

## Situation report # 22

21 JANUARY TO 27 JANUARY 2017

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



Malnutrition screening at Kwaya Kusar LGA by health worker (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>
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#### BORNO EWARS



<b>83</b>	<b>OUT OF 160 REPORTING SITES</b>
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#### 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 measles vaccination campaign, conducted in partnership with Nigerian government, WHO and several non-governmental organizations, also included vitamin A supplement for all children under five to boost their immunity and as well deworming tablets. Under the mass measles vaccination campaign across Borno state, 2,608,090 children have been vaccinated out of target of total 3,113,620 children of age group 6 months to 10 years in 25 LGAs with 84% coverage.
- WHO in partnership with the National Centre for Disease Control and the State Ministry of Health have developed and delivered four sessions of trainings on diseases surveillance and outbreak investigation on 19,20,24 and 25 January. A total of 187 clinicians, laboratory technicians and data managers from 46 health facilities from Jere and MMC were trained on diagnosis and reporting of cholera, meningitis, viral haemorrhagic fever, poliomyelitis and measles.
- 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. The IDDKs are enough for treatment of 2,000 moderate to severe diarrhoea/cholera cases.
- WHO commenced OBR across Yobe state targeting over 1million children under 5 years with polio vaccine. They also conducted training on advances in malaria diagnosis and treatment for health workers.

\* IOM DTM Nigeria Round XIII Dataset of Site Assessment

\*\* Total consultations from Borno State IDPs camps since Epidemiological Weeks 1 - 2017.

\*\*\* 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

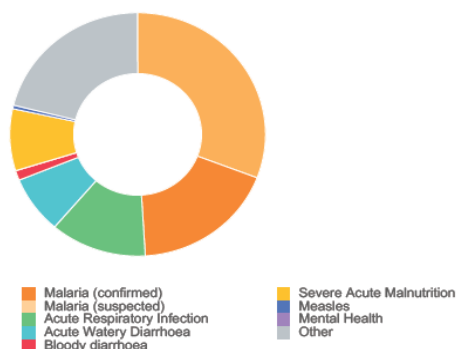
- The past week saw security incidents occur in Maiduguri and Borno State. On 22<sup>nd</sup> January Boko Haram (BH) insurgents attacked Security Forces on the outskirts of Rann town in Kala/Balge LGA of Borno State. On 23<sup>rd</sup> January BH insurgents attacked a village in Askira Uba LGA in Borno State resulting in three persons killed and seven women abducted. On 24<sup>th</sup> January, a suicide bomber was intercepted by security forces in the Usmanti Area of Jere LGA close to Maiduguri. On 25<sup>th</sup> January 2017 Boko Haram gunmen attacked a military location in Kamuya in Biu LGA of Borno state. No casualties on either side were reported. On the night of 25/26 January three PBIED attacks in Maiduguri in the form of suicide bombings. The total of fatalities recorded was four civilians.
- The phase two of the national mass measles vaccination campaign has been completed in Borno State. The campaign has ended in all 25 targeted LGAs with final data being awaited. At the time of reporting, 2,608,090 children had been vaccinated (84% coverage), with data from 5 LGAs still pending. Eleven (11) of the 20 LGAs that have so far reported data reached a coverage of 95% and above, while 4 LGAs have a coverage of 90-94%. The target for both phases of the campaign are 3,113,620 children of age group six months to ten years.
- In Epidemiological Week 2, 1101 cases of AWD were reported including 262 cases from Monguno Camp Clinic in Maiduguri, and 107 cases from ALIMA GDSS IDP Camp Clinic. Fourteen deaths were reported from ALIMA GDSS IDP Camp Clinic and Umaru Shehu Hospital. Further investigations will be conducted on site and stool samples to be collected. 1793 cases of Acute respiratory infection were reported representing 15 % of the reported morbidity. Four deaths due to ARI were reported in ALIMA GDSS IDP Camp Clinic and Umaru Shehu Hospital.

## Epi Updates

- **Polio:** No new cases of wild poliovirus type 1 (WPV1) were reported in the past week.
- **Early Warning Alert and Response System (EWARS):** In Epi Week 2-2017, a total of 83 out of 160 reporting sites (including 26 IDP camps) in 13 LGAs submitted their weekly reports. Completeness of reporting was 52% and timeliness was 46% (target 80% respectively). Twenty-three indicator-based alerts were received and 87% were verified.

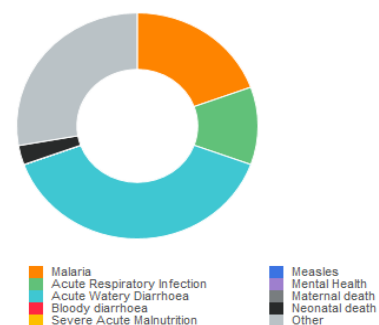
Proportional Morbidity in Epi Week 2-2017

Figure 1a | Proportional morbidity (W2)



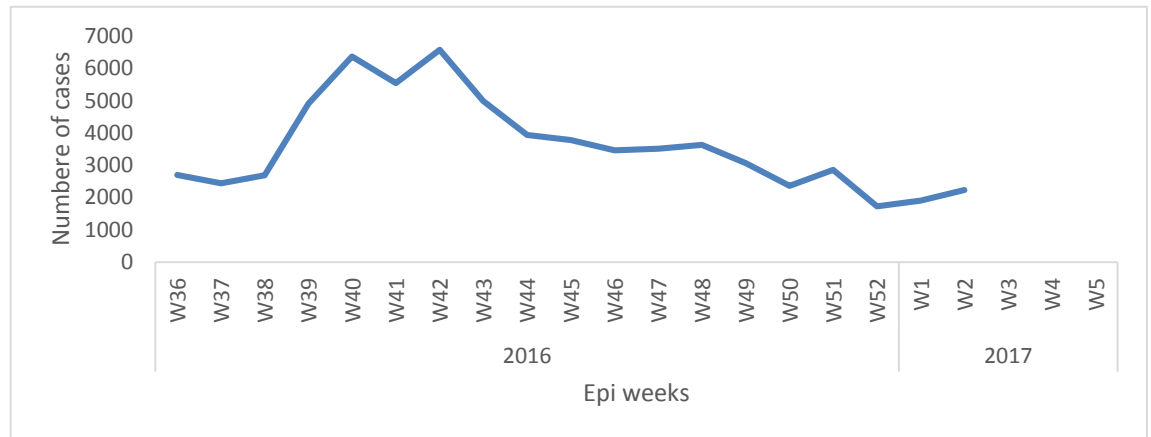
Proportional Mortality in Epi Week 2-2017

Figure 1b | Proportional mortality (W2)



- **Measles:** Between Epi Weeks 34-2016 to Week 2-2017, a total of 1,870 suspected cases of measles were reported from EWARS reporting sites in 13 LGAs. In Epi Week 2, 50 suspected cases were reported with 76% of them under 5 years old.
- **Viral Haemorrhagic Fever (VHF):** No reported VHF case.

- Malaria:** Between Epi Weeks 34-2016 to Week 2-2017, a total of 127,104 suspected cases and 74,615 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 2 the number of confirmed Malaria cases is 2230 is slightly re-increasing. Four deaths due to Malaria were reported from Teli clinic (2), Gatamarwa dispensary (1), and MCH Miringa (1).



Weekly trend of Malaria cases reported through EWARS in Borno State from Week 34-2016 to Week 2-2017

- Acute Respiratory Infection (ARI):** In Epi Week 2, 1793 cases of Acute respiratory infection were reported representing 15 % of the reported morbidity. Four deaths due to ARI were reported in ALIMA GDSS IDP Camp Clinic (3) and Umaru Shehu Hospital (1).

Figure 3a | Age breakdown

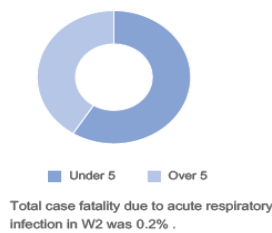
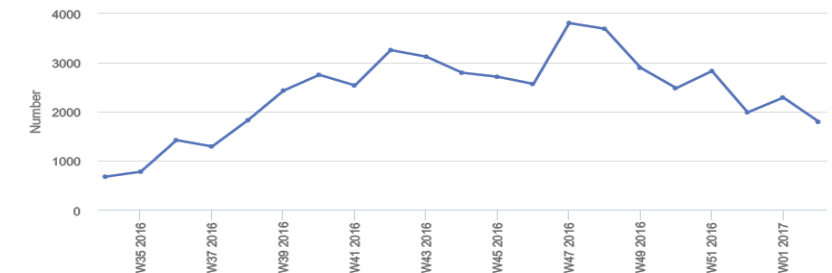


Figure 3b | Trend in number of cases over time (Borno State)



Weekly trend of ARI cases reported through EWARS in Borno State from Week 34-2016 to Week 2-2017

- Acute Watery Diarrhoea (AWD):** In Epi week 2, 1101 cases of AWD were reported including 262 cases from Monguno Camp Clinic, 107 cases from ALIMA GDSS IDP Camp Clinic. Further investigations will be conducted on site by an investigation team and samples to be collected.

Figure 4a | Age breakdown

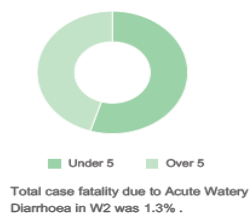
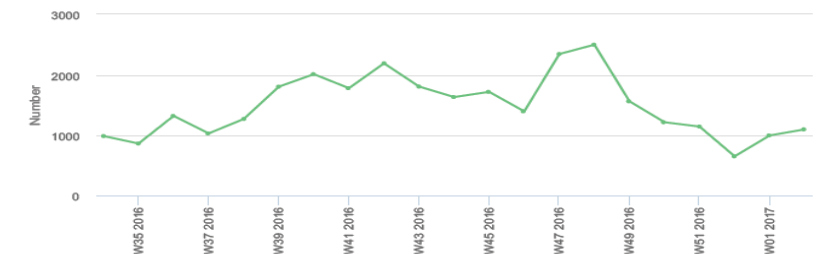


Figure 4b | Trend in number of cases over time (Borno State)



- Severe Acute Malnutrition (SAM):** In Epi Week 2, 841 cases of SAM were reported. No deaths were recorded.

- **Neo-natal deaths:** One neo-natal death was reported from Gatamarwa dispensary.
- **Maternal deaths:** No maternal death was reported.

**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;
- 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. Restoration of health services and non-functional health facilities plus support to overburden health facilities in hosting communities.

**WHO action**

**Nutrition:** A joint field mission of WHO and UNICEF was made in two LGAs Bayo and Kwaya Kusar in South Borno in the reporting week. The purpose of the visit was to assess and support nutrition activities in the two LGAs.

Stabilization Centres at Briyel General Hospital and Kwaya Kusar General Hospital were visited. Both the stabilization centres are in the initial phase of establishment. Some necessary supplies like beds, mattress are lacking in the facilities. There is need to improve ventilation, make kitchen and storage arrangements for the stabilization centres.

Meetings were held with the concerned staff and hospital management to support the establishment of Stabilization Centre in order to urgently cater to the needs of malnourished cases requiring inpatient care. WHO and UNICEF have provided necessary supplies like drugs and equipment for the stabilization centres.



Mothers waiting to receive nutrition support at OTP site in PHC Fikayel, Bayo (Photo: WHO)





A seven months old Severely Acute Malnourished (SAM) child with 7.5 cm MUAC and 2.1 kg weight at an OTP site (Photo: WHO)

Meetings were held with the nutrition focal points and primary health care department coordinators to ensure their continued support for nutrition interventions in the two LGAs.

Out Patient Therapeutic Program (OTP) were visited at PHC Fikayel at Bayo LGA and PHC Gusi at Kwaya Kusar LGA. Due to ongoing measles vaccination days, the PHC staff were busy in the vaccination campaign with little attention to OTP activities. The PHC in-charge mentioned that due to shortage of staff OTP activities suffer during such events. Regular monitoring and supervision is required to ensure quality management of nutrition services to the people in need.

**Disease surveillance and outbreak response:** WHO in partnership with the National Centre for Disease Control and the State Ministry of Health have developed and delivered four sessions of trainings on diseases surveillance and outbreak investigation on 19,20,24 and 25 January. A total of 187 clinicians, laboratory technicians and data managers from 46 health facilities from Jere and MMC were trained on diagnosis and reporting of cholera, meningitis, viral haemorrhagic fever, poliomyelitis, and measles. Reports of the working groups will be consolidated to be submitted to the LGA and State authorities. This training is planned to be scaled-up to other LGAs for the strengthening of EWARS/IDSR network.

Additionally, 20 laboratory scientists from 9 hospitals of the greater Maiduguri were trained on the diagnosis of vibrio cholera and Neisseria meningitis on 27 & 28 January. Practical follow-up sessions should take place within two weeks. Need assessment and provision of basics reagents and sample collection material will be provided through the Umaru Sherub Ultra-Modern Hospital.

**H2R Teams:** A supportive supervision visit to the H2R team operating around Benisheikh, Kaga LGA on 24/01/2017 was made by a Health Operations Team lead, H2R focal person and HQ communication team. Apart from regular activities, the monthly LGAF and MHT team lead review meeting was held on 26/01/2017. During week 3, 3,842 beneficiaries were seen and 63 referrals were made. 1,830 pregnant women received iron folate supplementation and 896 received intermittent preventive treatment of malaria in pregnancy.

**CORPS:** 70 new recruited CORPS are in Maiduguri for a training on ICCM. At the end of the training, they will be deployed in the field and will serve their community providing basic health services for the under 5 children to contribute to the reduction of child mortality.

#### 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>

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