For the HNO/HRP-2020 Health Sector has identified 5.5 million people across BAY states will need humanitarian health assistance through the continuation of health care delivery in all priority locations, IDP camps and expansion of health services in hard to reach areas and underserved communities.

During 2020, health sector partners will focus on strengthening and expansion of disease surveillance systems, enhanced outbreak prevention, preparedness and response capacities for key communicable diseases. They will also continue their support to secondary health care services through streamlining and strengthening the referral system from primary to secondary health care facilities.

In Adamawa state, Hard-to-Reach mobile health teams were deployed to support the seven LGAs affected by flood along riverine areas of the state. The mobile health teams are providing essential health care services to more than 11000 people in flood-affected communities across Numan, Demsa, Yola North, Yola South, Fufure and Girei LGAs.

During reporting period, a total of more than 20 new cholera cases were reported in Adamawa state mainly from Yola North and Girei LGAs. The Total case count now stands at 808 with 4 deaths (CFR=0.5%).

The recent waves of attacks and vandalizing of health care facilities have a serious impact resulting disruption of essential health care services to the affected population in many LGAs across Borno state. The protection of health facilities and health care workers is paramount to safeguard and mitigate the risk of attacks on the health care delivery systems and to ensure health coverage for all.

45 HEALTH SECTOR PARTNERS
(HRP & NON-HRP)

HEALTH FACILITIES IN BAY STATE**

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<th>Status</th>
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<th>Status</th>
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<td>PARTIALLY FUNCTIONING</td>
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<td>FULLY DAMAGED</td>
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CUMULATIVE CONSULTATIONS

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EPIDEMIOLOGICAL WEEK 2018

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SECTOR FUNDING, HRP 2019

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<tr>
<td>UNMET REQUIREMENTS $56.2 M</td>
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* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXII
**MoH/WHO Borno HeRAMS September/October 2018
***Number of health interventions provided by reporting HRP partners as of 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.
Humanitarian Program Cycle (HPC)-2020

a) Humanitarian Need Analysis: Context of the crisis and underlying causes and drivers:

In Borno security remains fragile and pockets of violent armed conflict continued and intensified in some parts of the state throughout 2019. NSAG activities including attacks, killings and abductions of civilians increased with risks of suicide bombing. Displacement and re-displacement of population continued throughout the year as a result of the attacks, with IDPs moving into congested camps and settlements including inside Maiduguri. There was forced displacement in Damboa at the beginning of the year that exacerbated the situation of 9,432 individuals displaced between 21 and 27 May 2019 from Sabon Gari Community to Damboa Town. It is estimated that since January, over 100,000 new arrival were registered mainly from 5 LGAs. In total nearly 1.5 million people remain displaced in the state. Humanitarian actors have also been impacted by the recent NSAG activities through abductions and killings.

Protection remains a huge concern with reports of abductions, rape, movement restrictions and violations of human rights impacting women, girls, boys and men. Access to services remained limited in most camps, falling below Sphere standards.

Movement/access restrictions increased due to threats of attacks and ongoing hostilities/military operations and risk of UXOs along main routes. This remains one of the biggest challenges for IDPs and humanitarian actors. IDP movements within camps also continue to be restricted by curfew imposed by the military. Throughout the year humanitarians have not been able to access at least four LGAs (Abadam, Guzamala, Marte, Kukawa) where the needs of the affected people remain unknown.

Heavy rains and flooding increased vulnerability of IDPs and heightened the risk of disease outbreaks, particularly water-borne diseases in congested camps where living conditions including access to sanitation were already poor. The rains and floods have so far affected 10,757. AWD/suspected cholera was contained with pockets of suspected cases of cholera reported in 4 LGAs.

LGA level coordination with authorities remained a huge gap due to absence of local authorities in the conflict affected LGAs. Consequently, the key question on land for humanitarian operations remained unresolved with serious implications for service delivery including the need decongest the crowded camps.

b) Risk analysis and projections:

As part of the HPC state level consultations were conducted in Borno, Adamawa and Yobe states to build consensus on joint inter-sectoral analysis on the impact, consequences, humanitarian conditions and priority need of the affected people and most vulnerable groups and overall People in Need (PiN) in Borno, Adamawa and Yobe States for 2020.

In Borno conflict is likely to worsen as there is seems to be no political solution to the conflict. It was noted that although some groups of NSAG are surrendering to the government; main leaders are still out of reach. Humanitarian access and movement restriction are likely to continue to shrink with new military operations. IDPs are therefore likely to remain in displacement with secondary displacement due to insecurity and lack of services in some areas. Floods are likely to continue, and intensity will depend on climate conditions.

In Adamawa it was noted that continued violent conflict is main risk for continued displacement. However, the number of IDPs is likely to remain the same or marginally increase or reduce depending on the evolution of the conflict in north-east Nigeria. The seasonal farmer- cattle herder clashes and reprisal attacks between indigenous population and settlers is likely to escalate beyond the current trend due to lack of concrete measures by government/weak and inconsistent implementation of policies on land (National Livestock Transportation Plan). This is likely to become a major crisis triggering temporary displacements with temporary humanitarian implications in the affected LGAs. Deterioration in livelihood opportunities if the issue of farmer- cattle herder
clashes and land is not addressed be a major driver of need. Returns mostly voluntary repatriation from Cameroon and Niger is likely to continue but on a slower scale due to absence of services and insecurity in the areas of return. For example, only 134 individuals have returned under the Tripartite agreement between UNHCR, GoN and Cameroon. Secondly spontaneous returns to Borno State and within Adamawa State are also expected to remain low compared to 2018. Pressure on limited resources and access to services is likely to generate low levels of tensions between IDPs and host communities.

Seasonal flooding will continue with minimal changes in impact on affected communities. Criminality/kidnappings will remain a huge risk in the State due to poverty, unemployment, weak law enforcement and substance abuse. In Yobe, it was noted that the crisis could improve if there is full cooperation between government, communities and security/the military. However, this requires increased community awareness to reduce incidents of people joining the insurgency. The participants underlined the following that may significantly affect the initial gains from government efforts and support from the humanitarian/ development community. Suffering may continue due to lack of access to farmlands and livelihoods. Human trafficking of vulnerable populations due to insurgency, insecurity and poverty around the border towns of Yunusari, Yusufari and Geidam will continue.

c) Impact of the crisis and humanitarian consequences:

In Borno the main impact of the crisis is large scale displacement and re-displacement, killings, abductions, rape and significant destruction and breakdown of social services and infrastructure including roads, bridges, schools, hospitals, water points, markets, livelihoods and access to justice including services for civil documentation). Over 1.4M people have been displaced in 24 LGAs. Humanitarian space and access has continued to shrink (closure of INGOs, restrictions on movement of humanitarian supplies (fuel, cash programming etc.) delays in clearance of convoys and attacks, and abductions of aid workers, etc.). Poverty has increased among the affected people due to lack of livelihood opportunities. While needs for IDPs, returnees and host communities apparent, there is no information on those still living in inaccessible areas. The affected communities have lost access to economic assets and livelihood and therefore are solely dependent on humanitarian aid which is insufficient to meet their urgent daily needs. Absence of civilian authorities in the conflict affected LGAs continue to impact on critical decisions making, coordination and service delivery. There is breakdown of law and order due to weak/absence of law enforcement and civil authorities in most LGAs. The newly established Ministry of Humanitarian Affairs, Disaster Management and Social Development provides an opportunity for a more robust and effective coordination and collaboration between the Government and humanitarian community. The affected communities are also more vulnerable to protection risks and insecurity (early marriages, general rights violations, abductions, rape, killings etc.) and disease outbreaks.

Floods and climate change (drying up of Lake Chad) will cause more displacements and affect livelihoods of the communities.

d) Most affected LGAs:

Conflict: 24 of the 27 LGA including Kukawa, Mobbar, Bama-Banki, Marte, Guzamala, Kala/Blage, Abadam

Displacement: LGAs receiving most IDPs: Monguno, Mobbar, MMC, Jere, Mafa, Konduga, Bama, Kaga, and Ngala.

Decay in infrastructure: Bama (schools and hospitals even though there is ongoing construction), Abadam, Marte, Ngala, Kala/Balge, Damboa, Gwoza, Mobbar

Floods: Kaga, some parts of MMC, Jere, Monguno, Dikwa, Ngala and Askira/Uba

Health Sector Resposne Plan 2020:

As part of the Humanitarian Program Cycle (HPC), Health Sector has finalized the People in Need (PiN) and target population during 2020 health sector respsone.
In north-east Nigeria, around 7.68 million people need humanitarian assistance including life-saving essential health care services across three states of Adamawa, Borno and Yobe. Wide areas across Borno State are completely inaccessible to humanitarians and are expanding, with hundreds of thousands of people cut off from life-saving assistance. While in 2018 only two Local Government Areas (LGAs) were considered completely inaccessible, these have increased to four in September 2019; compounded by increased displacements.

One of the serious challenges is the population living in hard to reach or conflict prone areas that are without any humanitarian and health support. Around 45 Health Sector Partners including UN agencies, national and international NGO partners are providing health care services through mobile health teams and support to health facilities in IDP camps and host communities. 42 percent out of 2367 health facilities in the BAY states are non-functional due to the conflict which is a clear indication of the catastrophic impact of the crisis on the health system. Additionally, the quality of health care is unclear owing to the unstable security situation and lack of standardized health care packages. The establishment of a robust monitoring mechanism and enhanced technical capacity of the health care providers was thus noted as a critical issue during 2019.

The gaps in referral services have been strongly flagged by the Health Sector partners currently providing PHC services in camps and host communities as a key need specifically the inability of patients to receive critically needed health care nor timely access emergency care in hospitals.

The north-east region remains highly endemic for diarrheal diseases due to seasonal patterns, lack of access to potable water and sanitation infrastructure, and vulnerabilities as a result of continuous displacement due to military operations and low access to essential healthcare. New influxes of IDPs, refugees-returnees into overcrowded and under-serviced camps and settlements also exacerbate the risk of disease outbreaks.

The recent waves of attacks and vandalization of health care facilities have a serious impact in terms of disruption to delivery of essential health care services to affected population in many LGAs across Borno state. The protection of health facilities and health care workers is paramount to safeguard and mitigate the risk of attacks on the health care delivery systems and to ensure health coverage for all. The freedom of movement, for both patients and healthcare providers, is often curtailed by general insecurity, road closure as well as by specific restrictions, including for IDPs to move in and out of IDP camps.

Many health facilities across BAY states are still non-functional or partially functional while those that are functioning with minimum capacity to deliver standard health care packages. In hard-to-reach and newly accessible areas, communities face serious challenges in accessing health services due to various reasons, including lack of medical staff, unavailability of drugs and supplies, security barriers, transportation issues and damaged/destroyed health facilities. Critical gaps also remain in functional primary and secondary health services. Other common challenges in accessing health services are related to high direct and indirect costs associated with healthcare, including the price of quality medicines.

GBV, including sexual violence, is widespread in the region due to the ongoing conflict, insecurity, living conditions in the IDP camps and informal settlements, also inadequate WASH facilities, lack of safe access to firewood, and restrictions on freedom of movement in and out of camps. Timely medical care is often required for GBV survivors, including First-Line Support and clinical management of rape and intimate partner violence, plus appropriate referrals. Mental Health and Psycho-Social Support (MHPSS) services are also limited in many areas while mental health treatment services are only available at Federal Neuro Psychiatric Hospital in Maiduguri.

More than 1.7 million vulnerable women in the north-east are of reproductive age (15 to 49 years) and require reproductive health care and support. Some 260,000 of these women are currently pregnant, and the same number of women is expected to get pregnant within a period of one year. Over 50,000 live births will face complications with a high risk of maternal mortality and morbidity. The Health Sector is also advocating for an increase in the delivery of quality services and better referrals for secondary care to prevent maternal deaths and
maternal morbidity. While mobile teams have been trained on First-Line Support of GBV survivors, more needs to be done to ensure that all medical staff have the skills to offer specialized assistance to GBV survivors.

**Population groups and their locations:**
Women and children continue to bear the brunt of the conflict in BAY states.

In **Borno** the affected people include IDPs, host communities and inaccessible populations in 24 LGAs directly affected by the conflict.

In **Adamawa** the affected people include IDPs in Yola, North, Yola South, Fufore, Geire and Mubi North and Mubi South LGAs; returnees – mostly refugee returns/voluntary repatriation from Cameroon and Niger; host communities in Mubi North, Maiha, Yola North, Yola South, Fufore and Geire LGAs hosting IDPs, and inaccessible population (not applicable/insignificant as these are mainly a small community on the fringes of the Sambisa forest in Madagali LGA.

In **Yobe** the affected people who need humanitarian assistance are IDPs, host communities, returnees and commuters (people who are in transit the state but have been injured or affected due to the crisis and were unable to leave the state). The most affected geographical locations where these people in need are, are in Yunusari, Geidam, Gulani, Gujba, Tarmuwa and Damaturu. LGAs with similar needs include Yunusari, Geidam, Gujba, Gulani. Low education enrolment was observed in Yunusari, Yusufari, Geidam, Machina and Karasuwa.

**Geographical severity:**
LGAs with highest severity in Borno:
- **Catastrophic (5):** Gwoza, Mobbar and Monguno
- **Extreme (4):** Akira Uba, Bama, Chibok, Damboa, Dikwa, Jere, Kaga, Konduga and Mafa, Maiduguri
- **Severe (3):** Bayo, Biu, Gabio, Hawul, Kala/Balge, Kwaya Kusar, Magumeri, Ngala and Shani
- **Stressed (2):** Nganzai

LGAs with highest severity in Adamawa:
- **Catastrophic (5):** Madagali
- **Extreme (4):** Lamurde, Mayo-Belwa and Michika
- **Severe (3):** Demsa, Ganye, Girel, Gombi, Guyuk, Hong, Jada, Mubi North, Mubi South, Numan, Shelleng, Song, Toungo, Yola North and Yola South
- **Stressed (2):** Fufore and Maiha

LGAs with highest severity in Yobe:
- **Extreme (4):** Gujba
- **Severe (3):** Bade, Bursari, Damaturu, Fika, Fune, Gulani, Karasuwa, Machina, Nangere, Nguru, Potiskum, Tarmua, and Yusufari
- **Stressed (2):** Geidam and Jakusko

**Health sector objectives:**
- To provide life-saving and life-sustaining humanitarian health assistance to affected IDPs, returnees and host population.
- To establish, expand and strengthen communicable diseases outbreak prevention and response systems.
- To improve access to health care, strengthen health system recovery and build humanitarian and development linkages.

**Key sector priorities:**
- Continuation of health care delivery in all priority locations and IDP camps and expansion of health services in hard to reach areas and underserved communities.
- Strengthen/expand disease surveillance, outbreak prevention, preparedness and response capacities for key communicable diseases.
- Support secondary health services/system – streamline and strengthen the referral system from primary to secondary facilities.
• Provide treatment/care to GBV survivors and offer First-Line Support and appropriate referrals as a way of improving the holistic care for survivors.
• Address gaps in sexual and reproductive health and support mother and child health care.
• Mental health and psycho social support- treatment and referral support
• Health system recovery and strengthening of humanitarian and development nexus
• Continuous strengthening of LGA level coordination, advocacy, community engagement and accountability to affected population structures.

### PIN + Inaccessible

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### TARGET + Inaccessible (30%)

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

- **Number of reporting sites in week 42**: A total of 228 out of 275 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 83% (target 80%).
- **Total number of consultations in week 42**: Total consultations were 52,436 making a decrease of 11% in comparison to the previous week (n=58,620).
- **Leading cause of morbidity and mortality in week 42**: Malaria (suspected n= 11,697; confirmed n= 10,350) was the leading cause of morbidity reported through EWARS, accounting for 44% of reported cases and was the leading cause of mortality (suspected n= 1; confirmed n= 17) accounting for 75% of reported deaths.
- **Number of alerts in week 42**: Thirty-five (35) indicator-based alerts were generated with 91% of them verified.
Morbidity Patterns

- **Malaria**: In Epi week 42, 10,350 cases of confirmed malaria were reported through EWARS. Of the reported cases, 644 were from Gwange PHC, 340 were from General Hospital in Biu, 296 were from Shuwari host community clinic in Damboa, 267 were from 400 Housing Estate Gubio road IDP camp clinic A in Konduga, and 224 were from Hausari IDP camp clinic (MDM) in Damboa. Seventeen associated deaths were reported in Gwange PHC MMC (17).

![Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 42 2019](image)

- **Acute watery diarrhea**: In Epi week 42, 691 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 117 were from Ngaranam PHC, 110 were from PUI mobile clinics, 60 were from Herwa Peace PHC in MMC, and 51 were from Hausari IDP camp clinic (MDM) in Damboa. No associated death was reported.

![Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016- 41 2019](image)

- **Acute respiratory infection**: In Epi week 42, 7,706 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 317 were from Ngaranam PHC in MMC, 330 were from Hausari IDP camp clinic (MDM) in Damboa, 276 were from PUI mobile clinics in MMC, and 270 were from GSSSS IDP camp clinic in Bama. One associated death was reported in Kubrunbula dispensary, Chibok.
**Suspected Measles:** Forty-five (45) suspected measles cases were reported through EWARS in week 42. Of the reported cases, 7 were from State Specialist Hospital in MMC, 7 were from Ngamdu PHC in Kaga, 6 were from Monguno MCH in Monguno, and 3 were from Hausari IDP camp clinic (MDM) in Damboa. Fourteen additional cases were reported through IDSR* from Kwaya Kusar (10), Dikwa (2), Askira Uba (2), Bama (1) LGAs making a total of 59 suspected measles cases. No associated deaths were reported.

**Suspected Yellow Fever:** Three (3) suspected yellow fever cases were reported through EWARS in week 42 from Bargu MCH in Shani (1), Wuyo PHC in Bayo (1), and Gunda CHC in Biu (1). Five additional cases were reported through IDSR* from Maiduguri (2), Damboa (2), and Hawul (1) LGAs, making a total of 8 cases. No associated death was reported.

**Suspected Meningitis:** No suspected meningitis case was reported in week 42.

**Suspected VHF:** No suspected viral haemorrhagic fever case was reported in week 42.

**Suspected cholera:** 11 suspected cholera cases were reported through IDSR* in week 42 from Maiduguri. No associated death was reported.

**Malnutrition:** 1,712 cases of severe acute malnutrition were reported through EWARS in week 42. Of the reported cases, 146 were from General Hospital Ngala (FHI360) and 140 were from Fori PHC in Jere.

**Neonatal death:** One neonatal death was reported in week 42 from TdH outpost Rann in Kala Balge.

**Maternal death:** No maternal death was reported in week 42.

*IDSR- Integrated Disease Surveillance and Response*
Health Sector Actions

FHI360 continues to provide preventive, promotive and curative primary health care services in Dikwa, Ngala, Mobbar, and Bama LGAs. Through the month of October, the clinical staff of the organization provided care for 14,517 persons (6,233 males ad 8,284 females) in these locations. 86 patients were admitted for inpatient care in Dikwa General Hospital. Acute respiratory tract infection (3,707 cases) and malaria (3,320 cases) accounted for the highest numbers of communicable disease burden during the month. 18,863 persons were reached through health education on various non communicable and communicable diseases, immunization, and sexual and reproductive health. With support from WHO, FHI 360 health facilities provided EPI for 3,313 children against vaccine preventable diseases and tetanus toxoid vaccination for 1,474 women of reproductive age. 394 deliveries were taken by FHI 360’s health professionals in implementing facilities, Dikwa and Banki having the highest numbers at 163 and 126 respectively. With support from the Borno state reproductive health department, 62 women of reproductive age benefited from family planning commodities through FHI 360. Of these, 33 were first time users of contraceptives.

IRC health team provided primary clinical care and reproductive health services at her mobile clinic and supported health facilities to 68,958 clients during the reporting period. Of this total 63,332 (26,207 M, 37,125 F) clients received treatment for communicable and non-communicable disease while the remaining 5,626 benefited from reproductive health services which includes care of pregnant women that presented for their first Ante Natal Care (ANC1), pregnant women delivered by skilled health staff, new born babies that received post-natal care, women in third trimester that received clean delivery Kit, cases of sexual violence treated, new family planning users and consultation for STI. All the services were provided across the three BAY states with support from ECHO, SIDA, OFDA, EU and GAC. The IRC carried out health education, community sensitization, and mobilization activities aimed at effecting behavioral change and promoting healthful lifestyles, reaching 30,661 (12,317 M 18,344 F) individuals. IRC also conducted a training session in building the capacity of state staffs across BAY states.

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<th>Location</th>
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<td></td>
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<td>F</td>
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LESGO supported humanitarian response by reaching a total of 2,263 direct beneficiaries with house to house Inter Personal Communication (IPC) under the Rollback Malaria Intervention with the support of Society for Family Health. LESGO continues to mainstream Mental Health and Psycho-Social Services as it relates to the mentioned services as well as HIV/AIDS awareness in Mubi North and South LGAs.
JHF continues to implement projects in Adamawa State. A total of 4,086 IDPs were verbally screened in camps and host communities, 329 presumptive TB cases were detected out of which 292 were tested by Xpert under TB REACH Wave 5 IDP Scale-up project. A total of 15 all forms of TB cases were detected. A total of 329 presumptive TB cases had HCT out of which none was found to be HIV+. All TB cases detected were enrolled in treatment in the four LGAs. Diagnosed TB and HIV patients were linked to DOTS and ART sites for treatment, care and support. From the Nomads TB REACH Wave 6 IDP Scale-Up project, a total of 13,370 persons were verbally screened across 17 LGAs of Adamawa State, 1,263 presumptive TB cases were detected out of which 5 were found to be HIV+. Diagnosed TB and HIV patients were linked to DOTS and ART sites for treatment, care and support.

PARE conducted activities like focus group discussion in Kilbawo community of Jada LGA with 10 community leaders and influencers in attendance. Key informant interview at facility level was also carried out, client exit interview and follow up supervision were conducted in the same LGA.

UNICEF continues to support the SMoH with integrated PHC services. A total of 297,862 children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 111,617 (37%) were children below five years. During the reporting period, 133,035 Out Patient Department (OPD) consultations were recorded with malaria – 51,385 being the major cause of consultation, followed by ARI – 24,416; AWD – 11,041, measles – 775, and other medical conditions – 45,418. A total of 155,991 prevention services were recorded including 6,212 children vaccinated against measles through RI services; 87,787 children and pregnant women reached with various other antigens; Vitamin A capsules – 17,046, Albendazole tablets for deworming – 19,331 and ANC visits – 20,892, and 4,723 LLINs distributed through RI and ANC clinics in Borno and Yobe States. A total of 3,935 deliveries (skilled delivery – 3,316, unskilled – 619) and 4,901 postnatal/home visits were recorded during the reporting period.

UNICEF supported the SMoH through SPHCDA in Adamawa and Borno states with a total of 301 NHKs and 27 IEHKs (Adamawa 7 NHKs and Borno - 294 NHKs and 27 IEHK) for integrated emergency PHC services in the IDP camps and host communities.

WHO – Mental Health: Suicide Prevention became the focus for 2019 World Mental Health Day (WMHD), with the theme “Working Together to Prevent Suicide” because of its wide spread. Close to 800,000 people die due to suicide every year, meaning one person dies every 40 seconds by suicide. For each adult who died by suicide, there may have been more than 20 others attempting suicide, making suicide a global phenomenon that occurs throughout the lifespan and, the second leading cause of death among 15-29 year olds. Yet, there are indications that adequate prevention can reduce suicide rates. The WMHD was observed from 7th October 2019 with a short presentation at WHO office to sensitize and inform staff members on suicide prevention. WHO joined partners and stakeholders to observe the WHMD at Pinnacle Hotel on 10th October 2019 with speech from the Team Lead Health Operations, and lectures on Role of Language in Effective Communication; Factors to the Rising Trend of Suicide in Nigeria; and Curbing the Increasing Trend of Suicide in Nigeria: What Do We Need to Do. Adolescent period is usually characterized by preference for autonomous and independent life resulting in delinquent acts especially drug abuse among others. WHO supported a
mental health promotion through psycho education, assertiveness technic and handling negative peer pressure to observe WMHD at Shehu Sanda Kyarimi Day Secondary School, Zajiri Day Secondary School and Government College Maiduguri from 16th – 18th October 2019. This was aimed at strengthening reduction in drug abuse desire among the students. Over 1,300 students were addressed, out of which 53 students indicated desire to stop drug abuse. These were given group counselling and education on skills to change drug abuse behavior and referral pathway for those that might experience relapse. The Schools Guidance and Counselling Officers in collaboration with WHO will be following up these students to successful action and maintenance level in behavior change.

**Outreach Sessions:** Specialized MH outreach care at the community level has continued with a total of 95 sessions in 13 LGAs. 1,984 mental health were consulted, 19 referred to Federal Neuro Psychiatric Hospital (FNPH) Maiduguri for further management, and 2 admitted. 297 patients received follow up care at the FNPH. WHO supported the Borno SMoH to develop Borno State Mental Health Strategic Framework Implementation Plan 2019 – 2021 in order to operationalize its mental health strategic framework launched on 10th October 2018. The implementation plan was endorsed and launched by the Honorable Commissioner of Health on the 23rd October 2019 at the International Conference Hall, Musa Usman Secretariat Maiduguri. Three support supervisions were conducted to Mala Kachalla, Ngomari and Gwozari Clinics. A referral pathway for IDPs in Garba Buzu camp requiring MH care was established with Mala Kachalla Clinic, pending when the services will be extended there because of burden of mental health conditions at the camp.

UNFPA has supported in the training of 27 M&E Officers from the 27 LGAs, 60 health workers on catheterization and effective use of pantograph to enhance safe delivery, 50 health workers on Minimum initial service package/clinical management of rape. Carried out Free fistula repair and, management 74 Clients repaired in Fistula centre in State Specialist Hospital. In collaboration with ministry of health, continue to strengthen humanitarian intervention, ensuring lifesaving approach prioritized in sexual reproductive health services The volunteer’s nurses/midwives frontlines worked across Maiduguri and Jere LGAs. 500 dignity kits to lactating mothers and pregnant women in the hotspot LGA which include Monguno, Kaga, Bama, Banki, Pulka Ngala and Damboa. The SRH nurses/midwives frontline have reached 3072 people with Information and sensitizations. 522 benefited from ANC services where 37 received family planning and 44 benefited from treatment of STIs. There was 22 deliveries at UNFPA Integrated Facility.

WHO in collaboration with Yobe Statet Ministry of Health and State primary health care management board (SPHCMB), and partners conducted the 2nd round of OCV vaccination between 1 – 5 September, 2019. The campaign targeted 128,520 people in 11 wards in Damaturu LGA. 99% (128,455) of the target population were reached. has conducted second round of Oral Cholera Vaccination (OCV) campaign in affected wards and communities of Damaturu LGA, which was one of LGAs worst hit by the Cholera outbreak in Yobe state in late 2018. During the OCV campaign, WHO HTR Teams, CORPs and technical staff provided support, including social mobilization, capacity building, and coordination with government and partners to ensure successful completion of vaccination exercise. Administrative coverage of 99% was achieved, including in security-compromised wards of Sassawa-Kaburu, Kukareta and Warsala, where insecurity in the general area and bad geographical terrain constrained previous cholera prevention and control effort. WHO conducted a Mental Health orientation training for new 25 Mental Health nurses from State Hospital Management Board and Federal Neuro Psychiatric Hospital.
on Mental Health service deliveries and supervision of PHC workers, on 25th September 2019, this was to prepare them for the commencement of Mental outreaches at 40 selected HFs across 13 LGAs in Borno state. The project will kick off from October 2019. WHO and IOM met with the Honorable Commissioner of Health and Director Emergency Medical Response & Humanitarian Services on 3rd October 2019 discuss agenda for the World Mental health day- 10th October 2019 and the launching of Borno Mental Health Strategic Framework (BMHSF) Implementation Plan. The Executive Governor will be the special guest of honor on the world mental health day while the launching of the implementation plan was scheduled on 23rd October 2019. WHO supported referral systems in Borno state, has continue to provide referral services to internally displaced persons (IDPs) from camps to access secondary health services at the State Specialist Hospital Maiduguri. Nine (09) patients were referred 4 camps in week 36, bringing to total one hundred and sixteen (116) patients from week 30-36 for various emergencies. Most of the patients referred are med cases. WHO is continuing to provides all the logistics support including reimbursement for the cost of treatment.

**WHO – Adamawa** carried out Infection Prevention and Control (IPC) capacity building was conducted in conjunction with the SMOH in 7 LGAs of Numan, Demsa, Fufore, Mubi North, Mubi South, Maiha and Hong LGAs. 50 frontline Healthcare Workers were trained on IPC in each of the LGA for three days each, totalling 350. The core components of the trainings were on Overview of infection control for health care workers, Infection control in health care setting, Triage and isolation, Decontamination, Waste management, Preparations of various forms of chlorine, Hand hygiene and demonstration, Safe Burial Practices, Sharp management and Standard Precaution. There were teachings and practical sessions with audio-visuals on IPC. The major constraints highlighted by participants were the lack of support from government to provide IPC commodities in facilities. The need for strong advocacy was resolved, to follow up with relevant authorities about prioritizing IPC measures in facilities with robust engagements of the communities via IPC committees. In response to Cholera outbreak, WHO trained the Director of Planning, Research and Statistics in the SMOH, the HMIS Officer and the M & E officer of the Adamawa State Primary Healthcare Development Agence, on the new NHMIS data tools. WHO continues to support the cholera outbreak response. Active case search volunteer teams visited 5,208 households and identified and referred 4 suspected cholera cases to the cholera treatment centre. A total of 28 cases were reported from 1st – 31st October 2019. Total case count as at 31st October, 2019 was 810 with 4 deaths.

**ICCM:** 2,841 children were treated for malaria, diarrhea and Pneumonia by 123/123 CoRPs in 14 LGAs of the state. 2120 of the children were screened for malnutrition using MUAC. 119 (5.6%) of the children screened had MAM and were counseled on proper nutrition, while 1 (0.04%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

**HTR:** 32,552 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 9372 persons with minor ailments and dewormed a total of 8003 children during the month. Pregnant women were provided FANC services with 2359 of them receiving Iron folate to boost their hemoglobin concentration while 1582 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

**WHO** supported Hard-to-Reach mobile mobile health teams were deployed to support the 7 LGAs affected by flood along riverine areas of Adamawa state. The mobile health teams are supported by the WHO to provide lifesaving intervention to as much as 11,000 individuals in need of essential health services in Numan, Demsa, Yola North, Yola South, Fufore and Girei LGAs. **CORPs** (Community Oriented Resource Persons) and Hard-to-Reach (HTR) teams in collaboration with SMOH and SPHCMB, are working in all LGAs of the state to provide life-saving care and refer critically ill and severely malnourished children to town clinics and hospitals for further care. WHO also provides capacity to SMOH health Workers, CORPs and the HTR teams, who are further being supported by WHO technical staff, CORPs supervisors and Local Government Facilitators with supportive supervision and job aids to work effectively in...
remote areas. WHO is strengthening ICCM services through Community Resources Persons (CORPs), who are working in remote communities to treat malaria, pneumonia and diarrhea. In October 2019, WHO and SPHCMB conducted CORPs supervisors review meeting with 25 supervisors, SPHCMB officials and other stakeholders. During the meeting, CORPs supervisors were reoriented on mentoring and supervision of CORPs in the field and issues regarding routine CORPs activities, CORPS collaboration with partner volunteers at community level, as well as the role of CORPS and CORPS supervisors in surveillance, prevention and control of epidemic-prone diseases were also highlighted. 35 WHO HTR teams in Yobe state have treated 39,478 clients for common ailments, vaccinated 63,341 children and screened 32,645 under-5 children for malnutrition. Up to 1244 critically ill or other malnourished children were referred from remote areas to OTP sites or stabilization centers to receive further care. The HTR teams have also dewormed 21,843 children, provided Vitamin A supplement to 22,382 children and reached 34,475 young women with health promotion messages on key household practices and reproductive health.

HEALTH EMERGENCY RESPONSE TO FLOOD AFFECTED COMMUNITIES IN ADAMAWA STATE

WHO – Yobe donated hospital equipment to Yobe State Primary Health Care Management Board (SPHCMB) in a bid to improve access to quality PHC services in security compromised LGAs. These equipment was distributed to 4 newly rehabilitated PHC facilities across the state. WHO has recently renovated CHC Kukar-Gadu, PHC Babban Gida, PHC Damaya 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. In addition, WHO in collaboration with State Ministry of Health (SMOH) and State Primary Health Care Management Board (SPHCMB) has conducted training of 136 health care workers- including midwives, nurses an CHEWs working in PHC clinics- on Basic Emergency Obstetric Care (BEMoC)and Integrated Management of Childhood Illnesses (IMCI). This capacity building training is to enable newly posted PHC workers to provide services in locations where many skilled health care workers have relocated to safer areas leaving many communities with little or no health services, before now. The newly rehabilitated PHC facilities are being provided with adequate drugs, data tools and medical commodities to bring succor to millions of conflict-affected people in remote communities.

WHO in Yobe State Conducted Last Cycle of Seasonal Malaria Chemoprophylaxis (SMC) in High-Burden LGAs: After the previous cycles of SMC conducted by WHO, SMOH, SPHMCB and partners, WHO in conjunction with state government and partners have successfully completed the last cycle of SMC in high burden LGAs in October 2019. This is to complement other malaria prevention and control efforts such as LLINs distribution that WHO and SPHCMCMB provided, which targeted vulnerable people in high-burden LGAs. Apart of the overall efforts to reduce Malaria burden, WHO also donated 240,000 doses of drugs for SMC implementation in Tarmuwa and Yusufari LGAs, and also donated equipment, materials for Reach (HTR) teams and CORPs to improve malaria case management in remote areas. Earlier, WHO has donated commodities for CORPs to provide treatment for malaria, pneumonia and diarrhea and 29 Interagency
Emergency Health Kits (IEHKs) to SPHCBMB to scale up services delivery. The donation of drugs and materials would aid mobile health teams to continue providing primary health services including treatment for malaria, antenatal care and routine immunization services. At the end of the third cycle of SMC by WHO, SMOH, SPHCBMB and Malaria Consortium in Tarmuwa, Yusufari, Nguru, Bade, Jakusko and Karasuwa LGA, up to 184,580 children aged 3-59 months were targeted and 196,006 (106%) were provided with the first dose of Amodiaquine-SP during the last SMC cycle.

**Nutrition updates**

**WHO** continue with its joint Supportive supervision to various stabilization Centers (SCs) in the state. In Adamawa state, 20,696 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 196(0.86%) children had MAM and their caregivers were counseled on proper nutrition, while 67 (0.3%) 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. Stabilization Centre at Molai was supported by WHO with lifesaving essential drugs in form of 3 SAM kits which is expected to reach 150 under five children with SAM+ medical complications in the next 2-3 months. The SC covers Bakassi camp, Damboa road and Sulemanti axis of Jere LGA with average patient flow of 55/month. Planning underway with Plan international and Unicef/Caritas to conduct 2 batches of six days training on inpatient management of SAM with medical complications which will run concurrently at Biu and Maiduguri from 11-16th November, 2019. It targets 54 staff mainly for the upscale of the Stabilization Centres at Shani and Briyel (Bayo) General hospitals and the new staff for Magumeri, Bolori II (Jere), Mafa and Chibok LGAs.

**IRC** conducted CMAM program, anthropometric screening was conducted for under-five children which a total of 13,492 (6,498M, 6,994F) whom were reached with 309(125M, 184F) identified among them as SAM cases and 1,624 (797M and 827F) 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 278 (133M and 145F) children discharged from the program. 225 (109M and 116F) among them were exited as cured, 21 (9M and 12F) defaulted clients, 32 (15M, 17F) were transferred to SC and other OTPs and zero death was recorded. Currently at the program clinics, a total of 864 (427M, 437F) SAM children are on admission and receiving treatment. In the Stabilization centers, 16 New SAM with medical complication were admitted. 0 death and 12 transferred to various OTPS after being stabilized for rehabilitation. Performance for the month in the total clinic where 91.5% cured rate, 0% death rate and 8.5% default rate. For Drug utilization 251 blister of anti-malaria, 307 bottles of amoxicillin, 3 tubes of Zinc ointment, 18 bottles of Albendazole suspension, 248 tablets of Albendazole, 20 bottles of Calamine lotion, 164 tablets of Zinc Sulphate, 6 tubes of Tetracycline Ointment, 11 bottles of Paracetamol, 5 bottles of Nystatin, 110 vale of ceftriaxone, 10 ample of Gentamicin, 74 Malaria rapid test kits, 67 HIV test kits, 19 sachets of F100, 1 sachet of Resomal and 19,721 Sachets of RUTF were used to beneficiaries. For the IYCF community awareness raising and sensitization sessions, a lot of activities were conducted to community members with emphasis on breastfeeding relevant topics which include important of clinics visit, personal hygiene practices, early initiation of breastfeeding and RUTF usage at home. 6,120 community members benefited from the activity with 1,678 pregnant mothers, 2,671 lactating mothers, 822 old women, 510 young girls and 439 men reached. 73 Mothers identified with breastfeeding difficulties were also counselled (39 on exclusive breastfeeding, 17 on insufficient breastmilk, 2 on mastitis, 10 on complimentary feeding, 2 on sore nipple, 2 on engorgement, and 1 on cracked nipple) in their respective communities. On MAMA MUAC capacity building, 773 women were trained on active case findings using MUAC and edema checking.
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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