Health Sector Bulletin
June 2019

HIGHLIGHTS

- In many new displacement locations, there is an urgent need to scale up health services as existing response capacities are overwhelmed due to scale of the problem and burden on health services. Population living in conflict zone are without any humanitarian support and health partners are facing challenges to access these population pockets especially in an events of outbreaks.
- New displacements leading to overcrowding in camps is an increasing risk factor for cholera outbreak and other water born diseases. Poor water and sanitation condition in many IDPs camps need immediate attention from WASH and CCCM Sector partners.
- Beside gaps filling and addressing immediate lifesaving partners will need additional resources for maintaining uninterrupted health services to control further deterioration of the health situation and mitigate risks of outbreaks in the affected areas.
- As part of bridging the ongoing humanitarian support with the development interventions, the Health Sector Technical Working Group (TWG) on Humanitarian Development Nexus (HDN) is functional in Borno State comprising of key government functionaries, humanitarian and development partners.
- Measles cases are on decline after robust reactive measles vaccination campaign in Borno state while Acute Watery Diarrhea cases (AWD) are on rise due to the current weather pattern of rainy season, weak sanitation and drainage system in many IDPs camps and host communities.

Northeast Nigeria Humanitarian Response

45 HEALTH SECTOR PARTNERS (HRP & NON-HRP)

HEALTH FACILITIES IN BORNO STATE**

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Fully Damaged</td>
<td>292 (39%)</td>
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<tr>
<td>Partially Damaged</td>
<td>205 (27%)</td>
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<tr>
<td>Not Damaged</td>
<td>253 (34%)</td>
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<tr>
<td>Non-Functioning (of Total 755 Assessed Health Facilities)</td>
<td>375 (50%)</td>
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CUMULATIVE CONSULTATIONS

- 4.9 million Consultations****
- 1490 Referrals
- 320,898 Consultations through hard to reach teams

EPIDEMIOLOGICAL WEEK 2018
EARLY WARNING & ALERT RESPONSE

- 270 EWARS Sentinel Sites
- 197 Reporting Sentinel Sites
- 274 Total Alerts Raised****

SECTOR FUNDING, HRP 2019

- HRP 2019 Requirements $73.7M
- Funded $7.3 M (9.9%)
- Unmet Requirements $66.3 M

* 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 1-186
*****The number of alerts change from week to week.
**Situation updates**

As the crisis in northeast Nigeria enters its 10 year, the operational environment continues to be complex, challenging, and is dominated by insecurity and a heavily militarized context. While there has been significant system-wide scale up of the operation in the last three years, the response requires more sustained attention. 2019 has seen a dramatic increase in IDP movement due to insecurity, an inability of the humanitarian community to respond to the emerging huge needs of the displaced population in different areas and IDPs camps. The humanitarian community is struggling to meet the needs of people in the various hotspots in Borno State, with systems in place no longer applicable to the magnitude of the needs and gaps.

**Damboa:** The population of Damboa is 149,082. More than half of the population is internally displaced and nearly all need humanitarian assistance. Damboa witnessed a significant displacement upsurge between late May and early June, following the relocation of people from Sabon Gari town. The number of internally displaced people prior to the new displacements was 96,747 IDPs (DTM round 26, January 2019) with some 20,788 people living in camps and the rest residing with the host community. Between 21 May and 6 June 2019, the town received some 10,362 new arrivals from Sabon Gari. These new arrivals were absorbed in the camps, increasing the camp population by 50 percent in just over two weeks and overstretched the humanitarian assistance and resources available. Following rapid assessments to Damboa in mid-June to assess the humanitarian impact of the mass displacements, partners identified key urgent needs including:

- Longer term shelter solution – e.g. non-communal shelters for around 12,000 IDPs;
- Latrine construction to meet sphere standard of 1:20;
- Water gap of around 110,000 liters/day (if 3,500 in the case of more new arrivals by end of June);
- Protection partners to bolster protection measures and prioritize child protection.

Humanitarian organisations have limited access to areas outside Damboa town. They carry out most of their operations wards outside Damboa town: Damboa Central, Nzuda, Gumsuri and Azir Multe wards. Due to insecurity, farming activities can only be carried out within a two-kilometer radius outside the town, and cropping is restricted to small, vinyl plants that grow close to the ground, like legumes. Humanitarian personnel and cargo traveling by road require an armed escort.

**Health:** The Damboa General Hospital which was rehabilitated by UNDP in 2015, requires re-equipping. Of the six functional health facilities, three are in IDP camps: one Primary Healthcare Centre (PHC), and two health posts/clinics. Partners have supported 250 people with psychosocial and mental health care. However, health partners need additional human resources capacity to fill critical gaps to maintain these services and to avoid any disruption in service delivery. 463 children at the reception centres in Damboa have been vaccinated for RI antigens. Between 7 and 10 June 2019, 13 measles-related deaths were reported in the IDP for the week of 10 June 2019, high cases of diarrhea were recorded. 50 percent of medical consultations showed cases of respiratory tract infections, 30 percent malaria, and measles and 20 percent diarrhea cases. No suspected cases of cholera have been reported.

**Cholera outbreak/Adamawa state:** on 17 June the Adamawa State government has officially declared outbreak of cholera in 3 LGAs namely Yola North, Yola South and Girei. The total number of cases reported as at 17th June, 2019 stands at 76 cases with 1 death (CFR=1.32%). Yola North has 44 cases with 1 death (CFR= 2.27%); Girei has 31 cases with 0 deaths (CFR=0%) and Yola South has 1 new case which turned out to be culture positive and PCR confirmed the classical O1 Sero-type. So far 6 samples have grown vibrio from all the affected LGAs. The local coordination forum situated at the Yola North secretariat for the 3 LGAs (Yola South, Yola North & Girei) is ongoing. Advocacy visits to all affected wards in Girei and Yola North are ongoing and community health workers and informants are actively engaged in affected
communities for timely case dections and community awareness. Organizations currently supporting the response are WHO, UNICEF, Yola North & Girei PHC, SMOH, ADPHCDA. The World Health Organisation (WHO) has trained 30 community informants on “early detection and reporting” of cholera outbreaks in Adamawa State. The initiative targeted Yola North, Yola South; and Girei councils that were hit by cholera on June 17, this year with one death from 76 cases. Early detection and reporting of cases are essential for the effective containment of cholera outbreaks and overall control of transmission. Health partners assisting state government by coordinating house-to-house case search for suspected cases of cholera.

Cholera preparedness/Borno: Key preparedness activities are ongoing as part of the health sector preparedness actions to mitigate risk of any potential outbreak including prepositioning of kits, cary-blair, cholera RDT and other supplies in key hotspot locations. Training of LGA Laboratory personnel on sample collection, packaging and transportation have been completed. In all high risk communities sensitization and awareness activities are ongoing. Training of volunteers on community surveillance and case detection are ongoing for more rapid follow up of suspected cholera/AWD cases. Support, train and supervise clinicians on immediate reporting of all suspected cases at the HF and LGA level. Conducted capacity development for health workers and on the job supervision of their daily operations as the need arises. Immediately perform RDT for all suspected cases and samples should be collected in Cary Blair and sent to the lab for confirmation. Public should be enlightened through media and other sources on potential sources of this outbreak and on common symptoms for early reporting in order to reduce mortality.

Malaria season: WHO recommends the intermittent administration of full treatment courses of an oral antimalarial medicine to children in areas with high transmission rates during the malaria season. Even though malaria control in Borno State remains a public health challenge, there are suboptimal availability and use of prevention and treatment interventions, such as insecticide-treated bed nets and accessibility to health facilities for diagnosis and treatment using quality-assured artemisinin-based combination drug therapy. WHO estimates that more than half of the recorded deaths in Borno State in 2018 were due to malaria combined with malnutrition – more than all other causes of death combined, including cholera, measles and hepatitis E. Seasonal malaria chemoprevention targets the protection of young children from malaria infection. A recent impact survey by WHO showed promising results on malaria morbidity and mortality in the state. Based on the incidence of malaria in children aged 3–59 months in 20 randomly selected clusters (using National Immunization Programme sample in 16 local government areas of Borno, the findings indicated fewer cases of malaria among children who participated in the seasonal malaria chemoprevention campaign, compared with children who did not receive the treatment. The survey findings also showed that children living in areas where the campaign did not take place are at higher risk of malaria infection (at 16%), compared with children who received the treatment (at 5%).
Information Management Products:
In line with HRP, PiN and target people for the year 2019 sector have achieved some milestones across LGAs, kindly find below some of the information products and health sector dashboard:
**Early Warning Alert and Response System (EWARS)**

- **Number of reporting sites in week 25**: A total of 197 out of 270 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 71% (target 80%).

- **Total number of consultations in week 25**: Total consultations were 30,962 marking a 12% decrease in comparison to the previous week (n=35,749).

- **Leading cause of morbidity and mortality in week 25**: Malaria (suspected n= 6,321; confirmed n= 4,387) was the leading cause of morbidity reported through EWARS, accounting for 31% of reported cases while Severe Acute Malnutrition (n= 5) was the leading cause of mortality reported through EWARS, accounting for 27% of reported deaths.

- **Number of alerts in week 25**: Seventy-Nine (79) indicator-based alerts were generated with 89% of them verified.

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**Morbidity Patterns**

- **Malaria**: In Epi week 25, 4,387 cases of confirmed malaria were reported through EWARS. Of the reported cases, 335 were from General Hospital in Biu, 181 were from Shuwari Host community clinic in Damboa, 180 were from Briyel MCH in Bayo, 129 were from Uba General Hospital in Askira-Uba and 120 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga. 2 confirmed malaria associated deaths were reported from Yawi Dispensary, Biu.
- **Acute respiratory infection:** In Epi week 25, 5,395 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 454 were from PUI Mobile clinics in MMC, 348 were from Herwa Peace PHC in MMC, 292 were from Ngaranam PHC in MMC. No associated death was reported.

- **Suspected Measles:** Two hundred and Six (206) suspected measles cases were reported through EWARS in week 25. Of the reported cases, 82 were from Gwange PHC in MMC, 13 were from PUI Mobile Clinics in MMC, 10 cases each from Damasak MCH in Mobbar and Muna Garage IDP camp clinic A in Jere and 6 were from Herwa Peace PHC in MMC. No associated death was reported.
**Suspected Yellow Fever:** Two (2) suspected yellow fever cases were reported through EWARS in week 25 from Malakyariri MCH (1) in Mafa and Gajiram FSP (1) in Nganzai. Six additional cases were reported through IDSR* from Askira-Uba (1), Damboa (1), Gubio (2), Bayo (1) and Mafa (1) LGAs, making a total of 8 cases. No associated death was reported.

**Suspected Meningitis:** 4 suspected cases of Acute Bacterial Meningitis (Not CSM) were reported in week 25 from UMTH in Jere. No associated death was reported.

**Suspected VHF:** No suspected viral haemorrhagic fever case reported in week 25.

**Suspected cholera:** No suspected cholera case reported in week 25.

**Malnutrition:** 1,420 cases of severe acute malnutrition were reported through EWARS in week 25. Of the reported cases, 159 were from FHI360 clinic Banki in Bama and 53 cases each were reported from Gamboru C MCH Clinic in Ngala and Kurbagayi MCH in Kwaya-Kusar. Five associated deaths from severe acute malnutrition were reported in UMTH (2) in Jere, Gumsuri Clinic (2) in Damboa and General Hospital Magumeri (1) in Magumeri.

**Neonatal death:** One neonatal death was reported in week 25 through EWARS from UMTH in Jere.

**Maternal death:** No maternal death was reported in week 25.

*IDSR - Integrated Disease Surveillance and Response*

**Health Sector Actions**

ACF continued in providing humanitarian response in the Northeast Nigeria (Borno and Yobe states) in the month of June 2019.

- **Support to Sexual reproductive health:** 4,279 women (3,405 received ANC and 874 PNC services) across Borno and Yobe states in June 2019.
- **Outpatient consultation:** 36,859 (Male - 17,717, Female - 19,142) out of which 16,010 are children U5 and 20,849 above five years old.
- **Community Health:** Through mother to mother support group sessions and community sensitization and mobilization activities of the CHMs (community Health Mobilizers)/CVs a total of 24,266 people (906 M, 23,360 F) were reached with messages on 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 clinics.
- **Support to Routine Immunization:** AAH continued to provide immunization services in the month of June a total 6,827 (Male 3,352, Female 3,475) children and adults where immunized based on BCG, OPV, PENTA, PCV, IPV as well as TT vaccines etc.
- **Capacity building:** in June; various capacity-building sessions were conducted for various categories of LGA / state and community stakeholders, health facilities workers as well as the Government staffs providing supervisory support role at the supported clinics. 66 Health Workers (Male-35, Female-31), in MMC, Jere, Konduga, and Magumeri LGAs received training on Routine Immunization – 179 (Male 81, Female 98), Government seconded staffs where trained on humanitarian principles, protection and code of conduct in humanitarian service delivery and 35 (M 22, F 13) where trained on managerial level IYCF. 34 (Male – 21, Female -13) Health workers where trained on Integrated Management of Maternal, Neonatal and Childhood Illness.
- **106 (M 41, F 65)** Health Mobilizers where trained on health education, Referrals of patients and promoting key health messages in communities across Nganzai, Monguno, Magumeri, Jere and MMC.

IRC has been a key partner to the governments of Borno, Adamawa and Yobe states and through fund from SIDA, EU, OFDA 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, CCSA and STI treatment services. Across the three of state of Borno, Yobe and Adamawa with support from donors, the IRC health team at the mobile clinic and supported Health facilities conducted a total of 28,408 (9,650M 18,758 F) consultation on communicable and non-communicable diseases, these includes 11,074 (5,656 M 5,418F) children under five. The reproductive health programs during the same period reached 5,300 client, of which 4,979 were women and girls. 883 women and young girls were recipient of new Family planning methods while 636 safe birth deliveries were conducted at the IRC supported facilities. Health education, community sensitization and mobilization activities aimed at effecting behavioral change and promoting healthful lifestyle were conducted with 24,069 (9,641 M 14,428 F) reached. Various capacity building sessions were conducted for health facilities workers as well as the IRC staffs providing supervisory support role at the supported clinics. In Maiduguri Borno state with OFDA support 60 (20M, 40F) received refresher training on Adolescence Sexual Reproductive Health (ASRH) and VCAT. 12 Community Health Volunteers (CHV) also received refresher training on community mobilization and health education. Through SIDA support 12 CHVs (3 M, 9F) received training on Integrated Health programing and protection mainstreaming.

CARE continues to support with Sexual and Reproductive Health activities in the Northeast with fund from NHF. Five (5) project staffs recruitment in progress. Procurement of medicines and equipment to support the conduct of mobile outreach activities for the NHF funded project in Ngala LGA is in progress and will be completed in the next two weeks. Plans are underway to commence outreach activities as soon as the supplies have been delivered.

INTERNOS 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. INTERNOS also carrying out 4 mobile clinics in Magumeri, 2 in Dikwa and planning to start 2 in Bama GSSS Camp to cover the whole camp accordingly. INTERNOS has withdrawn its health activities from Magumeri MCH.

For outpatient services, a total number of 16,560 persons were seen in INTERNOS supported facilities (M 7,158 and F 9,402) of which U5 is 7,788 (47%). As always, Acute Respiratory Infection (with a total of number of 3,268 cases) remains the highest cause of morbidity followed by Malaria (with 1,079 cases). All INTERNOS sites experienced an increase in the number of consultations compared to the month of May. 43 patients were admitted in the General Hospital of Magumeri, 28 being SAM cases with complications, 2 complicated obstetrical. 0 death was recorded during the reporting month.

For sexual and reproductive health, the total ANC attendees for the month is 2,813 with 1429 accounting for 1st visit and re-visit 1,384 of the total SRH. INTERNOS is supporting referral of under five children requiring secondary care from Bama to Maiduguri, in the reporting month 21 patients were referred, 17 among them being complicated cases of malnutrition.

UNICEF continues to support the SMoH with integrated PHC services. A total of 188,713 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, 87,623 (46.43%) were under 5years reached with PHC services. A total of 98,948 OPD consultations were reported, with by “Malaria” (20,477): being the major cause of morbidity followed by ARI (20,412) AWD (9,116); measles (1,084) BD (872); and “Other medical conditions” (39,948). For prevention services, 57,778 children and pregnant women were reached with various antigens (including 4,117 children vaccinated against measles under RI Services). A total of 13,412 Vitamin A supplementation capsules and 16,367 Albendazole tablets for deworming were distributed and 15,423 ANC visits; 2,192 skilled deliveries and 3,189 postnatal visits were recorded during the reporting period.
UNICEF-Adamawa has provided technical and logistic support through the Primary health care agency for the State Health MDAs and Partners meeting to review progress and update of activities of Health plans on development and Humanitarian intervention and continues to deliver services to the IDP camps and Host Communities. A total of 6,954 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 – 3,912 (Under 5 years: 2,186 and Other age: 1,726) consultations were reported, with malaria – 1,004 (Others: 567 and Under 5 years: 437) being the major cause of morbidity; ARI 1,328 (Others: 675 and Under 5 years 653); AWD – 370 (Others: 206 and Under 5 years 164); other medical conditions – 1,210 (Other age group: 828 and Under 5 years: 382). A total of 3,042 prevention services were recorded, out of which 275 children 6months-15 years vaccinated against measles, 1,546 children and pregnant women were reached with various other antigens; Vitamin A supplementation – 460 Children given Albendazole tablets for deworming – 471 and ANC visits – 268, in Adamawa State. A total of 11 deliveries and 11 postnatal visits were recorded during the reporting period. UNICEF provided supply of 3 NHKs to support service delivery especially by CORPS and facilities during the repeated attacks on communities at Madagali LGA. This is to provide treatment for the affected persons through integrated PHC service delivery, in the LGA where communities were left under great fear as a result of recurrent attacks by suspected Boko Haram insurgents. Technical and logistics support for training of 400 ward supervisors, 63 LGA supervisors and 3 state zonal supervisors for ICCM CORPS in 1,875 hard to reach and return communities across the state and reached 19,825 Under 5 Children. The refresher training of, 400 ward supervisors, 63 LGA supervisors and 3 zonal supervisors on ICCM with emphasis on supervision using updated ODK platform considering RAS for pre-referral treatment of severe malaria across the state has been completed.

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

- IOM mental health and psychosocial mobile teams and MHPSS safe spaces/resource centers continue to provide direct mental health and psychosocial support services to the affected population across field locations in Borno, Adamawa and Yobe States. A total of 55,783 beneficiaries were reached through various MHPSS activities within the month of June 2019. New beneficiaries reached within the reporting month were 13,318 individuals.

- MHPSS services and activities offered by the PSS mobile teams to the affected population 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 are responding to the influx of IDPs/new arrivals in several displacement sites across field locations. MHPSS mobile teams are providing PFA, referrals for specialized and other services, informal education, psychoeducation to the care givers, and sensitization on GBV and CT among other MHPSS services and activities. Total of 1,057 newly arrived displaced populations arrived in several locations and 1,027 benefitted from the MHPSS services and activities.
**Mental Health Referral for Specialized Mental Health Care:** 301 specialized mental health referral sessions were offered to beneficiaries referred for specialized mental health services in Adamawa and Borno States. IOM facilitates referral of persons suffering from mental health challenges 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, six psychiatric nurses were deployed on rotational basis to Bama, Banki, Dikwa, Gwoza, Monguno and Ngala to offer the services.

**MHPSS Coordination- MHPSS sub-Working group:** The MHPSS SWG coordination meeting was conducted on Tuesday, 11th June 2019, at the Conference Hall of PHEOC - Eye Hospital, with a high number engagement from the MHPSS partners, a total of 41 participants from various organizations/agencies attended the coordination meeting. The meeting was chaired by the Director of Medical Emergency Response and Humanitarian Sector, SMoH. The MHPSS SWG Coordinator had participated in the ad-hoc meeting for exit strategy and appropriate hand-over of mental health patients in Monguno from MSF Spain to the relevant stakeholders. The Medical Director of FNPH chaired the meeting and it was attended by FNPH staff, IOM, MSF and WHO. The MHPSS SWG Coordinator had participated in the GBV Standard Operating Protocols (SOPs) Consultation Workshop and provided inputs on the sector specific discussions on standards of practice/protocols of the MHPSS sector.

In relation to capacity building, IOM, through the MHPSS SWG, facilitated a one-day Psychological First Aid (PFA) refresher training for field staff based in Damboa. The training was organized as a response to the current influx of new arrivals in Damboa, and to accommodate adequate number of field staff from various partners with humane, supportive and practical assistance skill to support the new arrivals with immediate needs.

IOM, through the MHPSS SWG, facilitated a one-day trainings on Psychological First Aid (PFA) on the 18th and 19th of June 2019. The trainings were organized in specific for the field staff at the Stadium camp and NYSC camp in response to the current influx of new arrivals in the two sites.

The MHPSS SWG Coordinator had facilitated a session during the Multi-Sector Needs Assessment (MSNA) training organised by REACH. The session is specified on the importance of equipping partners’ enumerators and field officers on the understanding of MHPSS responses, good practices on how to approach conflict affected households, manage the expectations and how to ask sensitive related-questions.

**JHF** is implementing 2 projects in Adamawa State. These are:
- The Nomads TB REACH Wave 6 Scale up Project
- The IDP Wave 5 Scale up Project

**IDP WAVE 5 SCALE-UP Project:**
4,871 IDPs were verbally screened in camps and host communities, 438 presumptive TB cases were detected out of which 383 were tested by Xpert. A total of 35 all forms of TB cases were detected. A total of 383 presumptive TB cases had HCT out of which 4 were found to be HIV+. These were linked to ART sites for Treatment, care and support. All TB cases detected were enrolled on treatment in the 4 LGAs.

**NOMADS TB REACH WAVE 6 SCALE-UP Project:**
15,150 persons were verbally screened across 17 LGAs of Adamawa State, 1,432 presumptive TB cases were detected out of which 1,279 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 86 All Forms of TB cases were detected and enrolled on TB treatment. Of the 1,432 presumptive TB cases detected, 1278 had HCT out of which 6 were found to be HIV+ and were linked to ART sites for Treatment, care and support.
JHF also hosted the head of Grants and Innovations from the STOP TB Partnership in Geneva and Dr. Robert Stevens, an independent monitoring and evaluation consultant for TB REACH. While in the State, they paid advocacy visit to the Ubandoma Girei, who represents HRH the Lamido Fonbina on Health and related matters. They also visited the Malkohi IDP Camp, host community and some TB service delivery points.

AGUF conducted sensitization campaign on cholera awareness in Yola North and Yola South LGA within 4 communities: luggere, Doubeli, Kasuwana Katak and Sangere Bode IDPs and Host Communities. In Guyuk AGUF conducted awareness sessions on cholera in 3 communities Kola Boshikiri and Banjiram. Four survivors were referred to AGUF and we facilitated their referral to hope center at the specialist hospital for proper examination and treatment age 1year. The perpetrator was handed over to Police CID for persecution.

WHO – Adamawa has carried out cholera sensitization and conducted a cholera preparedness and response meeting in the Health Sector Working Group in Yola and Mubi operational coordination. A total of 75 health sector partners participated in the two locations. Support for the cholera treatment center in the State Specialist Hospital Yola. Following the declaration of the cholera outbreak in Adamawa State affecting 3 LGAs, WHO has been supporting the State Ministry of Health (SMOH) to support the response including the setting up of the CTC. WHO has been supporting with the following activities;

- Logistics supplies; Over 30 items have been given to the center by WHO
- 13 personnel were engaged by WHO to support the response within the CTC
- Ambulance fuelling and logistics support for the drivers
- Fuelling of the generator within the CTC
- Restoration of power supply to the CTC and water to the building
- Provision of IPC materials to the CTC
- Training of CTC Staff on case management

Surveillance activities: 30 active search individuals have been trained and deployed to the 3 affected LGAs 21 laboratory focal persons have been trained by WHO on sample collection, shipment and RDT testing for cholera. WHO has trained 70 health sector partners on information management in Yola and the Mubi operational field coordination platform on database management, data validation and verification, map production for decision making and health sector IM reporting products.

ICCM: 3,337 children were treated for malaria, diarrhea and Pneumonia by 93/123 CoRPs in 14 LGAs of the state. 2565 of the children were screened for malnutrition using MUAC. 14 (0.6%) of the children screened had MAM and were counseled on proper nutrition, while 3 (0.1%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR: 27,706 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 8,831 persons with minor ailments and dewormed a total of 9268 children during the month. Pregnant women were provided FANC services with 2038 of them receiving Iron folate to boost their hemoglobin concentration while 1388 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

Nutrition updates

CMAM Activity
In the month of June, IRC Nutrition activity within the program CMAM site was a success across the four supported LGA of Adamawa state. During the reporting period. 17, 967 (8,479M, 9,488F) under 5 children were screened with 256 (117M, 139F) identified as SAM cases and 918 (374M and 447F) identified as MAM cases whom caregivers received nutrition education and participated in the community cooking
demonstration sessions. For the program exit, a total discharges recorded were 210 (103M, 107F), with 185 (95M, 90F) as cured, 18 (9M, 9F) as defaulters and 7 (3M, 4F) as death. Currently in the OTP program sites, 661 (332M, 329F) SAM children are on admission receiving treatment. For Stabilization centers, 19 (13M, 6F) U5 SAM with complications were admitted with a total exit of 18 (13M, 5F), among which 4 (3M, 1F) were cured and 14 (10M, 4F) transferred out to OTP with 1M death. General performance for the month were 88.1% cured rate, 8.6% default rate and 3.3% death rate.

IYCF Activity
Awareness raising sessions and sensitization in the program community were successfully conducted. IYCF approach on various topics which include Breastfeeding on good attachment, frequency of breastfeeding, how to position the baby and the general posture of the mother while breastfeeding as well as importance of breastfeeding to both the child and the mother were discuss. Also the dangers of mixed feeding and how it exposes the infant and makes them vulnerable to diseases was discussed. The total beneficiary reach for the month were 6,282 community people from the activity sessions with 2,798 Lactating mothers, 1,652 pregnant mothers, 736 Adolescents girls, 514 Old women and 582 Men.

WHO-Nutrition: 18,546 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 186 (1.0%) children had MAM and their caregivers were counseled on proper nutrition, while 110 (0.6%) 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

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