During March, a total of 437,515 children aged 6 months to 9 years were vaccinated against measles, as part of a reactive measles vaccination campaign that reached across five LGAs across Borno State (MMC, Jere, Konduga, Monguno and Bama). This resulted in a 105 per cent coverage among internally displaced people and an 88.3 per cent coverage among the host population.

Efforts are ongoing to strengthen the weak referral system from primary to secondary health care. The Health sector has secured urgent funds from the Nigeria Humanitarian Fund for partners to enhance referral coverage in MMC, Jere and Monguno LGAs of Borno State. Health services are available in camps for internally displaced people which are hosting new arrivals but need additional resources from donors to maintain health services and prevent further deterioration of the health situation of camp populations. Partners are using existing resources from the regular emergency operations to fill immediate gaps in the response.

The Health sector is continuing to advocate for the immediate decongestion of camps to mitigate public health risks and disease transmission. Health sector partners are negotiating with the Borno State Ministry of Health to deploy ambulances and additional human resources to strengthen referral pathways in IDP camps to secondary health care centres in the surrounding areas in Maiduguri and Monguno.

A deteriorating security situation in hard-to-reach areas, in particular in Borno State, is posing significant challenges to the movement of health workers engaged in community outreach services like vaccination campaigns, delivery of medicines and supplies, disease surveillance, risk communication, and response to malaria and other diseases.

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**HIGHLIGHTS**

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Situation update

Measles outbreak:
Transmission of measles has increased exponentially starting epi week 1 of 2019, triggered partly by the new arrivals of unimmunized children under 15 from in-secure areas where many of these children are believed to be non-immunized and had no contact with the health system for some time.
Between epi week 1 and epi week 12, a total of 7,107 cumulative cases of suspected measles have been reported by EWARS constituting more than 95% of suspected cases reported from week 40 2018 to week 12 2019. Cases have been so far reported in 22 LGAs with 5 LGAs most-affected and in 28 IDP camps across the state. Between week 1 and week 12, there were 19 suspected measles deaths according to IDSR (CFR: 0.3%). Out of 178 blood samples tested, 124 tested positive for measles IgM (70%). Among the LGAs worst-affected are: MMC, Jere, Bama and Konduga. While MMC has the highest number of cases in terms of absolute numbers, Bama has the highest attack rate (attack rate takes into consideration the population at risk).

Drivers of the measles of outbreak in Borno state
- High level of unimmunized children from security-compromised areas
- Low coverage of routine measles immunization
- Overcrowding in some of the IDP camps which facilitates measles transmission

Although severe acute malnutrition (SAM) is not a driver for the outbreak in itself (the reverse is true). However, an important interplay exists between the measles outbreak and the high burden of SAM including SAM with medical complications, as acute malnutrition increases both the likelihood of developing measles complications and the odds of mortality from measles.

Strengthening surveillance: The state Ministry of health and WHO have intensified their surveillance efforts across the state including in IDP camps in order to promptly investigate alerts, verify cases, update line-lists and conduct active case search

Limited reactive measles vaccination campaign: A limited reactive measles vaccination campaign has been conducted between 7th and 14th Feb. 2019 targeting children 6m-59 months in 15 IDP camp and their host communities in 5 LGAs: Maiduguri, Jere, Bama, Konduga and Monguno. A total of 110,832 children U5 have been vaccinated including 13,973 children from IDP camps and 96,873 from host communities.

Strengthening Case management of measles: State-and NGO-operated PHC health facilities in affected areas continued to provide case management for children with measles. However, with the increase of measles caseload across the affected LGAs, health facilities in some areas are struggling to cope and are being overwhelmed by the number of cases presenting to the facilities and the number of cases needing inpatient admission or referral to hospitals because of complications.

The SMoH has designated 3 hospitals for referral of complicated measles cases: State Specialist Hospital, Umaru Shehu hospital and Maman Shuwa Hospital. However, State Specialist hospital has its infectious ward overflowing with measles cases and started rejecting patients while Umaru Shehu receives an average of 45 cases of measles with complications daily. Most complications seen are pneumonia, malnutrition and whooping cough.

In light of challenges with case management and in light of a continuing upward epidemic curve, a measles case management group has been formed, within the health sector to coordinate and pool resources into case management. The group will consider deploying temporary measles wards in State Specialist and Bama hospitals in addition to providing drugs to referral hospitals and disseminating case definition and treatment guidelines to service providers emphasizing early detection and treatment to avoid complications while assessing the need for training. Partners have advocated with the SMoH to mobilize its health workers at PHC facilities to strengthen case management of measles.
Measles surveillance and response is being coordinated by the health sector group and by the EPI/Polio EOC led by the state and co-led by WHO. So far, level of coordination between partners is excellent and joint planning and action have been carried out in coordination with all partners involved.

Key challenges:
- Discrepancy, especially in number of deaths reported through IDSR and EWARS (IDSR includes death in community and not only in health facilities)
- Risk communication is lagging behind surveillance activities
- Overwhelmed PHC facilities and some referral hospitals
- High number of cases needing inpatient treatment and/or referral
- Bama LGA has a high number of cases and no referral hospitals.
- Referral is problematic in security-compromised areas lacking capacity
- Maintain strong surveillance, alert verification and response mechanisms
- Adequate case management to treat symptoms of measles and to prevent complications.
- Strengthening routine immunization
- Vaccine availability (vaccine shortage in phase 1 for mop-up campaign and availability for phase 2)
- Access of vaccination teams to security compromised areas (most likely to be encountered in phase 2)

Vaccination:
Cholera vaccination (OCV) Campaign was conducted in 4 LGAs (Jere, Bama, Maiduguri and Ngala) from 1st – 8th March, 2019. About 1,314,281 people were vaccinated in 4 LGAs. Measles, thirteen (13) LGAs are targeted in the ongoing Measles reactive vaccination campaign. The activity is being done in phases. Phase 1 involved Maiduguri, Monguno, Bama, Mafa and Konduga while Phase 2 would involve selected wards in Jere, Bama, Biu, Damboa, Gubio, Gwoza, Konduga, Mafa, Magumeri, Mobbar, Monguno and Ngala LGAs. The phase-1 measles vaccination campaign was conducted in 8 wards in MMC. A total of 415,268 children aged 6 months to 9 years were targeted and 437,515 children vaccinated (administrative coverage 105.5%). WHO support (both EPI and WHE) included situation analysis, funding, surveillance, macro and micro-planning, operational support, supervision, monitoring, training and coordination.

ADHS training:
WHO supported the Analyzing Disrupted Health Systems (ADHS) training which was held in Lagos state. It was a 2-week intensive training on the impact of protracted conflict on the health systems. It also looked at how the negative impact of the conflict can be reduced through bringing both the humanitarian and development partners together to have joint planning, joint analysis, joint implementation towards collective outcome which is the principle of the Humanitarian Development Nexus. Participants were drawn from FMoH, NPHCDA, Borno SMoH, Yobe SMoH, Adamawa SMoH and WHO WCO, Borno, Yobe and Adamawa and the facilitators were drawn from WHO HQ, WCO, Maiduguri, KIT-Amsterdam.
Early Warning Alert and Response System (EWARS)

- **Number of reporting sites in week 12**: A total of 212 out of 260 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 80% (target 80%)

- **Total number of consultations in week 12**: Total consultations were 41,896 marking a 7% decrease in comparison to the previous week (n=45,173)

- **Leading cause of morbidity and mortality in week 12**: Malaria (suspected n= 7,543; confirmed n= 3,829) was the leading cause of morbidity reported through EWARS, accounting for 30% of reported cases. Measles (1) and bloody diarrhea (1) accounted for 22% of reported deaths.

- **Number of alerts in week 12**: Seventy-seven (77) indicator-based alerts were generated with 88% of them verified.

**Morbidity Patterns**

- **Malaria**: In Epi week 12, 3,829 cases of confirmed malaria were reported through EWARS. Of the reported cases, 181 were from Shuwari Host community clinic in Damboa, 157 were from General Hospital in Biu, 136 were from Banki Health clinic in Bama, and 120 each were from Shani General Hospital in Shani and GSSSS IDP camp clinic in Bama. No associated death was reported.
• **Acute respiratory infection:** In Epi week 12, 7,338 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 1084 were from Herwa Peace PHC and PUI mobile clinics in MMC, 202 were from Damasak MCH in Mobbar, 177 were from Madinatu IDP camp clinic, 160 were from Shuwari Host community IDP camp clinic, 146 were from Monguno FSP in Monguno, and 142 were from UNICEF WaterBoard IDP camp clinic in Monguno. No associated death was reported.

![Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016-12 2019](image)

• **Suspected Measles:** One thousand one hundred and eighty-eight (1,188) suspected measles cases were reported through EWARS in week 12. Of the reported cases, 464 were from Herwa Peace PHC and PUI mobile clinics in MMC, 212 were from Gwange PHC in MMC, 46 were from GSSSS IDP camp clinic in Bama, 43 were from State Specialist Hospital in MMC, 41 were from Mogcolis IDP camp clinic in MMC, 36 were from INTERSOS Health facility in Bama, 34 were from Gomari PHC in Jere, and 24 were from Njimtilo Health clinic in Konduga. One associated death was reported in Madamari MCH, Magumeri. Seventy-five additional cases were reported through IDSR* from Monguno (21), Konduga (10), Damboa (10), Mafa (8), Askira Uba (7), Gwoza (6), Kubio (4), Hawul (3), Dikwa (2), Bayo (2), Shani (1), and Biu (1) LGAs making a total of 1,263 suspected measles cases. Two additional deaths were reported from Askira Uba LGA through IDSR, making a total of 3 associated deaths.

![Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016-12 2019](image)

• **Suspected Yellow Fever:** Six suspected yellow fever cases were reported through EWARS in week 12 from Njimtilo Health clinic in Konduga (2), Gamadadi PHC (1), Jaradali clinic (1), Zara dispensary (1) in Bayo. Three additional cases were reported through IDSR* from Gwoza (2) and Maiduguri (1) LGAs, making a total of 9 suspected yellow fever cases. No associated death was reported.
- **Suspected Meningitis**: One suspected meningitis case reported in week 12 through EWARS from INTERSOS ISS IDP camp clinic in Ngala. One additional case was reported through IDSR* from Hawul LGA, making a total of 2 suspected meningitis cases.

- **Suspected VHF**: No suspected viral haemorrhagic fever case reported in week 12.

- **Suspected cholera**: No suspected cholera case reported in week 12.

- **Malnutrition**: 1,274 cases of severe acute malnutrition were reported through EWARS in week 12. Of the reported cases, 81 were from Kubodeno dispensary and 70 were from Herwa Peace PHC in MMC. No associated death was reported.

- **Neonatal death**: No neonatal death was reported in week 12 through EWARS.

- **Maternal death**: No maternal death was reported in week 12 through EWARS.

*IDSR - Integrated Disease Surveillance and Response*

### Health Sector Actions
IRC continue to play major role in the humanitarian response to the protracted armed conflict in the three most affected state of Borno, Adamawa and Yobe in the North East of Nigeria. In the month of March 2019 implementing integrated health, nutrition and reproductive health programs, a total of 25,669 (9,893 M, 15,776 F) beneficiaries, of which 10,367 (5,048M, 5,319 F) were children under five year were seen at the mobile clinics and IRC supported health facilities with fund from SIDA, EU, OFDA and GAC. With OFDA support to the Comprehensive Women Center (CWC), the reproductive health team reached 3,867 individuals, of which 3,658 were women and girls. Across the 3 states, health education, community sensitization and mobilization activities aimed at effecting behavioral change were conducted with 15,675 (5,073 M, 10,602F) reached.

In Adamawa with funding from GAC training of health workers on IPC 10 (M4,F6), BemoNC 10 (M0, F10) and CCSAS 10 (M3, F7) were conducted, as well as distribution of clean delivery kits and mama to supported health facilities. In Borno, the Reproductive Health sector have conducted 4 sessions of 3 days refresher training on PAC/MVA, Contraception and contraindication, and insertion of implantol to a total of 10 (10F, 0M) MOH frontline service providers at Dala PHC, and supply the facility with MVA kit and CCSAS register. With fund from EU support, essential drugs and hospital equipment were distributed to supported facilities, in Magumeri and konduga which include; electric suction machine, Adult weighing scale, baby weighing scale, Sphygmomanometer, glucometers, while in Gwoza HMIS tool was distributed to Limankara PHC and Gwoza MCH. In Yobe with OFDA support the following trainings were conducted to improve technical capacity of MOH staffs. Emergency Preparedness and Response for 25 (16: M 9: F) LGA rapid response team member, IMCI training for 20 (11: M 9: F), BeMOCH training for 20 (8: M 12: F), and training on drug and medical commodity management for 15 (11:M 4; F ) MoH staff.
INTERSOS scaled up its activity in the month of March with regards to her health programming in Magumeri, Bama, Dikwa and Ngala. The Stabilization Centre in Magumeri continue to provide 24/7 health services for SAM cases with complication, the services will be scaled up to MCH inpatient and General outpatient in the coming month. For outpatient services, total consultations for the month of March are 14,406 (M 5,934 and F 8,482) of which U5 is 5,842 (41%) this number is slightly higher than the number of U5 consultations seen in the previous month. Acute Respiratory Infection with a total of (3,086 cases) remains the highest cause of morbidity followed by Malaria as another leading cause of morbidity. Magumeri LGA however experienced a significant increase in the number of consultations. Malaria (1,532 cases) and Acute Respiratory Infection (3,086 cases) are the highest cause of morbidity in all INTERSOS health facilities. 1,550 patients were consulted for non-communicable diseases (NCDs).

For sexual and reproductive health, the total ANC attendees for the month is 1,646, with 606 accounting for 1st visit and re-visit 1,036 of the total SRH. There was also an increase in ANC attendance as a result of revisits compared to the previous month as INTERSOS continues Hygiene Kits containing mosquito nets distribution and Water Handling Kits distribution to Antenatal and Post-Natal Clinics attendants.

- ANC attendees in Bama clinic were 318, with 79 accounting for first visit, 239 re-visit, post-natal visit: 27 and 7 deliveries. This site witnessed over a 100% increase in ANC/PNC visits.
- ANC attendees in Ngala clinic were 696, with 269 accounting for first visit while 427 accounts for re-visit, PNC visits were 100 and 4 deliveries were recorded. Ngala experienced the highest number of ANC turnout across all INTERSOS facilities.
- ANC attendees in Dikwa clinic had 408 clients which 114 were first visit while 294 is revisit there were 101 PNC visits and 0 deliveries. There was a decrease in number of ANC attendees but about a 100% increase in number of PNC attendees.
- Magumeri had 224 ANC clients with 144 first visits while 76 revisits, 10 PNC visits and 9 deliveries. Magumeri MCH recorded the highest number of deliveries across all INTERSOS facilities.

INTERSOS facility in Ngala in collaboration with BoSERICC offers EPI services to 135 beneficiaries while a total of 220 were vaccinated in Bama. INTERSOS community health volunteers continue to support disease surveillance with the communities tracking births and death while strengthening referral systems.

UNICEF support the 1st phase on measles campaign with a total sum of NGN 24,807,760 (USD 68,672) for logistics and social mobilization activities, in addition to technical support. UNICEF is also, supporting the Borno State government with the training of health workers across various health facilities in the 13 identified hotspots LGAs on the clinical management of measles. So far, 20 health workers have been trained from 20 health facilities across the 13 LGAs. A total of 633,302 IDPs and host community members, (including 303,229 children under the age of five years) were reached with integrated PHC services in the IDP camps and host communities in Adamawa, Borno and Yobe States. During the reporting period, 97,861 Out Patient Department (OPD) consultations were recorded with ARI – 25,326 being the major cause of consultation, followed by malaria – 22,341; AWD – 8,892, measles in Borno State – 1,932, and other medical conditions – 39,370. A total of 529,487 prevention services were recorded out of which 442,565 children 6 months – 10 years were vaccinated against measles (children 6-59 months – 201,313 and 5 – 10 years 241,252). 35,669 children and pregnant women were reached with various other antigens; Vitamin A
capsules – 15,373, Albendazole tablets for deworming – 18,534 and ANC visits – 17,285 out of which were 61 women that received 1 LLIN each during ANC clinic in Adamawa State. A total of 2,977 deliveries and 2,977 postnatal/home visits were recorded during the reporting period.

**LESGO** has a mandate as a partner under the malaria project to conduct field visits to various location within Mubi North and South LGAs with 997 and 802 beneficiaries respectively.

**AGUF** were in Mbororoh and Tsukuma Tilijo in Michika LGA on the 18/03/2019 and 20/03/2019 respectively. AGUF conducted sensitization on the danger of acute viral hemorrhagic illness caused by Lassa virus which is transmitted to human through contact with food or items contaminated with (rats) rodent’s excreta. So the need for women to maintain good hygiene habit to keep rodents away from homes, 89 and 63 women were reached respectively.

**JHF** screened 4,456 IDPs verbally in camps and host communities, 496 presumptive TB cases were detected out of which 439 were tested by Xpert. A total of 39 all forms of TB cases were detected. A total of 439 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. 15,997 persons were verbally screened across 17 LGAs of Adamawa State, 1,493 presumptive TB cases were detected out of which 1,320 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 93 All Forms of TB cases were detected. 93 TB cases detected were enrolled on treatment at the nearest DOTS centres. Of the 1,493 presumptive TB cases detected, 1,320 had HCT out of which 2 were found to be HIV+. These were linked to ART sites for Treatment, care and support.

**HOHVIPAD** gave humanitarian support of ACT to 4,400 Displaced children and their caregivers in Six IDP camps (Malkohi Camp, fufure Camp, Numan Camp, Damare Camp, Dawere Camp and St. Theresa Camp) between 18/03/2019 to 20/03/2019. Funding support came from JLM Foundation and Zagaya USA. Advocacy visits were made to the Perm-Secretary, Ministry of Health, Mr Kennedy Stephen. The Ministry of Health supported the intervention by providing their logistics vehicle for the ACTs distribution.

**GZDI** carried out sensitization to Women and adolescent girls were sensitizied on Menstruation and Menstrual hygiene through interactive sessions in Vimtim and Betso communities - Mubi North LGA and Lamurde community - Mubi South LGA. Discussions held were on how to deal with menstrual challenges such as to be clean and healthy during menstrual period. During interactive session, some girls were able to voice out how their parents talk to them about menstrual hygiene while some parents do not. The girls mentioned their challenges of menstrual period to include use of folded cloth pieces, high cost of sanitary pads and limited access to have such, availability of water for washing and frequent washing of the cloth and detergent. 226 girls were reached in the mentioned locations of Vimtim, Betso and Lamorde.

**IOM** mental health and psychosocial mobile teams 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 58717 beneficiaries (comprising of 9396 boys, 9595 girls, 13114 men and 26612 women) were reached through various MHPSS activities within the month of March, 2019. Total new beneficiaries reached within the reporting month were 16922 individuals (comprising of 2076 boys, 2256 girls, 4392 men and 8198 women).

MHPSS activities offered to the affected population include but not limited to lay counselling, psychological first aid (PFA),
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 clients, health sensitization and livelihood follow ups/supervision. All these activities are rolled out in Borno, Adamawa, and Yobe States.

Response to the influx/new arrivals in Maiduguri and some locations in the NAAs: MHPSS teams are responding to the influx of IDPs/new arrivals in Monguno, Ngala, Banki, Pulka, Dikwa and camps in Maiduguri (Bakasi, Gubio, Mogcolis, Teachers Village, Madinatu, NYSC, Stadium and Dalori I). MHPSS teams are providing PFA, referrals, informal education, specialized services and psychoeducation to the care givers, and sensitization on GBV and CT and other PSS activities. Total of 687 newly arrived displaced populations were attended to through MHPSS activities mentioned above.

Mental Health Referral for Specialized Mental Health Care: 738 referral sessions (49 boys, 35 girls, 306 men and 348 women) were offered for specialized mental health services in Adamawa & Borno States. IOM facilitates referral of mental health clients to Federal Neuropsychiatric Hospital, 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 are deployed on rotational basis to Bama, Banki, Dikwa, Gwoza, Pulka, Monguno and Ngala to offer such services.

MHPSS Coordination- MHPSS sub-Working group:

- Organized and co-chaired the MHPSS SWG coordination meeting for March on Thursday, 28th March 2019, at the Conference Hall PHEOC - Eye Hospital, with a total of 35 participants from various organizations/agencies.
- Disseminated the MHPSS SWG Quarterly Update Q4 2018 through various networks including the IASC MHPSS Reference Group, MHPSS.net as well as the MHPSS SWG’s mailing list. The publication will also be shared through reliefweb, sector coordinators and IMOs’ of respective sectors to achieve greater audience.
- Co-Facilitated an awareness raising session on sexual exploitation and abuse (SEA) to a total of 99 staff from IOM humanitarian hub, security guards and police officers at the Red Roof Humanitarian Hub in Maiduguri. The activity was broken into two sessions for convenience and effective assimilation.
- Facilitated a knowledge sharing session with IOM PSS mobile team members on basic counselling and communication skills, with focus on principles and process, aims and confidentiality, culture sensitivity, counselling skills for children and effective communication in counselling

WHO – Mental Health Outreach Sessions: 50 Mental Health (MH) outreach sessions were conducted across 36 Health Facilities in 10 Local Government Areas of Borno state; out of which 1,648 patients were consuted (483 new patients; 1165 follow up, and 9 patients were referred to Federal Neuro-Psychiatric Hospital (FNPH) Maiduguri for...
further management). Three field visits were conducted to Farm Center Camp Clinic, Mala Kachalla Clinic and Gomari Clinic.

In an effort to strengthen the integration of community mental health care in Borno state, WHO in collaboration with SMOH, SPHCDA, and FNPH has supported the training of 48 PHC workers on mhGAP-IG.

**WHO – Adamawa** supported the training of 33 clinicians in General Hospital Mubi to build capacity for early detection, sample collection and referral of suspected Lassa Fever patients. 21 DSNOs trained on use of cholera rapid test kits. Each LGA was given 2 packs of the rapid test Kits that can test 20 stool samples. 40 Cary Blair culture medium was given to each LGA to help in collection and transportation of suspected cholera samples for culture. Suspected measles outbreaks reported and investigated in Ganye, Hong, Song and Yola North LGAs. 84 measles cases reported in March 2019 bringing the total number of suspected measles cases to 273.

**WHO – Yobe** are bridging gaps in Healthcare delivery for conflict-affected people. HTR teams are bridging these gaps by crossing difficult barriers to provide healthcare to the sick, vulnerable women and children, and men in remote and security-compromised communities. WHO HTR teams, in collaboration with SMOH and SPHCMB, are working in 16 out of 17 LGAs to provide life-saving care and refer critically ill and severely malnourished children to receive further care in town clinics and hospitals. HTR teams are being supported by WHO technical staff and Local Government Facilitators (LGFs), who are providing technical support; capacity building, supportive supervision and mentoring for the teams working in these areas. HTR teams are also being provided with adequate drugs, data tools and medical commodities to bring succor to people in remote communities. In March 2019, 35 WHO HTR teams in Yobe state have treated 45,218 clients for common ailments, vaccinated 63,491 children and screened 33,429 under-5 children for malnutrition. Up to 615 critically ill or malnourished other children were referred from remote areas to OTP sites or stabilization centers to receive further care. The teams have also dewormed 23,093 children, provided Vitamin A supplement to 22,040 and reached 27,753 young women with health promotion messages on key household practices and reproductive health.

There is also scaling up of HIV Testing Services (HTS) to prevent mother to child transmission of HIV. WHO is contributing to this progress by working with Yobe State Agency for the Control of AIDS (YOSACA), State Primary Health Care Management Board (SPHCMB) and partners to scale up HIV Testing Services (HTS), improve referral for HIV positive clients and strengthen care and treatment in designated centers. We have trained 70 members of HTR teams on HIV Counselling and Testing and provided them with Rapid Test Kits (RTKs), data tools to deliver HTS in remote and security-compromised areas, and refer positive clients to town clinics and hospitals. In March 2019, through WHO HTR teams, 1655 pregnant women were counselled, tested and issued results, and 011 who were found positive were referred to town hospitals and clinics to receive further care for PMTCT, and care and treatment for their own health.

25 health workers and partners were trained on inpatient management of severe acute malnutrition with medical complications in collaboration with HMB and SPHCMB. In remote and security-compromised communities, WHO is working innovatively to prevent severe malnutrition by providing micronutrient supplements, screening for malnutrition and referring moderate to severe cases to receive appropriate care. In March 2019, WHO HTR teams in Yobe state have dewormed 23,093 under-5 children, provided Vitamin A supplementation to 22,040 children, screened 33,429 children for malnutrition and referred 193 severe cases to receive care in OTP sites and Stabilization Centers.
WHO continues to donate Medicines and supplies to support Hard-To-Reach mobile health teams in Yobe State, this is to ensure uninterrupted healthcare delivery by hard-to-reach teams in remote and security-compromised areas. WHO has donated up to 25 Interagency Emergency Health Kits (IEHKs) to support operations and health services. The donated kits are expected to provide for the basic primary health care needs of up two hundred fifty (250) thousand people for 3 months in Yobe state.

**Health System Strengthening:** WHO is at early planning stages for technical support of SMoH with establishing and equipping a permanent VHF isolation center in Moali Hospital in MMC and potential support with MDR tuberculosis isolation center located in the same facility. WHO team has organized site visits and engaged in discussion with SMoH. A concept note will be produced and additional support from sector partners will be sought.

**PUI** has started reconstruction of OPD and OTP blocks in Herwa PHC, this is to create more rooms for various activities and provide a conducive environment for day to day activities. Installation of 33KVA power to the two PHCCs (Herwa and Ngarannam) has been completed. Now more stable power is been provided and dependence on the generator as the only source of power supply especially in Ngarannam is greatly reduced. Also, rehabilitation of waiting area and facility fence at Ngarannam PHC has commenced. Is also to provide space for triaging and proper fencing of the whole PHC in order to promote good security to the premises. Creation of extra rooms at outreach 3 health service site at Alhajeri Bulabulin has also commenced, this is also to create additional room and to improve the quality of consultations. There was also a procurement of medical equipment such as sphygmanometer, digital weighing scale, digital thermometer, and stethoscope which have been out of stock for a while was also procured. PUI has also received drugs from international order in which some of them are out of stock.

**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 despite the security challenge in some locations of Adamawa state. Within the reporting month of March. Anthropometric screening was conducted for under-five children with a total of 21,212 (10,602M, 10,610F) whom were reached. Among which 250(120M, 130F) were identified SAM cases and 1,007 (502M and 505F) as MAM. Routine nutrition education was provided to the MAM caregivers and they also participated in community feeding sensitization sessions. SAM beneficiary exit was carried out with a total of 182 (89M and 93F) children discharged from the program. 177 (88M and 89F) among them were exited as cured, 4 (1M and 3F) defaulting clients and 1 (F) death recorded. At the program clinics, a total of 756 (471 M, 485F) SAM children are on admission and receiving treatment. In the Stabilization centers, 18 New SAM with medical complication were admitted. For exit, 3 were discharged as cured, 0 death and 13 transfer to various OTPS after been stabilized for rehabilitation. performance for the month in the total clinic where 97.3% cured rate, 0.5% death rate and 2.2% default rate.

**IYCF**, IRC team conduct sensitization; community awareness raising sessions were conducted to community members with emphasis on breastfeeding related topics which include early initiation of breast Milk, good
hygiene practices, and benefit of exclusive breastfeeding to both the mother and child as well as complementary feeding practices. In total 4,280 community members benefited from the activity with 1,005 pregnant mothers, 1,612 lactating mothers, 773 old women, 317 young girls and 573 men reached. 58 mothers identified with breastfeeding difficulties, they were counselled in their respective communities.

WHO-Nutrition: Supervisory visits were made to the stabilization Centre located at the General Hospital in Konduga. This was established in January 2019 to relieve the patient burden on Maiduguri’s SCs especially during diarrheal disease and malaria peaks. Currently, it is a 12-bed capacity and receives referrals from the OTPs in Konduga town. The major challenge is low manpower and electricity. 7 patients were met on admission. There is also adherence to national guidelines. Hygiene and infection control are also good.

WHO was involved in a workshop to review the emergency nutrition response in northeast Nigeria through maximizing the Quality of Scaling Up Nutrition Plu MQSUN+ programme. At the end, key recommendations were made on improvement of the nutrition services especially increase in efforts of capacity building.

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


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

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