## HIGHLIGHTS

- **During February reactive measles vaccination campaign was undertaken in five LGAs (MMC, Jere, Konduga, Monguno and Bama).** Total vaccinated: 110,832 children (host communities and IDPs) age group: 9-11 months, 12-59 months. 105% coverage among IDPs and 88.3% among host population.

- **Overcrowded population in camps is still a serious challenge, as work pace on the new stadium camp is slow due to the ongoing election related movement restrictions.** Changing climatic conditions with heat waves during day time and before upcoming cholera season immediate arrangements are needed for decongestion of camps to avoid public health risks and transmission of diseases.

- **Efforts are ongoing to strengthen the weak referral system from primary to secondary health care.** Health sector has secured urgent funds from NHF reserve fund for allocation to partners to enhance referral coverage in MMC, Jere and Monguno. WHO is negotiating with the state MoH to deploy ambulances and additional resources to strengthen referral pathways from IDPs camps.

- **Health services are available in IDPs camps which are hosting new arrivals but need additional resources from donors to sustain the health services and stop further deterioration of the health situation of population.** Partners are using existing resources from the regular emergency operation to fill immediate gaps in the response.

- **Worsening security situation in hard to reach areas is a big challenge for movement of health workers engaged in community, outreach services like vaccination, malaria response etc.**

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### Northeast Nigeria Humanitarian Response

<table>
<thead>
<tr>
<th>5.3 million</th>
<th>People in need of health care</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.0 million</td>
<td>targeted by the Health Sector</td>
</tr>
<tr>
<td>1.755,592*</td>
<td>IDPs in the three States</td>
</tr>
<tr>
<td>4.4 million</td>
<td>people reached in 2018***</td>
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</table>

#### Health Sector

- **45 HEALTH SECTOR PARTNERS (HRP & NON-HRP)**

#### HEALTH FACILITIES IN BORNO STATE**

| 375 (50%) | NON- FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES) |
| 292 (39%) | FULLY DAMAGED |
| 205 (27%) | PARTIALLY DAMAGED |
| 253 (34%) | NOT DAMAGED |

#### CUMULATIVE CONSULTATIONS

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

#### EPIDEMIOLOGICAL WEEK 2018 EARLY WARNING & ALERT RESPONSE

- **260 EWARS SENTINEL SITES**
- **192 REPORTING SENTINEL SITES**
- **274 TOTAL ALERTS RAISED****

#### SECTOR FUNDING, HRP 2019

- **HRP 2019 REQUIREMENTS $73.7M**
- **FUNDED $ 1.8M (2.4%)**
- **UNMET REQUIREMENTS $ 71.9 M**

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* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXII

**MoH/WHO Borno HeRAMS September/October 2017

***Number of health interventions provided by reporting HRP partners as of December 2017.

****Cumulative number of medical consultations at the IDP camps from 2018 Epidemiological Week 1-43

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

The 90-Day emergency response plan indicated that the conflict has resulted in widespread displacement, with close to 100,000 new arrivals between November 2018 and February 2019, and an estimated 1.8 million people currently internally displaced. Women and children constitute 87% of newly displaced people. The increased rate of new arrivals, heightened tensions, and a projected surge in new arrivals based on historical trends during the dry season, formed the basis for identifying and agreeing upon the following hotspot areas in need of accelerated humanitarian assistance: Bama, Dikwa, Gubio, Gwoza, Jere, Kala/Balge, Konduga, Kukawa, Magumeri, Maiduguri MC, Mobbar, Monguno, Ngala, Nganzai in Borno State; Damaturu in Yobe State; and Lamurde in Adamawa State. IOM Displacement Tracking Matrix (DTM) projections estimate that 280,000 people from prioritized 16 LGAs will be targeted for humanitarian assistance. This incorporates 81,147 incoming and projected new arrivals between 11 January and 31 April 2019. The estimates also factor in an additional 25 percent increase as a buffer for further mass movements, based on historical trends analysis.

Affected people remain at risk of epidemic-prone diseases, like cholera, measles and viral hemorrhagic fevers due to insufficient access to essential healthcare, seasonal patterns, lack of access to potable water and insufficient sanitation infrastructure, and vulnerabilities as a result of continuous displacement. Women and children are left increasingly susceptible to disease outbreaks, especially cholera. The overcrowded conditions in IDP camps, particularly in Teachers Village IDP Camp in Maiduguri is a serious challenge, especially as the pace of establishing the new camp site at Mohammed Goni International Stadium has been slowed down due to election-related activities and contingency planning in Borno State. Changes in climatic conditions marked by heat waves during the day coupled with over congestion in the camps poses serious risks for the outbreak of disease, especially ahead of the upcoming cholera season. Essential primary health care services are available in IDPs camps, such as Teachers Village, which are hosting new arrivals but need additional resources from donors to sustain the health services and stop further deterioration of the health situation of the affected population.

Teachers Village was set up by the state government in January 2014 and was originally intended as accommodation for state teachers. The site was never used for its original purpose, and a year later became home to thousands of civilians fleeing the conflict in Borno State. In October 2018, the camp population was 8,605 individuals. The maximum capacity of the camp is 10,000 individuals. Due to a spike in mass displacement following armed clashes in late 2018, the camp has absorbed more than 20,000 newly arrived displaced people, bringing the total camp population to more than 31,000 individuals, over 300% capacity. More than 80 per cent are women and children. All are in dire need of humanitarian assistance, especially food, shelter, WASH, and protection-related services. The spike in the camp population is stretching resources and overcrowding the camp, particularly in shelter and WASH sectors.

The Health Sector is advocating for the immediate decongestion of camps to mitigate public health risks and disease transmission. Initially, WHO and IRC will deploy mobile health units to address immediate lifesaving health needs of population in the newly established stadium camp. The deteriorating security situation in hard-to-reach areas is a key challenge for the movement of health workers engaged in community outreach services like vaccination, disease surveillance and risk communication. The Health sector has secured additional funds from the NHF reserve fund for allocation to partners, which will enhance referral coverage in MMC, Jere and Monguno.
LGAs. Health sector/WHO is negotiating with the Borno State Ministry of Health to deploy ambulances and additional human resources to strengthen referral pathways in IDPs camps to secondary health care in the surrounding areas in Maiduguri and Monguno. Partners are looking for financial resources from donors to address the immediate health needs and health services which are overstretched due to new displacement.

**Measles outbreak:**

The spike in mass displacement has resulted in an increased reports of measles cases in the host communities as detected by weekly Integrated Disease Surveillance and Response (IDSR) reports and the Early Warning Alert and Response System (EWARS) in the last weeks of 2018 and early January 2019. This prompted a rapid response to identify settlements and plan a reactive measles vaccination campaign in the affected areas. The State Ministry of Health and Health partners are planning a second round of reactive measles vaccination campaign in five LGAs in Borno State (MMC, Jere, Konduga, Monguno and Bama) for which a micro plan has been prepared including request for vaccines from the federal government. The target population will be children 6months-10 years (although the majority of cases are among 6-59 months, the next most affected age group is 5-10 years, together constituting 86% of affected population with a total target of 1,778,961 across Borno state. Under the Microplan, thirty three most affected wards were selected (wards either with 3 confirmed cases or 5 suspected cases) in 13 LGAs. A phased wise approach will be adopted with the first phase targeting 8 wards in Maiduguri area, totaling 477,558 children with tentative start date of 21st -25th March.

The outbreak involved mostly the new arrivals into major camps in Maiduguri and Monguno and host communities in the six LGAs. They are coming from security compromise area of Kukawa and Guzamala LGAs into IDP camps and communities.

- From week 1–8 2019, 2822 suspected cases were reported, 2231 cases (79%) children under 5.
- 105 out of 166 samples tested were IgM positive.
- 19 LGAs are affected across Borno state, most affected LGAs are five - MMC, Jere, Bama, Konduga,Mafa.
- 23 IDP camps are affected majority of the IDP camps are in MMC, Jere and Monguno.
- Only 1 associated death reported from Nganzai LGA on EWARS (CFR: 0.03%).
- **From week 1 -8 2019, nine suspected measles deaths have been reported through IDSR (6 from Nganzai LGA and 3 from Monguno LGA).**

**Drivers of the Outbreak:**

- High level of un-immunized children from security compromised areas.
- Low coverage of routine Measles immunization.
- Population overcrowding in some of the camps.

**Challenges:**

- Routine Immunization coverage is low, resulting to the immunity gap.
- Continuous displacement with more children not accessing immunization services.
- Security related access challenges

**Response:**

SMoH and Partners have strengthened surveillance activities across the state especially in IDP camps through EWARS, IDSR and Hard To Reach teams. Health partners have commenced risk communication activities in camps and host communities. Partners are reporting cases and providing case management and
referrals at all service points. Communities are screened for measles at the points of entry and reception centers. Microplan has been developed for the next round measles vaccination campaign.

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

**Highlights**

- **Number of reporting sites in week 8:** A total of 192 out of 260 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 73% (target 80%).

- **Total number of consultations in week 8:** Total consultations were 36,752 marking an 11% decrease in comparison to the previous week (n=41,452).

- **Leading cause of morbidity and mortality in week 8:** Malaria (suspected n= 6,549 and confirmed n= 3,706) was the leading cause of morbidity reported through EWARS, accounting for 32% of reported cases. Neonatal death (2) and malaria (2) accounted for 30% of reported deaths.

- **Number of alerts in week 8:** Sixty-one (61) indicator-based alerts were generated with 97% of them verified.

- **Malaria:** In Epi week 8, 3,706 cases of confirmed malaria were reported through EWARS. Of the reported cases, 270 were from General Hospital in Biu, 214 were from Shuwari host community clinic in Damboa, were from GSSSS IDP camp clinic in Bama, 136 were from Madinatu IDP camp clinic in Jere. Two associated death were reported in Sauki clinic and Yawi dispensary, Biu.

- **Acute respiratory infection:** In Epi week 8, 5,989 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 583 were from Herwa Peace PHC and PUI mobile clinics in MMC, 233 were from Damasak MCH in Mobbar, 182 were from Shuwari Host community clinic in Damboa and 150 were from UNICEF Water Board IDP camp clinic in Monguno. No associated death was reported.
**Suspected Measles:** Seven hundred and thirty-six (736) suspected measles cases were reported through EWARS in week 7. Of the reported cases, 193 were from Herwa Peace PHC and PUI mobile clinics in MMC, 135 were from Gwange PHC in MMC, 113 were from GSSSS IDP camp clinic in Bama, 40 were from Mafa MCH in Mafa, 30 were from State Specialist Hospital in MMC, 16 were from INTERSOS Health Facility in Bama, and 16 were from Gajiram MCH in Nganzai. Thirty-one additional cases were reported through IDSR* from Jere (8), Konduga (5), Kaga (5), Nganzai (5), Mafa (3), Monguno (3), Hawul (1), and Gwoza (1) LGAs making a total of 767 suspected measles cases. Two associated deaths were reported in Nganzai through IDSR.

Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016-8 2019

- **Suspected Yellow Fever:** One suspected yellow fever case was reported through EWARS in week 8 from Zanari IDP camp clinic in Mafa. Two additional cases were reported through IDSR* from Konduga (1) and Magumeri (1) LGAs, making a total of 3 suspected yellow fever cases. No associated death was reported.
- **Suspected Meningitis:** No suspected meningitis case reported in week 8.
- **Suspected VHF:** One suspected viral haemorrhagic fever case reported in week 8 through IDSR from Jere LGA.
- **Suspected cholera:** No suspected cholera case reported in week 8.
- **Malnutrition:** 789 cases of severe acute malnutrition were reported through EWARS in week 8. Of the reported cases, 47 were from Fori PHC in Jere and 43 were from Gajiram MCH in Nganzai. One associated death was reported in Briyel MCH, Bayo.
- **Neonatal death:** Two neonatal deaths were reported in week 8 through EWARS from State Specialist Hospital, MMC.
- **Maternal death:** One maternal death was reported in week 8 through EWARS from Koronglim dispensary, Chibok.

*IDSR- Integrated Disease Surveillance and Response

**Health Sector Actions**

IRC has been a key partner to the governments of Borno, Adamawa and Yobe states, implementing health programs through daily run of 30 mobile clinics, and Health system strengthening and support for Primary health facilities spread across the three states in North East Nigeria. The IRC health team conducted a total of 26,868 consultations (10,585M, 16,283F), out of which 10,075 (5,249 M, 4,826 F) children were under five were conducted by the Health team across the three NE states, while the reproductive health team during the same period successfully reached 4,528 people, of which 4,271 were women and girls while 257 male were treated in the STI clinic. The Comprehensive Women’s Center (CWC) and supported health facilities provided first antenatal care services for 1,864 women conducting 620 skilled birth deliveries. There was also a total of 676 beneficiaries of family planning services.
Health education, mother to mother support group sessions and community sensitization and mobilization activities aimed at effecting behavioral change were conducted with 26,706 (11,109M, 15,597F) people reached. Among the message passed across to the beneficiaries, includes; Lassa fever prevention and mode of transmission conducted at Udah community in Askira Uba LGA Adamawa. Early symptom and prevention of Measles to beneficiaries in MMC and Jere LGA and Gwoza currently witnessing Measles outbreak. Other messages delivered includes; dangers of open defecation and environmental hygiene, benefits of Family planning and exclusive breastfeeding.

In Adamawa the health team conducted a training session on Data quality audit for 12(M 6, F 6) IRC staff selected from Health, Nutrition, WASH and WPE sector. This training was followed by conduct of Data quality audit and field monitoring visit to IRC supported health facilities located in Fufore, Girei, Yola North and Yola South of Adamawa state. While in Yobe state the health team conducted community dialogue in the following five IRC supported Health facilities; Kukareta, Dikumari, Mallam Matari, Buni Gari and Maisandari and re-activated the facilities community Health management committee.

INTERSOS put in place a contingency plan due to election by reducing the number of staffs on ground but keeping local staffs to ensure the continuity of the activities. INTERSOS’ Stabilization Centre in the MCH Magumeri continues to provide health care for SAM cases with complication as well as the usual In-Patient Therapeutic Feeding Program on a 24/7 basis.

For outpatient services, total consultations for the February are 12,948 (M 5,480 and F 7,468) of which U5 is 5,044 (39%) a slightly lower number than the cases seen in the month of January. Acute Respiratory Infection (2,581 cases) remains the leading morbidity followed by Malaria (1,214 cases) and Acute Watery Diarrhea (213 cases). High number of bloody diarrhea were reported in Ngala with over 144 cases encountered in both the ISS camp and the host community (25 and 65 cases respectively) although a decline in the number of cases was observed compared to the previous month. INTERSOS Health Facility in Bama saw suspected cases of measles in the GSSS Camp which have been duly reported and samples taken to ascertain the nature of the outbreak with results yet to be received from the DSNO. However, the number of suspected cases continue to rise 111 under 5 and 82 over 5.

For sexual and reproductive health, the total ANC attendees for the month is 1,451, with 493 accounting for 1st visit and 958 re-visits. Due to the streaming down of activities ANC/PNC were not held for a good part of the month. Listed below are the INTERSOS SRH activities breakdown:

- ANC attendees in Bama clinic were 223, with 63 were first visits, 160 were re-visits, post-natal visits were 19 two deliveries, one leading to a preterm neonatal death and the other a set of twins.
- ANC attendees in Ngala clinic were 647, with 256 were first visits while 391 were re-visits, PNC visits were 94 with 2 deliveries.
- ANC in Dikwa clinic had 445 clients of the which 83 were first visits and 362 were revisits 84 persons attended the PNC and there was 0 delivery.
- Magumeri had 126 ANC clients (14 Mobile Sites and 122 others) with 91 first visits while 45 revisits, 13 PNC visits and 2 deliveries.

INTERSOS facility in Ngala saw 31 cases of Chicken Pox in Gamboru and 179 cases in the ISS camp with 58 persons with dysentery were treated in Gamboru and 13 persons were treated in the ISS camp. A total of 9 patients were refered from the fields to Maiduguri for secondary care.

UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe States: A total of 177,804 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, 90,529 (50.92%) were under 5years reached with PHC services. A total of 89,264 OPD consultations were reported, with ARI (22,870): being the major cause of morbidity followed by “Malaria” (20,088) AWD (7,433); BD (660); and measles (1,625) “Other medical conditions” (36,588). For prevention services, 41,44 children...
and pregnant women were reached with various antigens (including 4,665 children vaccinated against measles under RI Services). 96,859 children reached through reactive measles vaccination. A total of 12,504 Vitamin A supplementation capsules and 15,442 Albendazole tablets for deworming were distributed and 16,269 ANC visits; 2,693 deliveries and 2,722 postnatal visits were recorded during the reporting period.

JHF screened 5,994 IDPs in camps and host communities, 572 presumptive TB cases were detected out of which 518 were tested by Xpert. A total of 38 all forms of TB cases were detected. A total of 520 presumptive TB cases had HCT out of which none were found to be HIV+. All TB cases detected were enrolled on treatment in the 4 LGAs. JHF also implementing the Nomads TB REACH Wave 6 IDP Scale-Up project in collaboration with KNCV TB Foundation in Adamawa and Taraba States. 17,655 persons were verbally screened across 17 LGAs of Adamawa State, 1601 presumptive TB cases were detected out of which 1,275 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 90 All Forms of TB cases were detected. 90 TB cases detected were enrolled on treatment at the nearest DOTS centres. Of the 1,601 presumptive TB cases detected, 1,275 had HCT out of which 3 were found to be HIV+. These were linked to ART sites for Treatment, care and support.

GZDI carried out sensitization on health related issues was conducted in some communities of Mubi North, Mubi South and Michika Local Government Areas. The main purpose is to create and increase awareness on how to prevent some diseases that are notifiable, considering the hot weather approaching, air borne diseases are likely to strike such as Measles, Lassa fever and Cholera. 319 individuals were reached.

FHI 360 has maintained the delivery of high-quality health facility and community services in Banki, Ngala and Dikwa and community services in Damasak. For the most part of the month, the facilities were being run by CHEWs as staff, had to be relocated during the election period. However, there were health response teams based in Maiduguri, comprising of field staff, who regularly monitor service provision in the 4 locations through roundtrips to the facilities. In Banki, FHI 360 provided 1,814 consultations (802 males, 1012 females) in the PHC and 221 consultations (99 males, 122 females) in the community. Malaria was the most common cause of morbidity in February, accounting for 450 consultations, followed by Acute Respiratory Tract Infections, which had 423 cases. 55 cases of gastritis/peptic ulcer disease and 55 urinary tract infections were also seen. 70 deliveries were conducted at the facility's maternity ward. Health promotion and education activities continued as well as active surveillance. There was an upsurge of the cases of chicken pox totaling 339 cases. Coordinated interventions through the health sector, CCCM, WASH, WHO and Banki ADSNO was carried out, including visits to a newly opened school. Health education sessions on chicken pox were carried out in the community, ANC and OPD with emphasis on its spread, significance to pregnant women and treatment.

In Ngala, the FHI 360 team provided 2,161 consultations in ISS and Arabic Camp clinics (427 were children <5years). Due to the prevailing weather conditions, ARIs remained the highest cause of morbidity with 696 cases. The Community Health Extension Workers visited 1,010 houses and reached a total of 4,005 persons with health promotion talks and education laying emphasis on good hygiene practices and Malaria prevention methods. The Ante-Natal Clinic saw a total 119 women for their first visit. Through FHI 360's collaboration with the Global Fund Northeast Initiative, 6 new people were enrolled into our HTS and are now receiving ARV’s. 646 Children were vaccinated in the month of February. The Rehabilitation, Reconstruction and Resettlement (RRR) team are 95% through with the renovation of the general hospital where FHI 360 clinic is based.

In Dikwa, FHI 360 provided 1864 consultations (793 males, 1071 females) at the OPD in GHDikwa in February. Of these, children <5years accounted for 743. Acute Respiratory Infections accounted for 374 cases (129 males, 245 females), followed by Malaria accounting for 297 cases (117 males, 180 females). 172 cases of minor trauma and 16 cases of major trauma were managed. These were as a result of several AOG attacks in some of the IDP camps in February. 64 Deliveries were conducted in the facility. FHI 360 provided health promotion to 5775 beneficiaries (2586 males, 3189 females) on Malaria prevention. 346 Beneficiaries (153 males, 193 females) were screened in the community and referred to the FHI 360 facility for further management.
In Damasak, 3,764 beneficiaries (1741 male, 2023 female) were reached with health promotional messaging on various topics with a focus on reproductive health and exclusive breastfeeding.

**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 60,154 beneficiaries were reached through various MHPSS activities within the month of February 2019. Total new beneficiaries reached within the reporting period were 16,941 individuals.

MHPSS activities being offered to the affected population include but not limited to lay counselling, Psychological First Aid (PFA), FGDs and informal education, support group, recreational activities, GBV sensitization and case follow up, small scale conflict mediation, referral to specialized mental health services, bereavement support and psychoeducation to the family members/caregivers and mental health patients, sensitization and livelihood follow ups and supervision. All these activities are rolled out in Borno, Adamawa, and Yobe States.

IOM-PSS mobile teams provided emergency MHPSS response to the influx of IDPs/new arrivals in Monguno, Ngala, Banki, Pulka, Dikwa and camps in Maiduguri (Bakasi, Gubio, Mogcolis, Teachers Village, Madinatu, NYSC, and Dalori I). MHPSS teams are providing PFA, referrals, informal education, specialized services and psychoeducation to the caregivers, and sensitization on GBV and CT and other PSS activities. Total of 1,846 newly arrived displaced populations were attended to through MHPSS activities mentioned above.

230 referral sessions 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 to offer such services.

**WHO – Mental Health Outreach Sessions:** 68 Mental Health (MH) outreach sessions were conducted across 40 Health Facilities in 9 Local Government Areas of Borno state; out of which 1,548 patients were consulted (581 new patients; 967 follow up, and 126 patients were referred to Federal Neuro-Psychiatric Hospital (FNPH) Maiduguri for further management). Two meetings were held with one in Adamawa state (MHPSS partners and stakeholders meeting) and the second one in Borno state (BMHSF Implementation plan).

**WHO – Adamawa** trained 20 staff of FMC and SMOH on Lassa Fever case management in FMC Jalingo. Supported the transportation and conduct of safe and dignified burial of confirmed case of Lassa Fever. For **ICCM**, 3,302 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 2,546 of the children were screened for malnutrition using MUAC. 187 (7.3%) of the children screened had MAM and were counseled on proper nutrition, while 11 (0.4%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management. For **HTR**, 28,396 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 7,180 persons with minor ailments and dewormed a total of 11,220 children during the month. Pregnant women were provided FANC services with 1,697 of them receiving Iron folate to boost their hemoglobin concentration while 656 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 conducted in the four supported LGAs (27 program clinics and 3 SCs) even though there was increased security threat in some of our areas of operation which affected 2 sites of our CMAM/IYCF programing. This had a negative impact on our program as we were unable to access the above mentioned facilities/communities for a week or more and some of the clients (new and old) had to flee to other locations for safety. Also, as part of the organisation’s election contingency plan, we had to scale down sensitizations and outreaches in the communities. These situations put together pores a huge negative effect on nutrition programing during the reporting month.

With the support of the community structures-CHVs, MtMSGs and Health workers, the IRC was able to carry out MUAC screening/eodema detection practices of 19,295(9678M and 9617F) U5 children out of which 1354(643M and 711F) where identified as MAM and their caregivers received nutrition education on proper dietary intake and 237(110M and 127F) were identified as SAM and admitted into their closest OTP site. 170(79M and 91F) children on program were discharged as cured, 1M was recorded as dead and 10(4M and 6F) clients defaulted from the program within the month.

As at 31st February 2019, 357(154M and 203F) SAM cases are still receiving treatment in the various OTP site and 26(10M and 16F) cases with medical complications were admitted in the various SCs, 6(3M and 3F) died within the month in the SC and 0 defaulted. Overall program performance for the month was 92.9% cured rate, 0.6% death rate and 5.7% default rate.

**IYCF,** IRC team with the support of CHVs, MtMSGs and Health Workers, the IRC was able to conduct outreaches and sensitization seasons on infant and young child feeding practices/hygiene promotion in the various supported communities of Adamawa State reaching 2192 Pregnant mothers 2787 Lactating mothers, 865 Old women, 999 Adolescent girls and 798 Men were reached. Just to mention but a few out of the topics discussed are: importance of early initiation of breastfeeding, breastfeeding on demand, importance of exclusive breastfeeding, good attachment, good hygiene practices and the use of local available food to promote their nutritional status.

**WHO-Nutrition:** Screening: 15,534 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 210 (1.4%) children had MAM and their caregivers were counseled on proper nutrition, while 76 (0.5%) 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 them showed that a total of 21 children having SAM with medical complications were managed in February 2019. 18 (76%) 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 in 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)

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