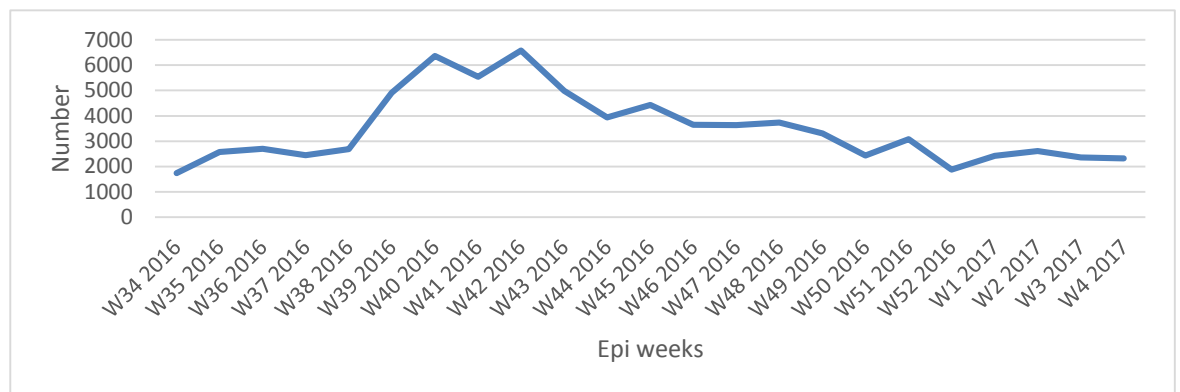
**Early Warning Alert and Response System (EWARS):** In Epidemiological Week 4-2017, a total of 92 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 57% and timeliness was 73% (target 80% respectively). Thirty indicator-based alerts were received and 70% were verified.

**Measles:** Between Epi Weeks 34-2016 to Week 4-2017, a total of 2,097 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 4, 93 suspected cases were reported with 83% of them under 5 years old, including 30 from Maiduguri, 26 from Monguno, 20 from Jere. Among 26 measles alerts investigated in week 4 & 5, 16 (61%) have been vaccinated. The increase of the number of measles cases after vaccination could be explained by the onset of mild symptoms after vaccination and increase of detection by the vaccination teams.



Proportional Morbidity in Epi Week 4-2017

**Malaria:** Between Epi Weeks 34-2016 to Week 4-2017, a total of 138,963 suspected cases and 80,342 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 4 the number of confirmed Malaria cases is 2,323. There were two deaths due to malaria in MCH Miringa and Limanti dispensary.



Weekly trend of Malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 4-2017

**Acute Respiratory Infection (ARI):** In Epi Week 4, 2259 cases of Acute respiratory infection were reported representing 16% of the reported morbidity. There were no deaths due to ARI.

Figure 3a | Age breakdown

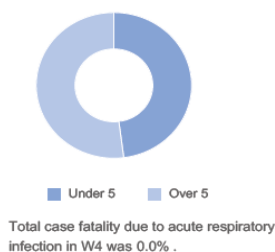
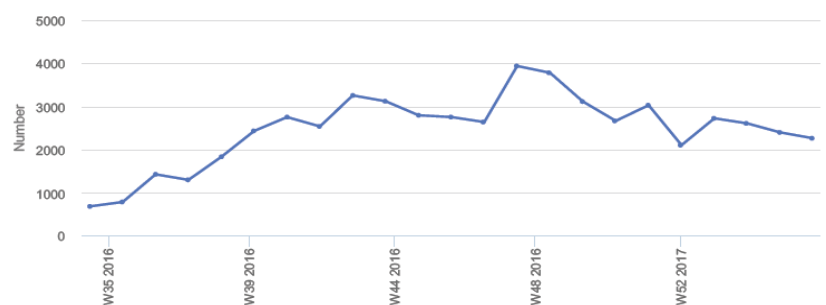


Figure 3b | Trend in number of cases over time (Borno State)



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 4-2017

**Acute Watery Diarrhoea (AWD):** In Epi week 4, 839 cases of AWD were reported with no deaths.

*Weekly trend of AWD cases reported through EWARS in Borno State from Week 34-2016 to Week 4-2017*

Figure 4a | Age breakdown

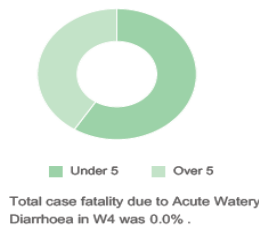
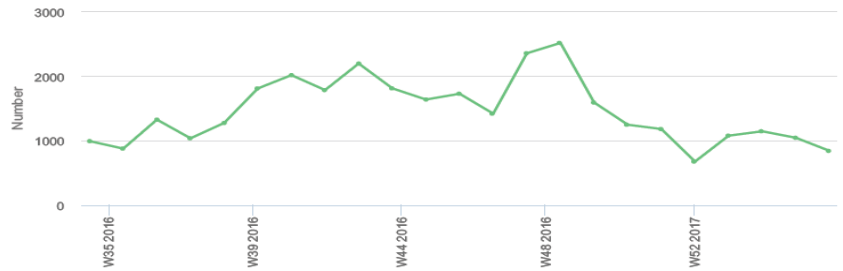


Figure 4b | Trend in number of cases over time (Borno State)



- **Viral Haemorrhagic Fever:** No reported VHF case.
- **Severe Acute Malnutrition (SAM):** In Epi Week 4, 759 cases of SAM were reported. No deaths were recorded.
- **Neo-natal deaths:** One neo-natal death was reported from UNICEF Government Secretariat IDP camp clinic.
- **Maternal death:** No reported maternal death.

**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**

**Health operations and response:** 24 Mobile Hard to Reach Teams (H2R) are providing integrated PHC services in 23 LGAs. During the reporting week consultation for minor ailment by the teams was 4,222 with 76 referrals. 7,721 children immunized with polio vaccine and 3,185 received Vitamin A supplementation. MUAC screening conducted on 2,566 children with 64 showing red and were referred to stabilization Centre. Antenatal care services were provided to 1,521 beneficiaries with routine drugs while 961 received preventive treatment with standard protocols for malaria.

**Surveillance and outbreak response:** On February 9, a meeting was organized by the National Centre for Disease Control with the World Health Organization and partners (AFENET, CDC, STOP-Polio, UMB) in Abuja to review activities conducted in Borno State on disease surveillance, training and laboratory strengthening. The meeting resolved that a technical working group to be set up to work on future sustainable plan and map out activities in these areas with the State Ministry of Health in Borno State.

**Public Health Emergency Operation Centre:** The executive governor of Borno State has granted approval for establishment of Borno State Public Health Emergency Operation Centre (PHEOC). Borno State MOH will receive initial financial and technical support from WHO for establishment and operationalization of state level PHEOC. A building in current Eye Hospital is being converted to physical space for PHEOC with required rehabilitation and renovations progressing well. It is expected that the renovation work will be completed by the end of March. A steering committee chaired by the Permanent Secretary (PS) of Borno State MOH is in place to oversee the PHEOC establishment. At the same time development of policy and operation guides, identification of PHEOC structures and finalization of the list of equipment to be installed in the PHEOC is also in good progress.

**Health Resource Availability and Monitoring System (HeRAMS):** The HeRAMS assessment has been approved by the steering committee which compiled information on the status of health services in 749 health facilities in Borno State. 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 assessment revealed that the population has access to less than optimum health care services. Provision of health services is lacking in several areas (child health, detection of epidemic prone diseases, HIV-AIDS). The assessment findings appeal to the government and the health partners to support the reconstruction and rehabilitation of the health facilities. A reconstruction effort is already taking place for secondary health facilities, however it also important to include the PHCs in the rehabilitation and reconstruction plan. Provision of health services has been discontinued in a large number of health facilities. Funding and logistic support are necessary to improve the delivery of health services. The assessment is a vital tool to monitor the health resources and availability of services, and should be conducted on a regular basis.

**Health Logistics:** Staff has been accommodated in recently renovated WHO Guest House, which is fully MOSS compliant. Some final works are underway as new AC units being installed by the Landlord. Quotations for final maintenance and security improvements have been received, vender will be selected and contract to be drafted. Armed Guards station contract signed.

Building rehabilitation of the State Public Health EOC is progressing. The layout and work plan for the additional maintenance has been submitted to the EOC technical expert for approval. Inventory and stock management at the Central Medical Store (CMS -State MoH warehouse) began on 6<sup>th</sup> February. This activity, in collaboration with UNICEF is progressing well. It should take 2 to 3 weeks longer to complete the physical count, after which the data will be encoded into a stock keeping software platform (pre-existing MoH system yet to be determined). The CMS warehouse A5 has been cleared of empty shelving and prepared for the reception of the Federal MoH medical supplies donation. These goods are currently clogging up the WFP and PUI warehouses.

**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 a grant of three million USD from USAID/OFDA, which will be utilized for the health sector coordination, disease surveillance and outbreak response in three states of Adamawa, Borno and Yobe. Another grant of four million USD from USAID has been received 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>7 M US\$</b> | <b>7.5%</b> |

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