



WHO Country Rep. Dr. Alemu vaccinates a child against polio in Ngamdu, a hard-to-reach settlement in Borno state.  
Photo: WHO/ChimaEOnuekwe

# Situation report #28

01 – 30 APRIL, 2017

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

	<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

#### 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\$ ++

	9.35 M US\$	25% FUNDED
	37 M US\$	REQUESTED


#### BORNO HEALTH SECTOR

19	HEALTH SECTOR PARTNERS
5.9M	TARGETED POPULATION

#### HEALTH FACILITIES (PHC - BORNO)

	749	TOTAL NUMBER OF HEALTH FACILITIES†
	288	HEALTH FACILITIES FUNCTIONING†

#### HEALTH ACTION-2017

	217,335	CONSULTATIONS**
	723	REFERRALS†

#### CHILDREN VACCINATED

	1,891,160	POLIO***
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#### BORNO EWARS WEEKLY

	158	EWARS SENTINEL SITES
	80	REPORTING SENTINEL SITES
	22	ALERTS RAISED

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

	6.3M(6.7 %)	FUNDED
	US\$ 93.8M	REQUESTED

### HIGHLIGHTS

- WHO Country Representative, Nigeria, Dr. Wondi Alemu visited hard-to-reach areas in Yobe and in Borno state including Kukarieta and Ngamdu in order to personally appreciate the critical conditions of the affected population.
- WHO provided technical support for the vaccination of 185 201 persons aged 9 – 15years with Men A vaccine and more than 5000 aged 2-8years with Pentavalent in Yobe state.
- Trained 80 clinicians, laboratory scientists and nurses in Borno and Yobe states on CSM diagnosis and case management.
- Conducted trainings on SAM with medical complications and warehouse management.
- Completed the construction of Viral Haemorrhagic Fever VHF/Lassa isolation Centre at the Mulai Hospital, Maiduguri, Borno state.
- Conducted an evaluation of the Community Resource Persons (CORPs) activities in six LGAs: Bama, Biu, Mafa, Monguno, MMC and Ngala with a view to improving their performance.

\* IOM DTM Nigeria Round XIV Dataset of Site Assessment.  
 \*\* Total consultations from Borno State IDPs camps since Epidemiological Weeks 1- 14  
 \*\*\* 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

## Situation update

▪ **Situation Update:** Violence and insecurity continue to force people from their homes in Borno state just as large numbers of IDPs in host communities are beginning to return to places of origin where relative peace is guaranteed. In addition, Nigerian refugees are also reportedly being forcibly returned from Cameroon, thus putting more pressures on the already overstretched healthcare system. It was reported that over 11,300 people arrived in Pulka, close to the Cameroonian border, since January, escalating the total population of the town to more than 42,000. In Rann, people continue to arrive on a daily basis and the town's population has grown by the day. In Dikwa, a town in the northeast of Borno, more than 2,000 newly displaced were registered in the last two weeks of March alone. The people who arrive in Pulka, Rann or Dikwa are mostly from areas inaccessible to humanitarian organisations. They are vulnerable, often in a poor state of health, and almost entirely dependent on aid.

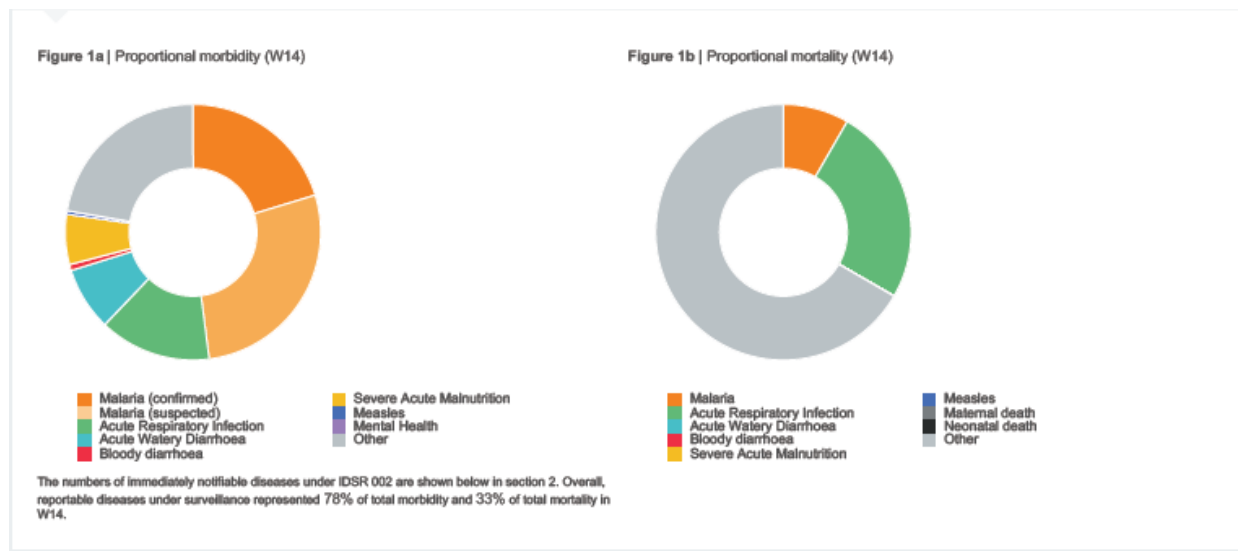
▪ As per IOM Displacement Tracking and Matrix (DTM) round XIV undertaken in January 2017, total IDP population is 1,506,170 in Borno state indicating an increase by 8% compared to round XIII (December 2016). The population in the camp increased by about 53%. The number of IDP sites increased from 126 to 143.

## Epi Updates

▪ **Polio:** As part of the innovative strategies to reach every child with oral polio vaccine during the April 2017 polio campaign, WHO in collaboration with the Borno state ministry of health partnered with the Nigerian Army to ensure that all eligible children were vaccinated in hard-to-reach areas especially in Damasak, Mobbar LGA. Military personnel were trained on OPV administration, house marking and data capturing to enable them vaccinate eligible children in security compromised locations where civilian health workers and volunteers could not reach.

▪ **Early Warning Alert and Response System (EWARS):** In Epidemiological Week 14 - 2017, a total of 91 out of the 149 reporting sites (including 20 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 58% and timeliness was 71% (target 80% respectively). Twenty-one indicator-based alerts were received and 81% were verified.

## Health Response



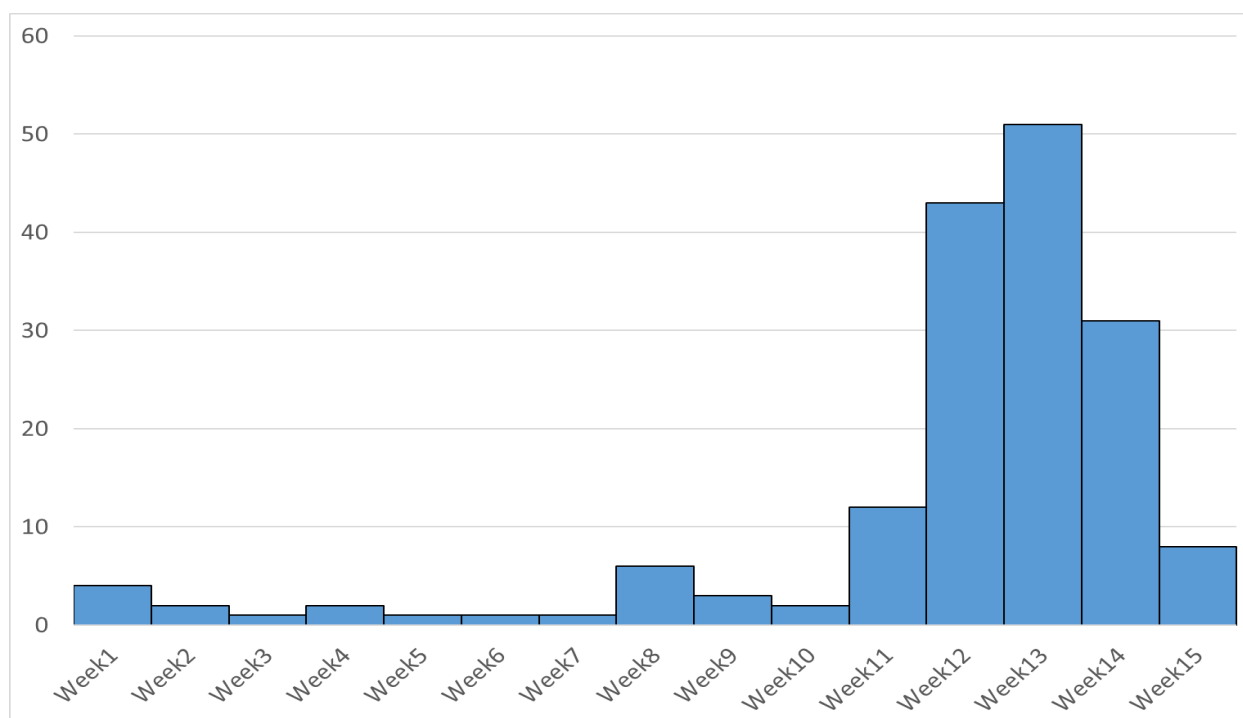
▪ **Malaria:** In Epidemiological Week 14, 3327 cases of confirmed malaria were reported with one malaria death. Preparedness measures will be put in place before the start of the rainy season.

• **Measles:** Between Epi Weeks 34-2016 and Week 14-2017, a total of 2,890 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 14, 71 suspected cases were reported.

• **Meningitis:** a total number of 25 suspected Cerebro-Spinal Meningitis cases were reported in Borno from January to April 2017. In Yobe, a total number of 168 CSM cases were reported as of 23 April 2017. Investigation, case detection and management were operated through the Epidemic preparedness mechanism in both States (Borno and Yobe) and active case search is

still operated.

#### Weekly Trend of CSM - Yobe Jan -April 2017



Weekly trend of Cerebro Spinal Meningitis cases – Yobe: January-April 2017

- **Health Operations:** Rapid Response Team of the HTR conducted an assessment in KalaBalge LGA to identify key health challenges in order to focus interventions. Common health problems experienced by the people are: malaria, Belhazia, Diarrhoea, Hypertension, Pneumonia, whopping cough skin infection and conjunctivitis. (In charge of Reproductive Health ICRC Camp Clinic). There is no standard referral system in the Kalabalge LGA. Hence, donkeys are used for transporting referred patients to nearby health facility.
- Rapid diagnostic test (RDT) for the Northeast will be distributed as follows: 1 000 000 for Borno, 341, 582 for Adamawa State and 248 582 for Yobe state in order to ensure that every patient is tested before being treated for malaria.
- **Health Sector Coordination:** Health sector led the preparedness process for cerebro-spinal meningitis epidemic in the northeast. A draft epidemic preparedness and response plan has been prepared for North-East Nigeria followed by one-day workshop in Maiduguri to ratify the preparedness and response plan. Besides, series of response activities were conducted including: public enlightenment campaigns, reactive vaccination in Karaswa, Nguru LGAs and IDPs camps, active cases management, training of surveillance focal person on enhanced meningitis surveillance and active CSM case search in large health facilities & communities.
- **Health Logistics:** WHO has completed the construction of Viral Haemorrhagic Fever VHF/Lassa isolation Centre at the Mulai Hospital, Maiduguri, Borno state.
- Continuous logistics support to the State Ministry of Health Central Medical store

<b>Public health concerns</b>	<b>Key public health concerns:</b> <ul style="list-style-type: none"> <li>• Coordinated response to the CSM outbreak in Yobe and Borno.</li> <li>• Inaccessibility to some locations for delivery of lifesaving interventions is still a challenge</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> <li>• Difficulty to deliver essential medicines due to security reasons</li> </ul>															
<b>Health priorities and gaps</b>	<b>Health Priorities and Gaps</b> <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>• Risk assessment of hepatitis E transmission at the Niger-Nigeria border</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>															
<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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