



# Health Sector Bulletin

## July, 2018



UNICEF supported PHC services in Ngala IDP camp.

### Northeast Nigeria Humanitarian Response



5.4 million  
People in need  
of health care



5.1 million  
targeted by the  
Health Sector



1,881,198\*  
IDPs in the  
three States



3.7 million people  
reached in 2017\*\*\*

HIGHLIGHTS	Health Sector									
<ul style="list-style-type: none"> <li>With the support of WHO and partners, Borno state targets <b>1 million children</b> with anti-malaria therapy. Between <b>14 – 17 July, 2018</b>, no fewer than <b>1.1 million</b> children aged 3 to 59 months were reached with anti-malaria therapy in <b>13 local government areas (LGAs)</b> including security compromised Mobbar, Ngala, and Monguno. This is the first of the planned <b>4-cycle campaign</b> aimed to reverse the trend of illness due to malaria in Borno state.</li> <li>Immediate outbreak response was initiated following the report of <b>cVDPV2</b> in Geidam LGA of Yobe State. The immediate response was planned from <b>28 July to 3rd August, 2018</b>. First round OBR will be conducted by the end of August 2018 followed by the 2nd and 3rd rounds of OBR a month apart</li> <li>As a signatory to the International Health Regulations (IHR), Nigeria has begun the final process towards the development of a National Action Plan for Health Security (NAPHS). This process has been coordinated by the Nigeria Centre for Disease Control (NCDC) with support from the World Health Organization (WHO) and other partners.</li> <li>The United Nations Population Fund (UNFPA) in collaboration with Borno State Government has commenced campaigns against Vesico-Vaginal Fistula (VVF) targeting mothers in the state. The Governor of Borno State Commissioned the Obstetric Fistula Theater at the State Specialist following the Obstetric Fistula Campaign Supported by UNFPA.</li> </ul>	<p><b>45 HEALTH SECTOR PARTNERS</b> (HRP &amp; NON-HRP)</p>									
	<p><b>HEALTH FACILITIES IN BORNO STATE**</b></p>	<table border="0"> <tr> <td>375 (50%)</td> <td>NON- FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)</td> </tr> <tr> <td>292 (39%)</td> <td>FULLY DAMAGED</td> </tr> <tr> <td>205 (27%)</td> <td>PARTIALLY DAMAGED</td> </tr> <tr> <td>253 (34%)</td> <td>NOT DAMAGED</td> </tr> </table>	375 (50%)	NON- FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)	292 (39%)	FULLY DAMAGED	205 (27%)	PARTIALLY DAMAGED	253 (34%)	NOT DAMAGED
	375 (50%)	NON- FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)								
	292 (39%)	FULLY DAMAGED								
	205 (27%)	PARTIALLY DAMAGED								
	253 (34%)	NOT DAMAGED								
	<p><b>CUMULATIVE CONSULTATIONS</b></p>	<p><b>4.8 million CONSULTATIONS****</b> <b>1350 REFERRALS</b></p> <p><b>260,880 CONSULTATIONS THROUGH HARD TO REACH TEAMS</b></p>								
<p><b>EPIDEMIOLOGICAL WEEK 2016 EARLY WARNING &amp; ALERT RESPONSE</b></p>	<p><b>269 EWARS SENTINEL SITES</b> <b>184 REPORTING SENTINEL SITES</b> <b>49 TOTAL ALERTS RAISED*****</b></p>									
<p><b>SECTOR FUNDING, HRP 2018</b></p>	<p><b>HRP 2018 REQUIREMENTS \$109M</b> <b>FUNDED \$ 26.8 M (24.5%)</b></p> <p><b>UNMET REQUIREMENTS \$ 83.8 M</b> <a href="https://fts.unocha.org/appeals/642/clusters">https://fts.unocha.org/appeals/642/clusters</a></p>									

\* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXII  
 \*\*MoH/WHO Borno HeRAMS September/October 2017  
 \*\*\*Number of health interventions provided by reporting HRP partners as of December 2017.  
 \*\*\*\* Cumulative number of medical consultations at the IDP camps from 2018 Epidemiological Week 1- 28  
 \*\*\*\*\* The number of alerts change from week to week.

## Situation update

**Borno targets 1 million children with anti-malaria therapy:** With the support of WHO and partners, Borno state health authorities reached no fewer than 1.1 million children aged three to 59 months with anti-malaria therapy in 13 local government areas (LGAs) including security compromised Mobbar, Ngala, and Monguno. From 14 – 17 July, 2018, the anti-malaria drug administrators visited households to administer the first dose of the 4-cycle campaign with the aim to reverse the trend of illness due to malaria in Borno state. Leveraging on polio eradication infrastructures including human and material resources, WHO has trained and engaged more than 1 000 community-based health workers and volunteers in selected LGAs and wards to develop implementation strategies, plans and essential data tools for a result-oriented Seasonal Malaria Chemotherapy (SMC) campaign.

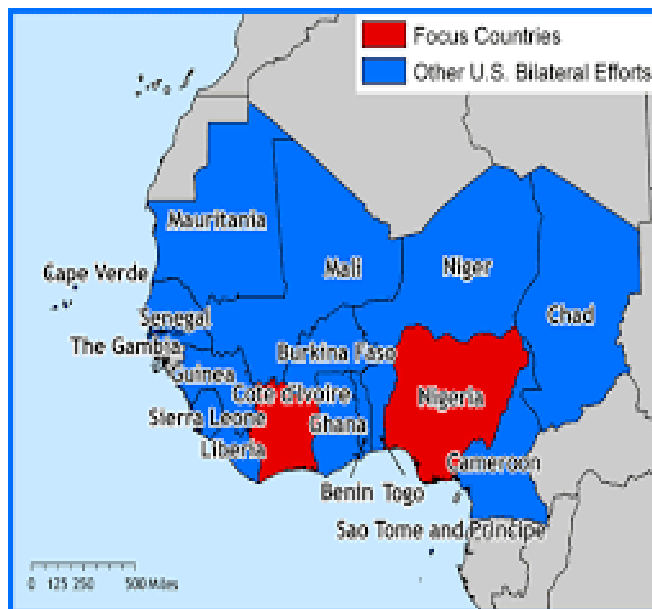
**Seasonal Malaria Chemotherapy (SMC) campaign:** According to WHO, malaria is currently the leading cause of death constituting more than 50% of all recorded deaths in Borno state. Malaria is preventable and treatable, children under the age of five are particularly vulnerable. Through malaria prevention campaign, properly diagnose suspected malaria before treatment, and educating people on the need to sleep under insecticide treated bed nets, we can roll back malaria in the northeast Nigeria regardless of the ongoing crisis. SMC is a WHO-recommended intervention for children under five living in the Sahel sub-region of Africa. The use of this preventive strategy especially during the peak transmission period (rainy season) has been shown to reduce cases of severe malaria by about 75%. In view of the unusually high child morbidity and mortality rates due to malaria in Borno state, the roll-out of an emergency SMC campaign is considered an urgent priority.

**Acute Watery Diarrhea (AWD)/ Suspected Cholera:** Yobe state Rapid Response Team (RRT) with Health sector, WASH partners and OCHA convened to review the situation of AWD cases along Borno/Yobe border and coordinate the response efforts. On 26th July, 2018, 4 new cases were reported from Biu LGA communities in Borno state and Yobe communities in Gulani LGA. This brings the total number of AWD cases to 60; out of which 46 are from Borno state and 14 from Yobe communities along the interstate border. Although most of the cases, 47 out of 60, nearly 80% were reported on the first day (23rd July), it is important to note that the number of AWD cases over the subsequent 3 days stood at only 13- with 5 AWD cases reported on 24th, four cases on 25th, and four on 26th July. These occurred after heavy rainfall that potentially caused faecal contamination of open streams, ponds shallow wells where most of the affected communities obtain water for household use. In addition to bad geographical terrain and lack of access roads, flood water in the general area has made it difficult for some cases of AWD to be transported to health facilities in time, resulting in a delay in receiving care and subsequently deaths. As it stands, a total of 5 deaths were recorded, most of which occurred on arrival at the facility from affected communities. Since the onset of the outbreak, Yobe SMOH, WHO, UNICEF, OCHA and other Health and WASH partners, and are working closely with their Borno state counterparts to strengthen surveillance, case management, scale-up risk communication and WASH interventions, and improve intra- and interstate coordination and response.

**Fistula campaign in Borno:** The United Nations Population Fund (UNFPA) in collaboration with Borno State Government has commenced campaigns against Vesico-Vaginal Fistula (VVF) among women that gave births in the state. The Fistula ward has been in existence since the inception of the University of Maiduguri Teaching Hospital and the separate Fistula Theatre and Rehabilitation Sites commissioned between 2003 and 2007. VVF repair centre has 50-bed capacity; equipped with the supply of consumables for surgery and two each of autoclaves and surgical beds. Fistula repairs are free of charge, including feeding during the 12-day campaigns and screening. The Borno State Government is very much interested in the prevention of fistula through education of the girl child, increasing access to family planning and safe motherhood, repair and rehabilitation of fistula survivors. The United Nations Population Fund (UNFPA) is assisting the technical expertise of Nigerian physicians in the repairs of damaged fistula. The organization has brought three

renowned urologists from France to treat women with damaged fistula, or suffering from vesico-vaginal fistula (VVF), and also train Nigerian physicians on the repairs of damaged fistula.

**Cross-border coordination on cholera:** Cross-border coordination has been activated among Nigeria, Niger and Cameroon to regularly share the updates on the cholera situation in these western African countries. The outbreak is ongoing in the northern areas of Cameroon bordering with Adamawa state. It is feared some of the cases were imported from Nigeria and may infect refugees fleeing the Boko Haram insurgency. The first cases of cholera were reported two months ago along the country's northern border with Nigeria. Many people from the three Nigerian states travel to Cameroon for business. At least 100,000 are in Cameroon as refugees fleeing the Boko Haram insurgency, with over 90,000 at the Minawao refugee camp.



The government of Niger says four people have died while 123 cases are being monitored following the outbreak of cholera in the Maradi region on July 13. The outbreak is concentrated in the Madarounfa district, which sits on the border with Nigeria. Laboratory results released by the Centre for Medical and Health Research (CERMES) in Niamey on 12 July 2018, confirmed *Vibrio cholerae* O1 Inaba in samples from the three-case patients. A retrospective investigation found that the patients developed symptoms in the village of Makada in Jibiya Local Government Area in Nigeria, prior to admission at the health centre in Niger. Six new cases from three villages close to the border with Nigeria were confirmed between 6 and 7 July. They all presented similar signs and symptoms to the deceased cases. At least 19 out of the 123 cases under treatment are villagers from the Nigerian side of the border.

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

- **Number of reporting sites in week 30:** A total of 184 out of 269 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 68% (target 80%).
- **Total number of consultations in week 30:** Total consultations were 48,632 signifying a 10% increase in comparison to the previous week (n= 43,523).
- **Leading cause of morbidity and mortality in week 30:** Malaria (suspected n= 12,535 and confirmed n=6,392) was the leading cause of morbidity and of mortality (n=5) reported through EWARS, accounting for 40% and 25% respectively.
- **Number of alerts in week 30:** Forty-nine (49) indicator-based alerts were generated with 86% of them verified.

Figure 1 | Trend in consultations

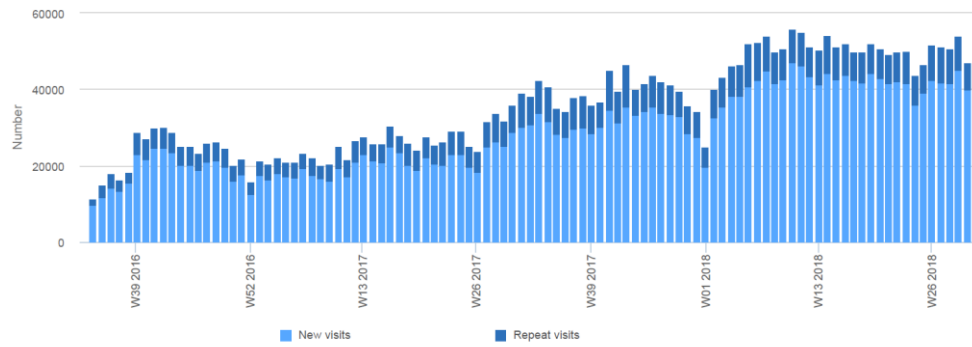


Figure 1a | Proportional morbidity (W30)

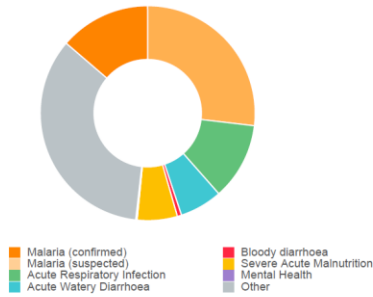
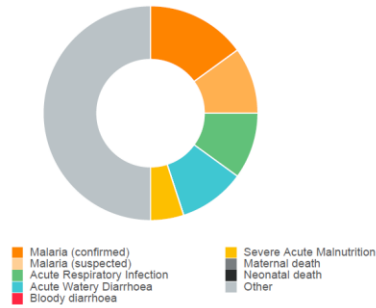


Figure 1b | Proportional mortality (W30)



### Morbidity Patterns

- Malaria:** In Epi week 30, 6,392 cases were reported through EWARS. Of the reported cases, 307 were from General Hospital Biu, in Biu, 207 were from Town Dispensary in Kwaya Kusar, 197 were from Gamboru C MCH Clinic in Ngala, 190 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga and 175 were from Logumane PHC Clinic in Ngala. Three associated malaria deaths were reported in week 30 from Gajiram MCH in Nganzai, Whitambaya Dispensary in Hawul and Sauki clinic in Biu.

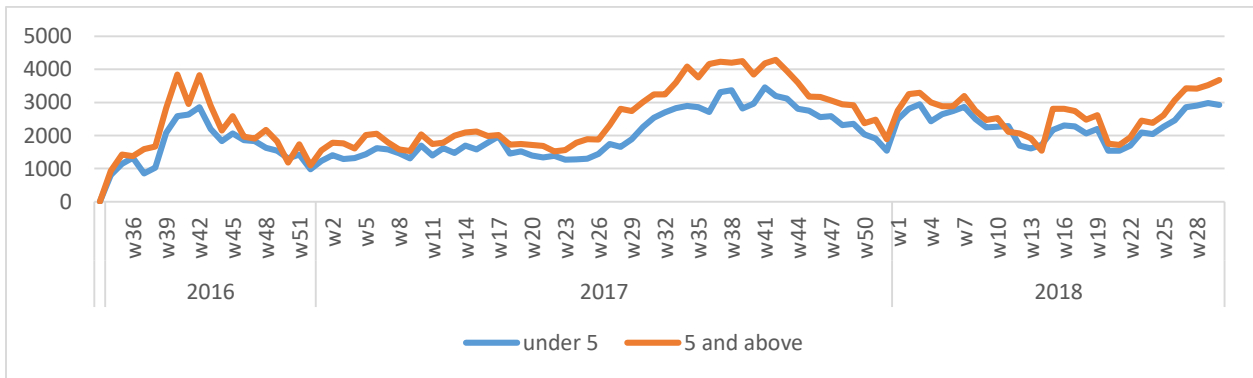


Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 30 2018

- Acute respiratory infection:** There was a 4% increase in the number of reported cases of acute respiratory infection (n=5,421) in comparison to the previous week (Fig. 3). Of the reported cases, 504 were from Herwa PHC in MMC, 250 were from PHC clinic Gwoza in Gwoza, 216 were from Hausari clinic in Damboa, 202 were from ISS IDP Camp Clinic in Ngala, 171 were from INTERSOS Health Facility in Bama,

and 160 were from Mogcolis Camp Clinic in MMC. Two associated deaths were reported from Gumsuri clinic in Damboa and FHI360 Banki PHC in Bama.

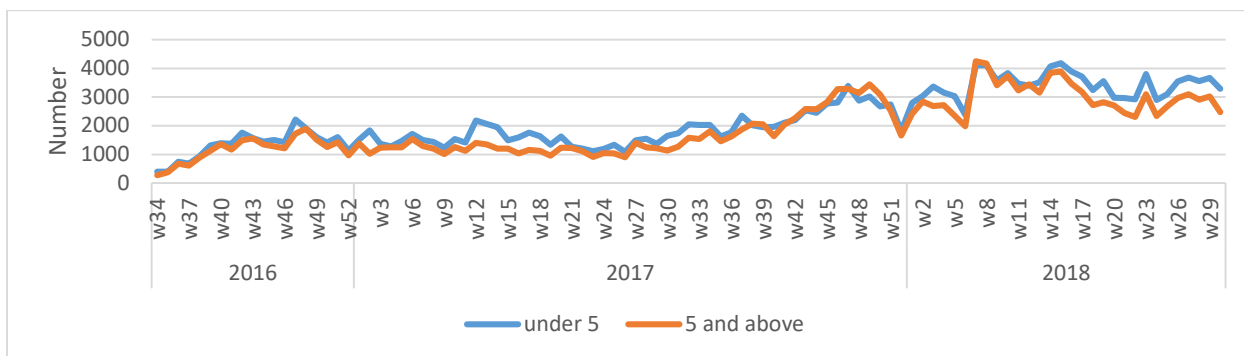


Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 30 2018

- Acute watery diarrhea:** In Epi week 30, 5,421 cases were reported through EWARS. Of the reported cases, 442 were from Herwa PHC in MMC, 120 were from Hausari clinic in Damboa, 115 were from INTERSOS Health Facility Gamboru in Ngala and 112 were from FHI360 Banki PHC in Bama. Two associated deaths were reported from Gumsuri clinic in Damboa and Magumeri MCH Clinic in Magumeri.

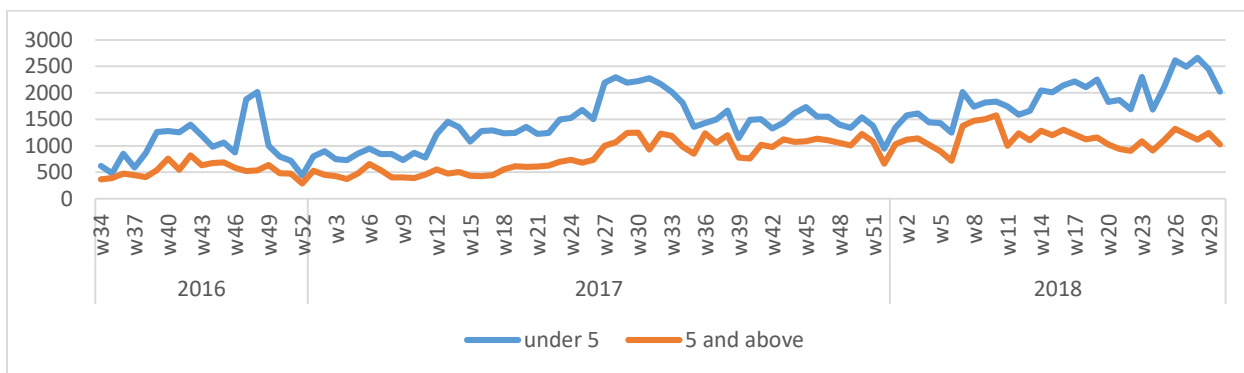


Figure 4: Trend of acute watery diarrhoea cases by week, Borno State, week 34 2016 - 30 2018

- Malnutrition:** 2,815 cases of Severe Acute Malnutrition were reported through EWARS in week 30. Of the reported cases, 877 were from Fori PHC in Jere, 186 were from FHI360 Banki PHC in Bama, and 178 were from Gunda CHC in Biu. One associated death was reported from MCH Miringa in Biu.

Figure 7b | Trend in number of cases over time (Borno State)

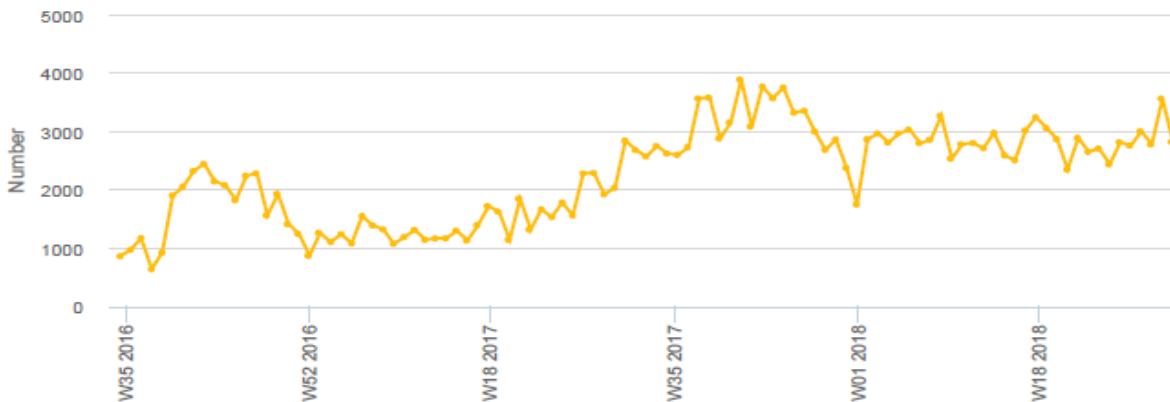


Figure 5: Trend of malnutrition cases by week, Borno State, week 34 2016- 30 2018

- **Neonatal death:** No neonatal death was reported through EWARS in week 30.
- **Maternal death:** No maternal death was reported through EWARS in week 30.
- **Suspected Measles:** Nine suspected measles cases were reported in week 30. Of the reported cases, 2 were from Abbaganaram MCH in MMC and one each from Herwa PHC, Malla Kachalla PHC, Monguno Camp Clinic, and State Specialist Hospital. Thirteen additional cases were reported from Guzamala (9), Jere (3) Kukawa (1) LGAs through IDSR\*, making a total of 22 cases. No associated measles death was reported in week 30.
- **Suspected Yellow Fever:** Six suspected yellow fever cases were reported through EWARS in week 30 from EYN Wamdeo in Askira Uba, Shuwari Host Community Clinic and Gumsuri clinic in Damboa, Monguno Camp Clinic in MMC and Gajiram MCH in Nganzai. Five additional cases were reported from Damboa (3), Bayo (1), Magumeri (1) LGAs through IDSR\*, making a total of 11 cases. No associated measles death was reported in week 30.
- **Suspected Cholera:** Forty-two suspected cholera cases were reported through EWARS in week 30. Of the cases reported, 17 were from Fikhayel PHC in Bayo, 16 were from Uba General Hospital in Askira Uba, and 9 from Herwa PHC. Two additional cases were reported from Askira Uba (1) and Gwoza (1) LGAs through IDSR\*, making a total of 44 cases.

\* IDSR- Integrated Disease Surveillance and Response system

### **Alerts and Outbreaks**

Forty-nine alerts were generated from the weekly reports submitted through EWARS in week 30. Eighty-six per cent of the alerts were verified. An alert of AWD is being investigated in Bayo LGA. Two health facilities (Balbaya and Fikayel PHCs) reported these cases. LGA RRT has commenced initial response and the state RRT has been deployed to provide technical support in the LGA.

### **Health Sector Actions**

**IRC** is supporting 30 mobile clinic sites at Monguno, MMC/Jere Gwoza, Konduga, and Asikira-uba LGAs of Borno state. In the month of June, 2018, 14,694 (7,534F, 7,160M) consultations were held. The IRC through its Comprehensive Women's Center (CWC) conducted 343 skilled birth deliveries. At Yobe state, at the IRC supported health facilities a total of 10,349 (6,591F, 3,758M) consultations were conducted, while at the mobile clinics 588 (308F, 280M) consultations were conducted. Through household sensitizations by Community Health Volunteers (CHVs), health messages were disseminated to 9,699 individuals (6,240 F, 3,459M) across all locations on the health topics including; Care of the eye, Proper storage of drugs/medications, Importance of exclusive breastfeeding, Importance of ORS in AWD and domestic preparation, Care of the ear and Personal hygiene.

**AGUF-Adamawa state** reached over 3500 people with health promotion messages (on Personal Hygiene, Cholera and hepatitis B) in three communities in Adamawa State. Awareness and sensitization on cholera prevention were held in Kwapale community Tumbara Gabili ward. Additionally, About 8 cases of Hepatitis B and 33 non profile cases 33 attended to. People mostly affected were of the reproductive age 14 to 49 years.

**FHI 360:** To improve interagency collaboration in Ngala LGA, FHI 360 organised a one-day training on TRIAGE and ASSESSMENT with health providers from different organizations (UNICEF, SEMA, AFENET, INTERSOS,

and IOM) in participation. With the support of FHI 360's OFDA-funded project, the General Hospital in Dikwa continues to operate 24-hour uninterrupted services. Laboratory investigations are being scaled-up and now include sputum AFB. The facility received a WHO "cholera kit" to be pre-positioned for partners as part of the health sector cholera preparedness plans.

On the 1st of August 2018, FHI 360 launched health services in Damasak, Mobbar LGA. The services to be run by the new facility include consultations, outreach, sexual and reproductive health services. The health program is part of an integrated package comprising nutrition, protection and WaSH sectors.

**Janna Health Foundation:** In the 12 (Madagali, Michika, Maiha, Mubi South, Mubi North, Hong, Gombi, Song, Girie, Yola North, Yola South and Fufore) targeted LGAs for this intervention, 517 presumptive TB cases were identified, sputum samples were collected from 482, out of which 16 new TB cases were detected.

All 482 presumptive cases that submitted sputum had HCT out of which 7 were found to be HIV+. All TB and HIV cases detected were linked to treatment, care and support services.

**INTERSOS** is supporting 9 mobile and 8 static sites at Magumeri, Ngala, Bama and Dikwa LGAs of Borno State. Total consultations for the reporting month is **11,072** of which U5 is **4,729**. 11 confirmed malaria cases in Bama and Ngala were treated. The total ANC attendees for the reporting month is 666 with 1<sup>st</sup> visit accounting for 333 and re-visit 333 of the total. ANC attendees in Bama clinic were 82, with 63 accounting for the first visit, 19 re-visit and post-natal visit:7. ANC attendees in Ngala clinic were 332, with 125 accounting for first visit while 207 accounts for re-visit and PNC visit is 5. ANC attendees in Dikwa clinic had 27 clients of which 18 were first visit while 9 were revisit and no PNC visit. ANC attendees in Magumeri clinic is 225 clients of which 127 were first visit while revisit accounts 98 and PNC visit 12.

**Seasonal Malaria Chemoprevention: A total of 22,400 under 5 children were reached with malaria drugs in Dikwa and 7,448 under 5 children in Bama during the first cycle of the SMC in the two locations respectively.**



JHF Volunteers accessing a Nomadic school and Community in Yola South LGA



Seasonal Malaria Chemoprevention exercise in Bama - first cycle



Town announcer - Dikwa



Finger marking during SMC exercise - Dikwa

**PUI** has relocated one of the 3 mobile (outreach) teams working in Bolori from Bolori 6 (Fillin Bayan Makaranta) to Bolori 3 (Bulabulin Alhajiri). This was done in order to create better access to health care for those who are far from the health facilities as the previous site was close to Herwa PHC. There is a plan to relocate the remaining 2 mobile teams to a permanent structure to create a conducive environment for consultations. The recent commencement of 24/7 maternity services in Herwa PHC has significantly increased the number of facility deliveries and reduced home delivery. There are constructions ongoing by PUI in Ngarannam PHC for maternity block, OTP block, waste management zone and fencing of the facility



PUI staff consulting a patient at an outreach site

**UNFPA** : UNFPA Supported Reproductive Health (RH) Kits distributed to Health Facilities in LGAs of Yobe State, which supported 192 deliveries, 258 women of reproductive age were new acceptors of FP commodities. 1,923 male condoms were dispensed including 2,531 FP injectable and oral contraceptives.



The Governor of Borno State Commissions the Obstetric Fistula Theater at the State Specialist following the Obstetric Fistula Campaign Supported by UNFPA.

During Sexual Reproductive Health Outreaches conducted by supported partners in LGAs of Bama, KalaBalge and Gwoza. Up to 4443 pregnant, women got Antenatal Care and Nutritional support. 36 deliveries were attended by skilled labour, 997 women and girls were reached with modern contraceptive choices while provided post abortal care was provided to 381 women.

**UNFPA** supported the Borno State Government by equipping, rehabilitation and renovation of the Obstetric Fistula Unit of the Borno State Specialist Hospital; commemorated by the State Governor following a successful Obstetric Fistula campaign made up of a team of local and international experts. Up to 63 patients had surgical repairs and over 20 screened for future repairs while other patients received non-surgical treatments

**UNICEF: Adamawa, Borno and Yobe state:** A total of 196,211 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 reached, 106,687 were under 5 years. A total of 100,439 consultations were reported. Malaria (30,731 suspected and confirmed) was the major reason of consultations followed by ARI (16,886 cases); AWD (13,708); Bloody Diarrhea (669) and “measles” (79) and other medical conditions (38,366). For prevention services, 36,308 children and pregnant women were reached with various antigens (including 4,631 children 6 months-15 years reached with measles vaccine). A total of 18,057 Vitamin A supplementation capsules and 17,543 Albendazole tablets for deworming were distributed and 17,958 ANC visits; 2,705 deliveries and 3,201 postnatal visits were recorded during the reporting period.

UNICEF supported the SMOH through SPHCDA and SPHCMB with 174 NHKs in Borno (151) and Yobe (23) States to provide integrated emergency PHC services in the IDP camps, host communities and outreach activities to reach both IDPs and vulnerable host community members.

**Yobe State Polio Outbreak Response (OBR):** UNICEF is supporting Yobe State to respond to the polio outbreak. An outbreak response is being conducted following the finding of cVDPV2 in Geidam LGA of Yobe State. The immediate response was planned from 28 July to 3rd August and starts with mOPV2 which will be implemented in 7 LGAs. First round OBR will be conducted by the end of August 2018 followed by the 2nd and 3rd rounds of OBR a month apart. A total of 454,940 doses (22474 vials) of mOPV2 vaccines were received to target a population of 413,568. A total of 615 House to House teams to visit all the settlements and houses in 71 wards of the seven (7) selected LGAs.

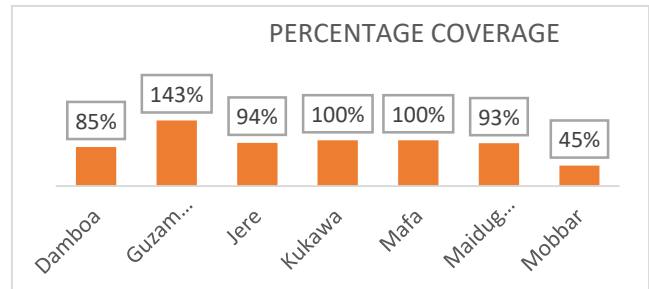
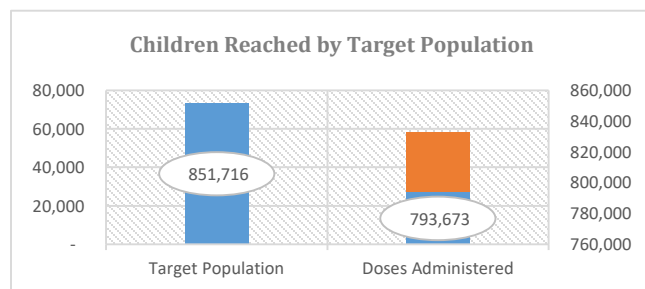
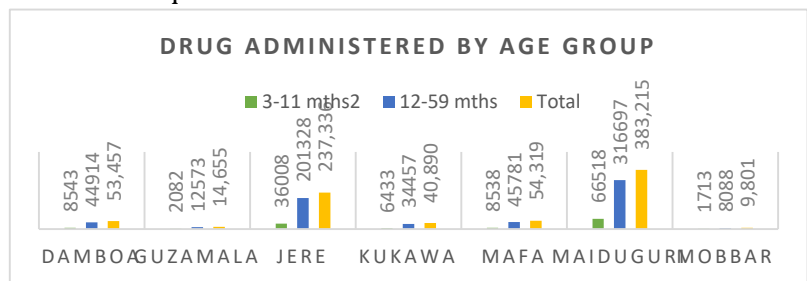
UNICEF was engaged with integrated medical Outreach services in host communities and hard to reach settlements, also supported the integrated package of care provided by outreach Teams from Health facility Teams. 951 clients were reached with the following services MUAC screening (560), IYCF (357).

A total of 59,984 Persons, including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities in the State.

- A total of 16,031 (Other age: 1,583 and Under 5 years: 14,448) consultations were reported,
- A total of 59,984 (Under 15 years: 56,818 and Women: 3,166) prevention services were recorded
- A total of 60 deliveries and 37 postnatal visits were recorded during the reporting period.

**WHO malaria response in Borno:** In the month of July, 2018, WHO supported Borno State MOH to reach 793,673 children within the age 3-59 months in 7 LGAs with SMC intervention and protected them from malaria. 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.

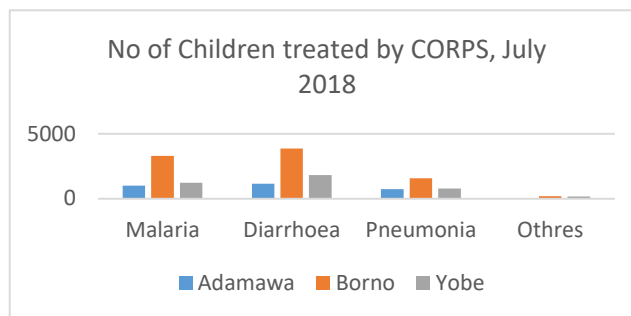
In Borno state, WHO data estimates more than half of morbidity and mortality recorded are currently due to malaria, which dwarfs all of other



causes of death combined including cholera, measles and hepatitis E. In Borno State, amongst the 3.7 million people in need of humanitarian assistance, it is estimated that more than 24 000 people get malaria each week, and that nearly 150 people die every week from malaria including about 40 children under age 5. And WHO estimates these numbers will increase in the coming months. WHO also supported Borno State Ministry of Health to conduct a baseline survey on the effect of SMC on malaria morbidity and mortality in the month under review.

**Community Oriented Resource Persons (CORPs):**

In the Month of June 2018, WHO supported CORPs treated a total of 18,255 children of under five years in the NE. Diarrhea, Malaria and Pneumonia. The CORPs also provided health education on Key House Hold Practice (KHHP) to care givers and conducted MUAC screening for 30,540 across the 3 States, for which 654 children with red on MUAC were referred for OTP centers for enrollment into the nutritional programme.



**H2R Mobile Health Team:** The table below summarizes some of the essential services provided by 113 H2R mobile health teams (Adamawa, Borno and Yobe), from the period of Jan to June. In addition to the essential health services provided, the H2R teams presently have been instrumental in the response to the ongoing cholera outbreak particularly in detection and management of cases in Adamawa.

**Mental Health:** A total of 107 outreach sessions were conducted where 2,257 patients were attended to, and 138 of them were referred to Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management.

**WHO Hard-to-Reach (HTR) Teams are Bridging the Gaps in Health Care Access for Conflict-Affected people in Yobe State:**

As rainy season sets-in in Yobe state, more and more people in remote villages face challenges of accessing health facilities in towns and districts. With rivers overflowing their banks and roads becoming less accessible, people in remote communities are facing an additional challenge of reaching health facilities aside from insecurity. HTR teams are bridging this gap by crossing difficult barriers to provide health care to sick and vulnerable women, children and men in remote and security-compromised communities. As the conflict in northeast Nigeria lingers, health facilities-mostly primary health care facilities have been damaged, drugs and commodities looted; and many professional health staff have relocated to safer areas, leaving remote communities without access to health care. WHO HTR teams and CORPS deployed in 17 LGAs of the state, are working in collaboration with SMOH and SPHCMB, to provide life-saving care and refer critically ill and severely malnourished children to receive further care in town clinics or hospitals. The teams are being supported by WHO technical staff, Local Government Facilitators (LGFs) and CORPs supervisors who are conducting intensive supportive supervision and mentoring them as they work these areas. With significant training, the teams are being provided with adequate drugs, data tools and medical commodities to bring succour to those remote communities.

Services	Adamawa	Borno	Yobe	Total
Client seen	187662	227147	244394	659203
ANC	10767	177320	150432	338519
Vaccinated	182721	869754	372308	1424783
MUAC	137774	292294	216335	646,403

In July 2018, 35 WHO HTR teams in Yobe state have treated **44,446** clients for common ailments, vaccinated **65,128** children and screened **38,550** under-5 children for malnutrition. Up to **746** critically ill or malnourished other children were referred from remote areas to OTP sites or stabilization centers to receive further care. The teams have also dewormed **32,861** children, provided Vitamin A supplement to **32,602**, and reached **29,169** young women with health promotion

Messages on key household practices and reproductive health

**WHO HTR teams** have also provided HIV Testing Services (HTS) in those areas where **3866** pregnant women were counselled, tested and received the result, and **16** who were found positive were referred to town hospitals and clinics to receive further care for PMTCT and care and treatment for their own health.

**WHO in Yobe State Has Donated Drugs, Laboratory Commodities, Intravenous Fluids and Medical Consumables to Strengthen Epidemic Preparedness and Response:**

To improve preparedness and response capacity of both SMOH and SPHCMB, WHO has procured and donated to Yobe state government drugs, Laboratory commodities including RDTs, sample transport media and culture media, IV fluids and other commodities for infection prevention and control. Prepositioned in strategic and high-risk LGAs, these commodities will enable both state and local government RRT carry-out prompt investigation and initiate response to suspected disease outbreaks.

In addition to supplying drugs, Laboratory commodities etc., **WHO is providing technical support to SMOH and SPHCMB, and has recently deployed eIDSR platforms to facilitate early detection and timely investigation of suspected outbreaks.** Following the deployment of these equipment, DSNOs and HCWs from primary and secondary health facilities across the state have been trained and are being mentored on its use to enhance surveillance in health facilities. Whilst this is ongoing, WHO network of 175 CORPs in 17 LGAs are conducting community-based surveillance; searching suspected cases in communities, conducting health promotion, and referring cases of Acute Watery Diarrhea (AWD) and other vaccine-preventable diseases to health facilities. From January to June 2018, CORPs have treated **16,008** for minor ailments and referred **1682** critically ill or suspected cases for further care or evaluation in town clinics and hospitals.

**WHO in Yobe State Has Trained Rapid Response Teams (RRTs) from 9 LGAs:** In a bid to improve the capacity of LGA RRTs to investigate and initiate prompt response to suspected disease outbreaks in Yobe state, WHO in collaboration with SMOH and SPHCMB in July 2018, has trained 9 LGA RRTs, comprising 117 health care workers. The training aims to reactive and strengthen all 17 LGA RRTs in the state. While the training of first 9 LGA RRTs is the first phase of the capacity building exercise, the training for the remaining 8 LGAs is expected to take place in August 2018. WHO has also conducted internal refresher training for Local Government Facilitators (LGFs) and Hard-to-Reach (HTR) teams, who work at the LGA level to complete the efforts of the local authorities. HTR teams, working in nearly all LGAs of the state, have been playing crucial role not only in providing life-



*HTR team crossing a river to reach a remote village in Geidam LGA, Yobe State. Photo: I. A Salisu/WHO.*



*WHO donated drugs & Commodities in Yobe SMOH Store. Photo credit: I.A Salisu/WHO.*



saving health care to people in remote and security-compromised LGAs but also in supporting outbreak investigation and response. In Bade LGA for example, HTR teams were pivotal to initiating a swift and comprehensive response that curtailed the outbreak in record time. In addition to active case search, health education, hygiene promotion, and supporting referrals, HTR teams have supported mass vaccination campaigns whence over **126,436** people were provided with oral cholera vaccine in first and second rounds of the exercise completed in July 2018. With state RRT also trained, WHO aims to develop sustainable local capacity for detection, investigation and effective response to disease outbreaks in the state.

**WHO in Adamawa State:** WHO led the health sector on Initial Rapid Needs Assessment (IRNA) which was carried out in Numan and Demsa LGA due to farmers herders clash from 3rd to 5th of July. The prevalent infectious diseases reported were Malaria (45%), diarrhea (30%) and acute respiratory infections (22%) in the communities visited.

Health facilities (HFs) in the LGAs offer services to both the host community and the displaced populations, 75% of the HFs are primary health centres. Referrals are done to the General Hospital Numan. There are shortages in Skilled Birth Attendance (SBA), as only 25% of deliveries were attended by SBA. Commodity stockout was also a challenge. On nutrition, there is no current intervention in the area of nutrition except for PHC Dong that runs CMAM program as an OTP site and distributes MNP.

In July 2018, WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 9,410 persons with minor ailments and dewormed a total of 13,287 children during the month. Pregnant women were provided FANC services with 1,823 of them receiving Iron folate to boost their hemoglobin concentration while 330 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in pregnancy.

Cholera Outbreak Response; continued monitoring of cholera cases in the State; 210 cases were reported in July, 2018. Total case count stands at 1731 Monitored the implementation of OCV in prioritized wards in Mubi North, Mubi South and Maiha LGAs; A total of 377,935 people were vaccinated.

Capacity Building; trained 83 clinicians drawn from health facilities in Hong, Maiha, Mubi North and Mubi South LGAs on surveillance, management and prevention

IDSR revitalization; Conducted a review meeting with 27 focal persons, 5 DSNOs and 8 WHO personnel from all eIDSR implementing health facilities. Surveillance performance through eIDSR reporting was reviewed, major challenges with eIDSR implementation were identified and actionable next steps were agreed upon.



IRNA teams in Dung, Demsa LGA



## Nutrition updates

IRC's infant and young child feeding awareness and sensitizations sessions were carried out with the support of program and community partners. The daily activities conducted in the month are the routine breastfeeding related topic and issues which include early initiation of breastfeeding, exclusive breastfeeding and weaning diet. As part of the people reach and benefit from the activity sessions included; 1,558 Pregnant mothers, 3,388 Lactating mothers, 833 old women, 610 young girls and 693 men beneficiaries were reached.

**IRC-CMAM:** Routine CMAM program activity in the four supported LGA of the state was successfully carried out. In the 30 supported program OTP/SC clinics, the IRC carried out MUAC screening of 20,232 (M=10,112,

F=10,120) under 5 children, with 354 (182M, 172F) identified SAM cases and admitted into the program. 1,253 (624M and 629F) MAM whom their caregivers received nutrition education and participated in community cooking demonstration. For the program recorded 211(101 M and 110 F) children exited as cured, 5(2M and 3F) deaths and 30(12M and 18F) defaulting clients. Currently, 717 (358M, 361F) SAM children are on admission receiving treatment. Overall program performance for the month was 85.8% cured rate, 2.0% death rate and 12.2% default rate

On nutrition, the **WHO** supported H2R mobile health teams screened 17,672 children for malnutrition using MUAC, MAM- 203 (1.1%), SAM 93 (0.5%). Caregivers were counselled on proper nutrition. WHO supports three stabilization centers (SCs) in the state. In July, the SCs managed a total of 48 children having SAM with medical complications, 40 (83.3%) of the SAM cases recovered and were discharged to the OTP centers for follow up care.

In Adamawa State, UNICEF screened a total of 1012 children (6-59 months) for malnutrition across the camps of which 55 and 29 were moderately and severely malnourished respectively. All the 29 children identified with severe acute malnutrition were admitted into CMAM programme. Within the reporting period, the cure rate was 100%, defaulter's rate was 0%, death rate was 0% and non-recovery rate was 0%. On **Infant and Young Child Feeding (IYCF)**, 544 pregnant and lactating women were counselled on key IYCF messages. Micronutrient Powder (MNP) was distributed with accompanying counselling on appropriate usage, benefits and optimal dietary intake. A total number of 41 children (6-23 months) were new enrollees in MNP program.

## 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 2018 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

*Federal Ministry of Health and Adamawa, Borno and Yobe State Ministries of Health, UN Agencies: IOM, OCHA, UNFPA, UNICEF, UNDP, WHO, National and International NGOs: ALIMA, Action Against Hunger, Action Health Incorporated, AGUL, CARE International, COOPI, GOAL PRIME, Janna Foundation, MSF (France, Belgium, Spain and Switzerland), ICRC, INTERSOS, Malteser International, Medicines du Monde, Premiere Urgence Internationale, International Rescue Committee, eHealth Africa, FHI-360, International Medical Corps, Catholic Caritas Foundation of Nigeria, Nigerian Red Cross Society, Victims of Violence, Terre des hommes, SIPD, Swift Relief Foundation, 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>**

For more information, please contact:

Dr. Haruna Mshelia  
Commissioner for Borno State Ministry of Health  
Email: [harrymshelia@gmail.com](mailto:harrymshelia@gmail.com)  
Mobile: (+234)08036140021

Mr. Mustapha Bukar Allau  
Permanent Secretary, BSMoH  
Email: [musbuk2012@gmail.com](mailto:musbuk2012@gmail.com)  
Mobile (+234)08061301165

Dr. Adandji Yaoklou  
Health Sector Coordinator-NE Nigeria  
Email: [adandjiyaokloua@who.int](mailto:adandjiyaokloua@who.int)  
Mobile (+234)09075093496

Mr. Muhammad Shafiq  
Technical Officer- Health Sector  
Email: [shafiqm@who.int](mailto:shafiqm@who.int)  
Mobile: (+234)07031781777