

## Situation report # 27








16 – 31 MARCH, 2017

### NIGERIAN CONFLICT - Armed conflict in the North-East



WHO supervisors boarding the helicopter to Gwoza LGA, Borno state to supervise polio vaccination exercise in the hard-to-reach locations.

	<b>5,919,913</b> PEOPLE IN NEED (HEALTH 2017)	<b>1,506,170</b> TOTAL IDP* BORNO STATE		<b>1,899,830</b> TOTAL IDP* NE REGION		<b>1,891,160</b> CHILDREN VACCINATED AGAINST POLIO
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WHO		HIGHLIGHTS	
<b>MEDICINES DELIVERED TO HEALTH FACILITIES/PARTNERS</b>			
	30 10 1 9 10	INPATIENT SAM KITS TO HOSPITALS IEHK complete DISTRIBUTED TO SMOH HEALTH FACILITIES and PARTNERS IDDK KIT DISTRIBUTED TO PARTNER IDDKs PREPOSITIONED IN MAIDUGURI IDDKs HANDEDOVER TO SMOH	<ul style="list-style-type: none"> <li>The index case for the recently confirmed Lassa fever tested negative for PCR after 10 days of the onset of bleeding and has returned to her community for normal life.</li> <li>Contact tracing for the confirmed Lassa fever ended on 21 March in Madinatu, Zabarmari and Umaru Shehu Hospital.</li> <li>WHO has distributed urgently needed Basic Health Kits that have high risk of stock rupture. The quantities are estimated to help the partners continue their work for about 3 months.</li> <li>WHO is supporting the construction of a Viral Haemorrhagic Fever VHF/Lassa Treatment Centre at the Mulai Hospital as approved by the Borno state EOC.</li> <li>National Immunisation Plus Days (SIPDs) targeting 1.9m children (0-59months) in 25 out of 27 LGAs was implemented from 25 – 29, March 2017.</li> <li>In 24 LGAs, the hard-to-reach teams screened 8,590 children for malnutrition. 450 (5%) were Moderately Acute Malnourished (MAM) and 94 (1%) were Severely Acute Malnourished (SAM) according to MUAC measurement.</li> <li>Health sector is working on co-leadership with an NGO to strengthen coordination and performance of the health sector response, as well as enhance NGO participation in health sector coordination</li> </ul>
<b>WHO FUNDING REQUIREMENTS 2017 US\$ ††</b>			
	9.35 M US\$ 37 M US\$	25% FUNDED REQUESTED	
<b>BORNO HEALTH SECTOR</b>			
	19 5.9M	HEALTH SECTOR PARTNERS TARGETED POPULATION	
<b>HEALTH FACILITIES (PHC - BORNO)</b>			
	749 288	TOTAL NUMBER OF HEALTH FACILITIES† HEALTH FACILITIES FUNCTIONING†	
<b>HEALTH ACTION-2017</b>			
	108927 356	CONSULTATIONS** REFERRALS†	
<b>CHILDREN VACCINATED</b>			
	1,891,160	POLIO***	
<b>BORNO EWARS WEEKLY</b>			
	149 80 22	EWARS SENTINEL SITES REPORTING SENTINEL SITES ALERTS RAISED	
<b>HEALTH SECTOR FUNDING US\$ (HRP 2017)****</b>			
	6.3M(6.7 %) US\$ 93.8M	FUNDED REQUESTED	
<small>* IOM DTM Nigeria Round XIV Dataset of Site Assessment.  ** Total consultations from Borno State IDPs camps since Epidemiological Weeks 1-7  *** 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</small>			

**Situation update**

- **Situation Update:** Boko Haram insurgency continues in the form of suicide bombings (PIED) and armed attacks resulting in casualties especially in the surrounding villages, military locations and IDPs camps in Maiduguri.
- As of 22 March 2017, it was reported that PBIED attack occurred at Gulumba IDP Camp in Muna Dalti. In Gulumba IDPs Camp, security sources reported that an attack likely involved PBIEDs, which detonated, causing injuries and death. There were reportedly 20 casualties, 4 dead including the PBIEDs and 14 injured.
- As per IOM Displacement Tracking and Matrix (DTM) round XIV undertaken in January 2017, total IDP population is 1,506,170 in Borno state indicating an increase by 8% compared to round XIII (December 2016). The population in the camp increased by about 53%. The number of IDP sites increased from 126 to 143.

**Epi Updates**

- **Polio:** Regardless of the rising tide of insecurity in Borno state, more than 14, 000 volunteers went house to house and street by street to vaccinate 1.9 million children under 5-years old against wild polio virus. The exercise, which was the first nationwide campaign against polio this year, took place between 25<sup>th</sup> – 29<sup>th</sup> March 2017. WHO and partners trained 1,817 house-to-house, 410 fixed posts and 362 transit teams in addition to 150 health camps across 206 wards in all LGAs except Abadam and Marte due to insecurity.
- **Viral Hemorrhagic Fever:** The index case for the recently confirmed Lassa fever tested negative for PCR after 10 days of the onset of bleeding and has returned to her community for normal life. Fifty-nine people who had contact with the index case were identified and monitored for 21 days according to WHO protocols and concluded on 21 March 2017.
- **Early Warning Alert and Response System (EWARS):** In Epidemiological Week 11 - 2017, a total of 79 out of the 149 reporting sites (including 20 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 53% and timeliness was 56% (target 80% respectively). Twenty-one indicator-based alerts were received and 68% were verified.

Figure 1a | Proportional morbidity (W11)

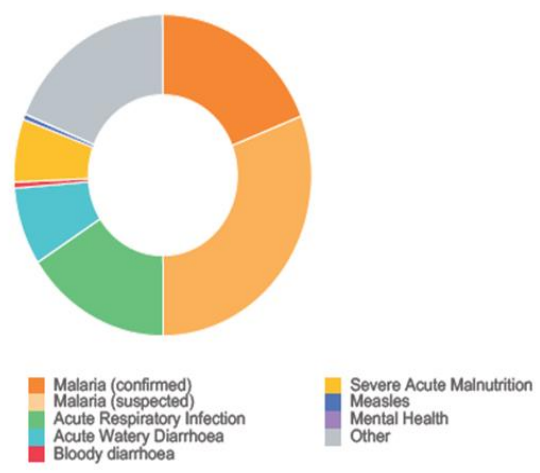
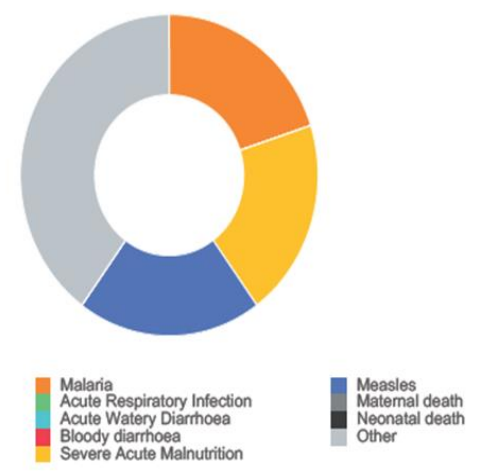
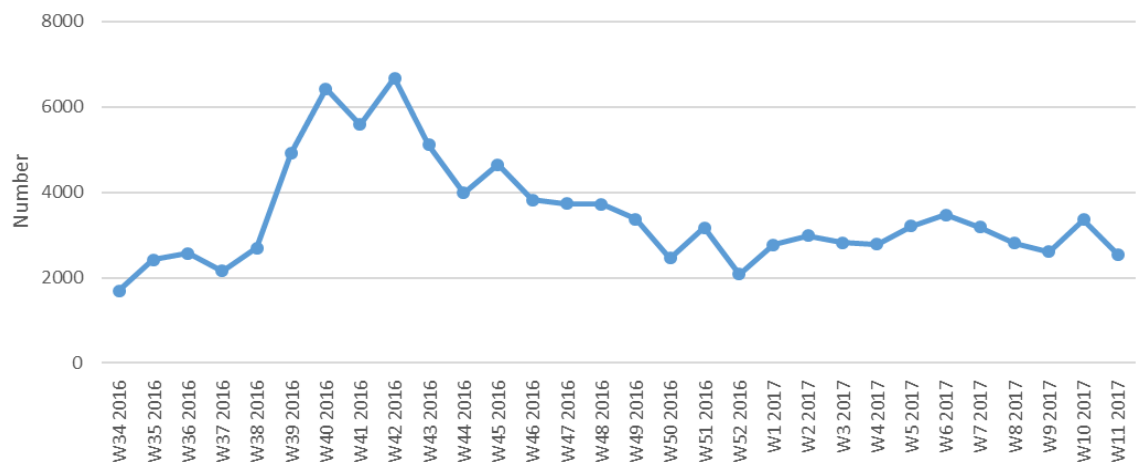


Figure 1b | Proportional mortality (W11)

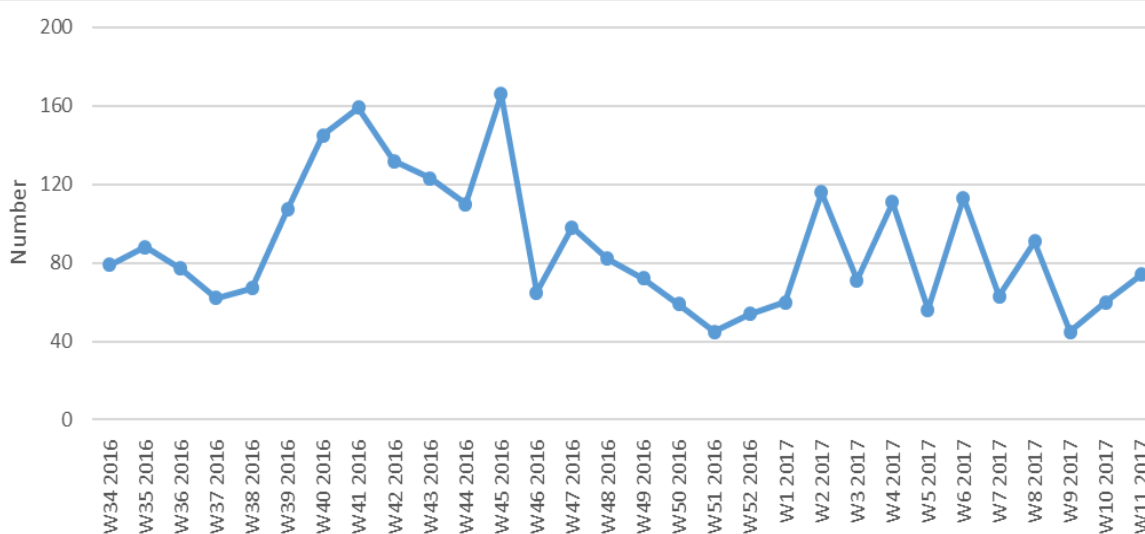


- **Malaria:** Between Epi Weeks 34-2016 to Week 11-2017, a total of 175,315 suspected cases and 104,385 confirmed cases (19% of morbidity) of malaria were reported. In Epidemiological Week 11, 2549 cases of confirmed malaria were reported with one malaria death at Lassa General Hospital.



**Weekly trend of malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 11-2017**

- Measles:** Between Epi Weeks 34-2016 and Week 11-2017, a total of 2,657 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 9, 74 suspected cases were reported with 85% of the cases occurring in children below 5 years. They include 19 cases from Dalaram PHC Jere, 7 cases from Madinatu IDP camp Jere, 6 cases from Muna Garage Camp Clinic B Jere, 6 cases from Gusi clinic Kwaya Kusar and 6 cases State Specialist Hospital MMC. There was 1 death reported from Gunda CHC.



**Weekly trend of Measles cases reported through EWARS from Week 34-2016 to Week 11-2017**

- Health Operations:** Among other integrated healthcare services provided in the hard-to-reach communities in Borno state, hard-to-reach team 07 delivered Hanatu of a baby girl in Pela Olla Community in Hawul LGA, Borno state recently. It was her first delivery in a location 10kilometres away from the nearest health facility. WHO has recruited and trained a total of 35 teams currently providing integrated PHC services in 26 LGAs across the state. As of the end of February 2017, the Hard-to-Reach Teams (H2R) have conducted nearly 1500 ante/post-natal care, vaccinated 33,889 children 0-59month with OPV, dewormed 11,575 with Albendazole tablet and consulted 16,108 clients including 238 referrals. The team also screened 16,974 children for malnutrition.

**Health Response**

	<ul style="list-style-type: none"> <li>▪ The draft Cholera Preparedness Plan has been finalized identifying “hot spots” by LGA and IDPs camps for timely interventions in case of cholera outbreak. Supplies and kits are already pre-positioned in Maiduguri and further distribution is on-going.</li> <li>▪ <b>Health Sector Coordination:</b> Health sector is working on co-leadership arrangement with an NGO partner as co-lead at state level and LGA level. The co-leadership at LGA level will be useful in terms of prioritization of population health needs and effective targeting in terms of geographical presence. The overall purpose of co-leadership is to strengthen coordination and performance to improve quality and coverage of the health sector response, as well as to enhance NGO representation and participation in health sector coordination.</li> <li>▪ <b>Health Logistics:</b> The construction of a Lassa/VHF isolation and treatment centre has begun in a temporary location in Muleh Hospital compound, made up of tents in a specially designed layout to manage VHF patients</li> <li>▪ Distribution of drugs and supplies continues to the 25 Federal Health teams deployed to selected LGAs.</li> </ul>
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<b>Public health concerns</b>	<p><b>Key public health concerns:</b></p> <ul style="list-style-type: none"> <li>• Inaccessibility to some locations for delivery of lifesaving interventions is still a challenge</li> <li>• Cholera and meningitis are threats in the coming months and outbreaks are likely.</li> <li>• Upward review of import duty on antimalarial drugs and antibiotics is likely to hike the cost of malaria and fighting epidemics to increase the burden on already vulnerable populations.</li> <li>• Lack of qualified human resources, essential medicines and the destruction of medical facilities continue to hamper the delivery of lifesaving health interventions.</li> </ul>
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<b>Health priorities and gaps</b>	<p><b>Health Priorities and Gaps</b></p> <ul style="list-style-type: none"> <li>• Preparedness for cholera and meningitis for a coordinated response</li> <li>• Polio eradication and measles control</li> <li>• Data compilation and reporting of the mortality survey in Monguno LGA</li> <li>• Expansion and strengthening of the Early Warning Alerts and Response System (EWARS)</li> <li>• Filling the critical gaps in healthcare services delivery through mobile and outreach teams</li> <li>• Community mobilization on key health issues and public health risks</li> <li>• Revitalization of damaged/destroyed health facilities</li> <li>• Maintenance of supply chain of the essential medicines and supplies</li> <li>• Regular nutrition screening in all the catchment areas.</li> </ul>
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<b>Resource Mobilization</b>	<table border="1"> <thead> <tr> <th>NAME OF APPEAL</th> <th>AWARDEE</th> <th>REQUIRED FUNDS</th> <th>FUNDED</th> <th>PROPORTION FUNDED</th> </tr> </thead> <tbody> <tr> <td>HRP-2017</td> <td>WHO</td> <td>US\$ 37,170,501</td> <td>US\$ 9.35M</td> <td>25 %</td> </tr> <tr> <td>HRP 2017</td> <td>HEALTH SECTOR</td> <td>US\$ 93,827,598</td> <td>US\$6.3M</td> <td>6.7%</td> </tr> </tbody> </table>	NAME OF APPEAL	AWARDEE	REQUIRED FUNDS	FUNDED	PROPORTION FUNDED	HRP-2017	WHO	US\$ 37,170,501	US\$ 9.35M	25 %	HRP 2017	HEALTH SECTOR	US\$ 93,827,598	US\$6.3M	6.7%
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