Health Sector Bulletin
January, 2019

HIGHLIGHTS

The fresh population movements and the high influx of IDPs are leading to camp overcrowding and congestion in some of the hosting sites such as Teachers Village in Maiduguri, whose capacity has been stretched from 5,000 to 32,000 people within one month. Health partners have expressed serious concerns on the situation of congested population in camps which may result an increased risk of outbreaks and other public health issues.

Reactive measles vaccination campaign was conducted in 6 LGAs (MMC, Jere, Bama, Konduga, Monguno, Mafa). Two hundred and forty-four (244) suspected measles cases were reported through EWARS in week 4. Of the reported cases, 93 were from Herwa Peace PHC and PUI mobile clinics in MMC, 31 were from INTERSOS Health Facility in Bama, 12 were from Dala clinic in Jere, 11 were from State Specialist Hospital in MMC, 8 were from GSSSS IDP camp clinic in Bama.

There are serious protection concerns, including gender-based violence, sexual exploitation and abuse (SEA), abductions, and child recruitment which continue to be reported in displacement camps and sites. Reception/screening processes are compromising the safety and dignity of women, girls and the elderly.

Partners are facing challenges in terms of scaling up and reinforcement of the health services due to financial shortfalls. They are looking forward to donors support to implement activities under the 90 day response plan. Currently partners are using the carry over funds from 2018 and while some partners have diverted partial resources from their regular emergency operations.

Northeast Nigeria Humanitarian Response

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CUMULATIVE CONSULTATIONS

| 4.9 million | CONSULTATIONS**** |
| 1490 | REFERRALS |
| 299,670 | CONSULTATIONS THROUGH HARD TO REACH TEAMS |

EPIDEMIOLOGICAL WEEK 2018

| 268 | EWARS SENTINEL SITES |
| 180 | REPORTING SENTINEL SITES |
| 285 | TOTAL ALERTS RAISED**** |

SECTOR FUNDING, HRP 2018

| HRP 2018 REQUIREMENTS $109M | FUNDED $ 43.9M (40%) |

UNMET REQUIREMENTS $ 65.7 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 2018
***Number of health interventions provided by reporting HRP partners as of December 2018.
****Cumulative number of medical consultations at the IDP camps from 2019 Epidemiological Week 1-4
*****The number of alerts change from week to week.
Situation update

The deteriorating security situation affects freedom of movement of people and impact on people's access to livelihood opportunities. Freedom of movement for staff especially for hard-to-reach teams is a big challenge as many areas are facing insecurity. The newly displaced population living in congested IDPs camps may face serious health consequences as they are more exposed to unstable living conditions. Malnutrition rates are high among the new arrivals. Due to cold weather during the night, children are more vulnerable to pneumonia and other illnesses.

Following the recent and alarming surge in insecurity in northern and eastern Borno State and parts of Yobe State, increased attacks on civilians and civilian assets since mid-December 2018, and the related spike in forced movements, the ISWG and humanitarian partners have compiled a 90-day emergency response plan to support the Government of Nigeria in addressing the critical humanitarian needs in the most affected areas. The plan aims to meet the immediate life-saving humanitarian needs of an estimated 280,000 newly displaced people in 16 priority Local Government Areas, most of whom are living in deplorable conditions and urgently require humanitarian assistance. The plan also targets new arrivals who have fled inaccessible areas and are in dire need of aid.

The 90-day plan responds to a set of critical humanitarian needs in seven sectors: Protection, Health, Food Security and Livelihood, Nutrition, WASH, Education, and Emergency Shelter and Camp Coordination & Management. The activities directly contribute to Strategic Objective 1 of the 2019-2021 Humanitarian Response Strategy: Save lives by providing timely and integrated multi-sector assistance and protection interventions to the most vulnerable. An estimated 280,000 people from the 16 priority LGAs will be targeted for humanitarian assistance. This incorporates 81,147 incoming and projected new arrivals between 11 January and 31 April 2019. An additional 25 per cent increase was factored into the calculation as a buffer for further mass movements, based on historical trends analysis. This focused approach – identifying the most critical and urgent needs for the next 90 days – is aimed at preventing the rapid deterioration of the condition of IDPs, in particular epidemics that are most likely to occur as a result of people living in the open air in unsanitary conditions and deplorable camp settings. Women and children constitute 87 per cent of newly displaced people. The trend in new displacements/new arrivals from November 2018 through January 2019 continually increased from 7,842 people in November 2018, to 19,854 people in December 2018 and a high of 44,111 people in January 2019. Borno State remains the epicentre of the crisis, with 14 LGAs that have received the highest number of new arrivals over the last three months. The financial requirement of the 90-day plan is $53.2 million, which represents six per cent of the $848 million appeal for 2019, under the 2019-2021 Humanitarian Response Strategy. Some $11.2 million is currently available, leaving an immediate funding gap of $42 million.

The 2019-2021 Humanitarian Response Strategy was launched on 29th January 2019, outlining the humanitarian needs and appeals for the coming year. The three-year strategy includes an annual appeal for $848 million, targeting 6.2 million people in Borno, Adamawa and Yobe states. The financial requirement of the 2019 appeal is 20 per cent less than the previous year. In 2018, to alleviate the suffering of 6.1 million people in dire need of lifesaving aid in Borno, Adamawa and Yobe states, the United Nations and partners appealed for $1.05 billion for 176 projects to be implemented by 60 humanitarian organisations. It is the sixth largest singlecountry appeal globally. As of the end of 2018, $699 million (67 per cent) of the funds have been received, according to the Financial Tracking Service (FTS).

The humanitarian community is continuing to prepare for upcoming elections in 2019. The Inter Sector Working Group is finalizing an election contingency plan to develop evidence-based scenarios for direct and indirect consequences of violence and displacement in identified hotspot locations in the northeast. The plan is underpinned by the humanitarian imperative to reach the most vulnerable people in need of lifesaving assistance, following analysis by the INGO Forum and the NorthEast Peace and Security Network.
Health sector Issues/Needs:
- Overcrowded population in camps with weak infrastructure and services may raise public health threats and outbreaks. Population from teachers village will be relocated to new camp site Stadium camp international to decongest the population in IDPs camps.
- Health services are overstretched after the arrival of additional caseload of population in the catchment areas of the health facilities.
- From high security risk areas health workers were relocated and evacuated impacting the quality and availability of essential health care services.
- Freedom of movement of health staff working in community based outreach services especially for hard-to-reach teams is a big challenge as many areas are facing insecurity.
- MMC, Jere, Monguno, Guzamala and Kukawa of Borno State are high risk areas for cholera due to WASH challenges and congested living conditions.
- Need for psychosocial support services, mental health evaluation for new arrivals, documentation and response to experiences of conflict related sexual violence and referrals for specialized services.
- Referral and medical evacuation of patients from primary to secondary or specialized health care is weak which need immediate attention from partners.
- Partners are reporting high number of SAM cases with medical complications as population coming out of bush and inaccessible areas.
- Reports of lack of supplies and drugs from some camps on which partners are working to fulfill the increasing demand of medicines and medical supplies.
- Need to restock medical supplies to health facilities as some health facilities have been raided by non-state armed group.
- Financial shortfalls: partners are looking forward to donors support to implement activities under the 90 day response plan as currently partners are using the carry over funds from 2018 and some have diverted partial resources from the regular emergency operations.

Response:
- To decongest the teachers village camp population will be relocated to newly identified camp site – international stadium IDP camp ICRC and IRC will provide health services already working on establishing health clinics.
- Overall health services are available in all IDP camps currently hosting new influx of displaced population.
- Health sector partners are deploying additional resources to address the health needs of the new arrivals in key locations in Maiduguri, Jere and Monguno.
- Key partners: ALIMA, IRC, MSF, ICRC, UNICEF, WHO have scaled up response in all key locations.
- Health sector is closely working with WASH and CCM sectors to maintain minimum infrastructure standards in camps to mitigate public health risk.
- WHO and State MoH surveillance teams are closely monitoring the health situation for timely detection and reporting of epidemics alerts.
- Reactive measles vaccination campaign conducted in 6 LGAs (MMC, Jere, Bama, Konduga, Monguno, Mafa)
- Partners in coordination with state MoH are working as contingency plan for
- Coordination at state and field level among the health partners and inter sector coordination is in place.

Early Warning Alert and Response System (EWARS)
- **Number of reporting sites in week 4**: A total of 197 out of 260 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 76% (target 80%).
- **Total number of consultations in week 4**: Total consultations were 36,086 marking a 12% decrease in comparison to the previous week (n=40,917).
- **Leading cause of morbidity and mortality in week 4**: Malaria (suspected n= 6,930 and confirmed n= 3,914) was the leading cause of morbidity reported through EWARS, accounting for 32% of reported cases while maternal death accounted for 33% of reported deaths.
- **Number of alerts in week 4:** Fifty-seven (57) indicator-based alerts were generated with 96% of them verified.

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**Morbidity Patterns**

- **Malaria:** In Epi week 4, 3,914 cases of confirmed malaria were reported through EWARS. Of the reported cases, 430 were from General Hospital in Biu, 187 were from PHC clinic in Gwoza, 171 were from 400 Housing Estate Gubio road IDP camp clinic A in Konduga, and 110 were from Shuwari Host community clinic in Damboa. No associated death was reported.

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**Acute respiratory infection:** In Epi week 4, 6,573 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 489 were from Herwa Peace PHC in MMC, 389 were from Biu MCH in
Biu, 239 were from Damasak MCH in Mobbar, and 228 were from Shuwari Host community clinic in Damboa, No associated death was reported.

**Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 4 2019**

- **Suspected Measles:** Two hundred and forty-four (244) suspected measles cases were reported through EWARS in week 4. Of the reported cases, 93 were from Herwa Peace PHC and PUI mobile clinics in MMC, 31 were from INTERSOS Health Facility in Bama, 12 were from Dala clinic in Jere, 11 were from State Specialist Hospital in MMC, 8 were from GSSSS IDP camp clinic in Bama. Fifteen additional cases were reported through IDSR* from Jere (5), Monguno (5), Gwoza (3), and MMC (2) LGAs making a total of 259 suspected measles cases. No associated death was reported.

- **Suspected Yellow Fever:** Two suspected yellow fever cases were reported through EWARS in week 4 from Shuwari Host community clinic (1) in Damboa and Koronglim dispensary (1) in Chibok. Six additional cases were reported through IDSR* from Monguno (1), Konduga (1), Nganzai (1), Gwoza (1), Gubio (1) and Shani (1) LGAs, making a total of 8 cases. No associated death was reported.

- **Suspected Meningitis:** No suspected meningitis case reported in week 4 through EWARS.

- **Suspected VHF:** One suspected viral haemorrhagic fever case reported in week 4 through IDSR in Jere LGA.

- **Suspected cholera:** No suspected cholera case reported in week 4 through EWARS.
- **Malnutrition:** 911 cases of severe acute malnutrition were reported through EWARS in week 4. Of the reported cases, 55 each were reported from INTERSOS Health Facility in Bama and Kurbagaiy MCH in Kwaya Kusar. No associated death was reported.

- **Neonatal death:** No neonatal death was reported in week 4 through EWARS.

- **Maternal death:** Three maternal deaths were reported in week 4 through EWARS in Wunje dispensary Shani, Abbot clinic Biu, and Gumsuri dispensary Damboa.

*IDSR - Integrated Disease Surveillance and Response*

### Health Sector Actions

**IRC** - In the NE Nigeria states of Adamawa, Borno and Yobe, the International Rescue Committee (IRC) continued to respond to the humanitarian crises, helping people to survive and rebuild their lives. The organization offers lifesaving care and life-changing assistance to people affected by the on-going Armed Opposition group crisis, restoring safety, dignity and hope to millions who are uprooted and struggling to endure, thus leading the way from harm to home. Through daily run 30 mobile clinics, and Health system strengthening and support for Primary health facilities spread across the three states, the IRC health team conducted a total of 25,499 consultations (10,541M, 15,018F), including 10,218 children under five and 1,5281 over five years. The reproductive health program reached 4,029 people, of which 3,719 were women and girls while 310 male were treated in the STI clinic. The Comprehensive Women's Center (CWC) and supported health facilities provided first antenatal care services (ANC1) for 1,263 women, conducted 482 skilled birth deliveries. There were a total of 632 beneficiaries of family planning services.

Through the clinician pre-consultation daily health education, mother to mother support group sessions and community sensitization and mobilization activities of the CHVs a total of 25,559people (10,541 M, 15,018 F) were reached with messages on use of ORS point, proper hand washing, early illness danger signs in children, balance diet with the use of locally available food, Importance of immunization, Malaria prevention through environmental sanitation, Cholera preventive and control measures, use of mosquito nets, Importance of exclusive breastfeeding and availability of STIs care at health outreach clinics.

During the reporting period various capacity building sessions were conducted for various categories of LGA and community stakeholders, health facilities workers as well as the IRC staffs providing supervisory support role at the supported clinics. 25 community stakeholders in Konduga (Bulamas, MtMSG focal persons, and FtFSG focal persons) received training on accountability and feedback mechanism organized by the M&E team. In Adamawa a refresher training was done to 50 community health volunteers (M=15, F=35) on health education and promoting key health messages in communities. In Yobe 9 (1: M 8: F) IRC staff received Mine risk education training conducted in collaboration with DRC.

While in MMC/Jere LGA the RH unit conducted a three days competence base training on ASRH for 20 service providers (2M and 18F), and PAR review meeting (refresher) for 40 participant (18M and 22F).

**INTERSOS** achieve enormously with regards to the health program across all INTERSOS's project locations. While the 5 health facilities in Magumeri wards continue to receive both human resources, drugs and equipment support from INTERSOS, 2 health posts continue to run, INTERSOS began running 3 mobile clinics in Monaram, Kuttuwajjiiri and Modusuari. In Bama INTERSOS OTP and health facility helped render health services to IDPs in their numbers. In Dikwa a mobile clinic began operation roving between Masarmari, Ajari and SI camps in addition to the health facility in Fulatari. In Ngala INTERSOS was able to start OPD activities
in the ISS Camp that was previously ran by MSF. This is in addition to the Health facility in Gamboru Ward “C”.

For outpatient services, total consultations for the January are 13,427 (M 5,863 and F 7,564) of which U5 is 5,207 (39%) this has been a significant increase in comparison with the number of consultations for December (40% increase). Acute Respiratory Infection (3,105 cases) remains the leading morbidity followed by Malaria (1,194 cases) and Acute Watery Diarrhea (545 cases). High number of bloody diarrhea were reported in Ngala with over 106 cases encountered in both the ISS camp and the host community (29 and 77 cases respectively). INTERSOS Health Facility in Bama saw suspected cases of measles in the GDSS Camp which have been duly reported and samples taken to ascertain the nature of the outbreak. The number of suspected cases is set at 64 under 5 and 38 over 5.

For sexual and reproductive health, the total ANC attendees for the month is 2,085, with 777 accounting for 1st visit and 1,308 re-visits. There was an increase in ANC attendance as a result of revisits compared to the previous month as INTERSOS continues Hygiene Kits distribution and Water Handling Kits distribution to Antenatal and Post-Natal Clinics attendants. INTERSOS continues to be provided immunization services. A total of 401 clients (children and adults) were immunized in Bama based on BCG/HE B, OPV, PENTA, PCV, IPV and M/Y as well as TT vaccines and 714 clients in INTERSOS Health Facility in Ngala (Gamboru).

**UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe States:** A total of 152,733 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. Out of the total consultations, 87,879 (57.54%) were under 5years reached with PHC services. A total of 92,527 OPD consultations were reported, with ARI (23,097): being the major cause of morbidity followed by “Malaria” (20,485) AWD (6,950); BD (725); and measles (323) “Other medical conditions” (40,947). For prevention services, 34,306 children and pregnant women were reached with various antigens (including 4,040 children vaccinated against measles under RI Service). A total of 11,562 Vitamin A supplementation capsules and 15,089 Albendazole tablets for deworming were distributed and 14,945 ANC visits; 2,732 deliveries and 2,539 postnatal visits were recorded during the reporting period.

**Supplies:** UNICEF supported the SMOH through SPHCDA and SPHCMB in Borno and Yobe states with a total of 210 NHKs and 44 IEHKs for integrated emergency PHC services in the IDP camps clinic, Health Facilities in host communities, and for outreach activities in host communities.

**FHI 360** continues to provide preventive and curative healthcare in Dikwa, Ngala, Banki and Damasak, through the Integrated Humanitarian Assistance to Northeast Nigeria. In **Dikwa**, 2059 consultations (870 males, 1189 females) were made at the General Hospital, including 25 inpatient admissions. Acute respiratory tract infections were the most common cause of morbidity in January, accounting for 429 consultations, followed by Malaria with 417 cases. 60 deliveries were conducted at the hospital’s maternity, one of which was complicated by severe post-partum hemorrhage requiring a blood transfusion. One PHC, previously operated by FHI 360, through funding by SNEPCO halted its activities as the project came to a close. Patients were re-directed to the general hospital for continued care. In **Ngala**, 2243 consultations were provided, 991 of which were under-fives. The reproductive health unit conducted 11 uncomplicated deliveries and remains poised to respond to basic obstetric and neonatal emergencies. In collaboration
with the Global Fund Northeast Initiative, FHI 360 continues to provide prevention, care and treatment (including PMTCT) for HIV/AIDS. This month, 16 persons were linked to care. In Banki, providing 1682 consultations (780 males, 902 females) in the facility, and 426 consultations (187 males, 239 females) using the iCCM approach in the community, FHI 360 retains a strong presence. Acute respiratory tract infections (453 cases) and malaria (334 cases) were the leading causes of morbidity. 39 deliveries were conducted at the hospital’s maternity. FHI 360 confirms increase in the cases of chicken pox totaling 49 cases with an average of 10 cases per day as at the third week of January. Coordinated intervention through the health sector, CCCM, WaSH, WHO and Banki ADSNO alongside visits to newly opened school was instituted to curb the spread.

IOM PSS mobile teams continue to provide direct Mental Health & Psychosocial Support Services to the affected population across field locations in Adamawa, Borno & Yobe States. A total of of 73535 beneficiaries (comprising of 12497 boys, 14519 girls, 15090 men and 31429 women) were reached through various MHPSS activities within the month of January 2019. Total new beneficiaries reached within the reporting period were 27754 individuals (comprising of 4282 boys, 5772 girls, 6076 men and 11622 women). IOM-PSS mobile teams provided emergency MHPSS response to the newly arrived displaced populations in Teacher Village, Gubio, Mogcolis, NYSC, Bakassi, Madinatu, Dalori 1 and Muna Garrage in Maiduguri; Mungono and Ngala in NAAs. Total of 12,628 were reached out in the month of January 2019 from the responses provided. 234 referral sessions (comprising of 11 for boys, 20 for girls, 108 for men and 95 for women) were offered for specialized mental health services in Adamawa & Borno States. IOM facilitates referral of mental health clients to FNPH, Maiduguri and a mental health facility in Yola. Trained psychiatric nurses are also deployed to hard-to-reach (NAAs) areas of Borno State for the provision of specialized mental health care services to persons identified with mental health challenges in those areas. In this regard, 6 psychiatric nurses are deployed on rotational basis to Bama, Banki, Dikwa, Gwoza, Pulka, Monguno and Ngala.

MdM is currently operating in 5 sites and providing comprehensive Primary health care, nutrition, health, GBV and Reproductive health services (ANC, PNC, &FP) respectively to the community and displaced population in the camps. The achievement for the month of January by MdM are:

- 2976 prenatal mothers reached, of which 1278 benefited from intermittent preventive treatment for malaria, as well as routine deworming and hematinic. All were counselled on the importance of birth preparedness and birth plan. All the 2976 benefited from health talk on danger signs of pregnancy and each were provided with long lasting insecticide treated nets.
- 759 post-natal mothers and infants were reached through the month while 249 clients were counseled for family planning.

AAH continues to provide antenatal care services (formal/informal camps or host communities), 3,465 pregnant were reached with ANC through 21 supported health facilities in 6 LGAs (1124 in Gujba LGA in Yobe, 2041 in Monguno and Nganzai, and 300 in MMC/Jere and Magumeri LGAs in Borno). Also there is provision of Postnatal care services through the mentioned supported health facilalities, 396 Women and their new born attended PNC services including 56 in Gujba, 107 in MMC/Jere and Magumeri and 233 in Monguno and Nganzai LGAs. Assisting delivery at IDP camp sites and fixed health facilities: There was a total of 165 (79 were males and 86 were females.) deliveries across all the AAH sites in Monguno and Nganzai. Clean delivery kit and dignity kit were delivered in collaboration with UNFPA and SMoH to (formal/informal camps or host communities).

UNFPA in collaboration with partners through government contributed in strengthening reproductive health humanitarian response and was able to achieved good coordinationin addressing reproductive health needs. The coordination were done in collaboration with GBV sector partners in clinical management of rape and case management of GBV survivors. There is a continuation of backlog obstetric fistula repair and management with the below achievement:
18 Complex and complicated fistula cases were Surgical repaired, presently undergoing post-operative care state specialist hospital.

5 clients were Treated with drugs and discharged

10 complex cases were referred Jos for surgical repairs

300 women and girls of reproductive ages including pregnant and lactating mothers, 100 men and 80 boys were reached with ASRH and RH information and sensitization such as importance of exclusive breastfeeding, FP uptake (friendly child spaces). STIs and treatment and have helped to enhanced antenatal and postnatal clinic attendance and delivery at health facilities.

200 women and girls of reproductive ages out of which 20 were pregnant, 75 lactating mothers and 100 adolescent girls benefited from female dignity kits and hygiene materials

PUI confirm that there is a huge surge in number of suspected measles cases from PUI facilities in January which is more than 400% compared to December, 2018. The total case number is 432 cases against 99 cases of last month. The bidding for construction of one OPD and one OTP blocks for Herwa Peace PHC is underway, while the new maternity and OTP blocks in Ngarannam PHC were officially open for services with new incinerator built and vaccination site isolated for the children and construction of sterilization room finalised.

WHO – Mental Health

Outreach Sessions: 98 Mental Health (MH) outreach sessions were conducted across 41 Health Facilities in 10 Local Government Areas of Borno state; out of which 2,335 patients were consulted (870 new patients; 1,465 follow up, and 184 patients were referred to Federal Neuro-Psychiatric Hospital (FNPH) Maiduergiru for further management). 5 supervisory field visits were conducted to Gamboru Clinic, FNPH, Mocgolis Camp and Teachers' Village Camp.

WHO – Adamawa commence support to the Lassa fever outbreak in the state through the provision of Infection Prevention and Control items to the designated Isolation unit in FMC Yola. This effort is geared towards preparing the centre to admit and provide quality case management of Lassa fever cases in the state. There was one (1) confirmed case of Lassa Fever reported on the 18th January 2019. 27 contacts were line listed in Adamawa. Information shared with Ebonyi State where the index case travelled to led to the tracing of 39 contacts out of which 3 were confirmed positive. 66 health workers and 15 burial team were trained in FMC Yola on Lassa Fever surveillance, infection prevention and control and how to conduct safe and dignified burial of infectious corpses respectively. For HTR, 30,686 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 9,539 persons with minor ailments and dewormed a total of 8,503 children during the month. Pregnant women were provided FANC services with 1,053 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

Nutrition updates

IRC/Adamawa: CMAM and IYCF program activity in the four supported LGA of Adamawa state and some part of Borno state were successfully carried out.

CMAM program activities were successfully conducted in all the four supported LGAs of Adamawa State. In the 30-supported program OTP/SC clinics, IRC with the support of CHVs, MtMSGs and Health workers were able to carry out MUAC screening of 21844 (10526M and 11318F) under 5 children, with 1393 (603M and 790F) MAM who their caregivers received nutrition education on proper feeding practices and 210(114M and 96F) SAM cases were identified and admitted into various programs. For the program discharges, 196(96M and 100F) were discharged from the program as cured, 7(3M and 4F) death was recorded and 51(22M and 29P) clients defaulted. 458 (176M and 282F) SAM children are on admission receiving treatment. For SC’s program, 19 SAM cases with medical complication were admitted, 13 clients
were transferred to OTP for further treatment with no Death and defaulters Overall program performance for the month were 75.67% cured rate, 2.7% death rate and 19.69% default rate.

**IYCF**, IRC team with the support of CHVs, MtMSGs and Health Workers were able to conduct awareness and sensitizations seasons on infant and young child feeding practices in the various supported LGAs of Adamawa State. 2024 Pregnant mothers, 3061 Lactating mothers, 653 old women, 815 young girls and 683 men beneficiaries were reach with IYCF topics which include importance of early initiation of breastfeeding, breastfeeding on demand, importance of exclusive breastfeeding, good attachment and good hygiene practices were discussed.

**WHO-Nutrition: Screening:** 19,103 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 209 (1.1%) children had MAM and their caregivers were counseled on proper nutrition, while 75 (0.4%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers, while the SAM cases with medical complications were referred to the stabilization centres across the state for proper management.

**Stabilization care:** WHO Supports 4 stabilization centers in the state, reports received from 2 of them showed that a total of 21 children having SAM with medical complications were managed in January 2019. 17 (81%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.

### 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 2019 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


For more information, please contact:

Dr. Salisu Aliyu Kwaya-bura  
Commissioner for Borno State Ministry of Health  
Email: kwayabura2007@yahoo.com  
Mobile: (+234)08035774564

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 Shaifq  
Health Cluster Coordinator Borno  
Email: shaiqm@who.int  
Mobile: (+234)07031781777

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