Health Sector Bulletin
August, 2018

**Northeast Nigeria Humanitarian Response**

**HIGHLIGHTS**

- The Humanitarian Needs Overview (HNO) process for 2019 has started which supports humanitarian partners in developing a shared understanding of the impact and evolution of a crisis. The HNO presents a comprehensive analysis of the overall situation and associated needs and informs response planning. Its development is a shared responsibility among all humanitarian partners. Health Sector has identified 5.2 million people across three states will need health assistance during 2019.

- The Borno State Ministry of Health in northeast Nigeria has reported 380 cases of Acute Watery Diarrhea (AWD) or suspected cholera in eight local government areas (LGAs) in the state. The State Ministry of Health, with the support of health sector partners, is coordinating the response for timely response and treatment of patients. A Cholera Treatment Centre (CTC) is already up and running in Dala.

- Detecting and responding rapidly to suspected cases of cholera is vital to controlling outbreaks, which can spread rapidly in areas where access to safe water is limited and hygiene conditions are poor. Intense efforts by state and health sector partners in Borno State over the last two years, including the development of a cholera preparedness plan in 2018, have greatly strengthened surveillance and monitoring capacity, enabling early detection of outbreaks.

<table>
<thead>
<tr>
<th>Health Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 HEALTH SECTOR PARTNERS (HRP &amp; NON-HRP)</td>
</tr>
<tr>
<td>HEALTH FACILITIES IN BORNO STATE**</td>
</tr>
<tr>
<td>755 ASSESSED HEALTH FACILITIES</td>
</tr>
<tr>
<td>375 (50%) NON- FUNCTIONING</td>
</tr>
<tr>
<td>292 (39%) FULLY DAMAGED</td>
</tr>
<tr>
<td>205 (27%) PARTIALLY DAMAGED</td>
</tr>
<tr>
<td>253 (34%) NOT DAMAGED</td>
</tr>
<tr>
<td>CUMULATIVE CONSULTATIONS</td>
</tr>
<tr>
<td>4.9 million CONSULTATIONS****</td>
</tr>
<tr>
<td>1450 REFERRALS</td>
</tr>
<tr>
<td>289,670 CONSULTATIONS THROUGH HARD TO REACH TEAMS</td>
</tr>
<tr>
<td>EPIDEMIOLOGICAL WEEK 2016</td>
</tr>
<tr>
<td>EARLY WARNING &amp; ALERT RESPONSE</td>
</tr>
<tr>
<td>270 EWARS SENTINEL SITES</td>
</tr>
<tr>
<td>180 REPORTING SENTINEL SITES</td>
</tr>
<tr>
<td>34 TOTAL ALERTS RAISED*****</td>
</tr>
</tbody>
</table>

**SECTOR FUNDING, HRP 2018**

- **HRP 2018 REQUIREMENTS $109M**
- **FUNDED $ 26.8 M (24.5%)**
- **UNMET REQUIREMENTS $ 83.8 M**

* https://fts.unocha.org/appeals/642/clusters

---

* 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 - 34
***** The number of alerts change from week to week.
Situation update

**Humanitarian Needs Overview (HNO):** Under HNO-2019, Health Sector has identified 5.2 million as People in Need (PiN) which will need humanitarian health assistance across three northeast states. The following vulnerability criteria was used for calculation of PiN.

- All IDPs with only 40% of Men and Women category. (DTM survey on health and standards of living).
- All returnees with only 40% of Men and Women category. (DTM survey on health and standards of living)
- All under 5 children (the remaining population) - (VPDs prevention)
- 20% of the Reproductive Age (15 – 49 years old) – (RH/MNCH)
- Elderly > 60 years in the remaining population and the selected H2R LGAs – (chronic diseases, NCDs)
- **Hard to Reach:** Considering communities in hard to reach or newly accessible areas which were deprived of humanitarian assistance due to access/security issues.
- **LGAs with outbreaks** (cholera, measles, meningitis, malaria) this supports the reasons for all under 5 year children.(2017-18 MMC, Jere, Kukawa, Monguno, Dikwa, Askira Uba)
- Host Community population in LGAs with population of IDPs of less than 2,500 were not included (RRM NE Nigeria threshold use for intervention where partners are present).
- **Multidimensional Poverty Index (MPI)** for the NE – BAY States having the average of 73%

**Key messages on health situation:** (Berlin conference):

- The north-east is currently facing several AWD/cholera outbreaks in all three states and WHO estimates that more than half of recorded deaths in Borno state are due to malaria. Thanks to a timely response, the outbreaks are under control. Humanitarian actors call for more Government health workers to be deployed to the north-east.
- There is a high risk of further disease outbreaks as routine vaccinations in many areas have been interrupted for several years. Two-thirds of health facilities in Borno, Adamawa and Yobe states have been damaged in the conflict. The continuous influx of returnees and camp overcrowding increases the risk of disease outbreaks.

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

- **Number of reporting sites in week 34:** A total of 180 out of 270 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week was 65% and 67% respectively (target 80%).
- **Total number of consultations in week 34:** Total consultations were 27,761 marking a 37% decrease in comparison to the previous week (n=44,143).
- **Leading cause of morbidity and mortality in week 34:** Malaria (suspected n= 7,936 and confirmed n=4,610) was the leading cause of morbidity and mortality reported through EWARS, accounting for 45% of reported cases 51% of the reported deaths.
- **Number of alerts in week 34:** Thirty-four (34) indicator-based alerts were generated with 91% of them verified.

**Morbidity Patterns:**

- **Malaria:** In Epi week 34, 4,610 cases of confirmed malaria were reported through EWARS. Of the reported cases, 129 were from Maimalari Barrack MCH in Jere, 119 were from Gwoza Wakane IDP Clinic in Gwoza, 115 were from Nzuda Mairi dispensary in Damboa, 114 were from Dalori PHC in Jere, 113 were from Shuwari Host Community Clinic in Damboa. 11 malaria associated deaths were reported within the week.

- **Acute watery diarrhoea:** In Epi week 34, 1,155 cases were reported through EWARS. Of the reported cases, 88 were from Farm Centre Camp Clinic in Jere, 60 were from Fori PHC in Jere, 59 were from Gumsuri clinic in Damboa, 57 were from PHC clinic Gwoza and 50 were from Hausari clinic in Damboa. Ten (10) associated deaths were reported. Of the reported deaths, 4 were from Benishekh MCH in Kaga, 2 from Gunda CHC in Biu, 2 were from Dalori PHC in Jere, 1 from Yawi Dispensary in Biu and 1 from Uba General Hospital in Askira Uba.

- **Acute respiratory infection:** In Epi week 34, 3,181 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 149 were from 1000 Housing Estate clinic Dikwa in Dikwa, 143 were from Gamboru C MCH Clinic in Ngala, 104 were from Hausari clinic in Damboa and 102 were PHC clinic Gwoza. No associated death was reported.
Malnutrition: 1,784 cases of Severe Acute Malnutrition were reported through EWARS in week 34. Of the reported cases, 165 were from Gunda CHC in Biu, 90 were from Fori PHC in Jere, 78 were from Kurbagayi MCH in Kwaya Kusar and 75 were from Kauji dispensary in Damboa. No associated death was reported.

- **Suspected Measles**: Five (5) suspected measles cases were reported through EWARS in week 34 from Njimtilo Health Clinic (2) in Konduga, Jaradali Clinic (1) in Bayo, Malla Kachalla PHC (1) and State Specialist Hospital (1) both in Maiduguri. No associated death was reported.

- **Suspected Yellow Fever**: One (1) suspected yellow fever case was reported through EWARS in week 34 from Jaragol Clinic in Bayo. No associated death was reported.

- **Suspected Meningitis**: There was no suspected meningitis cases reported in week 34.

- **Suspected VHF**: There was no suspected VHF case reported in week 34.

- **Suspected cholera**: Thirty (30) suspected cholera cases was reported through EWARS in week 34 from Gajiganna MPHC (16), Karera Dispensary (11) and Kilargal Dispensary (3) all in Magumeri.

- **Neonatal death**: Two neonatal deaths were from Fori PHC in Jere and Wawa Dispensary in Kwaya-Kusar.

- **Maternal death**: There was no maternal death reported.

*IDSR- Integrated Disease Surveillance and Response*

**Alerts and Outbreaks**

Thirty-four (34) indicator-based alerts were generated from the weekly reports submitted through EWARS in week 34. Ninety-one percent of the alerts were verified. Alerts of increase in Acute Watery Diarrhoea has continued most especially in Jere, Maiduguri, Magumeri, Biu, Kaga and Konduga LGAs. However, response activities have continued particularly active surveillance in affected communities, case management, house-to-house community sensitization and WASH interventions under the supervision of the state RRT and partners. The regular state level coordination meetings have continued to be held at the Public Health Emergency Operations Centre (PHEOC) in Maiduguri to oversee the outbreak.

**Health Sector Actions**

**IFRC-Adamawa: Distribution of mosquito net in Song, Gombi and Hong LGAs**: Mosquito nets were distributed to 3,062 beneficiaries in Song, Gombi and Hong LGAs. Each beneficiary was given 2 mosquito nets per households. The Health message on proper use of mosquito nets was given to the beneficiaries on all the distribution sites. The health team visited 5 mother support groups established in some communities of Gombi and Hong LGAs to monitor how they carry out their activities in the community. The trained mother group leaders are supporting mothers to get a better understanding on hygiene practices and importance of feeding their children with the right food. A total number of 123 community base volunteers were trained on hygiene promotion and social mobilization while 10 volunteer supervisors were trained on Hygiene promotion and data collection
using smart phone in Gombi and Hong LGAs. In the past few months, assessment was carried out at the 2 Health facilities (Kuva Gaya staff quarters and Pella health facility) in Hong LGA to check the extent of the damage. Renovation work has commenced in the 2 health facilities.

**INTERSOS** is supporting 9 mobile and 8 static sites at Magumeri, Ngala, Bama and Dikwa LGAs of Borno State. Total consultations for the reporting month is **13,400** of which U5 is **5,629**. 11 confirmed malaria cases in Bama and Ngala were treated. The breakdown of the consultations in the different intervention sites is as shown below: **Bama: 2,839** (M 1,268 and F 1,571) U5 accounting for **887**. **Dikwa: 3,623** (M 1,584 and F 2,039) with U5 accounting for 1,209 both static and mobile clinic, and Gamboru-Ngala: **3,216** (M 1,407 and F 1,809) with U5 accounting for 1,246. **Magumeri: 3465** (1,579M and 1,886F) with U5 accounting for 2,287.

Total ANC attendees for the reporting month is **739**, with 321 accounting for 1st visit and re-visit 418 of the total SRH. There seems to be a slight increase in ANC attendance compared to previous month. ANC attendees in Bama clinic were 85, with 54 accounting for first visit, 31 re-visit and post-natal visit:3. ANC attendees in Ngala clinic were 380, with 113 accounting for first visit while 267 accounts for re-visit and PNC visit is 27. 9 deliveries were recorded within the reporting month across intersos HF. 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 August 2018 are 100%. 120 (120 confirmed malaria cases) indicator-based alerts were generated with 100% of them verified and discarded. Malaria is the leading cause of morbidity in August, followed by ARI and AWD. The team continue to strengthen referral linkages from the community to the health facility using the CHVs and details of referrals documented.

Second cycle of SMC, a total of 53,759 under 5 children were reached with malaria drugs in Dikwa while 10,113 under 5 children were reached with malaria drugs in Bama.

**IOM** has been a key partner as pertain to the provision of Mental Health and Psychosocial Support (MHPSS) in North-East Nigeria since the beginning of the insurgency. IOM provides direct psychosocial support and services to the affected population via MHPSS safe spaces and the deployment of MHPSS mobile teams. These services are provided in Borno, Adamawa and Yobe States, the three states most affected by the insurgency. MHPSS mobile team deployed is multidisciplinary in nature (17 MHPSS mobile teams and 9 safe spaces).

IOM MHPSS program have established a partnership with the Federal Neuropsychiatric Hospital

---

**RENOVATION OF PSYCHIATRIC WARD, ADAMAWA STATE SPECIALIST HOSPITAL, YOLA**

*IOM supported the Adamawa State Ministry of Health with a rehabilitation of the psychiatric ward in the Adamawa State Specialist Hospital, Yola. The proposal to carry out the renovation work was kick-started in 2016 due to the significant need of specialized mental health services to the conflict-induced displaced population in Adamawa, Taraba, and Gombe State.*

*The first phase of rehabilitation work was completed in 2017 with the provision of solar powered borehole, procurement of 40 units of hospital beds and mattresses, and other construction works including two blocks of VIP latrines. The borehole is now the only reliable source of water to the Ward.*

*In the Q2 2018, IOM has completed the second phase of the renovation work, where the remaining old windows, doors, and all toilet fittings were replaced, painting and plumbing work were also carried out in the ward. With these works, IOM has completed a total overhaul of the Psychiatric Ward. In the future, IOM plans to conduct a training for the psychiatric nurses working in public hospitals and health institutions in Adamawa State to support the capacity-building of government officials.*
in Maiduguri and Mental Health facility in Yola. This include direct referral of cases in need of specialized services, dedicated follow-up for the referred patients, psycho-education to their families, and the deployment of psychiatric nurses in the hard to reach areas. The specialized services include deployment of 6 psychiatric nurses to hard-to-reach areas in Borno, and 2 referral teams that facilitate the referrals. A total of 297 count of referral for specialized mental health care has been achieved from all PSS field locations in August 2018.

The Psychiatric Ward Before and After the Renovation:

IRC: In Adamawa State, the IRC health program supports five health facilities in Michika LGA. In Borno State, the IRC health and nutrition teams run 10 mobile clinics within MMC-Jere LGAs, 4 in Monguno LGA and 4 in Konduga LGA. In Gwoza LGA, the IRC supports two temporary primary health care clinics under the PHCDA. From its Mubi office, the IRC supports eight (8) health facilities in Askira Uba, as well as outreaches to increase access to primary health care. The IRC through its health systems strengthening project supports PHCs at Magumeri, Konguga and Gwoza LGAs.

The reproductive health program works in Bakassi camp (MMC) with a comprehensive RH centre, while also supporting 4 health facilities within MMC-Jere LGAs to boost RH services. The RH team is further collaborating with the Women Protection and Empowerment sector in managing Comprehensive Women Centres (CWC) in Monguno and Konduga providing RH services combined with case management. The services are across 30 mobile clinic sites at Monguno, MMC/Jere Gwoza, Konduga, and Askira Uba LGAs of Borno state. 14,146 (5,857F, 8,289M) consultations were held during the month of August, 2018. The IRC through its Comprehensive Women’s Center (CWC) provided antenatal care services for 1,476 women conducting 460 skilled birth deliveries and had a successful twin delivery at the Monguno CWC. There was also a total of 638 beneficiaries of family planning services. At Yobe state, at the IRC supported health facilities a total of 12,070(7,831F, 4,239M) 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 25,741 individuals (16,975F, 8,766M) across all locations on the health topics including; prevention of malaria, hygiene practices in food preparation and the importance of immunization.

The IRC under the Health Systems Strengthening project under the EU funding, organized and conducted training on Health Management Information System to 40 (20F,20M) supported health facility staff at Konduga and Magumeri LGAs.

**CHOLERA RESPONSE:** Under the EU HSS funding the IRC has supported Gajigana modern primary healthcare center and Tungushe health clinic to strengthen case management, surveillance and risk communication. In this response a total of 100 (54F,46M) and 51 (30F,21M) cases have been attended to at Gajigana and Tungushe health facilities respectively, with 1 mortality recorded at Tungushe health facility. Needed emergency supplies including intravenous infusion Ringers Lactate 10 cartoons, 10 packs of ORS, 15 Cartoons of bottle water for dilution of ORS, 4 packs of Cannulas were distributed to the Health facilities to provide care for the admitted patients.

Participants that attended the four day intensive training on HMIS - Magumeri LGA.

**Janna Health Foundation (JHF)-Adamawa:** JHF is implementing 2 interventions. These are:

1. Wave 5 TB REACH Project funded by STOP TB Partnership through the Gombe State Agency for HIV/AIDS Control (GomSACA) which started in July, 2017 and ended on 30th June 2018 and has been approved for scale up

2. The Challenge Facility Civil Society (CFCS) Round 8 project which started in June, 2018 and will end in May 2019

In the 4 targeted LGAs of intervention, 4,530 IDPs were verbally screened out of which 421 presumptive TB cases were identified in the month; sputum samples were collected from 201 presumptive TB cases out of which 31 new TB cases were detected. Of all presumptive cases identified, 407 had HCT out of which 5 were found to be HIV+. All TB and HIV cases detected were linked to treatment, care and support services.

12 Nomadic schools and 9 Nomadic Communities were actively screened for TB in the 12 targeted LGAs for this intervention. A total of 5,999 persons were verbally screened out of which 459 (8%) presumptive TB cases were identified in the month. 392 sputum samples were collected out of which 25 (6%) new TB cases were detected including 5 childhood TB cases out of which 1 was <5. Of all presumptive TB cases detected, 381 (97%) had HCT out of which 16 (4%) were found to be HIV+. All TB and HIV cases detected were linked to treatment, care and support services.

**PUI** has fully equipped the new maternity block in Herwa with necessary equipment including beds, oxygen concentrator and other furniture. The number of delivery has grown by four folds reaching 88 per month in August after PUI started providing 24/7 maternity services in Herwa Peace PHC. More furniture necessary were provided for Ngaranam PHC to create good working environment. Construction of new maternity block at Ngaranam is well under way with the aim of creating enough working space to accommodate the growing size of services in the facility.
UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe States: A total of 250,000 children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Borno and Yobe States. Of the people reached, 126,168 (50.5%) were children under 5 years. A total of 134,508 consultations were reported. Malaria (48,964) was the major cause of consultations followed by ARI (21,817); AWD (17,873); Bloody Diarrhea (972) and measles (88) and other medical conditions (44,894). For prevention services, 44,498 children and pregnant women were reached with various antigens (including 5,843 children 6 months-15 years reached with measles vaccine). A total of 19,572 Vitamin A supplementation capsules and 24,532 Albendazole tablets for deworming were distributed and 20,218 ANC visits; 3,093 deliveries and 3,479 postnatal visits were recorded during the reporting period.

UNICEF supports to the AWD Outbreak Response Activities in Borno and Yobe States
UNICEF Health, C4D and WaSH have continued to actively participate in cholera response activities in Borno and Yobe States. UNICEF Health Section donated some drugs and medical supplies to the States for cholera case management as followed:

- **Borno State**: Ringers lactate (200 cartons of 20 pieces), 5% Detoxe (200 cartons of 20 pieces), Zinc sulphate tab. (50 cartons of 72 packets), ORS (76 cartons of 1000 sachets) supplies to support the response to AWD outbreak.
- **Yobe State**: Ringers lactate (76 cartons), Zinc sulphate tab. (76 cartons), ORS (140 cartons) supplies to support the response to AWD outbreak.

**Polio OBR in Yobe and Borno States**: Following the detection of the cVDPV in Nganzai LGA, the immediate response in Borno will be conducted in 12 LGAs (Nganzai, Mobbar, Gubio, Magumeri; Kaga, Monguno, Jere, MMC, Mafa, Konduga, Kukawa and Guzamala) with a combined target population of 1,403,456 and mOPV2 will be used. A total of 1,152 teams will be deployed. State level training was conducted and will be cascaded in the LGAs within the week. UNICEF Health Section has provided N22,225,350.00 to Borno SPHCDA for the Logistics, Social Mobilization, and Health Camp activities. The first round of OBR activities is implemented in the entire Yobe State (all the 17 LGAs) from 1 to 4 September, 2018 using mOPV2 vaccine. UNICEF Health Section has provided N1,287,000.00 to Yobe SPHCMB for the Logistics and Social Mobilization activities. Counterpart funding over N300,000 received from the State.

**WHO Borno**:

**Community Oriented Resource Persons (CORPs)**: From January-July 2018, WHO supported the 3 North-east states with deployment of 980 Community Resource Persons (CORPs) supported by 135
supervisors to implement Integrated Community Case Management (ICCM) of childhood illness and provide health promotion on key household practices. Total number of children reached with services is 102,503 (Pneumonia is 17,307 (16.9%) of all cases treated; Malaria is 4,081 (25.8%) cases and, Diarrhea 43959 (42.9%) cases. Total number of children screened for malnutrition by CORPS is 93,015 provided health promotion to 77,158 care givers on key household practices.

Mental Health

- **OUTREACH SESSIONS:** There were 83 outreach sessions conducted, where 1,789 patients were treated, and 125 referred to Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management.
- **FIELD VISITS:** 10 support supervisory field visits were carried out to the following: General Hospital Benisheik, Jiddari Camp Clinic, Madinatu Camp Clinic, Elmiskin Camp Clinic, Gamboru Clinic, Mala Kachalla Clinic, Dalori Camp Clinic, Muna Camp Clinic, Bakassi Camp Clinic, and CBN Camp Clinic.

**TRAINING/METING:** No trainings conducted. Had 1 meeting with MdM on the 29th August 2018 at WHO office to discuss the need to extend WHO’s mental health outreach to Damboa because of the number of mental health patients having great challenges in accessing mental health care.

1. **Malaria**
   A. In month of August, 2018, WHO supported Borno & Adamawa States MOH to reach 969,456 healthy children within the age 3-59 months in 10 LGAs with SMC intervention and protected them from malaria. Giving SMC medicines is to maintain an adequate level of antimalarial medicine concentrations in the blood in order to kill the malaria parasite during the period of high malaria transmission.

<table>
<thead>
<tr>
<th>CHILDREN REACHED BY TARGET POPULATION IN BORNO STATE</th>
<th>CHILDREN REACHED BY TARGET POPULATION IN ADAMAWA STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>842,715</td>
<td>92,797</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Population</th>
<th>No. of Children Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>842,715</td>
<td>92,797</td>
</tr>
<tr>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Children Reached by Target Population in Adamawa State</th>
</tr>
</thead>
<tbody>
<tr>
<td>117,879</td>
</tr>
<tr>
<td>117,019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Population</th>
<th>No of Children Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>117,879</td>
<td>117,019</td>
</tr>
</tbody>
</table>
In both states, WHO data estimates more than half of morbidity and mortality recorded are currently due to malaria, which dwarf all of other causes of death combined including cholera, measles and hepatitis E. In the North East Nigeria, amongst the 5.7 million people in need of humanitarian assistance, it is estimated that more than 24,000 people get malaria each week, and that nearly 150 people die every week from malaria including about 40 children under age 5. And WHO estimates these numbers will increase in the coming months, which is the reason for this intervention during this peak malaria transmission period.

B. WHO also supported Borno State Ministry of Health to conduct a supportive supervision of health facilities to access malaria indicators, capacity, drug/commodity availability and case management, as well as data capturing in the month under review.

WHO- Adamawa:

- WHO supported the implementation of the 1st cycle of Seasonal Malaria Chemoprevention (SMC) in 3 LGAs of Michika, Mubi North and Mubi south in Adamawa. The SMC campaign involves the monthly administration of Sulphadoxine - Pyrimethamine and Amodiaquine (SP + AQ) to children 3 – 59 months who are most at risk of malaria during the raining season. The campaign is expected to reach over 100,000 children during each cycle through house to house drug administration by over 600 personnel engaged for the campaign. The SMC will be implemented monthly for 3 cycles and is expected to achieve at least a 70% decline in malaria morbidity in the targeted LGAs.

- WHO provided technical support to the SMOH, ADPHCDA and other partners to implement the 2nd round of Oral Cholera Vaccination (OCV) to interrupt the transmission and end Cholera outbreak. The 2nd round is coming about a month after the 1st campaign which achieved a coverage of 112%. The campaign targeted persons 1 year and above (96% of the population) and was implemented in high risk wards in Mubi North, Mubi South and Maiha LGAs.

- WHO continues to support the suspected Cholera outbreak in Fufore LGA in Adamawa state. The support involves the provision of technical guidance and supplies for case management at the CTC in PHC Gurin and also in the deployment of hard to reach mobile team for served as first responders and active case search in the affected communities.

ICCM: In the month of July 2018, 3,852 children were treated for malaria, diarrhea and Pneumonia by 119 CoRPs in 14 LGAs of the state. 2,579 of the children were screened for malnutrition using MUAC. 227 (8.8%) of the children screened had MAM and were counseled on proper nutrition, while
9 (0.3%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

**HTR:** In August 2018, 29,744 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 10,172 persons with minor ailments and dewormed a total of 10,594 children during the month. Pregnant women were provided FANC services with 2,595 of them receiving Iron folate to boost their hemoglobin concentration while 994 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

**WHO Hard-to-Reach (HTR) Teams:** As the conflict in northeast Nigeria lingers, many health facilities that have been damaged or have no adequate health workers and are not able to provide health services, leaving people in remote communities without access to health care. WHO HTR teams deployed in 16 LGAs of the state are working in collaboration with SMOH and SPHCMB to provide life-saving care and refer critically ill and severely malnourished children to receive further care in town clinics or hospitals. HTR teams are being supported by WHO technical staff through intensive supportive supervision and mentoring as they work in those remote areas. In addition to trainings, HTR teams are also provided with adequate drugs, data tools and medical commodities to bring succor to those remote communities. The teams are conducting active case search, promoting health and hygiene practices and referring suspected AWD cases from communities to health facilities as part of their efforts to prevent severe morbidity and mortality from AWD outbreak in Damaturu, Fune, Gujba, Gulani and Potiskum LGAs.

In August 2018, 35 WHO HTR teams in Yobe state have treated 40,869 clients for common ailments, vaccinated 63,769 children and screened 37,786 under-5 children for malnutrition. Up to 614 critically ill or malnourished children are referred from remote areas to OTP sites or stabilization centers to receive further care. The teams have dewormed 31,628 children and provided Vitamin A supplement to 29,622 children. WHO HTR teams have also provided HIV Testing Services (HTS) in remote areas where 3,469 pregnant women were counselled, tested and received result, and 12 who were found positive were referred to town hospitals and clinics to receive further care for **Prevention of Mother to Child Transmission of HIV (PMTCT)**, and care and treatment for their own health.
**WHO-Yobe:** To strengthen preparedness and response capacity of both SMOH and SPHCMB for Acute Watery Diarrhea (AWD) cases being reported in Yobe state, WHO has procured and donated to Yobe state government drugs, Laboratory commodities including RDTs, sample transport media and culture media, IV fluids and materials for Infection Prevention and Control (IPC). Prepositioned in strategic and high-risk LGAs, these commodities are being utilized by state RRT, local government RRTs and partners to carry-out prompt investigation and initiate response.

In addition to drugs and Laboratory commodities etc., WHO is also providing technical support to SMOH and SPHCMB, and has recently deployed e-IDSR platforms to facilitate early detection and timely investigation of suspected outbreaks. Following the deployment of e-IDSR equipment, DSNOs and HCWs from primary and secondary health facilities across the state have been trained and are being mentored on its use to enhance surveillance in health facilities.

Further, WHO has trained and is providing supervisory support to about 92 health care workers to carry-out effective surveillance, case management and IPC for AWD cases during this rainy season. HCWs from Bade, Karasuwa, Bursari, Machina, Nguru, Yusufari and Jakusko LGA were trained in the first phase of the training. In the second phase, the beneficiary LGAs include Damaturu, Gujba, Gulani, Geidam, Fune, Potiskum and Fika where drugs and commodities have been provided, HCW were trained and intensive supervisory support is ongoing to prevent, treat and control AWD cases in respective LGA health facilities.

**WHO Supported Community Resources Persons (CORPS) in Yobe State to Provide Child Health Services and Conduct Health Promotion in Security-Compromised Areas:**
To bridge gaps in child health care in remote and security compromised communities of Yobe state, WHO in collaboration with State Primary Health Care Management Board (SPHCMB) has trained and deployed 175 CORPS to carry-out Integrated Community Case Management of Childhood Illness (iCCM) to prevent mortality from common epidemic-prone diseases. Working in areas where health facilities are damaged by conflict or where access to health care is constrained by distance or financing, 175 CORPS in 17 LGAs of Yobe state are being supported by WHO technical staff and 25 CORPS supervisors to provide home-based care. WHO has also supplied drugs, visibility materials and conducted August 2018 monthly review meeting to strengthen CORPs capacity for services delivery and prevention of communicable diseases spread.

As they work to treat malaria, pneumonia and diarrheal diseases, CORPS in Damaturu, Gujba, Gulani, Fune, Potiskum, Nguru, Geidam and Fika LGAs are in collaboration with risk communication teams scaling-up health and hygiene promotion to prevent AWD spread. CORPS are supporting community surveillance- conducting active case search and referring suspected cases from communities to health facilities.
In August 2018, 83 CORPS, working with VCMs across high-risk LGAs have conducted active case search and referred 159 under-5 and older children with AWD to receive care at treatment centers. In the same month, 175 CORPS supported by 25 CORPs supervisors and WHO technical staff, have treated 4,426 under-5 children for minor ailments (number of Pneumonia cases is 848 (19.2%); no. of malaria cases is 1,652 (37.3%); and no of diarrhea cases is 1,926 (43.5%)), screened 3,683 children for malnutrition and referred up to 513 children with danger signs or severe malnutrition to receive care in health facilities and OTP sites (or stabilization centers) respectively.

**Nutrition updates**

**WHO-Nutrition:**

**Screening:** In August 2018, 20,652 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 294 (1.4%) children had MAM and their caregivers were counseled on proper nutrition, while 93 (0.5%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers across the state for proper management.

**Stabilization care:**

WHO Supported 4 stabilization centers in the state managed a total of 48 children having SAM with medical complications in August 2018. 40 (83.3%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.

An alert of increased prevalence of malnutrition and deaths in the IDP camp in Bama, this necessitated deployment of a rapid response team to investigate the alert, The WHO HTR rapid response teams screened 1075 children under the age of 5 years from two functional wards (Shehuri and Kusugula.) Ten settlements under each ward were covered. Another 10 within the Bama IDPs Camp between 12-16 August,2018. At the Bama IDP camp, the rapid response team screened 242 children using MUAC and weight for height/length plus additional 153 new arrivals (Mostly from Gulumba, Gulumba Gana, Sabsawa, Bulungulu, Soye and Nangeri). The result was shared.

**Summary of services provided by HTR team in August,2018.**

<table>
<thead>
<tr>
<th>Service</th>
<th>Adamawa</th>
<th>Borno</th>
<th>Yobe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client seen</td>
<td>38712</td>
<td>33059</td>
<td>37548</td>
<td>109319</td>
</tr>
<tr>
<td>ANC</td>
<td>1946</td>
<td>25876</td>
<td>22984</td>
<td>50806</td>
</tr>
<tr>
<td>Vaccinated</td>
<td>22810</td>
<td>1211853</td>
<td>65085</td>
<td>1299748</td>
</tr>
<tr>
<td>MUAC</td>
<td>26767</td>
<td>43020</td>
<td>31863</td>
<td>101650</td>
</tr>
</tbody>
</table>

**Public Health Risks and Gaps**

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The northeast region is highly endemic for malaria and cholera.
- Unpredictable security situation hampers 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 inaccessible areas because of ongoing armed conflict.

Continuous population displacements and influx of returnees and/or refugees disrupt 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 affects 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](http://health-sector.org)

For more information, please contact:

Dr. Haruna Mshelia  
Commissioner for Borno State Ministry of Health  
Email: harrymshelia@gmail.com  
Mobile: (+234)08036140021

Mr. Mustapha Bukar Allau  
Permanent Secretary, BSMoH  
Email: musbuk2012@gmail.com  
Mobile (+234)08061301165

Dr. Adandji Yaoklou  
Health Sector Coordinator-NE Nigeria  
Email: adandjiyaokloua@who.int  
Mobile (+234)09075093496

Mr. Muhammad Shafiq  
Health Cluster Coordinator–Borno  
Email: shafiqm@who.int  
Mobile: (+234)07031781777