HIGHLIGHTS

- The joint efforts of the health partners have enabled mobile medical teams to deliver services to over 1.2 million people in 2019 and ongoing collaborations continue to increase this number. The expansion of mobile health interventions is essential to the provision of essential and primary health care services in this active armed conflict context. An estimated 300,000 people in hard-to-reach settlements across the three states Borno, Adamawa and Yobe states remain unreached and this number is expected to increase in the coming months.

- During the current rainy season health partners are actively working to maintain uninterrupted health care services across all rains/floods affected areas. Priority preparedness and response activities are to support services delivery through health facilities and mobile clinics, pre-positioning of adequate health supplies and kits, immediate risk assessments in communities for the timely mitigation and response to disease outbreaks, vaccination/immunization, mental health and psycho-social support.

- The gaps in referral services have been strongly flagged by the Health Sector partners currently providing PHC services as a key need specifically the inability of patients to receive critically needed health care in hospitals. Patients in need of critical secondary or tertiary care are unable to avail it due to access, distance and lack of resources to pay hospital fee and cost of medicines. Most at risk are pregnant mothers requiring emergency obstetric care as well as children with severe acute malnutrition and acute medical complications.

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*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 August 2019.

****Cumulative number of medical consultations by WHO/HTR as of August, 2019.

*****The number of alerts change from week to week.
Situation updates

Risk analysis (Rainy Season Contingency Plan):
Flood risks in the BAY states with predictable adverse impact on humanitarian operations, likely to exacerbate already-existing needs on the ground. The risks in Borno state are generally related to compounded vulnerabilities connected to an ongoing humanitarian crisis with continued displacement, paired with deepening poverty and limited-to-no infrastructure. It is estimated that 132 IDPs camps hosting 224,663 individuals are at risk of flooding across the BAY states. This excludes 25 sites classified as spontaneous settlements which are at risk of flooding and present a higher level of congestion which further exposes populations to risks. Additionally, during the rainy season – in Rann (Kala/Balge LGA), Ngala (Ngala LGA), Banki (Bama LGA) and Dikwa (Dikwa LGA) – flooding results in physical access constraints as the roads to these locations become either completely cut-off or challenging to use. As a result, movement of humanitarian cargo and personnel is expected to be affected, further hindering the capacities to deliver life-saving assistance. There are also increased risks in Adamawa and Yobe states during the rainy season. These risks are generally predictable with yearly trends showing repetitive flooding in the same locations. However, the affected population groups are different from Borno State in that many do not live in camp-like settings.

Health Sector Priorities-Rains/floods:
Health service delivery: The Health sector will aim to maintain uninterrupted essential health care services including disease surveillance and risk assessment for a timely response to epidemic outbreaks in areas affected by floods and new influx of population. Priority preparedness and response activities include: support health services delivery through health facilities and mobile clinics, pre-positioning of adequate health supplies and kits; immediate risk assessments in communities for the timely mitigation and response to disease outbreaks; vaccination/immunization of children under the age of 5 for major vaccine preventable diseases (VPDs); mental health and psycho-social support. Vulnerable groups will be prioritized, including those who have chronic sicknneses, persons with disabilities, persons suffering from mental ailments, pregnant and lactating women, and persons with conflict-related injuries in the communities.
Cholera response: The Health Sector mainly will focus response activities particularly in areas which were hotspots during the 2017 and 2018 cholera outbreaks across Borno and Yobe states. A robust disease surveillance and outbreak response mechanism will be needed to ensure the timely detection of cholera cases and an adequate response. Mobile health teams will be critical for preparedness and response considering the health needs of population living in hard to reach areas. Demand for medicines, kits and health supplies will increase, and therefore pre-positioning is critical. It is important to note that the State Government and Health sector partners’ capacity to respond has been overstretched with recent increased needs of newly displaced population and, during the rainy season, this will continue to be the case.

Findings from Flood Rapid Needs Assessment:
RANN: Due to lack of access to safe drinking water, cases of AWD reported in many locations especially in General Hospital 12 cases, Kilagaru 8 cases, Ajar 2 cases and the boarding primary school had 4 cases. Many latrines are damaged or clogged which leads to overflow of the wastage into the communities and contamination of the drinking water system.
NGALA: Bad road condition delaying supplies transportation by local transporters. No adequate common warehousing for medical supplies, this is not allowing prepositioning of big stocks during the rainy season. Insecurity limiting the duration of clinical activities and restricting it to just daytime activities. Flooding in the surrounding of the HF which can impact on the access to the HF for most vulnerable beneficiaries and disable persons, exposing high risk of malaria and water-borne diseases outbreaks. Anti-malarial drugs shortage. No LLNIs to prevent malaria transmission during this peak of transmission period. Lack of secondary health care facilities for referral.
MONGUNO: Health facilities are not significantly affected though there is increase in number of consultations in health facilities, there is urgent need for Shelter, NFIs, and sanitation facilities. There is need to scale up and intensify public health awareness (community sensitization) to prevent cholera outbreak as most of the affected people live in cholera-prone areas.
JERE: Standing water is present in many areas of the camp due to poor drainage, increasing the risk of diarrhea and malaria. Many of the structures in the community are weakened by the heavy rainfall and pose a risk to
reports of population movement, approximately 450 new arrivals from Ngwom (Mafa LGA). They are said to be fleeing insecurity after recent incidents in their community, and fears that growing vegetation will create more cover for AOGs. The new arrivals are said to be moving into MMC, while some settle in Farm Center.

**MAIDUGURI:** There has been a recent increase in the incidence of Acute Watery Diarrhea in Dala community since the onset of rainy season. There is need to improve drainage system in the community to improve access to health facilities as well as rigorous public awareness campaign on environmental hygiene. Need to scale up MNCH Services; Ante and Post Natal Care, IMCI, immunization services: outreach services, CMAM OTP interventions, Serious WASH challenges which is worsened by the recent heavy rains. Most of the places in the camps are water lodged and flooded, open dumping and defecation in some of the areas of the camps which could protract increase in cases of diarrhea diseases. Some of the houses are flooded and some roof tops of houses and toilets were damaged by heavy rains. Key health issues are in the camps are acute respiratory tract infection followed by acute watery diarrhea. Many camps suffered due to flooding in some areas resulting in the damage of some tents. However, the temporary health facilities in the camps are not affected and health services are ongoing in all IDP camps.

**Mobile Hard to Reach Health Teams Bring Healthcare to Communities:** The joint efforts of the health sector partners have enabled mobile medical teams and clinics to deliver services to over 1.2 million people in 2019 and ongoing collaborations continue to increase this number. Ten years after the onset of the crisis, north-east Nigeria still faces critical gaps in coverage of essential and primary health care services. The 2019 Humanitarian Needs Overview (HNO) estimated that 5.3 million people are in need of health interventions in Borno, Adamawa and Yobe states. However, two major challenges currently reduce access to health care across these states: many health facilities are still non-functioning (41% in Borno state) and large sectors remain inaccessible to humanitarian aid altogether.

Communities without functioning health clinics and those living in hard-to-reach areas face serious challenges in accessing health services. In fact, active hostilities, threats of attacks by armed groups and restrictions of movements to remote areas have considerably hindered access to essential and primary health care services. Furthermore, as of 2019 the Humanitarian Response Strategy estimated that over 820,000 people still live in hard-to-reach areas, where communities receive no to little health care services.

The north-east Nigeria Health Sector partners have long recognized the importance of bringing health care services to undeserved areas and have, therefore, taken on this challenge. In addition to their work to increase the number of functioning health facilities, Health Sector partners are supporting the Ministry of Health to provide interim mobile health clinics and teams reaching out to populations in need beyond urban areas. “With the support of partners, mobile health teams have become a quick source of service delivery in hard-to-reach areas, new displacement locations and areas where no health facilities are functional” said Mr Muhammad Shafiq, NE Nigeria Health Cluster Coordinator. Currently, mobile clinics visiting remote and hard-to-reach communities are the only available solution to make health services available to all. Around 45 Health Sector partners including UN agencies, national and international NGO partners provide health care services through mobile health teams. These have been central to coordinate surveillance, preparedness and response, in particular for outbreak prevention of endemic diseases. For instance, Oral Cholera Vaccines (OCV) campaigns led by HTR teams were introduced in remote and newly accessible areas to mitigate risks of cholera outbreak. Other essential services delivered by these teams include treatment for malaria, pneumonia and sexually transmitted infections.

Mobile medical teams and clinics have already delivered services to over 1.2 million people in 2019, but Health Sector partners have spared no effort to increase that number. In July 2019 alone, Health Sector Partner Action Against Hunger set up five new mobile health facility tents – four in Magumeri and one in Maiduguri Metropolitan City. INTERSOS operates seven mobile clinics across Magumeri, Dikwa and Bama’s GSSS Camp. Furthermore, IOM mobile teams offer a variety of mental health and psychological services to affected populations. These include – but are not limited to – lay counselling, psychological first aid (PFA), informal education, support groups, recreational activities, sensitization on Gender Base Violence (GBV), Counter Trafficking (CT) and small-scale conflict mediation.

The expansion of mobile health interventions is essential to the provision of essential and primary health care services in this active armed conflict context. An estimated 300,000 people in hard-to-reach settlements across Borno, Adamawa and Yobe states remain unreached and this number is expected to increase in the coming
months. As intensified military operations across Borno state forecast further evacuations and displacements of civilians, the NE Nigeria Health Sector is calling for an urgent scale-up of health services in hard-to-reach areas and new displacement locations.

The Health Sector is currently advocating for the training, equipment and deployment of 20 additional teams dedicated to the delivery of basic health services to conflict-affected populations. These teams will strengthen the capacity of health facilities to diagnose and treat children with Severe Acute Malnutrition (SAM), deliver immunization services directly to children’s homes, provide community-level HIV services and deliver first-level support for victims of Gender-Based Violence (GBV) along with a wide range of other essential and primary health care services.

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

- **Number of reporting sites in week 34:** A total of 228 out of 269 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 84% (target 80%).
- **Total number of consultations in week 34:** Total consultations were 57,288 marking a 17% increase in comparison to the previous week (n=48,818).
- **Leading cause of morbidity and mortality in week 34:** Malaria (suspected n= 11,420; confirmed n= 7,604) was the leading cause of morbidity reported through EWARS, accounting for 36% of reported cases. Neonatal death (2) and confirmed malaria deaths (2) accounted for 40% of reported deaths.
- **Number of alerts in week 34:** Fifty-one (51) indicator-based alerts were generated with 92% of them verified.
Morbidity Patterns

- **Malaria:** In Epi week 34, 7,604 cases of confirmed malaria were reported through EWARS. Of the reported cases, 355 were from General Hospital in Biu, 220 were from Kaka Mallam Yale MCH in Konduga, 210 were from PUI mobile clinics in MMC, 208 were from Fatima Al Sherriff PHC in MMC, and 210 were from Shuwari Host community clinic in Damboa. Two associated deaths were reported in General Hospital Magumeri.

![Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 34 2019](image)

- **Acute watery diarrhea:** In Epi week 34, 1,016 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 262 were from Herwa Peace PHC in MMC, 203 were from Ngaranam PHC in Jere, and 171 were from PUI mobile clinics in MMC. No associated death was reported.

![Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016-34 2019](image)

- **Acute respiratory infection:** In Epi week 34, 10,982 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 1,083 were from PUI mobile clinics in MMC, 653 were from Ngaranam PHC in MMC, 606 were from INTERSOS Health Facility in Fulatarin, 471 were from FHI360 clinic Banki in Bama, and 469 were from Herwa Peace PHC in MMC. No associated death was reported.

![Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016-34 2019](image)

- **Suspected Measles:** Fifty (50) suspected measles cases were reported through EWARS in week 34. Of the reported cases, 8 were from Malaharam dispensary in Damboa, 7 were from Dikwa General Hospital.
in Dikwa, 5 were from Shuwari Host community clinic in Damboa, and 5 were from ISS IDP Camp clinic (INTERSOS) in Ngala. Eleven additional cases were reported through IDSR* from Maiduguri (6), Damboa (3), Hawul (1), and Monguno (1) LGAs making a total of 61 suspected measles cases. No associated death was reported.

**Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016-33 2019**

- **Suspected Yellow Fever:** Five suspected yellow fever cases were reported through EWARS in week 34 from Bargu MCH (2) in Shani, Ghumma FSP (1) in Hawul, Shuwari Host community clinic (1) in Damboa, and 250 Housing Estate (Kofa) IDP camp clinic (1) in Konduga. Two additional cases were reported through IDSR* from Gwoza (1) and Monguno (1) LGAs, making a total of 7 suspected cases. No associated death was reported.
- **Suspected Meningitis:** One suspected Meningitis case was reported through EWARS in week 34 in Umaru Shehu Hospital in Jere.
- **Suspected VHF:** No suspected viral haemorrhagic fever case was reported in week 34.
- **Suspected cholera:** One case of suspected cholera was reported through EWARS in week 34 in El Miskin IDP camp clinic in Jere. Also, an alert of 16 suspected cholera cases was received from MSF CTC Bolori in MMC. Stool samples were taken for lab analysis. Results still pending for samples sent the previous week.
- **Malnutrition:** 2,004 cases of severe acute malnutrition were reported through EWARS in week 33. Of the reported cases, 98 were from Fori PHC in Jere and 73 were from General Hospital Ngala (FHI360). One associated death was reported in Briyel MCH Bayo.
- **Neonatal death:** Two neonatal deaths were reported in week 34 in General Hospital Magumeri (1) and University of Maiduguri Teaching Hospital (1) in Jere.
- **Maternal death:** No maternal death was reported in week 34.

*IDS R- Integrated Disease Surveillance and Response*

**Health Sector Actions**

IRC through fund from SIDA, EU, OFDA, NHF and GAC continued to respond to the humanitarian crises, helping people to survive and rebuild their lives. Critical lifesaving services were rendered through integrated health, nutrition and reproductive health programs in the IRC 30 mobile clinic, and 34 public Health facilities supported across the three state. The comprehensive health package provided by the reproductive health team includes; first antenatal care services (ANC1), skilled birth deliveries, family planning, CCSAS and STI treatment services.

The IRC provided 62,287 (35,917F, 26,370 M) clinic consultations with treatment of communicable, non-communicable disease, and minor injury while 6,204 benefited from reproductive health services which includes care of pregnant women that presented for their first Ante Natal Care (ANC1), pregnant women delivered by skilled health staff, new family planning users and consultation for STI. IRC also carried out health promotion, disease prevention and behavior change communication activities with 436 (238F, 198M) beneficiaries immunized against vaccine preventable...
diseases such as poliomyelitis, tetanus, tuberculosis, measles, yellow fever. Also, a total of 24,160 (14,952F, 9208M) people were sensitized on topics such as prevention of cholera, personal/ environmental hygiene, prevention/control of malaria, birth preparedness and care of the newborn. Through the capacity building mandate of different grants, 134 individuals including health facility staffs, Clinic Community Health committee members and community volunteers benefitted from trainings such as Post abortion care & treatment of STI, Health management information system, medical commodities’ management & supply Chain, family planning basic emergency obstetrics and neonatal care and, community based disease surveillance.

**ACF** continued in providing humanitarian response in the Northeast Nigeria (Borno and Yobe states). The key updates are as follows:

- **Support to Sexual Reproductive Health:** 5,457 women received (4,407-ANC and 1,050-PNC) services in August 2019. ACF continue to enhance Sexual Reproductive Health in humanitarian response through distribution of reproductive health kits (MAMA Kit/Dignity kit) to 261 pregnant Women.
- **Outpatient consultations:** 39,000 (Male –17,981, Female –21,019) received health care services at the health facilities. Among those 15,251 are under five children and 23,749 are above five years old. The major consultations were RTI (8,534) being the major cause of consultation, followed by malaria (7,722), AWD (5,308), skin infection (2,228), Measles (6) and other medical conditions (15,202).
- **Community Health:** Through mother to mother support groups and Community Health Mobilizers, a total of 26,415 (Male – 2,070, Female – 24,345 ) population were reached with messages of six key hygiene messages, childhood illness danger signs and early referral to health facilities, MIYCN including balance diet with the use of locally available nutritious foods. In addition, importance of ANC services, institutional delivery, immunization, malaria prevention through environmental sanitation and appropriate use of mosquito nets, cholera preventive and control measures and availability of STIs care at health clinics.
- **Support to Routine Immunization:** AAH continued to provide immunization services in the month of August 2019. A total 9,075 (Male – 4,096, Female-4,979) children and pregnant women were immunized against preventable diseases by providing BCG, OPV, PENTA, PCV, IPV as well as TT vaccines.
- **Capacity Enhancement:** In August 2019, various capacity-enhancement sessions conducted at different levels of administration like States, LGAs, health facilities and communities. Managers, health professional of different cadres and community workers benefited from the capacity enhancement sessions. A breakdown of attendance shows that 17 (3 Female, 14Male) and another batch of 20 (11 Male, 9 Female) health workers were trained on Integrated Disease Surveillance Response/NHMIS while 67 (Male-16, Female-51) health workers and community health mobilizers where trained on exclusive breastfeeding and refresher training for mass MUAC screening exercise across Borno and Yobe States. In addition, ACF project staff and government staff provided supportive supervision and mentoring at 42 health facilities to improve the quality of health care services.

**Nutrition Case Study:** Kaltuma Umar a mother of 8 children residing in the outskirt of kolkol in Gajiran, Nganzia LGA of Borno State expressed deep relief. “I was very afraid that my baby was going to die just the way my 6th child passed on when she had this exact condition"

The child during admission (Lt) and discharge (right) from Action against Hunger stabilization Center at Gajiram LGA.

**UNFPA** has continue to support government effort by collaborating and partnering with government, partners and stake holders. In the month August 2019, the nurses/midwives frontlines worked various sites across the
following: MMC and JERE LGA and supported many health facilities with reproductive health kits including PEP kits to deep field locations including Banki, Pulka, Damboa, Dikwa, Askira Uba, etc. The report is based on the following activities: ANC, Labor, STIs, CMR, Family Planning and SRH information and sensitizations. UNFPA has distributed 100 water bottle flasks to lactating mothers and pregnant women at Monguno and Pulka. The frontline has also reached 1023 people with Information and sensitizations of 720 were women, and 303 girls, 157 benefited from ANC services were 62 received family planning and 65 benefited from treatment of STIs. 2 girls benefited from Clinic Management Rape treatment at UNFPA Integrated Facility Clinic. Also 3 labors were received and 11 delivers from UNFPA integrated facility clinics.

**INTERSOS** is managing stand-alone health facilities in Bama (1), Dikwa (1) and Ngala (2: one in Gamboru Host Community and one in ISS Camp), supporting 4 Health facilities, 1 General Hospital and 2 health posts in Magumeri. INTERSOS also carrying out 4 mobile clinics in Magumeri, 2 in Dikwa and started 1 in Bama GSSS Camp to cover the whole camp accordingly. Karerram facility was renovated/upgraded and fully setup by INTERSOS, awaiting the official commissioning by the SPHCD/Community leaders. The recent attack in Magumeri on the 22nd of August midnight has disrupted the activities for a few days, however all PHC teams have resumed activities offering daily supportive supervision, while the General Hospital staff are now fully on ground offering twenty-four-hour services on a daily basis.

For outpatient services, a total consultations of 34,569 (M 14,763 and F 19,806) of which U5 was 15,002 (43%). This number is much higher than the number of U5 consultations seen in the month of July. There is a slight increase compared to the previous month of July. Acute Respiratory Infection (with a total number of 6,850 cases) has consistently been the highest cause of morbidity, closely followed by Malaria for both confirmed and suspected case (with a total of 6,361 cases). INTERSOS health facilities also registered an increase rate of Acute Watery Diarrhea and Bloody diarrhea across all sites compared to the previous month of July, with an increase of 1050 cases for Acute Watery Diarrhea and 320 for Bloody diarrhea respectively. From the breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites compared to the previous month.

For sexual and reproductive health, the total ANC attendees was 4,668, 1,536 persons were first visit and 3,123 were re-visits. 98 patients were hospitalized during the reporting month: 37 SAM cases with Complications, 27 under 5 years, 9 above 5 years, 18 gynecological and obstetric complications. 0 death was reported for the reporting month. INTERSOS is supporting referral of patients in need of secondary or tertiary care from Bama and Magumeri to Maiduguri, 6 patients were referred, 2 from Bama and 4 from Magumeri; zero deaths were recorded among all the cases referred.

**LESGO** continues to support humanitarian response with a total of 2,222 direct beneficiaries reached with house to house inter personal communication was made with the support of Society for Family Health. Also, a total of 56 clients were reached with support from First Step Action for Children Initiatives and Adamawa Action Aid.

**CHEDA** conducted a FGD and sensitized people on Cholera outbreak and GBV in Mubi North, Mubi South and Yola South.

**UNICEF** continues to support the SMoH with integrated PHC services. A total of 176,537 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, 102,513 (58%) were under 5 years reached with PHC services. A total of 107,982 OPD consultations were reported, with “Malaria” (33,668): being the major cause of morbidity followed by ARI (23,159) AWD (10,945); BD (886); measles (284); and “Other medical conditions” (39,040). For prevention services, 68,855 children and pregnant women were reached with various antigens (including 4,263 children vaccinated against measles under RI Services). A total of 21,049 Vitamin A supplementation capsules and 25,478 Albendazole tablets for deworming were distributed and 16,507 ANC visits; 3,029 Deliveries (2,438 skilled deliveries and 591 unskilled deliveries) and 3,634 postnatal visits were recorded during the reporting period.
UNICEF-Adamawa continues to support health facilities in IDPs and Host Communities. A total of 5,565 Persons, including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities. A total of 3,048 (Under 5 years: 1,801 and Other age: 1,247) consultations were reported, with malaria – 788 (Others: 459 and Under 5 years: 329) being the major cause of morbidity; ARI 1,109 (Others: 566 and Under 5 years 543); AWD – 154 (Others: 98 and Under 5 years 56); other medical conditions – 994 (Other age group: 720 and Under 5 years: 274). A total of 2,517 prevention services were recorded, out of which 168 children 6months-15 years vaccinated against measles, 1,446 children and pregnant women were reached with various other antigens; Vitamin A supplementation – 333 Children given Albendazole tablets for – 384 and ANC visits – 164, in Adamawa State. A total of 11 deliveries and 11 postnatal visits were recorded during the reporting period. 134 new IDPs arrived from Cameroon as part of the 4,000 Nigerian refugees to be repatriated from the Republic of Cameroon. The repatriation will come in batches. The first batch of 134 IDPs have arrived made up of 50 female, 41 male and 43 under five children. UNICEF provided 10 health workers to support the process through the provision of basic comprehensive health care services right from the airport on arrival down to the newly established transit camp. UNICEF has commenced the provision of drugs and commodities for Hard-to-Reach teams to provide comprehensive PHC services in 9 LGAs of Adamawa south with emphasis on the displace persons as a results of repeated communal clashes in the area. Each of the 9 LGAs has a 3-man team providing health care services with support from UNICEF in collaboration with the Save One Million Lives (SOML) project in the state.

WHO – Mental Health (Outreach Sessions): Mental Health outreach sessions were conducted in 37 HFs across 10 LGAs. A total of 1,707 patients were treated (371 new and 1,336 follow ups). 2 patients were referred to FNPH for further management.

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IOM continue to support MHPSS activities in various ways, which are:

- IOM provide direct mental health and psychosocial support services to the affected population in Borno, Adamawa and Yobe States through dedicated psychosocial mobile teams and MHPSS resource centers. A total of 63,939 beneficiaries were reached through various MHPSS services and activities within the reporting month. A total of 12,380 individuals were new beneficiaries reached within the reporting month.
- MHPSS services and activities offered by the MHPSS mobile teams include but not limited to lay counselling, psychological first aid (PFA), informal education, support group, recreational activities, sensitization on Gender Base Violence (GBV), Counter Trafficking (CT) and health issues such as hygiene promotion, referral for specialized and other services, referral follow ups, small scale conflict mediation, bereavement support,
livelihood follow ups and monitoring, referral for specialized mental health services and psychoeducation to the family members/caregivers and persons with mental health challenges.

**Response to the influx/new arrivals in Maiduguri and some locations in the NAAs:** MHPSS mobile teams offer direct MHPSS services and activities to the influx of IDPs/new arrivals in several displacement sites across field locations in Borno, Yobe and Adamawa States. Total of 244 newly arrived displaced populations were received and supported through PFA, sensitization and counselling.

**Mental Health Referral for Specialized Mental Health Care:** 518 specialized mental health referral sessions were offered to beneficiaries referred for specialized mental health services in Adamawa and Borno States. IOM facilitates referral to FNPH Maiduguri and the Psychiatric Ward of the Adamawa State Specialist Hospital, Yola. Six (6) trained psychiatric nurses are also deployed to hard-to-reach (NAAs) areas of Borno State for the provision of direct specialized mental health care services on rotational basis to Bama, Banki, Dikwa, Gwoza, Monguno and Ngala.

**MHPSS Coordination- MHPSS Sub-Working group:**
- The MHPSS SWG coordination meeting was held on August 6th, 2019 at the PHEOC Eye Hospital, Maiduguri. A total of 47 participants from various organizations participated in the coordination meeting and several key recommendations were emphasized on strengthening partnership especially with CBOs and National NGOs.
- The MHPSS SWG Coordinator participated in the Stakeholders’ Meeting for the Scoping Mission on the GBV Quality Assurance Tool (QAT), organized by WHO/AFRO, GBV research team in Maiduguri and the John Hopkins University. The purpose of stakeholders’ meeting is to conduct scoping for a research initiative on health services for survivors of GBV, in the context of WHO Health in emergencies project. Mixed methods will be used to adapt the existing GBV service readiness and quality assurance tool for NE Nigeria.
- The MHPSS SWG Coordinator participated in a 2-Day workshop on Integrating Anti-Trafficking into Existing Protection Mechanism organized by the Global Protection Cluster Anti-Trafficking Task Team and Borno State Anti-Trafficking in Persons Task Force (ATiPTF). The workshop highlighted several key main topics on trafficking in persons in humanitarian settings, the 4Ps responding to trafficking, risk management, and integrating multi-sectoral approach on assisting victims of trafficking (VoT) learning from the local context of NE Nigeria.
- The MHPSS SWG Coordinator attended the 2nd Borno State Anti-Trafficking in Persons Task Force (ATiPTF) in Humanitarian Action meeting with main relevant discussions on: a) strengthening the referral mechanism on sensitive cases including GBV and trafficking, b) ensuring the availability and access of services for the survivors or VoTs, including psychosocial support, c) increasing the awareness raising activity at school level. MHPSS SWG organized and coordinated a 5-Day Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) Training, a collaborative effort of MHPSS SWG, International Organization for Migration (IOM), Médecins du Monde (MdM) and World Health Organization (WHO) with the support of Federal Neuropsychiatric Hospital (FNPH) Maiduguri. The training, which was held from 19th to 23rd August 2019, was facilitated by 5 Consultant Psychiatrists from FNPH Maiduguri. A total of 48 participants from various stakeholders actively engaged throughout the sessions. MHPSS SWG also coordinated and facilitated a 2-Day Basic Counselling Skills Training for Child Protection Actors, a collaborative effort of Child Protection Sub-Sector (CPSS), MHPSS SWG and
IOM aimed at enhancing the capacity of national actors and to ensure sustainability in the emergency response. A total of 26 participants from 14 NGOs attended the training.

PUI continue to respond to the need of the affected population across different sectors. Health information data for the health programme has been made digital where patient information is collected in KOBO. This is to ensure accurate electronic data collection. Delivery in Herwa was increased compared to last month, this shows acceptability and increased awareness and referral by the traditional birth attendant. The number of OPD consultation is increasing because of heavy flow of rain and increase in seasonal disease like malaria, Acute watery diarrhea and skin infection. The number of measles cases is continuously decreasing in the 5 supported facilities. Meanwhile Malaria cases confirmed by RDT and acute watery diarrhea is increasing.

Humanitarian situation at different centers managed by PUI are as follows:

<table>
<thead>
<tr>
<th>Center</th>
<th>OPD Consultation</th>
<th>Immunization</th>
<th>Nutrition</th>
<th>Malaria and Measles</th>
<th>Sexual and Reproductive Health</th>
<th>MHPSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herwa Peace PHC</td>
<td>8456</td>
<td>3467</td>
<td>52 new admissions for SAM cases in OTP</td>
<td>Malaria: 340 cases Measles: 5 cases reported</td>
<td>2385</td>
<td>41</td>
</tr>
<tr>
<td>Ngarannam PHC</td>
<td>7968</td>
<td>2398</td>
<td>82 new admissions for SAM cases in OTP</td>
<td>Malaria: 578 cases Measles: 0 cases reported</td>
<td>2574</td>
<td>16</td>
</tr>
<tr>
<td>Outreach teams</td>
<td>11294</td>
<td>446</td>
<td>117 new admissions for SAM cases in OTP</td>
<td>Malaria: 868 cases Measles: 2 cases reported</td>
<td>1485</td>
<td>11</td>
</tr>
</tbody>
</table>

JHF continues to implement projects in Adamawa State. A total of 4,118 IDPs were verbally screened in camps and host communities under TB REACH Wave 5 IDP Scale-up project, 390 presumptive TB cases were detected out of which 350 were tested by Xpert. A total of 35 all forms of TB cases were detected. A total of 350 presumptive TB cases had HCT out of which 1 was found to be HIV+. Diagnosed TB and HIV patients were linked to DOTS and ART sites for treatment, care and support. From the Nomads TB REACH Wave 6 IDP Scale-Up project, a total of 12,282 persons were verbally screened across 17 LGAs of Adamawa State, 1,120 presumptive TB cases were detected out of which 1,009 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 81 all Forms of TB cases were detected and enrolled on TB treatment. Of the 1,120 presumptive TB cases detected, 1,001 had HCT out of which 2 were found to be HIV+. Diagnosed TB and HIV patients were linked to DOTS and ART sites for treatment, care and support.

WHO supported the Borno State Ministry of Health in conducting a two-day clustered training on Early Warning Alert and Response System (EWARS) for focal sites in some Northern and Central Borno LGAs from 19th to 24th August. The aim was to strengthen disease surveillance through training/retraining of LGA disease surveillance and notification officers (DSNOs) and health facility workers in Borno State on prompt identification and reporting of cases of selected priority diseases in Nigeria using EWARS mobile application. Participants were from Gwoza, Dikwa, Nganzai, Mobbar, Bama, Monguno, and Jere LGAs. WHO is working with Johns Hopkins University, Maryland USA on GBV to adapt the Quality Assurance Tool (QAT) to humanitarian settings. The team conducted a 3-day scoping mission to meet WHO staff, SMoH Leadership, health partners to discuss the research project which would be for 6 months. The team also visited 5 health facilities to understand the context of the health system in relation to GBV quality assurance issues and interventions needed.

The following challenges faced by partners in GBV response were also highlighted:

- GBV survivors lack adequate health and psychosocial support services.
- Clinical staff in the northeast are not routinely trained in appropriate responses to GBV
- Legal and judiciary systems do not acknowledge the risks faced by survivors making a complaint and acting as witnesses.
A rumor of suspected scabies outbreak was reported by a health worker in Custom-house IDP camp on Thursday 22nd August 2019. The outbreak was investigated by the WHO surveillance team and the Borno State Rapid response team. Human scabies is a Neglected Tropical Disease (NTDs). A parasitic infestation of the skin caused by Sarcoptes scabiei Var Hominis. The outbreak was characterized by widespread crusted scabies associated with thick, exfoliating crusts and inflammatory scabies nodules mostly complicated by a superimposed bacterial infection discharging purulent pus. Over 70 case-patients between the age of 1 month to 20 years old were identified in the camp. A total of 22,870 consultations were made by the Hard-to-Reach mobile teams across the 3 States. In Yobe state, 4,606 women were reached with health promotion messages on SRH, hygiene and IYCF practices. WHO Medical referral service in Borno state is a 6-month project currently funded by the Nigeria humanitarian fund (NHF). The referral services is provided to internally displaced persons (IDPs) in need of secondary health care. From July 2019, a total of 107 patients have been referred for treatment at the State specialist Hospital. WHO supports all the logistics and reimbursement for the cost of treatment.

**WHO – Yobe** in conjunction with state government and partners have successfully completed second cycle of SMC in high burden LGAs in August 2019. This is in addition to support for LLINs distribution WHO provided which targeted vulnerable people in high-burden LGAs. Apart of the overall efforts to reduce Malaria burden, WHO also donated 240,000 doses of drugs for SMC implementation in Tarmuwa and Yusufari LGAs, and also donated equipment, materials for Reach (HTR) teams and CORPs to improve malaria case management in remote areas.

WHO Hard-to-Reach (HTR) teams in collaboration with SMOH and SPHCMB, are working in 16 LGAs of the state to provide life-saving care and refer critically ill and severely malnourished children to town clinics and hospitals for further care. WHO also provides capacity to SMOH health Workers as well as HTR teams, who are further being supported by WHO technical staff and Local Government Facilitators with supportive supervision and job aids to work effectively in remote areas. In addition to mobile health teams, WHO has recently renovated CHC Kukar-Gadu, PHC Babban Gida, and PHC Moborti in the first phase of the rehabilitation work. This is aimed to complement the efforts of Yobe SMOH in rehabilitating damaged primary and secondary health facilities, and improve access to quality health care to conflict-affected people in the state. PHC facilities and HTR teams are being provided with adequate drugs, data tools and medical commodities to bring succor to people in remote communities. 35 WHO HTR teams in Yobe state have treated 42,263 clients for common ailments, vaccinated 59,383 children and screened 30,364 under-5 children for malnutrition. Up to 1253 critically ill or malnourished other children were referred from remote areas to OTP sites or stabilization centers to receive further care. The HTR teams have also dewormed 22,438 children, provided Vitamin A supplement to 24,475 children and reached 29,941 young women with health promotion messages on key household practices and reproductive health.

**WHO – Adamawa** deployed 2 of its mobile HTR teams to the Yola International airport, to screen 134 refugees from Cameroon. They were screened and intensification services rendered at the point of entry into the country. They were then moved to holding area in Duware in Yola South LGA before transported to their area of return in 7 priority LGAs.

**Surveillance activities:** Active case search teams supported by WHO visited 15,637 households searching for suspected cholera cases and sensitizing households on cholera prevention and what to do if infected. A total of 221 cases were reported from 1st – 31st August, 2019. The total case count as at 31st August, 2019 was 708 with 4 deaths. Community Health Champions supported by WHO visited 21,704 households, sensitized 39,067 persons and identified 21 suspected cholera cases.

**ICCM:** 3,698 children were treated for malaria, diarrhea and Pneumonia by 123/123 CORPs in 14 LGAs of the state. 2,784 of the children were screened for malnutrition using MUAC. 186 (6.7%) of the children screened had MAM and were counseled on proper nutrition, while 4 (0.1%) of them had SAM.
demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

**HTR:** 26,431 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 7392 persons with minor ailments and dewormed a total of 6,020 children during the month. Pregnant women were provided FANC services with 1,875 of them receiving Iron folate to boost their hemoglobin concentration while 1238 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

### Nutrition updates

**UNICEF**

A total number of 440 nutrition service sites out of the 440 sites supported by UNICEF in the 3 northeast emergency states reported for the month of August 2019 which indicates 100% percent reporting rate. Based on this, a total of 13,207 children with severe acute malnutrition were admitted for treatment. Performance indicators for the community management of acute malnutrition were all within SPHERE standards as follows – 95.6 percent cure rate, 2.6 percent defaulter rate, 0.6 percent death rate and 1.3 percent of non-responders to treatment.

For the prevention of malnutrition 38,287 new caregivers of children 0-23 months benefitted from infant and young child feeding (IYCF) counseling. 9,266 children 6-23 months received micronutrient powder (MNP) for the treatment and prevention of micronutrient deficiencies.

The below listed activities carried out during the reporting period were key in achieving the results already mentioned:

- Community based screening for severe acute malnutrition (SAM) reached 1,246,753 children 6-59 months and allowed to identify and refer 13,237 children with severe acute malnutrition to treatment sites.
- 15,146 cartons of RUTF and 400 packet of micronutrient powder distributed to UNICEF supported nutrition sites.
- On-the-job coaching and supportive supervision visits conducted to 334 outpatients therapeutic program (OTP) sites, 24 stabilization centers (SCs), 238 IYCF corners, 298 mother support groups and 1,290 community nutrition mobilizers.

**IRC-CMAM:** SAM and MAM patients were identified and provided with required treatment as indicated in the routine dietary nutrition education was provided to 1,296 (612M and 684F) MAM caregivers who also participated in community feeding sensitization sessions. A total of 245 (113M and 132F) children were discharged from the program. 257 (114M and 143F) among them were treated from malnutrition, 59 (27M and 32F) were defaulted clients and 6(3M, and 3F) death was recorded. Currently, in the program clinics 763 (368M and 395F) SAM children are on admission and receiving treatment. For Stabilization center program: 23(12M, 11F) new SAM with medical complication were admitted. 14 (5M and 9F) children were transfer to various OTPs for rehabilitation, 1(1M) was discharged as cured and 1 (1F) death. Drugs Utilization within the month were, 210 bottles of amoxicillin suspension, 35 cards of ACT, 260 tablets of Albendazole, 5 bottles of Nystatin suspension, 5 Tetracycline eye ointment and 71 strips of Malaria rapid test kit were dispense and used to beneficiary.

**IYCF:** 32 mothers with low milk production, 10 with mastitis, 4 with sore nipple were identified and individually counseled. 18 mothers formally counseled were followed up. On group counseling, 77 mothers were counseled on exclusive breast feeding, good attachment and IYCF best practices in the program LGA. Sensitization sessions, awareness and emphasis on breastfeeding relevant topics made include importance of clinics visit, personal hygiene practices and early initiation of breastfeeding was carried out. 5,054 community members benefited from the activity with 1,301 pregnant mothers, 1,905 Lactating mothers, 548 old women, 766 young girls and 534 men reached. Capacity strengthening of 41 CMAM Health workers was conducted from the supporting LGAs staffs.

**WHO** continue with its joint Supportive supervision to various stabilization Centers (SCs) in the state among which is the SC at Gajiram and Konduga. The major findings were stock-outs of F75 therapeutic milk and low manpower due to the high staff turnover from resignations due to worsening security situations in areas outskirt of Maiduguri. WHO also supported the SCs at Chibok, Konduga, Hawul and Molai with essential drugs and commodities expected to treat 450 complicated cases in the next 2 months. These centres have experienced
upsurge in patient flow in the last 6 weeks. The impact of the recent flooding and disruption of services at Gubio and Magumeri due to attacks were discussed. Nutrition services have resumed partially in Magumeri LGA but the staff commute daily from Maiduguri. While nutrition intervention in Gubio is suspended till situation improves. In Adamawa state, 16354 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 255 (1.5%) children had MAM and their caregivers were counseled on proper nutrition, while 70 (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 centers across the state for proper management.

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 and Presence


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

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