Health Sector Bulletin
Reporting period: 1st till 30th June 2018

HIGHLIGHTS

- A new cholera hotspot has emerged in Mussa ward of Askira Uba LGA of Borno state where more than 100 suspected cases have so far been reported with three deaths since 11 June. Health and WASH sector partners are on ground to provide immediate support for prevention and control of outbreak. A Cholera Treatment Centre (CTC) is operational with the support of ALIMA and Borno state Ministry of Health while active case search, community sensitization and water-sanitation activities are ongoing.

- In Yobe state, no cholera cases have been reported for more than one month while the cases are on decline in Borno state’s Kukawa LGAs after robust interventions from Health and WASH Sectors partners. Same in Adamawa state, efforts are ongoing to contain the cholera cases from further spread as more support is provided by the state MoH and sector partners.

- WHO in collaboration with stakeholders engaged in mental health services developed Mental Health Strategic Framework for Borno state. This framework will be shared with partners to guide mental health interventions in Borno state.

- A consultation mission from WHO-HQ visited Borno state to discuss with all relevant humanitarian and development stakeholders to develop a framework for the Health component of the Humanitarian Development Nexus in the North East Nigeria. WHO emergency team also organized a health sector side event on HDN as a part of the overall National Dialogue on the Humanitarian Development and Peace nexus in Abuja.

Northeast Nigeria Humanitarian Response

- 5.4 million People in need of health care
- 5.1 million targeted by the Health Sector

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<tr>
<th>Health Sector</th>
<th>45 HEALTH SECTOR PARTNERS (HRP &amp; NON-HRP)</th>
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<tr>
<td>HEALTH FACILITIES IN BORNO STATE**</td>
<td>NON- FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)</td>
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<td>375 (50%)</td>
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<td>FULLY DAMAGED</td>
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<td>292 (39%)</td>
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<td>PARTIALLY DAMAGED</td>
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<td>205 (27%)</td>
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<td>253 (34%)</td>
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<tr>
<th>CUMULATIVE CONSULTATIONS</th>
<th>4.5 million CONSULTATIONS****</th>
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<td>1180 REFERRALS</td>
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<th>EPIDEMIOLOGICAL WEEK 2016</th>
<th>267 EWARS SENTINEL SITES</th>
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<td>EARLY WARNING &amp; ALERT RESPONSE</td>
<td>163 REPORTING SENTINEL SITES</td>
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<td>38 TOTAL ALERTS RAISED*****</td>
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<th>SECTOR FUNDING, HRP 2018</th>
<th>HRP 2018 REQUIREMENTS $109M</th>
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<td>FUNDED $ 25.8 M (23.5%)</td>
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<th>UNMET REQUIREMENTS $ 83.8 M</th>
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* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXII
**MoH/WHO Borno HeRAMS September/October 2017
***Number of health interventions provided by reporting HRP partners as of December 2017.
****Cumulative number of medical consultations at the IDP camps from 2018 Epidemiological Week 1- 25
*****The number of alerts change from week to week.
Situation update

_Displacement situation:_ Population displacements continue to take place in different LGAs of Borno state. In the past seven months, since hostilities intensified in the north-east, over 130,000 people have been displaced, sometimes for the second or third time. In May alone, 21,207 people arrived in various locations. Bama, Ngala, Gwoza, Dikwa and Biu in Borno State recorded the highest numbers of new arrivals. These movements present major humanitarian challenges as resources are often already overstretched in the locations in which these civilians arrive. Given that military operations have been announced to continue throughout the 2018 rainy season, these displacement trends are likely to continue until at least the end of August. To cope, a contingency response plan for expected high levels of displacement due to military operations was developed. The plan aims to ensure the provision of life-saving assistance for about 115,000 IDPs expected to move from hard-to-reach areas and is based on an analysis of response capacities and gaps in key towns of the key local government areas (LGAs): Mobbar, Kukawa, Monguno, Ngala, Kala/Balge, Dikwa, Bama, and Gwoza. Health sector urgently need $12 million to ensure sufficient preparedness and response activities and enable life-saving health care services for these new arrivals. Furthermore, resource mobilization efforts for the Rainy Season Contingency Plan are ongoing while around $4 million is urgently required to ensure the adequate delivery of health assistance to 463,000 people in the locations that are most vulnerable to extreme weather, such as Rann, Ngala, Baga, Damasak and other locations. In the meantime, the pre-positioning of life-saving items like medicines, cholera kits, medical supplies etc. are ongoing.

_Assessment of health facilities for rehabilitation in Yobe state:_ To complement the efforts of Yobe state government in rebuilding health system damaged by nearly decade-long conflict in the northeast, WHO and Health Sector partners in collaboration with the State Ministry of Health (SMOH) and State Primary Health Management Board (SPHCMB) has conducted assessment with a view to rehabilitate or reconstruct damaged health facilities in strategic locations of the state. The facilities being identified for rehabilitation are mainly primary health facilities that were completely looted and vandalized during the conflict. Facilities assessed in the first phase include Comprehensive Health Center (CHC) Goniri in Gujba LGA, Primary Health Care (PHC) clinic Babban-Gida in Tarmuwa LGA, CHC Kukar-Gadu in Fika LGA and PHC Wagir in Gujba LGA, where large population of IDPs and returnees do not have access to adequate quality health services as a result of the infrastructural damages. As the process continues, health partners also continues to provide health care and refer critically ill patients in these locations through mobile Hard-to-Reach (HTR) teams, Community Resource Persons (CORPs) and support Stabilization Center (SC) care for children with SAM and medical complications. In addition to the rehabilitation, partners are supplying drugs, medical consumables, Infection Prevention and Control (IPC) materials, and is supporting human resources for health through retention, capacity building etc. Once completely rehabilitated and supported, these health facilities are expected to provide care to hundreds of thousands of conflict-affected people, and some will retain the potential for upgrade to secondary care facilities.
**Measles vaccination campaign:** In a bid to interrupt measles transmission in parts of Borno State and to boost the vulnerable population’s immunity in newly accessible areas, WHO is providing technical and financial support to the state health authorities to implement a selective measles vaccination campaign. The four-day exercise targets more than 200,000 children aged between six months and 15 years living in recently accessed locations across nine local government areas of the state. The LGAs are Magumeri, Nganzai and Damboa where suspected outbreaks of measles were reported in April 2018. Other LGAs include Bama, Dikwa, Gwoza, Kukawa, Kala Balge and Ngala where large numbers of children who have not been vaccinated since 2014 are resettling. 219 vaccination teams have already been trained and deployed to deliver potent measles vaccine to all eligible children in these areas to stop transmission and strengthening resistance to the spread of the disease among the population of unvaccinated children in newly accessible areas.

**Oral Cholera Vaccination (OCV) campaign in Adamawa and Yobe States:** The International Coordinating Group (ICG) has approved the release of 757,630 doses of oral cholera vaccine (OCV) for a 2-dose emergency vaccination campaign in Adamawa state. The initial batch of 378,815 doses of OCV was delivered to Nigeria on 22 June 2018 for the first round of the vaccination campaign while the second consignment of vaccines will be released after successful implementation of the first round. The vaccination campaign aims at containing the current outbreak of cholera, which has affected more than 1412 persons including 25 deaths in Mubi North, Mubi South, Maiha and Hong local government areas (LGAs) of Adamawa state. In view of the cumulative cases of cholera in Mubi North and Mubi South, the vaccination campaign is a step in the right direction to stop the outbreak from spreading to more LGAs. The ICG endorsed the request for the emergency vaccination exercise on 14 June 2018, largely, due to the laboratory confirmation of an ongoing cholera transmission and the risk of spread and extension if not controlled.

For Yobe state, 252,872 doses were approved and 252,900 OCV doses were shipped to conduct two rounds of vaccination. The first round was conducted on 9th May 2018. The second round is scheduled on 2nd July 2018.

**Malaria response in Borno state:** For control of malaria in Borno State 358,000 mosquito nets will be distributed with the support of UNICEF. The distribution of insecticide treated nets aims to ensure that pregnant women, children under 5 years and other members of their families are protected from malaria, which is endemic in Nigeria and considered to be one of the major causes of morbidity and mortality in children and pregnant women. Preventing malaria is critical to improving nutrition, maternal and child health. Pregnant women and their babies are especially at risk, since malaria infection during pregnancy can lead to stillbirth, low birth weight and other complications. The nets were procured with support from the Department for International Development (DFID), noting that under five children and pregnant and lactating women in Bayo, Biu, Kwaya Kosar and Hawul local government areas in Borno will also access the long-lasting insecticide treated nets.

**Community Engagement Strategy and Action Plan for North-East Nigeria:** The Nigeria Humanitarian Country Team has developed community engagement strategy and action plan with the technical support of the Community Engagement and Accountability to Affected People Working Group (CE/AAP WG). The document draws on international commitments made by Member States, donors and Inter-Agency Standing Committee (IASC) members, through various frameworks and forums, including the 2016 World Humanitarian Summit in Istanbul. It also builds on lessons learnt from attempts made to increase the engagement of affected communities in other humanitarian contexts, especially in complex and protracted emergencies such as Sudan, Iraq and Yemen.
Any efforts to engage communities e.g. through suggestion boxes, hotlines, focus group discussions, meetings with community leaders, door-to-door outreach, camp management committees, radio broadcasts – were launched ad hoc by some agencies and some sectors in some locations, without an overarching common strategy, methodology or monitoring framework. This lack of intra- and inter-sector coordination results in many community engagement gaps, including a lack of proper information sharing on available services, and a duplication of community engagement efforts in some instances as well. Moreover, the data collected through these varied mechanisms is rarely harmonized and datasets can therefore rarely be analyzed from one agency/location to another to deliver a bigger picture and inform prioritization.

To address the abovementioned challenges, affected people, including the most vulnerable, should be repositioned at the center of the north-east Nigeria humanitarian ecosystem with improved two-way communication, and enhanced participation in a common and coordinated fashion.

The draft version of the strategy is available on below link:

https://drive.google.com/drive/folders/1jAKsg5nAK9M-CcWDD7ohgkApHIK-ps5?usp=sharing

**Early Warning Alert and Response System (EWARS)**

- **Number of reporting sites in week 25**: A total of 163 out of 267 reporting sites (including 20 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 61% (target 80%).
- **Total number of consultations in week 25**: Total consultations were 36,746 marking an 8% decrease in comparison to the previous week (n=39,776).
- **Leading cause of morbidity and mortality in week 25**: Malaria (suspected n=9,592 and confirmed n=3,709) was the leading cause of morbidity reported through EWARS, accounting for 38% of reported cases. Malaria, acute respiratory infection, acute watery diarrhoea, bloody diarrhoea, malnutrition, and neonatal death accounted for 54% of reported deaths.
- **Number of alerts in week 25**: Thirty-eight (38) indicator-based alerts were generated with 92% of them verified.
**Morbidity Patterns**

- **Malaria:** In Epi week 25, 3,709 cases of confirmed malaria were reported through EWARS. Of the reported cases, 280 were from General Hospital in Biu, 233 were from Gamboru C MCH Clinic in Ngala, and 200 were from Town dispensary in Kwaya Kusar. One associated malaria death was reported in Mbalala dispensary in Chibok.

![Figure 1](image1.png)

- **Acute watery diarrhoea:** In Epi week 25, 2,536 cases were reported through EWARS. Of the reported cases, 262 were from Herwa PHC in MMC, 164 were from Gamboru C MCH Clinic in...
Ngala, 151 were from INTERSOS health facility in Bama, and 130 were from Town dispensary in Kwaya Kusar. One associated death was reported in Lassa General Hospital, Askira Uba.

**Acute respiratory infection:** In Epi week 25, 4,478 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 271 were from Herwa PHC in MMC, 161 were from Logumane PHC in Ngala, 158 were from Gamboru C MCH Clinic in Ngala, 138 were from Jakana PHC in Konduga, 136 were from 1000 Housing Estate clinic in Dikwa, and 129 were from PHC Clinic in Gwoza. There was one associated death reported in FHI360 clinic in Banki.

**Suspected Measles:** Thirteen (13) suspected measles cases were reported through EWARS in week 25 from UNICEF Water board IDP camp clinic (3) and AAH Water board IDP camp clinic (3) in Monguno, Gajiganna MPHC (3) in Magumeri, Njimtilo Health Clinic (1) in Konduga, General Hospita Biu (1), Abbaganaram MCH (1) and EYN (CAN) Centre IDP camp clinic in MMC. Four additional cases were reported from Jere LGA through IDSR*, making a total of 17 cases. No associated death was reported.

**Suspected Yellow Fever:** Eight suspected yellow fever cases were reported through EWARS in week 25 from UNICEF Water board IDP camp clinic (3) in Monguno, Gajiganna MPHC (2) in Magumeri, Custom House IDP camp clinic (1) in Jere, and Damboa Central IDP camp clinic (1) in Damboa. Five additional suspected cases were reported through IDSR in Shani (4) and Maiduguri (1) LGAs, making a total of 13 cases. No associated death was reported.
• **Suspected Meningitis:** There was no suspected meningitis cases reported in week 25.

• **Suspected cholera:** Nine (9) cases were reported through EWARS in week 25. Eight were from Uba dispensary in Askira Uba while one was from Baga PHC in Kukawa. No associated death was reported.

• **Malnutrition:** 1,989 cases of severe acute malnutrition were reported through EWARS in week 25. Of the reported cases, 160 were from Gunda CHC in Biu and 105 were from UNICEF Bakassi IDP camp clinic in Monguno. One associated death was reported in Gumsuri clinic, Damboa.

• **Neonatal death:** One neonatal death was reported in Mbalala dispensary in Chibok.

• **Maternal death:** No maternal deaths were reported through EWARS in week 25.

*IDSR- Integrated Disease Surveillance and Response*

**Alerts and Outbreaks:** Thirty-eight alerts were generated from the weekly reports submitted through EWARS in week 25. Ninety-two percent of the alerts were verified. Regarding the cholera outbreak, as at 17th June, 910 cases were reported in Borno State with 6 associated deaths (CFR: 0.4%). Two (2) additional and fifty-One (51) suspected cholera cases were reported between the 18th and 24th of June 2018 in Kukawa and Askira Uba LGAs respectively (Total number of new cases reported – 53). Out of 116 samples collected and tested in the State using RDTs, 93 (80%) were positive while 45 (56%) of 80 samples were culture positive. Active case search continues in all affected locations. Priority locations identified and communicated to WASH and risk communication teams for priority intervention are Baga ward in Kukawa LGA and Mussa ward in Askira – Uba LGA. Response activities have commenced in Askira Uba and have been sustained in Kukawa LGA, under the supervision of the state RRT and partners. Regular state level coordination meetings continue to be held in the Public Health Emergency Operations Centre (PHEOC) in Maiduguri to oversee the outbreak.

**Health Sector Actions**

IRC is supporting 30 mobile clinic sites at Monguno, MMC/Jere Gwoza, Konduga, and Asikira-uba LGAs of Borno state while 14,694 (7,534F, 7,160M) consultations were held during the month of June, 2018. The IRC through its Comprehensive Women’s Center (CWC) conducted 343 skilled birth deliveries, of note is the successful twin delivery at the Monguno LGA CWC. There was also a total of 635 acceptors family planning services. At Yobe state, at the IRC supported health facilities a total of 10,349 (6,591F, 3,758M) consultations were conducted, while at the mobile clinics 588 (308F, 280M) consultations were conducted.

Through household sensitizations by Community Health Volunteers (CHVs), health messages were disseminated to 9,699 individuals (6,240 F, 3,459M) across all locations on the health topics including; Care of the eye, Proper storage of drugs/medications, Importance of exclusive breastfeeding, Importance of ORS in AWD and domestic preparation, Care of the ear and Personal hygiene.

**INTERSOS** Health (clinical) activities are ongoing in all INTERSOS supported health facilities, including health facility Gamboru C consultations representing 26.5%, health facility Bama new IDP camp:21.6%, health facility Fulatarin-Bulubul in Dikwa:20.4% and health facility Magumeri 31.6%.
a. **Outpatient consultations:**

- Total consultations for the reporting month is 9,075 of which U5 is 4,338 (47.8%).
  6 confirmed malaria cases in Bama and Ngala were treated. The breakdown of the consultations in the different intervention sites is as shown below
- Bama: 1,956 (Males 893 and females 1063) of which U5 is 8.5% (774)
- Dikwa: 1854 (Males 835 and Females 1,019) of which U5 is 5.8% (526) for both static and mobile clinics.
- Gamboru-Ngala: 2,401 (Males 1,076 and Females 1,325) of which U5 is 11.8% (1067) and
- Magumeri: 2,864 (Males 1,082 and Females 1,578) of which U5 is 1971 (21.7%).

b. **Sexual and Reproductive Health**

The total ANC attendees for the reporting month is 653 of which 1st visit account for 302(46.2%) and re-visit 351(53.8%) of the total. There seems to be a slight drop in ANC attendance compared to previous month.

- ANC attendees in Bama clinic is 82 of which 34 were first visit while re-visit account for 48 and post-natal visit:1.
- ANC attendees in Ngala clinic is 360 of which 141 were first visit while 219 accounts for re-visit and PNC visit is 3.
- ANC attendees in Dikwa clinic had 23 clients of which 13 were first visit while 10 were revisit and no PNC visit.
- ANC attendees in Magumeri clinic is 188 clients of which 114 were first visit while revisit accounts 74 and PNC visit 8.
- 4 deliveries in INTERSOS health facility – Magumeri.

c. **Disease surveillance**

- A total of 4 health facilities are currently engaged in surveillance by EWARS online platform. The Timeliness and completeness of reporting for the month of June 2018 are 100%.
- Number of alerts in June: 6 (six confirmed malaria cases) indicator-based alerts were generated with 100% of them verified and discarded. ARI is the leading cause of morbidity in June, followed by Malaria and AWD.
- The team continue to strengthen referral linkages from the community to the health facility using the CHVs and details of referrals documented.
**PUI** is planning to relocate the existing three mobile teams working in Bolori as satellite posts (outreach posts) for its two facilities, Herwa and Ngaranam to create better access to health care for those who are far from the health facilities. The outreach health posts will be put in permanent structures to create conducive environment for consultations. They will continue the same activities they are currently running as mobile health team but with better capacity. PUI has started to run 24/7 maternity services in Herwa PHC in this month. This will contribute to the filling of gap in this service in Bolori. There are constructions ongoing by PUI in Ngaranam PHC for maternity block, OTP block, waste management zone and fencing of the facility PUI has established isolation units in two of its facilities for suspected cholera cases for stabilization before referral to CTUs.

**UNFPA** continues to lead the coordination efforts for the Sexual and Reproductive Health/Gender Based Violence, the SRH coordination meeting held with the participation of 17 partners. The Nursing and Midwifery Council of Nigeria, Borno State Branch held the Mandatory Continuing Professional Development (MCPD) training focusing on ASRH and LARC module for 125 nurses and midwives in Borno State. UNFPA CO and humanitarian hub supported in the process further strengthening the capacity building of Nurses and Midwives working in the hotspots of Borno State.

UNFPA Supported and distributed hygiene material reaching about 150 women and girls in CAN center IDP camps in Borno State. The materials include buckets, scooping bowl and culturally appropriate clothing. Also supported 30 young women and girls in the Maiduguri transit center with buckets, sanitary materials, and dignity kits and scooping bowls. UNFPA supported The Royal Heritage Health Foundation to reach out to 3683 young people with ASRH messages, at schools in host communities, IDP camps & adolescent friendly spaces in Bama, Rann, Banki and Gwoza. Of which 53 Adolescents referred for Family Planning, Post abortal care, HIV Counseling and testing and other SRH Services. During SRH Outreaches conducted by supported partners. Up to 1,781 women received ANC services, 2,568 received PNC services, 129 received post-partum FP, and 1,771 received new Family Planning Methods whilst 17 pregnant mothers with complications referred for secondary care.

**UNICEF** support is ongoing for integrated emergency PHC service deliveries in Borno and Yobe States. A total of 205,940 children, women and men (including 97,741 children under 5-year-old) were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps, host communities and other service delivery points in Borno and Yobe States. A total of 88,356 consultations were reported including Malaria (23,782); ARI (16,750); AWD (12,081); ABD (532),
measles (45) and other medical conditions (35166). For prevention services, 68,741 children and pregnant women were reached with various antigens (including 4,054 children 6months-15 years vaccinated against measles); 13,580 Vitamin A supplementation capsules and 17,076 Albendazole tablets for deworming were distributed. A total of 12,778 ANC visits, 2,856 postnatal visits were recorded during the reporting period. UNICEF supported the SMOH through SPHCDCA and SPHCMB with 169 NHKs in Borno (146) and Yobe (23) States to provide integrated emergency PHC services in the IDP camps, host communities and outreach activities to reach both IDPs and vulnerable host community members.

**UNICEF Adamawa State:** During the reporting period, 42,585 beneficiaries including children and women were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities in the State. A total of 8,351 (Under 5 years: 7,669 and other age: 682) consultations were reported, with malaria – 2163 (Under 5 years: 1970 and Others: 193) being the major cause of morbidity; ARI 2135 (Under 5 years 1990 and Others: 145); AWD – 898 (Under 5 years 854 and Others: 44); measles – 0 and other medical conditions – 3155 (Other age group: 300 and Under 5 years: 2855). A total 34,234 (Under 5 years: 32,339 and Women: 1,895) prevention services were recorded, out of which were 855 children 6months-15 years vaccinated against measles; 15,043 children and pregnant women were reached with various other antigens; Vitamin A supplementation – 9,328; Albendazole tablets for deworming – 8,176, and ANC visits – 825, out of which 5 women received 1 LLIN each during ANC clinic in Adamawa State. A total of 3 deliveries and 4 postnatal visits were recorded during the reporting period. UNICEF supported the SMOH in Adamawa with six Nigeria Health Kits (version 2017) to provide integrated emergency PHC services in the IDP camps, host communities and outreach activities to reach both IDPs and vulnerable host community members.

**UNICEF - Cholera Response in Adamawa State:** UNICEF continue to support with 6 health workers and 4 paramedical personnel and some drugs (60 packs of Doxycycline 100 mg tabs and 3,000 sachets of ORS/ 1.000 cards of Zinc) for cholera case management at the cholera treatment center. A total of 1433 cases including 25 deaths (CFR= 1.7%) across 4 LGAs (Mubi North, Mubi South, Hong and Maiha) have been reported. Six hundred and one (601) UNICEF supported CHIPS agents, Mother-To-Mother Support Group Members, house-to-house mobilizers and ICCM CORPs continued to support awareness creation, hygiene promotion and active case search in households. UNICEF also facilitated Sensitization meeting held with 40 community leaders and 750 discussion cholera awareness guides were shared to house-to-house hygiene promoters (imams, pastors, religious bodies)

**WHO-Borno state:** Community Oriented Resource Persons (CORPs): In May 2018, WHO supported CORPs treated a total of 15,528 children of under five years in the NE. Diarrhea followed by febrile illness with the commonest problems.
**H2R Mobile Health Team:** In addition to the essential health services provided, the H2R teams presently have been instrumental in the response to the ongoing cholera outbreak particularly in detection and management of cases in Adamawa.

**Mental Health:** In June, a total of 1,865 mental health patients were treated through WHO supported mental health outreach sessions at PHC facilities and 78 of them referred to Federal Neuro-Psychiatric Hospital (FNPH) Maiduguri for further management.

WHO in collaboration in collaboration with stakeholders engaged in mental health services developed Mental Health Strategic Framework for Borno state. This framework will be shared with partners to guide mental health interventions in the state.

**Humanitarian Development Nexus (HDN):** WHO facilitated a consultation meeting with all the relevant Humanitarian and development stakeholders in the north east with the goal of developing a framework for the Health component of the humanitarian Development Nexus in the North East Nigeria. The meeting brought together all the various actors in the Humanitarian response, such as the ministries of health, environment, water resources, energy and rural development as well as the ministry of reconstruction, rehabilitation and resettlement. Similarly, many of the sector working groups including health, Nutrition and Early recovery with their supporting partners were also consulted to discuss the existing coordination mechanisms and synergies between the various actors and programs and how it could be strengthened as the response gradually enters the recovery phase. Other stakeholders consulted include the managers of the secondary and primary health facilities in the north east, donor agencies and federal government coordinating agencies to review the existing implementation framework and how it could be reviewed to reflect the new way of doing things. At the end of the consultation visit, a draft road map for health component of the HDN was developed.
WHO organized a health sector side event on HDN as a part of the overall National Dialogue on the Humanitarian Development and Peace nexus in Abuja. The meeting brought together the coordinator of the Emergency Coordination centre of the Government of Nigeria, the department of special project in the Federal Ministry of health, representatives of the donor agencies in Nigeria, the humanitarian partners, commissioners of health and heads of ministries and departments in Nigeria. The objective was to strengthen partnerships, discuss the possibilities of a flexible joint operational planning that integrates both development and humanitarian support at national and subnational levels, strengthen local solutions, integrate health systems strengthening and early recovery in HRP and develop a transition plan that clarifies HDN approach. Panel discussions were held which focused on Providing Health Services while Building Back Better Health System as well as; Multi-level Coordination for Humanitarian Development Nexus: Challenges and Way Forward.

**WHO-Adamawa state:** WHO has continued to support the coordination of partners in the ongoing cholera outbreak response. An emergency operational HSWG meeting was held by the EM in Mubi with 42 partners in attendance. Issues related to the outbreak and the sector was discussed at length.

**Risk communication:** WHO has partnered with the school of health technology and have trained and engaged 110 community health champions and their supervisors who conducted risk communication in Mubi North and South. WHO is currently supporting 40 active case searches in the ongoing cholera outbreak response.

**ICCM:** In the month of May 2018, 3,356 children were treated for malaria, diarrhea and Pneumonia by 124 CoRPs in 14 LGAs of the state. 2,301 of the children were screened for malnutrition using MUAC. 275 (11%) of the children screened had MAM and were counseled on proper nutrition, while 25 (1.1%) of them had SAM demonstrated by Red on MUAC and were referred to OTP sites for proper management.

**HTR:** In June 2018, 31,422 clients were seen by the WHO supported 20 H2R teams in 20 LGAs of Adamawa state. A total of 13,115 children were dewormed by the teams during the month. Pregnant women were provided FANC services with 1,800 of them receiving Iron folate to boost their haemoglobin concentration while 427 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

**WHO-Yobe state** support Life-Saving Care, Promotes Reproductive Health (RH) and Prevents Mother-To-Child Transmission of HIV (PMTCT) in Remote and Security-Compromised Areas. To complement the efforts of SMOH to provide quality health care in security-compromised communities, WHO mobile HTR teams and CORPS that were deployed to 17 LGAs of the state are providing life-saving care and supporting RH in remote communities where health facilities are damaged or inaccessible to the people.
Although Yobe state government is making significant effort to achieve universal health coverage through construction of new health facilities, rehabilitation of secondary facilities and recruiting relevant human resources for health, progress in this regard is being constrained by ongoing conflict in certain parts of the state where primary health facilities are damaged and health workers are leaving for safer locations within the state or outside of the state. To provide health services to people in those areas, 35 HTR teams and 175 CORPS in collaboration with SMOH and SPHCMC are providing life-saving care and referring critically ill and severely malnourished children to receive further care in town clinics or hospitals.

HTR teams and CORPs are being supported by WHO technical teams, Local Government Facilitators (LGFs) and CORPs supervisors with supportive supervision and capacity building, and are provided with adequate drugs, data tools and medical commodities. From January to June 2018, WHO HTR teams have treated 244,658 clients for common ailments, vaccinated 346,063 children and screened 222,623 children for malnutrition. Up to 3378 critically ill or malnourished children were referred from remote areas to OTP sites or stabilization centres to receive further care. WHO HTR teams also provided HIV testing services (HTS) in remote areas where 9173 pregnant women were counselled, tested and received result, and 229 who were found positive were referred to town hospitals and clinics to receive further care for PMTCT and care and treatment for their own health.

Nutrition updates

**IRC-CMAM Updates-Adamawa**: Within this reporting period of June, IRC continued with the routine CMAM program in Hong, Maiha, Michika and Mubi South LGAs of Adamawa. Due to health workers strike, activities were conducted through mobile clinics as follows;

Anthropometric screening of 6,034 (3,011M, 3,023F) under 5 children using MUAC and oedema checking were conducted with 129 (60M, 69FF) as SAM admitted cases. 622 (307M and 315F) among the screening children were MAM whom their caregivers were nutritional educated on how to prepare balance diet using locally available food. Discharges where carried out as exit from the program with 76(32M and 44F) as cure, 1(1M and 0F) as died and 1(0M and 1F) defaulting clients. Currently, 377 (185M, 192F) SAM admitted children are receiving both therapeutically and medical care. These beneficiaries are all refer to government supported OTP and SC program clinics as strike call off. The program performance for the month were 97.4% Cure, 1.3% Death and 1.3% Default

**IRC- IYCF updates-Adamawa**: For the infant and young child feeding awareness and sensitization program; activities have also been carried out in the same location and also through outreach within program LGAs. The daily activities conducted in the month include all breastfeeding related topics and issues as well good hygiene practices. During June, a total number of 811 pregnant mothers, 1,058 lactating mothers, 294 old women, 245 young girls and 259 men beneficiaries were reached.
WHO supplied SAM Kits, guidelines and Job aids to 20 functional SCs in Borno, Yobe and Adamawa state: WHO has been working to support nutrition service delivery in Stabilization Centres across the states. In furtherance of this effort; this quarter, WHO supplied 38 SAM kits (expected to treat 1,900 patients), job aids and guidelines to facilitate delivery of quality care in 20 SCs across Borno, Adamawa and Yobe. WHO also procured and supplied kitchen/milk preparation room materials to 20 stabilization centres across Borno, Adamawa and Yobe State."

WHO-Adamawa: During June 2018, 20,725 children were screened for Malnutrition using MUAC by WHO supported H2R teams. Of this number, 547 (2.6%) children had MAM and their caregivers were counselled on proper nutrition, while 247 (1.2%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centres across state for proper management.

Public Health Risks and Gaps

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The northeast region is high endemic for malaria and cholera.
- Unpredictable security situation hamper movements of health workers, drugs and other medical supplies.
- Although health situation is improving under the NE Nigeria Health Sector 2018 Strategy, the health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work in accessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupts and further challenges the health programs implementation.
- Access to secondary health care and referral services in remote areas is significantly limited.
- Unavailability of network coverage in the newly liberated areas negatively affect timely submission of health data for prompt decision-making.

Health Sector Partners


- Health sector bulletins, updates and reports are now available at http://health-sector.org

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