Due to shrinking humanitarian space health partners are facing challenges in delivery of timely and urgent life-saving assistance as access challenges are impacting movement of mobile medical teams, ambulances, immunization staff and medical cargo in many locations across Borno state. Health services remain at risk in case of prolonged road closures and delays in approving road cargo movement.

Restrictions on fuel supply to LGAs will have serious consequences on health services including operations of diesel generators for power supply to cold chain for storage of temperature-sensitive drugs and vaccines, operations of lifesaving equipment in general hospitals and movement of ambulances for transportation of patients. The new policy reduces fuel movement allowances from 1,000 liters per day per location for each organization to 1,000 liters per week. Approximately 80% of affected partners are working in the Health Sector and also impacting partners engaged in common services on behalf of the international community.

As malaria season has started, the Health Sector recommends the intermittent administration of full treatment courses of oral antimalarial medicine to children in areas with high transmission rates during the malaria season. Even though malaria control in Borno State remains a public health challenge, there are suboptimal availability and use of prevention and treatment interventions, such as insecticide-treated bed nets and accessibility to health facilities for diagnosis and treatment using quality-assured artemisinin-based combination drug therapy.

The protracted conflict has caused widespread psychological devastation, affecting the mental wellbeing of vulnerable people in the North East in the context of weak mental health system in the region.

**Northeast Nigeria Humanitarian Response**

- 5.3 million People in need of health care
- 5.0 million targeted by the Health Sector
- 1,755,592* IDPs in the three States
- 4.4 million people reached in 2018**

**HIGHLIGHTS**

- 45 HEALTH SECTOR PARTNERS (HRP & NON-HRP)
- HEALTH FACILITIES IN BAY STATE**
  - 1372 (58%) FULLY FUNCTIONING
  - 233 (9.8%) NON-FUNCTIONING
  - 388 (16.4%) PARTIALLY FUNCTIONING
  - 374 (15.8%) FULLY DAMAGED
- CUMULATIVE CONSULTATIONS
  - 4.9 million CONSULTATIONS****
  - 1490 REFERRALS
  - 320,898 CONSULTATIONS THROUGH HARD TO REACH TEAMS
- EPIDEMIOLOGICAL WEEK 2018
  - 268 EWARS SENTINEL SITES
  - 223 REPORTING SENTINEL SITES
  - 298 TOTAL ALERTS RAISED*****
- SECTOR FUNDING, HRP 2019
  - HRP 2019 REQUIREMENTS $73.7M
  - FUNDED $11.9 M (16%)
  - UNMET REQUIREMENTS $61.7 M

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* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXII
**MoH/WHO Borno HeRAMS September/October 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

Seasonal Malaria Chemoprevention (SMC):

Malaria remains a leading cause of ill health in Africa and Nigeria. From world malaria report, 2018 53 million annual cases in Nigeria (1 in 4 persons), contributing 25% global burden and 53% of cases in West Africa. In Nigeria alone, 81,640 deaths are recorded annually (9 deaths per hour), which accounts for 19% global malaria deaths (1 in 5 global malaria deaths) and 45% malaria deaths in west Africa. The Nigeria Malaria Strategic Plan (NMSP) 2014-2020 has as its goal to reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero.

To achieve the NMSP goal, there are core interventions which are in line with the WHO key interventions currently recommended for the control of malaria and the Global Technical Strategy for Malaria (GTS) 2016-2030. They include: (1) Integrated vector management (IVM) - The use of Long Lasting Insecticidal Nets (LLINs), Indoor Residual Spraying (IRS), Larval Source Management (Larviciding and Environmental Management), Personal protective measures such as house screening, durable linings and the use of repellents. (2) Malaria Chemoprevention - Chemoprophylaxis for non-immune immigrants & at risk groups, Intermittent Preventive Treatment in Pregnancy (IPTp), Seasonal Malaria Chemoprevention (SMC) – SPAQ, Others Malaria Vaccine and Bio-Technology once they become accessible. (3) Case Management – Diagnosis (Testing before Treatment), Treatment (Use of ACTs for uncomplicated Malaria & Injection artesunate for severe malaria), Health System Strengthening, Cross Cutting Interventions. (4) Surveillance - strengthen data management, strengthen EWARS & IDSR, Research and surveys.

In Nigeria malaria transmission is Perennial, with seasonal peaks in March to September in the South and August to November in North. Some states in Northern region in Sahelian belt, are eligible for SMC. Across the Sahel sub-region most childhood malaria mortality and morbidity occurs during the rainy season, which is generally short. Giving effective malaria treatment at intervals during this period has been shown to prevent illness and death from malaria in children. Therefore, in March 2012 WHO recommended a new intervention against Plasmodium falciparum: SMC for children aged 3-59 months (under 5), Children under five are the most vulnerable to malaria illness and likely to die from severe infection. Their growth and development are most affected by repeated attacks of malaria and the development of anaemia. This strategy was adopted by the National Malaria Elimination Programme within its strategic plan 2013-2014 and again in the 2014-2020 NMSP, it is being implemented by the national, state ministries of health and partners in the country.

SMC is defined as the intermittent administration of full treatment courses of an antimalarial medicine amodiaquine plus sulfadoxine-pyrimethamine (AQSP) during the malaria season to prevent malarial illness with the objective of maintaining therapeutic antimalarial drug concentrations in the blood throughout the period of greatest malarial risk. Administered at monthly intervals up to 4 cycles in a year.

The objective of giving SMC medicines is to maintain an adequate level of antimalarial medicine concentrations in the blood in order to kill the malaria parasite during the period of high malaria transmission. This intervention should be done in combination with other malaria prevention methods, especially sleeping inside an LLIN every night. SMC is a preventive approach to malaria for children aged 3 -59 months, the drugs are given as a prophylaxis.

Benefits of SMC: Studies show that SMC

- Prevents approximately 75% of all malaria episodes
- Prevents approximately 75% of severe malaria episodes
- May result in a decrease in child mortality of around 1 in 1000
- Probably reduces the incidence of moderately severe anaemia
- Reduce Hospital admissions associated with malaria parasitaemia
- Provide Personal protection against clinical malaria for a period approximately 35 days following the administration of each dose
Malaria is a key public health concern in the coming months: Yobe state is one of the states in the north east of Nigeria that is affected by the insurgency, health facilities were destroyed leading to a weakening the health system and thereby reducing health care service delivery to the people, the most affected being children under five and pregnant women.

- Malaria is the biggest killer in north-eastern Nigeria. With appropriate access to comprehensive malaria interventions, up to 10,000 lives could be saved. In Yobe State, malaria burden as at 2018 was 70%. WHO data estimates more than half of deaths recorded are currently due to malaria, which dwarf all of other causes of death combined including cholera, measles and hepatitis E.

WHO, SOML & Malaria Consortium in 2019 starting July, is supporting the Yobe State Malaria Elimination Programme (SMEP) to deliver SMC to up to 184,580 children across 60 wards in 6 LGAs namely Yusufari, Tarmuwa, Bade, Machina, Nguru and Karasuwa. SMC delivery commenced in July with cycle 1 recording 92% coverage and cycle 2 recording 104%. Using house- to- house strategy ensuring all children between 3 months and 59 months of age receive the medication. Every eligible child administered the drug had his/her finger marked, a child health card issued and the houses marked based on the service provided and outcome. In each ward a referral health facility was identified and all malaria drugs and commodities were ensured to be available, the hard-to-reach(HTR) areas were linked to the WHO HTR mobile team for referral purposes. The administration of Sulphadoxine-Pyrimethamine + Amodiaquine to children 3-59 months, one month apart up to a total of 4 cycles without knowing their parasite status, the children will be given the first dose of the medication in the presence of the guardians. The next two doses will be handed over to the guardian with clear explanation on how to use it given by trained distributors and supervised by health workers, state supervisors, SMEP, NMEP and partners. There was in-process monitoring by trained independent monitors for the four days of the campaign. Coverage data is submitted electronically daily, the state M&E team download, analyse and share with the state teams for use during evening review meetings, feedback the LGA and guide in the next steps to take. SMC implementation is a four-day activity with a fifth day mob-up where the need arises. The second cycle held in August from Thursday 22nd August – 26th August, 2019. A 2-day LQAs was conducted after the implementation.

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

- **Number of reporting sites in week 39:** A total of 228 out of 274 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 84% (target 80%).
- **Total number of consultations in week 39:** Total consultations were 50,148 making a decrease of 19% in comparison to the previous week (n=62,138).
- **Leading cause of morbidity and mortality in week 39:** Malaria (suspected n= 11,276; confirmed n= 9,164) was the leading cause of morbidity and mortality reported through EWARS, accounting for 44% of reported cases and 45% of reported deaths.
- **Number of alerts in week 39:** Fifty-four (54) indicator-based alerts were generated with 91% of them verified.
Morbidity Patterns

- **Malaria**: In Epi week 39, 9,164 cases of confirmed malaria were reported through EWARS. Of the reported cases, 608 were from Gwange PHC, 375 were from General Hospital in Biu, 250 were from Shuwari host community clinic in Damboa, and 250 were from GSSSS IDP camp clinic in Bama. Seven associated deaths were reported in Gwange PHC MMC (5), Lassa General Hospital Askira Uba (1), and Whitambaya dispensary Hawul (1).
- **Acute watery diarrhea:** In Epi week 39, 524 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 69 were from FHI360 clinic Banki in Bama, 52 each were from PUI Veterinary IDP camp clinic in Monguno and PHC clinic Gwoza. No associated death was reported.

![Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016-39 2019](image)

- **Acute respiratory infection:** In Epi week 39, 6,932 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 278 were from PUI Veterinary IDP camp clinic in Monguno, 254 were from FHI360 clinic Banki in Bama, 224 were from FHI360 clinic Damasak in Mobbar, and 210 were from Dikwa General Hospital in Dikwa. No associated death was reported.

![Figure 4: Trend of acute respiratory infection cases by week, Borno State, week 34 2016-39 2019](image)

- **Suspected Measles:** Forty-two (42) suspected measles cases were reported through EWARS in week 39. Of the reported cases, 5 were from Hausari MdM IDP camp clinic in Damboa, 5 were from Damasak MCH in Mobbar, 3 each were from Ngamdu PHC in Kaga, ISS IDP camp clinic in Ngala and FHI360 clinic Damasak in Mobbar. No associated death was reported. Ten additional cases were reported through IDSR* from Ngala (7), Dikwa (2), Maiduguri (1) LGAs making a total of 52 suspected measles cases.
- **Suspected Yellow Fever:** Nine suspected yellow fever cases were reported through EWARS in week 39 from Rumirgo PHC (4) in Askira Uba, Bargu MCH (2) in Shani, Teachers village IDP camp clinic (1) in MMC, Gamadadi PHC (1) in Bayo, and Magumeri MCH (1) in Magumeri. Two additional cases were reported through IDSR* from Gubio (1) and Jere (1) LGAs, making a total of 11 cases. No associated death was reported.

- **Suspected Meningitis:** No suspected meningitis case was reported in week 39.

- **Suspected VHF:** No suspected viral haemorrhagic fever case was reported in week 39.

- **Suspected cholera:** 21 suspected cholera cases were reported through IDSR* in week 39 from Maiduguri. No associated death was reported.

- **Malnutrition:** 1,510 cases of severe acute malnutrition were reported through EWARS in week 39. Of the reported cases, 115 were from Fori PHC in Jere and 53 were from Dikwa General Hospital. One associated death was reported in General Hospital Ngala (FHI360) in Ngala.

- **Neonatal death:** Two neonatal deaths were reported in week 39 from Koronglim dispensary (1) in Chibok and Teli PHC (1) in Bayo.

- **Maternal death:** Two maternal deaths were reported in week 39 from Garubula dispensary and Maina Hari dispensary in Biu.

*IDSR- Integrated Disease Surveillance and Response*

### Health Sector Actions

IRC through fund from SIDA, EU, OFDA, NHF and GAC continued to respond to the humanitarian crises across BAY states continue to provide comprehensive primary and reproductive health services at her mobile and static supported health facilities in the reporting period. A total of 47,956 clients were reached during the reporting period, 40,590 (24,426 F, 16,164 M) of whom were treated for communicable and non-communicable disease while 7,366 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 family planning users and consultation for STI. IRC health sector also carried out health promotion, disease prevention and behavior change communication activities reaching 26,592 (17,079F, 9,513M) beneficiaries with messages on topics such as prevention of cholera, personal/ environmental hygiene, prevention/control of malaria, birth preparedness, care of the newborn,
utilization of the RH services etc. Through the capacity building mandate of different grants, 201 (77 M, 124 F) SPHCDA and LGA staff, health facility staffs, Community Health committee members, CHVs and IRC staff benefitted from various capacity building session and trainings.

INTERSOS continues to support stand-alone health facilities located in: Bama (1), Dikwa (1) and Ngala (i.e. 2: one in Gamboru Host Community, and one in ISS Camp). The support in Magumeri’s Health facilities: 1 General Hospital and 2 health posts is still being done by the Organization. Outreach activities are with 4 mobile clinics in Magumeri, 2 in Dikwa and 1 in Bama GSSS Camp (in order to provide services to the whole camp accordingly).

For outpatient services, a total number of consultations for the month of September were 32,908 (M 14,201, F 18,707) out of this total 12,552 (38%) were patients U5. A decrease of 4,8% in the overall consultations due mainly to less number for U5 patients. The main cause for consultation during the reporting period was: Malaria with a total of 8,404 cases registered. Acute Respiratory Infection was also, a main reason for consultations with a total number of 7,452 cases. An increase in the number of cases for both pathologies, which corresponds to the epidemiological season in the area. INTERSOS health facilities have also registered a decrease of 244 cases less in Acute Watery Diarrhea and 72 cases for Bloody diarrhea across all sites. From all supported locations by INTERSOS, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites compared to the previous month. For sexual and reproductive health, the total ANC attendees was 3,833 attendees out of which 1,407 first consultations and 2,426 follow ups. 106 patients were hospitalized during the reporting month. SAM complicated cases treated and hospitalize 33 cases. As per age segregation a total of 36 under 5 years and 18 cases above 5 years. 19 cases of gynaecological and obstetric complications were treated. INTERSOS is supporting referral of patients to secondary or tertiary care from Bama and Magumeri to Maiduguri.

AGUF participated in the multi-sectoral needs assessment. One pan of blood was donated and pay hospital bills of an IDP patient from Madagali who is currently staying in Nyakore Jambutu who was on admission due to acute malaria. Seven (7) individuals in Nyakore IDPs and Host Community were refer to Specialist Hospital for medical care and the bills were settled. AGUF also participated in the Coalition Against Rape Campaign. A total of 237 under 5 years old were administered with Vitamin A and Mebendazole in various wards across Yola North and South LGAs. On SRH Campaign and SGBV, 152 people were reached in Damilu and also 296 people reached with Chorea Preparedness Campaign.

FIRST STEP members visited Bille community to conduct a focus group discussion with community members. During the key focus group discussion the Programme Officer welcomed the community representatives and introduced ACOMIN to them. A total Number of 12 participants were in attendance in addition to 3 CAT members making a total of 15 participants, 7 females and 8 males.

LESGO continues to support humanitarian response with a total of 2,425 direct beneficiaries reached 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.

UNICEF continues to support the SMoH with integrated PHC services. A total of 235,237 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 100,553 (43%) were children below five years. During the reporting period, 125,368 Out Patient Department (OPD) consultations were recorded with malaria – 43,387 being the major cause of consultation, followed by ARI – 28,139; AWD – 10,810, measles – 280, and other medical conditions – 42,387. A total of 102,053 prevention services were recorded including 4,936 children vaccinated against measles through RI services; 45,017 children and pregnant women reached with various other antigens; Vitamin A capsules – 13,467, Albendazole tablets for deworming – 17,032 and ANC visits – 17,826, and 3,775 LLINs distributed through RI and ANC clinics in Borno and Yobe States. A total of 3,489 deliveries (skilled delivery – 2,906, unskilled – 583) and 4,327 postnatal/home visits were recorded during the reporting period.

UNICEF supported the SMoH through SPHCDA in Adamawa and Borno states with a total of 171 NHKs (Adamawa 13 NHKs and Borno - 158 NHKs and 6 IEHK) for integrated emergency PHC services in the IDP camps and host
communities. Yellow Fever outbreak has been reported in Some States in Nigeria including in Gombe State which is bordering with Borno State and in Bauchi state bordering with Yobe State. In view of this reason, UNICEF is providing logistics support to the Borno State to prepare for yellow fever reactive campaign in 3 LGAs in southern Borno that are directly bordering with Gombe State, namely Biu (in 11 Wards), Hawul (in 3 Wards) and Kwaya Kusar (in 1 Ward). LGA level training has been conducted in the 3 LGAs and the campaign will be conducted by the end of the year. Increased insurgents’ attacks around Magumeri, Gubio and Damasak and Bama areas have affected service delivery and movement of supplies to those locations thereby worsening the humanitarian burden in the LGAs.

**WHO – Mental Health:** The protracted conflict has caused widespread psychological devastation, affecting the mental wellbeing of vulnerable people in the North East in a context of weak MH system, and Borno state is the worst affected. WHO stated “1 out of 10 in low and middle income countries suffer from mental disorders, and during crisis or disaster, it can double”. This means about 830,238 vulnerable persons will suffer from severe mental disorders in Borno state, and about 664,190 vulnerable people will lack access to evidence based mental MH care from the projection that about 4 out of 5 people in low and middle income countries who need MH care services do not receive them.

**Outreach Sessions:** 51 mental health outreach sessions were conducted in 11 LGAs, with a total of 1,874 consultations. 385 new patients were treated, 1 was referred to FNPH for further management, while 1,489 were follow up patients. A one-day training on how to conduct MH outreaches in PHC and IDP Camp Clinics was conducted for 25 mental health nurses on the 25th September 2019 at FNPH. These 25 mental health nurses will commence mental health outreaches in 40 HFs across 13 LGAs from October 2019.

**IOM** continue to support MHPSS activities in various ways, which are:
- IOM provides direct mental health and psychosocial support services and activities to the affected population in Borno, Adamawa and Yobe States through dedicated MHPSS mobile teams and MHPSS resource centers/safe spaces. A total of 54,892 beneficiaries were reached through various MHPSS services and activities within the month of September 2019. A total of 10,181 individuals were new beneficiaries reached within the reporting month.
- MHPSS services and activities offered by the MHPSS mobile teams include lay counselling, PFA, informal education, support group, recreational activities, sensitization on GBV, Counter Trafficking and health issues such as hygiene promotion, cholera prevention and mitigation, small scale conflict mediation, bereavement support, livelihood and supervision, 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 offer direct MHPSS services and activities to the influx of IDPs/new arrivals in several displacement sites across field locations in Borno, Yobe and Adamawa States. Total of 397 newly arrived displaced populations were received and 365 individuals were supported through PFA, sensitization and counselling.

**Mental Health Referral for Specialized Mental Health Care:** 285 specialized mental health referral sessions were offered to beneficiaries referred for specialized mental health services in Adamawa and Borno States. IOM facilitates referral to FNPH Maiduguri and the Psychiatric Ward of the Adamawa State Specialist Hospital, Yola. Six trained psychiatric nurses are also deployed to hard-to-reach areas of Borno State for the provision of direct specialized mental health care services on rotational basis to Bama, Banki, Dikwa, Gwoza, Monguno and Ngala.
MHPSS Coordination - MHPSS Sub-Working group:

- The MHPSS SWG coordination meeting was held on September 10th, 2019 at the HMB Conference Hall of Eye Hospital, Maiduguri. A total of 48 participants from various organizations participated in the coordination meeting and the main issues discussed during the meeting included review of minutes from last meeting and follow-up of actions points, partners field updates, plan and activities, presentations by Médecins du Monde and CHAD International on the organizations’ projects and implementation of MHPSS activities, update on MHPSS SWG plan to commemorate World Mental Health Day on 10th October 2019.
- A discussion with Child Protection Specialist of UNICEF and Mental Health Officer of WHO was conducted on the collaboration of developing and printing IEC materials for MHPSS SWG partners, creating committee that will provide technical support to the specific CPSS partners that are responding to the CP and PSS activities and strengthening the mental health specialized services for children and adolescents.
- The MHPSS SWG Coordinator participated in the Health Resources & Services Availability Monitoring System (HeRAMS) Task Force meeting. The task force meeting was organized by Borno SMoH and lead by WHO. The lead agency will support Borno SMoH to conduct the HeRAMS’s assessment in collaboration with Health Sector partners based on partners’ LGAs of presence, support health facilities data updates and availability of health services. The mental health is one of the main care domains that will be included in the assessment from the overall seven health care domains. A follow-up meeting and workshop will be carried out prior to the implementation of HeRAMS assessment process.

PUI continue to respond to the need of the affected population across different sector. Health information data for the health programme has been made digital where patient information is collected in KOBO. This is to ensure accurate electronic data collection. Delivery in Herwa PHC increased due to awareness of quality service provided. General OPD consultation is increasing as we are in peak season. The number of measles cases is decreasing in the 5 supported facilities.

Humanitarian situation at different centers managed by PUI are as follows:

<table>
<thead>
<tr>
<th>Center</th>
<th>OPD Consultation</th>
<th>Immunization</th>
<th>Nutrition</th>
<th>Malaria and Measles</th>
<th>Sexual and Reproductive Health</th>
<th>MHPSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herwa Peace PHC</td>
<td>6973</td>
<td>1905</td>
<td>70 new admissions for SAM cases in OTP</td>
<td>Malaria: 1158 cases Measles: 3 cases reported</td>
<td>2058</td>
<td>38</td>
</tr>
<tr>
<td>Ngarannam PHC</td>
<td>6073</td>
<td>1524</td>
<td>840 new admissions for SAM cases in OTP</td>
<td>Malaria: 1055 cases Measles: 0 cases reported</td>
<td>1339</td>
<td>13</td>
</tr>
<tr>
<td>Outreach teams</td>
<td>8400</td>
<td>215</td>
<td>888 new admissions for SAM cases in OTP</td>
<td>Malaria: 2504 cases Measles: 6 cases reported</td>
<td>773</td>
<td>20</td>
</tr>
</tbody>
</table>

JHF continues to implement projects in Adamawa State. A total of 4,744 IDPs were verbally screened in camps and host communities, 445 presumptive TB cases were detected out of which 420 were tested by Xpert under TB REACH Wave 5 IDP Scale-up project. A total of 31 all forms of TB cases were detected. A total of 420 presumptive TB cases had HCT out of which 2 were found to be HIV+. 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 20,501 persons were verbally screened across 17 LGAs of Adamawa State, 1,856 presumptive TB cases were detected out of which 1,616 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 80 all Forms of TB cases were detected and enrolled on TB treatment. Of the 1,616 presumptive TB cases detected, 1,616 had HCT out of which 4 were found to be HIV+. Diagnosed TB and HIV patients were linked to DOTS and ART sites for treatment, care and support. Under Community DRTB Care Project, a total of 39 patients have been line listed to be cared for. JHF partnering with other CBOs (Clear View, DOBIYAN, Garga Foundation, Goggoji Zumunci Initiative) are currently carrying out these services across the 21 LGAs of Adamawa State.
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-Kabaru, 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 training on Infection Prevention and Control (IPC) in 4 LGAs of Yola North, Yola South, Girei and Song; 200 frontline healthcare workers were trained by WHO in collaboration with the SMOH on IPC in response to the on-going cholera outbreak response in the State.

The following findings was as a result of the multi-sector assessment findings in flood in the 4 selected LGAs of Adamawa state:

- Out of the 8 communities visited in 4 LGAs affected by the floods, 2 health facilities were fully functional while one was partially damaged in Bomgel, Shelleng LGA. The other communities have no health facilities in site.
- CMAM program is available in 2 of the health facilities visited although while the partially damaged health facility has no basic nutritional screening and counselling services.
- Common medical ailments in the functional health facilities were Malaria 55%, Diarrhoea 22%, Acute Respiratory infection 18%, injuries and others 5%
- All services rendered, especially consumables and laboratory services were paid for by out of pocket expenditure.
- In the 2 functional health facilities visited, basic drugs available were said to last for less than one month. These available drugs were mostly of single class and not having dosages for the different age groups.
- Mental health services are grossly insufficient and not structured in any way to address the needs of the communities.

ICCM: 2,264 children were treated for malaria, diarrhea and Pneumonia by 123/123 CoRPs in 14 LGAs of the state. 2,264 of the children were screened for malnutrition using MUAC. 157 (6.9%) of the children screened had MAM and were counseled on proper nutrition, while 9 (0.4%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR: 27,682 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 8,453 persons with minor ailments and dewormed a total of 9,694 children during the month. Pregnant women were provided FANC services with 2,187 of them receiving Iron folate to boost their hemoglobin concentration while 1,6226 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.
Nutrition updates

UNICEF: All the 427 nutrition service sites supported by UNICEF in Borno, Yobe and Adamawa submitted reports for the month of September 2019; representing 100% reporting rate. A total of 12,646 boys and girls aged 6-59 months with Severe Acute Malnutrition (SAM) were newly admitted for treatment. All the discharge performance indicators for the Out-Patient Therapeutic Programme (OTP) were within the recommended SPHERE standards; 93.4% cure rate, 4.1% defaulter rate, 0.9% death rate and 1.6% of non-responders to treatment. For the prevention of malnutrition 37,676 Pregnant and Lactating Mothers and caregivers of boys and girls aged 0-23 months benefitted from counselling on optimum Infant and Young Child Feeding (IYCF) through community-based Mother to Mother Support Groups and skilled counselling at nutrition facility level. A total of 14,054 boys and girls 6-23 months received Micronutrient powder (MNP) for the prevention of micronutrient deficiencies. The below listed activities carried out during the reporting period were key in achieving the above-mentioned results:

- A total of 1,263,893 boys and girls aged 6-59 months were screened for acute malnutrition at community level by the Community Nutrition Mobilizers. 9,612 (0.8%) were identified as SAM whilst 40,618 (3%) were identified as Moderate Acute Malnutrition (MAM). A total of 12,646 new admissions were done during the month.
- A total of 7,535 cartons of Ready to Use Therapeutic Food (RUTF) and 140 packets of Micronutrient Powder were delivered to OTP sites managed by State Primary Health Care Development Agency and supported by UNICEF.
- A 6-day (2 batches) training of trainers on multi-sectoral Community Health Influencers and Promoters (CHIPS) programme approach in Maiduguri. A total of 70 program officers from State and Local Government Areas were trained by UNICEF and they are expected to cascade this training to LGA level.

WHO continue with its joint Supportive supervision to various stabilization Centers (SCs) in the state. In Adamawa state, 16,300 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 244 (1.5%) children had MAM and their caregivers were counseled on proper nutrition, while 57 (0.4%) 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

Nigeria Centre for Disease Control, RUWASA, BOSEPA, PCNI, BOSACAM; other sectors (WASH, Nutrition, Protection, CCCM, Food Security, Shelter and RRM), Nigerian Armed Forces and Nigerian Air Force.

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

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