**HIGHLIGHTS**

- In Damboa LGA, overall the PHC services are running smoothly for the newly arrived displaced population however, health partners will need additional resources to fill critical gaps, maintain these services and to avoid any disruption in health services delivery. Reported cases of measles among the new arrivals is a worrying development given the present level of overcrowding in limited spaces they are staying, including outside open spaces.

- Displacement has direct adverse impact on health condition of population especially during an active measles outbreak in the region. As rainy season has already started another dangerous risk is cholera outbreak which can further exacerbate the situation especially in IDPs camps facing overcrowding and weak sanitation infrastructure. 80% of the displaced families are sleeping outside at GSS camp (Government Secondary School). This situation will impact the health of children, pregnant women, elderly and other vulnerable groups exposed to harsh weather conditions.

- 10,358 individuals arrived in Damboa within the period of 23 May - 06 June 2019. 10,358 individuals or 2,236 households register. 8,935 individuals are living outside shelter. Key health partners on ground are MdM, UNICEF, IMC, ICRC and WHO providing essential PHC services. Partners through the MHPSS working group are supporting psychosocial and mental health care. Six health facilities are functional- three IDP camp clinics, one PHC, two health posts/clinics. Close to 30,000 population was residing in Damoba town before new displacement.

---

**Northeast Nigeria Humanitarian Response**

<table>
<thead>
<tr>
<th>People in need of health care</th>
<th>Health Sector Partners (HRP &amp; NON-HRP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3 million</td>
<td>45 HEALTH SECTOR PARTNERS</td>
</tr>
</tbody>
</table>

**Health Facilities in Borno State**

- **Non- functioning (of total 755 assessed health facilities)**
  - 375 (50%)
  - 292 (39%)
  - 205 (27%)
  - 253 (34%)

**Cumulative Consultations**

- 4.9 million consults
- 1,490 referrals
- 299,670 consultations through hard to reach Teams

**Epidemiological Week 2018**

**Early Warning & Alert Response**

- 270 EWARS sentinel sites
- 213 reporting sentinel sites
- 274 total alerts raised

**Sector Funding, HRP 2019**

- HRP 2019 requirements $73.7 million
- Funded $7.3 million (9.9%)
- Unmet requirements $66.3 million

---

*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

Contingency planning for rainy season:
The Inter-Sector Working Group continued to develop and strongly advocate for resources for the Rainy Season Contingency Plan and new displacements as a result of ongoing military operations. The Health sector will aim to maintain uninterrupted essential health care services including disease surveillance and risk assessment for a timely response to outbreaks in areas affected by rainy season and new influx of populations. Priority preparedness and response activities include: pre-positioning of adequate health supplies and kits; immediate risk assessments in communities for the timely mitigation and response to outbreaks; vaccination/immunization of children under the age of 5 for major vaccine preventable diseases (VPDs); mental health and psycho-social support for conflict-affected persons. Vulnerable groups will be prioritized, including those who have chronic sicknesses, persons with disabilities, persons suffering from mental ailments, pregnant and lactating women, and persons with conflict-related injuries in the communities.

For this plan, the Health sector will focus response activities particularly in areas which were hotspots during the 2017 and 2018 cholera outbreaks across Borno and Yobe states. A robust disease surveillance and outbreak response mechanism will be needed to ensure the timely detection of cases and an adequate response. Mobile health teams will be critical for preparedness and response considering the context. Demand for medicines and health supplies will increase, and therefore pre-positioning is critical. It is important to note that the State Government and Health sector partners’ capacity to respond has been overstretched with recent increased needs and, during the rainy season, this will continue to be the case. Risk of malaria, cholera and other waterborne diseases will increase which will need adequate preparedness and readiness actions.

New displacements/Damboa situation:
On 21 May 2019, the Nigerian military commenced a relocation of civilian populations from Sabon Gari, a border community in Damboa LGA of Borno State to the Government Secondary School (GSS) and Unity camps for internally displaced persons (IDPs) in Damboa Town, located some 85 kilometers south-west of Maiduguri, the state capital, citing safety and security reasons. Of the total 3,767 people relocated on 21 May, 1,427 were moved to the Unity Camp after a military screening while 2,330 were taken to an open space at the GSS camp after a similar screening by the military.

The relocation of civilians from Sabon Gari by the military continued on 22 May with the movement of 2,809 individuals in two batches, while an additional 1,134 people were moved on 23 May bringing the total number to 7,710 people so far moved. 10,358 individuals arrived in Damboa within the period of 23 May - 06 June 2019. 10,358 individuals or 2,236 households register. 8,935 individuals are living outside shelter. Key health partners on ground are MdM, UNICEF, IMC, ICRC and WHO providing essential PHC services. Partners through the MHPSS working group are supporting psychosocial and mental health care. Six health facilities are functional - three IDP camp clinics, one PHC, two health posts/clinics. Close to 30,000 population was residing in Damoba town before new displacement. Overall the PHC services are running smoothly but will need additional resources to fill critical gaps and to maintain these services to avoid any disruption in health services delivery. Reported cases of measles among the new arrivals is a worrying development given the present level of overcrowding in limited spaces they are staying, including outside open spaces. Displacement has direct adverse impact on health condition of population especially during an active measles outbreak in Borno, Yobe and Adamawa states. As rainy season has already started another dangerous risk is cholera outbreak which can further exacerbate the situation especially in IDPs camps facing overcrowding and weak sanitation infrastructure.

Rann update:
TdH is about to start RH services in the location. Planning has been put in place and has been finalized. TdH is on ground in Rann for WASH activities. Some clean delivery Kits/Mama kits are available while agreement have been reached for more supplies. There will be training and monitoring of TBAs which will be recruited to attend to child birth in case there are no staff on ground. TdH will also be training some CHEWs so that the work can continue in Rann in the absence of staff. TdH will be working with TBAs and CHEWs as well on awareness creation on cholera prevention, risk mitigation and social mobilization UNICEF medical teams
has been going to Rann for the past weeks to support with general OPD and RI activities. Prepositioning of drugs and medical supplies is critical before the rainy season start and the road is cut off.

**Measles outbreak response:**
To respond to the ongoing measles outbreak in the Borno State, the second phase of the measles reactive vaccination campaign in 13 LGAs was conducted between 14 and 18 May 2019, with follow-up activities to took place on 19 and 20 May. Health Sector Partners were aiming to reach more than 800,000 children between the ages of six months and six years with immunizations. **Reactive measles vaccination campaign was undertaken to protect children aged 6 months to 9 years (Phase 1), while 6 months to 6 years (Phase 2) against the disease.** During the first phase, **437,515 children** were successfully vaccinated while **800,666 children** were vaccinated in the second phase.

**The OSLO Conference on GBV in emergencies:**
The conference brought together SGBV survivors and specialists, members of 167 national and 76 international civil society organizations, the International Red Cross and Red Crescent Movement, representatives from 100 nations, global leaders and regional and international organizations. It was agreed that strengthening SGBV prevention and response must be a humanitarian priority. Participants aimed to mobilize stronger political commitment and raise financial resources to prevent and protect people at risk of SGBV in humanitarian crises. The event re-energized the commitment of all participants to combat gender inequality and scale up prevention and response to SGBV, always taking a survivor-centred approach. It gave visibility and recognition to the key role of national and local organizations, including local women's organizations. States committed to provide a total of over US$ 363 million to SGBV prevention and response in 2019 and beyond. In addition, we take note of generous unearmarked and core funding to humanitarian partners working to prevent and respond to SGBV, as well as funding to the Central Emergency Response Fund and country-based pool funds.

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

- **Number of reporting sites in week 22:** A total of 213 out of 270 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 77% (target 80%).
- **Total number of consultations in week 22:** Total consultations were 36,527 marking a 18% decrease in comparison to the previous week (n=44,654).
- **Leading cause of morbidity and mortality in week 22:** Malaria (suspected n= 7,482; confirmed n= 3,297) was the leading cause of morbidity reported through EWARS, accounting for 35% of reported cases while measles (n= 4) was the leading cause of mortality reported through EWARS, accounting for 27% of reported deaths.
- **Number of alerts in week 22:** Eighty-nine (89) indicator-based alerts were generated with 91% of them verified.
Morbidity Patterns

- **Malaria:** In Epi week 22, 3,297 cases of confirmed malaria were reported through EWARS. Of the reported cases, 245 were from General Hospital in Biu, 196 were from Kirbutu PHC, 111 were from Shuwari Host community clinic in Damboa, and 111 were from Gwange PHC in MMC. Two associated deaths were reported in Yawi dispensary Biu (1) and FHI360 Banki clinic in Bama (1).

*Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 22 2019*
• **Acute respiratory infection:** In Epi week 22, 5,505 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 267 were from INTERSOS Health Facility Fulatarin in Dikwa, 236 were from PUI mobile clinics in MMC, and 189 were from Ngaranam PHC MMC and 188 were from Herwa Peace PHC in MMC. No associated death was reported.

![Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016-22 2019](image)

• **Suspected Measles:** Six hundred and seventy-eight (678) suspected measles cases were reported through EWARS in week 20. Of the reported cases, 137 were from Gwange PHC in MMC, 137 were from FHI360 clinic Banki in Bama, 45 were from Banki Health clinic in Bama, 27 each were from PUI mobile clinics in MMC and from General Hospital IDP camp clinic in Damboa, and 25 were from Herwa Peace PHC in MMC. Four associated deaths were reported from MSF Gwange PHC in MMC. Thirty-eight additional cases were reported through IDSR* from Monguno (17), Gubio (11), Mafa (3), Kwaya Kusar (3), Biu (2), Hawul (1), and Gwoza (1) LGAs making a total of 716 suspected measles cases.

![Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016-22 2019](image)

• **Suspected Yellow Fever:** Three suspected yellow fever cases were reported through EWARS in week 22 from Damasak MCH in Mobbar. Two additional cases were reported through IDSR* from Nganzai (1) and Kwaya Kusar (1) LGAs, making a total of 5 cases. No associated death was reported.
- **Suspected Meningitis:** No suspected meningitis case was reported in week 22.
- **Suspected VHF:** No suspected viral haemorrhagic fever case reported in week 22.
- **Suspected cholera:** No suspected cholera case reported in week 22.
- **Malnutrition:** 1,086 cases of severe acute malnutrition were reported through EWARS in week 22. Of the reported cases, 57 were from Kurbagayi MCH in Kwaya Kusar and 49 were from Gamadadi PHC in Bayo. No associated death was reported.
- **Neonatal death:** One neonatal death was reported in week 22 through EWARS from Yawi dispensary in Biu.
- **Maternal death:** Two maternal deaths were reported in week 22 from Gajiram MCH in Nganzai and Gumsuri clinic in Damboa.

*IDSR - Integrated Disease Surveillance and Response*

**Health Sector Actions**

IRC has been a key partner to the governments of Borno, Adamawa and Yobe states and continue to respond to the humanitarian crises, helping people to survive and rebuild their lives. The organization offers lifesaving care and life-changing assistance to people affected by the on-going insurgency, restoring safety, dignity and hope to millions who are uprooted and struggling to endure, thus leading the way from harm to home. Through daily run 30 mobile clinics, and Health system strengthening and support for Primary health facilities spread across the three states, the IRC health team in the month of May with support from SIDA, OFDA, EU and GAC, conducted a total of 27,020 (10,400M, 16,600F) consultation on communicable and non-communicable diseases, these includes 11,063 (5,534M, 5,529F) children under five years. The reproductive health programs during the same period reached 4,949 client, of which 4,713 were women and girls.

Across the 3 states, health education, community sensitization and mobilization activities aimed at effecting behavioral change and promoting healthful lifestyle were conducted with 25,608 (7,835M, 17,773F) reached. During the reporting period various capacity building sessions were conducted for various categories of LGA and health facilities workers as well as the IRC staffs providing supervisory support role at the supported clinics. In Gwoza Borno state with EU support 18 (15M, 3F) LGA staff were trained on organizational Development (OD) and Community engagement and Social accountability. While with OFDA fund 45 (36F, 9M) received adolescent sexual and reproductive health training. With EU support essential drugs and hospital equipment were distributed to supported facilities, Magumeri and Konduga health facilities received delivery bed, while Gwoza MCH and PHC were supported with adult and baby weighing scale, Examination couch, Suction Apparatus, Glucometer Machine and test strip, Microcuvatte, Autoclave, Delivery bed, Oxygen concentrator, Heamocue, Manual Vacuum extractor and Pulse Oximeter.

**INTERSOS** is managing stand-alone health facilities in Bama (1), Dikwa (1) and Ngala (2 : one in Gamboru Host Community and one in ISS Camp), supporting 5 Health facilities and 2 health posts in Magumeri. INTERSOS 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. INTERSOS is supporting the whole Magumeri General hospital offering OPD care for all cases and inpatient MCH for malnourished, non-malnourished and maternal cases.
For outpatient services, total consultations for the month of May are 14,643 (M 6,273 and F 8,370) of which U5 is 8,043 (55%) this number is slightly higher than the number of U5 consultations seen in the previous month but lower than the number of total consultations. Acute Respiratory Infection (with a total of 2,847 cases) remains the highest cause of morbidity followed by Malaria (with 1,128 cases). Intersos has registered a decrease rate of acute respiratory infection and Malaria compared to the month of April with a decrease rate of 19% and 8% for Acute respiratory Infection and Malaria respectively. All Intersos sites experienced a decrease in the number of consultations compared to the month of April.

For sexual and reproductive health, the total ANC attendees for the month is 1,841, with 752 accounting for 1st visit and re-visit 1,089 of the total SRH. There was also a decrease in ANC attendance compared to the previous month in locations such as Magumeri Health facilities, the recent attacks have played a major role in affecting the number of people accessing services. INTERSOS however continues Hygiene Kits distribution and Water Handling Kits distribution to Antenatal and Post-Natal Clinics attendants. INTERSOS has prepositioned Cholera kits in Gajiganna, Magumeri, Gamboru and Dikwa.

FHI360 continues to deliver high-quality primary health services in Banki, Dikwa, Ngala and Damasak. This month, outpatient consultations reached 2515 in Dikwa, 3362 in Ngala, 2618 in Banki, 1277 in Damasak. Through community outreach, 424 (189 males, 235 females) and 1017 (427 males, 590 females) beneficiaries were reached in Banki and Damasak respectively. Acute respiratory tract infections were the predominant communicable disease morbidities in Ngala, Banki and Damasak, accounting for 954, 594, and 398 consultations respectively. In Dikwa, malaria (592 cases) was the leading cause of communicable diseases morbidity. On the 25th of April 2019, the inhabitants of Banki, Dikwa Ngala and Damasak witnessed the celebration of the World Malaria Day. FHI 360 livened the celebrations through activities such as drawing competition for school pupils, drama and interactive sessions focusing on transmission, prevention and treatment of malaria.

UNFPA continues to strengthen humanitarian response and scaling up activities in the month of May 2019. The reproductive health interventions were carried out through outreach services in Muna, Madinatu, Stadium, Dalori, Farm Center, NYSC, Gubio, Teachers Village IDP Camps in MMC and Jere, Bama, Pulka, Mungono, Ngala and Nganzain LGAs. The reproductive health interventions were centered on information and sensitization sessions on family planning, STIs, HIV/AIDS, Menstrual hygiene, Antenatal, Post-natal, STI treatment and effective referral services. A population of 7467 were reached with information and sensitization on reproductive health intervention among which 2922 were women of reproductive age, 2300 were girls while 1383 men and 859 boys. Effective referral was conducted and a population of 248 women and 164 girls were referred to maternal clinic for Antenatal and delivery. Total of 220 women,134 girls, men 69 and 39 boys benefited from one on one family planning counseling to support uptake and acceptance of friendly child spaces. A total of 40 women have accessed to antenatal services from the UNFPA maternal clinic in Muna Garage IDP Camps while 2 women delivered in the same clinic and 2 received post-natal care services, 4 women and girls received infection/STI treatment. Distributed 350 Dignity kits to vulnerable Pregnant and lactating mothers to enhance and promote antenatal services health facility delivery in Monguno, Pulka, Nganzai, Banki, Ngala and Bama LGAs. Maryam Abatcha Hospital was supported with 100 dignity kits for women and Children to promote antenatal attendance and delivery at health facility. A total of 8681 individuals reached various reproductive health activities in the month of May 2019.

RHHF Following the recent spike in forced movements and displacement, Royal Heritage Health Foundation (RHHF) with funding support from United Nations Population Fund (UNFPA) provided immediate life-saving reproductive health information and services to newly displaced persons living in IDP camps located in Maiduguri Metropolitan Council (MMC), Mongonu and Ngala LGAs and the specific activities implemented in the month of May and the accomplishments are highlighted below:
Activities Implemented:

- Two Adolescent friendly Safe Spaces were established and equipped to provide confidential ASRH information and services to adolescents living in congested IDP Camps and high-risk host communities in Maiduguri and Ngala LGAs.
- A total of twenty (20) Peer Educators from the IDP settings of MMC and Ngala LGAs conducted sensitization and awareness campaigns on key ASRH issues (Teenage Pregnancy, Gender Based Violence, STI/HIV Prevention e.t.c), social protection and life skills messages to their adolescent peers in the targeted LGAs. The peer educators also mobilized and referred the adolescents to the newly constructed adolescents’ safe spaces.
- Two trained counsellors provided confidential ASRH service at the adolescent friendly safe spaces.
- Hygiene Kits (that contained 5 set of reusable menstrual pads, 3 bathing Soaps and 3 sets of Pants) were procured and distributed to the affected adolescent girls and young women living in IDP camps located in MMC, Ngala and Mongonu LGAs to restore their dignity and reduce their vulnerability to gender-based violence issues.
- Two mobile outreach teams were also supported to provide SRH and GBV information and services for affected population living in IDP camps in Ngala and Mongonu LGAs. The sensitization was conducted by social mobilizers who conducted house to house sensitization using indigenous IEC and promotional materials on GBV and SRH.
- Mobile clinic services were also used to provide Life-saving SRH and GBV services for displaced population living in IDP camps in Ngala and Mongonu LGA.
- The adolescent safe Spaces in Bama (Bama and Banki), Dikwa (Dikwa), Monguno (Monguno) and Gwoza (Pulka) LGAs were also maintained.

UNICEF continues to support the SMoH with integrated PHC services. A total of 189,585 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, 83,539 (44.06%) were under 5years reached with PHC services. A total of 99,747 OPD consultations were reported, with by "Malaria" (22,311); being the major cause of morbidity followed by ARI (21,129) AWD (9,116); BD (851); and measles (2,629) “Other medical conditions” (38,226). For prevention services, 36,814 children and pregnant women were reached with various antigens (including 4,616 children vaccinated against measles under RI Services). A total of 14,066 Vitamin A supplementation capsules and 15,418 Albendazole tablets for deworming were distributed and 15,377 ANC visits; 1,959 skilled deliveries and 2,919 postnatal visits were recorded during the reporting period.

UNICEF-Adamawa continues to deliver services to the IDP camps and Host Communities. A total of 8,918 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 4,820 (Under 5 years: 2,640 and other age: 2,180) consultations were reported, with malaria – 1,231 (Others: 681 and Under 5 years: 550) being the major cause of morbidity. A total of 4,108 prevention services were recorded, out of which 468 children 6months-15 years vaccinated against measles, 1,928 children and pregnant women were reached with various other antigens; Vitamin A supplementation for children 6months to 59months – 653 Albendazole tablets for deworming – 643 and ANC visits – 368, in Adamawa State. A total of 24 deliveries and 24 postnatal visits were recorded during the reporting period. UNICEF provided supply of 4 NHKs to support service delivery especially by CORPS and facilities during the repeated attacks at Madagali LGA. This is to provide for the affected individuals 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 were provided for activities of 2,700 ICCM CORPS in 1,875 hard to reach and return communities across the state and reached 21,285 Under 5 Children. The refresher training of 2700 CORPs, 400 ward supervisors and 63 LGA supervisors on
ICCM with emphasis on RAS for pre-referral treatment of severe malaria across the state has been completed. Global team on implementation of CARAMAL project in hard to reach communities using CORPs visited Adamawa state to assess the level of implementation. The team was received by the Honorable commissioner for health and were taken round communities in Mayo-Belwa and Fufure LGAs. UNICEF supported the SMOH through SPHCDa and SPHCMB in the Borno and Yobe states with a total of 146 NHKs and 16 IEHKs (Borno - 124 NHKs 16IEHKs, Yobe- 22 NHKs, 0 IEHKs) for integrated emergency PHC services in the IDP camps and host communities.

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

- 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 54,535 beneficiaries were reached through various MHPSS activities within the month of May 2019. Total new beneficiaries reached within the reporting month were 12,416 individuals.
- MHPSS services and activities offered 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, Counter Trafficking 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. The mobile teams are providing PFA, referrals for specialized and other services, informal education, psychoeducation to the caregivers, and sensitization on GBV and Counter Trafficking among other MHPSS services and activities. Total of 1,410 newly arrived displaced populations arrived in several locations in Borno, Adamawa and Yobe States and 1,309 benefitted from the MHPSS services and activities.

Mental Health Referral for Specialized Mental Health Care:
662 specialized mental health referral sessions were offered to the specialized mental health services beneficiaries 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 (6) psychiatric nurses are deployed on rotational basis to Bama, Banki, Dikwa, Gwoza, Monguno and Ngala to offer such services.

MHPSS Coordination- MHPSS sub-Working group: The MHPSS Sub Working Group (MHPSS SWG) coordination meeting was conducted on 7th May 2019, at the Conference Hall PHEOC - Eye Hospital, with a high number engagement from the MHPSS partners, a total of 45 participants from various organizations/agencies attended the coordination meeting. A consultation meeting with MHPSS SWG partner, Women for Health (W4H) was organized on 28th May 2019. The meeting was chaired by SMoH and attended by other government officials from HMB and SPHCDA. W4H is developing a community engagement strategy for their targeted beneficiaries in addition to the on-going program of W4H Safeguarding, Mental Health and Psychosocial Support Approach. A meeting was conducted by IOM, MHPSS SWG coordinator and Medical Director of Psychiatric Ward, Adamawa State Specialist Hospital, with a specific purpose to discuss the followings: the gaps on mental health specialized services, establish a collaboration with the hospital and the key action plan to ensure smooth transition of referral of mental health cases. MHPSS SWG disseminated the MHPSS SWG Partners and Services Profile Q1 2019 and Map of MHPSS Partners in North East Nigeria.
The information was shared through various networks including the IASC MHPSS Reference Group, MHPSS.net, MHPSS SWG’s mailing list as well as the sector coordinators and IMOs’ of the respective sectors, to achieve greater audiences. In relation to capacity building, a 3-day training on “Mainstreaming of MHPSS Approaches and Incorporated Protection Practices to Health, Protection, Education and Nutrition Actors” was organized in Yola, Adamawa State from 21st to 24th May 2019, with a total of 32 participants from several National NGOs, American University of Nigeria (AUN), Red Cross Society (ICRC and NRC) and IOM MHPSS mobile teams participated in the training.

JHF is implementing 3 projects in Adamawa State. These are:
- The STOP TB Partnership’s Challenge Facility for Civil Society (CFCS) Round 8 project
- The Nomads TB REACH Wave 6 Scale up Project
- The IDP Wave 5 Scale up Project

CFCS R8 Project:
JHF’s STOP TB Partnership’s Challenge Facility for Civil Society (CFCS) Round 8 project in Nigeria is currently under implementation. The project started in June 2018 and is being implemented in 12 of the 21 LGAs (Northern and Central Senatorial Zones) of Adamawa State. The CFCS R8 intervention focuses on Nomadic schools and their host communities with emphasis on the detection of childhood TB cases. Through strategic advocacy, JHF was able to secure the support from some of the host LGAs who have been providing diagnostic kits for malaria, anti-malarial drugs, multi-vitamins and anti-helminthic drugs. JHF’s collaboration with the State Agency for Control of AIDS led to sustained supply of HIV Rapid Test Kits for use in the target population across the 12 LGAs.

CFCS R8 Project Results:
In May 2019, 10 Nomadic Schools and 15 Nomadic Communities were screened by the project. A total of 4,320 persons were verbally screened for TB/HIV, 350 presumptive TB cases were identified including 15 under 5 presumptive childhood TB cases. Of all presumptive TB cases identified, sputum samples were collected from 335, out of which 12 all forms of TB cases were detected including 10 Bac+ and 2 under 5 Childhood TB cases. Of all presumptive TB cases detected, 335 had HCT out of which 2 were found to be HIV+.

AGUF campaign awareness team were in Mubi North, Mubi South and Yola South on sexual and reproductive health /GBV and clinical massages on Rape in three communities. In Mubi North: Kolere, Gude and Vimtim, in Mubi South: Wuro Patuji and in Yola South: Kasuwan Katako host community. 429 beneficiaries were reached respectively.

WHO – Mental Health

Outreach Sessions: 70 mental health sessions were conducted in 42 HFs across 12 LGAs. A total of 1907 mental health patients were seen made up of 560 new patients, and 1347 that came for follow up care. 2 of them were referred to FNPH for further management. Validation meeting was held to facilitated the draft of Borno State Mental Health Strategic Framework (BMHSF) Implementation Plan by MHPSS-SWG on 8th May 2019 at PHEOC, to produce a final copy that will be submitted for endorsement by the Honourable Commissioner of Health.

WHO – Adamawa continue to support the SMoH. Cartoons of RDT kits were distreibuted to the DSNOs and designated facilities including State Specialist Hospital to test for cholera. Healthcare workers were sensitized on cholera in facilities within three wards that have reported suspected cases of cholera in Yola North and Girei LGAs.

ICCM: 3,067 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 2,364 of the children were screened for malnutrition using MUAC. 179 (7.6%) of the children screened had MAM and were counseled on proper nutrition, while 4 (0.2%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.
HTR: 36,885 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 10,278 persons with minor ailments and dewormed a total of 11,715 children during the month. Pregnant women were provided FANC services with 2,617 of them receiving Iron folate to boost their hemoglobin concentration while 1,483 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

WHO – Yobe continues to support Yobe SMOH and SPHCMB to reduce this burden by donating 240,000 doses of drugs for SMC to be rolled-out in high burden LGAs. WHO has also donated equipment, materials and is working through Hard to Reach (HTR) teams and CORPs to improve malaria case management in remote areas. The donated drugs will protect nearly a quarter million children, aged less than 5-years, against catastrophic effect of malaria infection ahead of the rainy season in 2019. Earlier, WHO has donated 25 Interagency Emergency Health Kits (IEHKs) and other commodities in support of SMOH and SPHCMB to scale up services delivery. The donation of drugs and materials will support mobile health teams to continue providing primary health services including antenatal care, routine immunization and vaccination and screening for malnutrition. While 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, WHO HTR have treated 46,155 clients for common ailments, screened 32,463 under-5 children for malnutrition and provided 2,195 pregnant women with SP for Intermittent Prophylactic Therapy (IPTp), in May 2019 alone. In the same may 2019, CORPs have treated 5,099 under-5 children for common ailments, of which 2,391 - nearly 50% are cases of malaria. With the recent inauguration of Quality of Care (QoC) Committee by the Honorable Commissioner for Health in Yobe state, the State Ministry of Health (SMOH), State Primary Health Care Management Board (SPHCMB) and WHO are leading health sector efforts to strengthen health systems and improve QoC provided by government and partners in the conflict-affected context. This is aimed to improve quality of Maternal, Newborn and Child Health (MNCH); reduce morbidity and mortality and improve health outcomes in the state.

In his remarks during the inauguration meeting, the Honorable Commissioner for Health (HCH) stated that the high maternal and infant mortality rates in Northeast Nigeria “is a serious challenge, and unacceptable in this era of laudable developmental policies of the state government.” He further stated that “the situation remains a high-level concern to the government and partners., in Yobe state, which is vulnerable and has problems of accessibility to some parts of the state due to conflict and insecurity”. The HCH stressed that "SMOH and its sister agencies will not relent in their effort to continue providing Free Maternal and Child Health Services."
Health Services across the state..., and calls on all committee members and partners to imbibe spirit of teamwork and support one another to achieve the set goal and objectives. The inauguration of this committee is a giant step taken by Yobe SMOH to institutionalize QoC Improvement (QI) Initiatives including QoC assessment-, and it provides good platform for strengthening Humanitarian-Development Nexus (HDN) in Yobe state.

WHO Hard-to-Reach (HTR) teams and Community Resources Persons (CORPs) teams in collaboration with SMOH and SPHCMB, are working in all 17 LGAs of the state to provide life-saving care and refer critically ill and severely malnourished children to town clinics and hospitals for further care. In addition to mobile health teams and CORPs, WHO has recently renovated CHC Kukar-Gadu, PHC Babban Gida, and PHC Moborti in the first phase of the rehabilitation work. This is aimed to complement the efforts of Yobe SMOH in rehabilitating damaged primary and secondary health facilities, and improve access to quality health care to conflict-affected people in the state. WHO also provides capacity to SMOH health Workers as well as HTR teams, who are further being supported by WHO technical staff and Local Government Facilitators with supportive supervision and job aids to work effectively in remote areas. PHC facilities and HTR teams are being provided with adequate drugs, data tools and medical commodities to bring succor to people in remote communities. In May 2019, 35 WHO HTR teams in Yobe state have treated 46,155 clients for common ailments, vaccinated 62,291 children and screened 32,463 under-5 children for malnutrition. Up to 875 critically ill or malnourished other children were referred from remote areas to OTP sites or stabilization centers to receive further care. The HTR teams have also dewormed 24,133 children, provided Vitamin A supplement to 21,358 children and reached 31,832 young women with health promotion messages on key household practices and reproductive health. CORPs, on their part, have treated 5099 under-five children for minor ailments and screened 4,068 for malnutrition.

WHO-Nutrition: 20,313 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 385 (1.9%) children had MAM and their caregivers were counseled on proper nutrition, while 119 (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](http://health-sector.org)

For more information, please contact:

Dr. Salisu Aliyu Kwaya-bura  
Commissioner for Borno State Ministry of Health  
Email: musubuk2012@gmail.com  
Mobile: (+234)08035774564

Mr. Mustapha Bukar Allau  
Permanent Secretary, BSMoH  
Email: kwayabura2007@yahoo.com  
Mobile (+234)08061301165

Mr. Muhammad Shafiq  
Health Sector Coordinator-NE Nigeria  
Email: shafiqm@who.int  
Mobile: (+234)07031781777