



Health Sector Bulletin

January 2020



WHO's HTR teams providing Lassa fever prevention messages in Guburde settlement in Wuyo Ward, Bayo LGA.

Northeast Nigeria Humanitarian Response



5.6 Million
People in need
of health care



4.4 Million
targeted by the
Health Sector



1.9 Million *
IDPs in the
three States



x.x million people
reached in 2020***

HIGHLIGHTS

- The Health Sector estimates that 5.5 million people across the BAY states will need health assistance in 2020. Continued health care delivery in all priority locations including IDP camps, will be needed, as well as extending health services to hard-to-reach/inaccessible areas and underserved communities.
- In 2020, the Health Sector will focus on the strengthening and expanding disease surveillance systems, enhancing outbreak prevention, preparedness and response capacities for key communicable diseases. Partners will also continue to support secondary health care services through streamlining and strengthening referral systems from primary to secondary health care facilities.
- Since November 2019, access to provide health services remained a major challenge across many locations, particularly in Borno State, as Health Sector partners rely on UNHAS helicopters to reach the communities. Many organizations providing health services restricted their staff from using roads due to the insecurity, further limiting access to populations in need of critical medical services.
- In Monguno LGA, Health Partners continued to respond to increased health needs that are partially associated with the influx of new arrivals from Gagiram, Marte, Guzamala, and Kukawa LGAs earlier in the year. Partners recorded a notable increase in incidents of Acute Watery Diarrhea (AWD) and skin infections, which can be linked to the poor hygiene conditions in IDP camps.
- The Health Sector also responded to acute respiratory infections throughout December & January. In Epi Week 4, 6,872 cases of acute respiratory infection were reported through EWARS in Borno State in IDP camps and host communities.

Health Sector



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 2019

EARLY WARNING & ALERT RESPONSE



273 EWARS SENTINEL SITES
226 REPORTING SENTINEL SITES
3,705 TOTAL ALERTS RAISED*****



SECTOR FUNDING, HRP 2019



HRP 2019 REQUIREMENTS \$73.7M
FUNDED \$17.5 M (24%)
UNMET REQUIREMENTS \$56.2 M

* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXVIII

**MoH/Health Sector BAY State HeRAMS September/October 2018

***Number of health interventions provided by reporting partners as of December 2019.

**** Cumulative number of medical consultations from Hard-To-Reach Teams.

***** The number of alerts from Week 1 – 47, 2019.

Novel coronavirus (2019-nCoV):

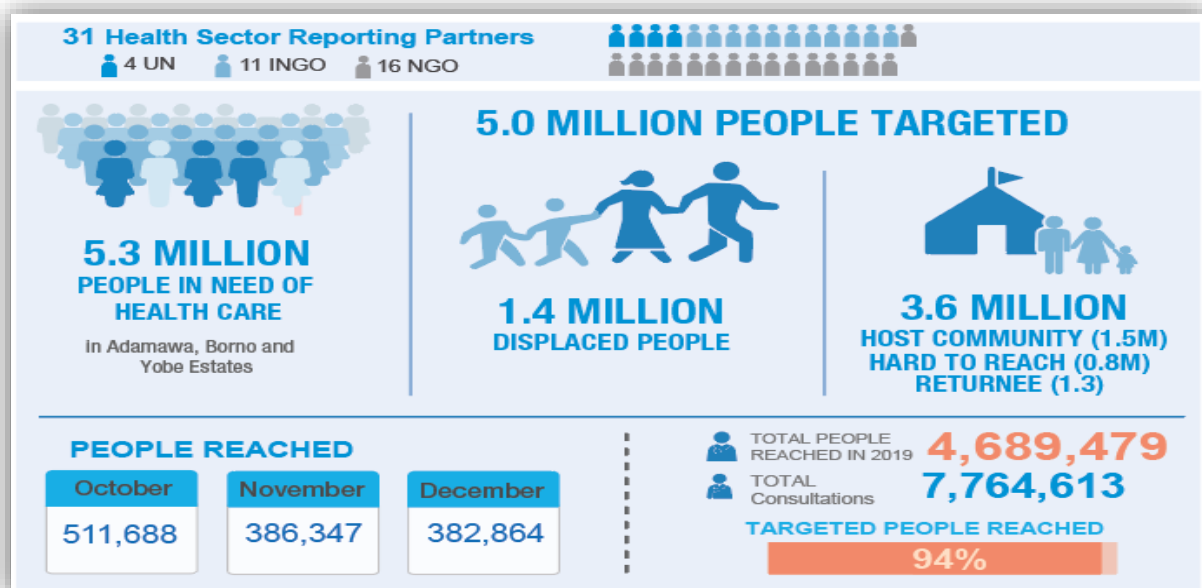
A novel coronavirus (CoV) is a new strain of coronavirus that has not been previously identified in humans. The new, or “novel” coronavirus, now called 2019-nCoV, had not previously detected before the outbreak was reported in Wuhan, China in December 2019. Coronaviruses are a large family of viruses found in both animals and humans. Some infect people and are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). As with other respiratory illnesses, infection with 2019-nCoV can cause mild symptoms including a runny nose, sore throat, cough, and fever. It can be more severe for some persons and can lead to pneumonia or breathing difficulties. More rarely, the disease can be fatal. Older people, and people with pre-existing medical conditions (such as, diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus. To date, there is no specific medicine recommended to prevent or treat the novel coronavirus. However, those infected with 2019-nCoV should receive appropriate care to relieve and treat symptoms, and those with severe illness should receive optimized supportive care. Some specific treatments are under investigation and will be tested through clinical trials. WHO is helping to coordinate efforts to develop medicines to treat nCoV with a range of partners.

If you want to protect yourself from getting infected with the new coronavirus, you should maintain basic hand and respiratory hygiene, and safe food practices and avoiding close contact, when possible, with anyone showing symptoms of respiratory illness such as coughing and sneezing. Issues relating to aerosol often come up when people want to know how to protect themselves from respiratory diseases. When people sneeze or cough, they may spray big droplets but the droplets do not stay suspended in the air for long. They fall. Health care procedures like intubation can spray small droplets into the air. Bigger droplets fall quickly. Smaller ones fall less quickly.

The basic principles to reduce the general risk of transmission of acute respiratory infections include the following:

- *Avoiding close contact with people suffering from acute respiratory infections.*
- *Frequent hand-washing, especially after direct contact with ill people or their environment.*
- *Avoiding unprotected contact with farm or wild animals.*
- *People with symptoms of acute respiratory infection should practice cough etiquette (maintain distance, cover coughs and sneezes with disposable tissues or clothing, and wash hands).*
- *Within health care facilities, enhance standard infection prevention and control practices in hospitals, especially in emergency departments.*

2019-Achievements dashboard:



Key Health Sector priorities-2020:

- 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.

2020- People in Need & Target population:

PIN + Inaccessible					
State	IDPs	Returnees	Host Community	Inaccessible	Total
Adamawa	200,011	390,294	324,232	22,718	937,255
Borno	1,559,955	454,931	687,776	970,642	3,673,305
Yobe	131,597	86,746	482,304	243,531	944,178
Total	1,891,563	931,971	1,494,313	1,236,891	5,554,737

TARGET + Inaccessible (30%)					
State	IDPs	Returnees	Host Community	Inaccessible	Total
Adamawa	200,011	390,294	259,386	6,815	856,506
Borno	1,559,955	454,931	550,221	291,193	2,856,300
Yobe	131,597	86,746	385,843	73,059	677,245
Total	1,891,563	931,971	1,195,450	371,067	4,390,051

Cholera Outbreak in Adamawa State

Nine (9) new cases were reported from 16th to 30th December, 2019 from Yola North, Yola South and Girei LGAs. Total case count now stands at 851 with 4 deaths. CFR=0.47%. WHO supported the SMOH to officially declare the cholera outbreak over in a press release on the 28th of January, 2020. This was following no case reporting for 2 weeks since the last reported case on the 31st December, 2019. Left over stocks and materials have been properly secured in the center for future use.

Measles Outbreak in Borno State

From week 1 to week 51, 21,045 suspected measles cases were reported in Borno through EWARS. In week 51, 16 suspected measles cases were reported through EWARS and additional 13 cases was reported from IDSR across the state. Overall there's a total of 102 measles associated deaths reported through EWARS from MMC (66), Bama (14), Nganzai (5), Askira Uba (2), Damboa (2), Biu (2), Mobbar (1), and Magumeri (1) LGAs on EWARS (CFR: 0.48%). Of 294 samples sent to the lab, 284 samples were tested and 165 (58%) were IgM positive. The outbreak affected 37 IDP camps in 11 LGAs in Borno state.

Lassa Fever Outbreak

On 23rd January the Borno State Ministry of Health declared Lassa fever outbreak while in Adamawa the outbreak was declared on 29th January by the State Ministry of Health. As of 31st January, 2020, a total of 14 Lassa Fever cases i.e. 8 in Borno- 2 confirmed and 2 deaths while 6 cases 1 confirmed 1 death were reported in Adamawa state. Currently, a total of 203 contacts have been identified and are being followed up. In response to the outbreak declaration, The State ministry of Health and Health Sector partners have activated the Public Health Emergency Operations Centre (PHEOC) for a coordinated response to the outbreak.

Health partners in both states have been promptly engaged to provide the following measures:

- An isolation/treatment center was activated in General Abba Kyari Memorial hospital with all necessary supplies and supported by MSF and WHO.
- Investigation, active case search, and contact tracing continues in Borno and Adamawa states. Surveillance effects have been enhanced to ensure early detection and treatment of cases to prevent further deaths.
- Furthermore, IPC materials, SOPs and on-the-job training for emergency entry point is being provided to frontline health workers
- There's ongoing risk communication through voluntary community mobilizers in the affected Wards in Borno state: radio jingles is being broadcast on BRTV, Peace FM, Lafia Dole and Dandal Kura and other social media platforms. While continued motorized campaign to raise awareness on Lassa fever is being implemented across IDP camps in Maiduguri. In Adamawa, Radio jingles supported by UNICEF is ongoing in Fombina radio station and ABC Yola. UNICEF met with PHC Coordinators of all the 21 LGAs and sensitized them on risk communication messages for the ongoing outbreak.



Training of Volunteer contact tracers, and Advocacy meeting with the LGA team in Bayo on Lassa Fever Outbreak Investigation and Response

Additionally, with the recent confirmation of a positive case of Lassa fever in Bayo LGA, WHO and the State Ministry of Health (SMoH) are fully engaged in risk communication and advocacy meetings with religious and community leaders in affected communities. The team has trained over 50 community volunteers on case definition, strategies for risk communication and contact tracing. The Lassa fever outbreak is being reported at the time of the usual seasonal increase in cases of Lassa fever in Nigeria. The recorded high case fatality rate (CFR) was mainly due to the lack of Ribavirin prophylaxis for prompt management of cases at the on-set of symptoms. The SMoH and Health partners through the PHEOC have initiated and sustained control measures to contain the potential spread of the disease.

Early Warning Alert and Response System (EWARS)

- **Number of reporting sites in week 4:** A total of 207 out of 274 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 73% respectively (target 80%).
- **Total number of consultations in week 4:** Total consultations were 30,064 marking a 0.7% increase in comparison to the previous week (n=29,834).

- **Leading cause of morbidity and mortality in week 4:** Malaria (suspected n= 7,909; confirmed n= 4,981) was the leading cause of morbidity reported through EWARS, accounting for 36% of the reported cases, apart from deaths (6) due to other causes (66%), Neonatal death (2), Viral Haemorrhagic Fever (1) and Confirmed malaria (1) were the leading cause of mortality reported through EWARS, accounting for 22% and 11% of the reported deaths respectively.
- **Number of alerts in week 4:** Thirty-four (34) indicator-based alerts were generated with 94% of them verified.

Figure 1 | Trend in consultations



Figure 1a | Proportional morbidity (W4)

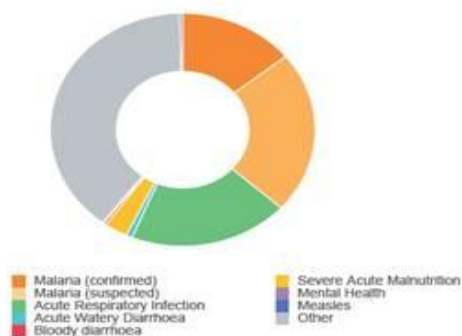
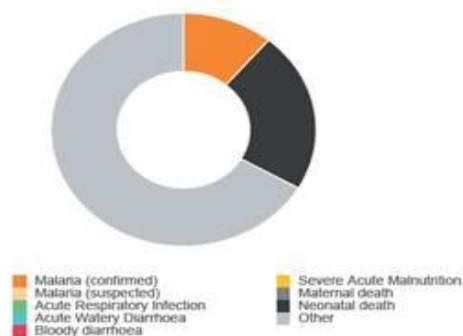
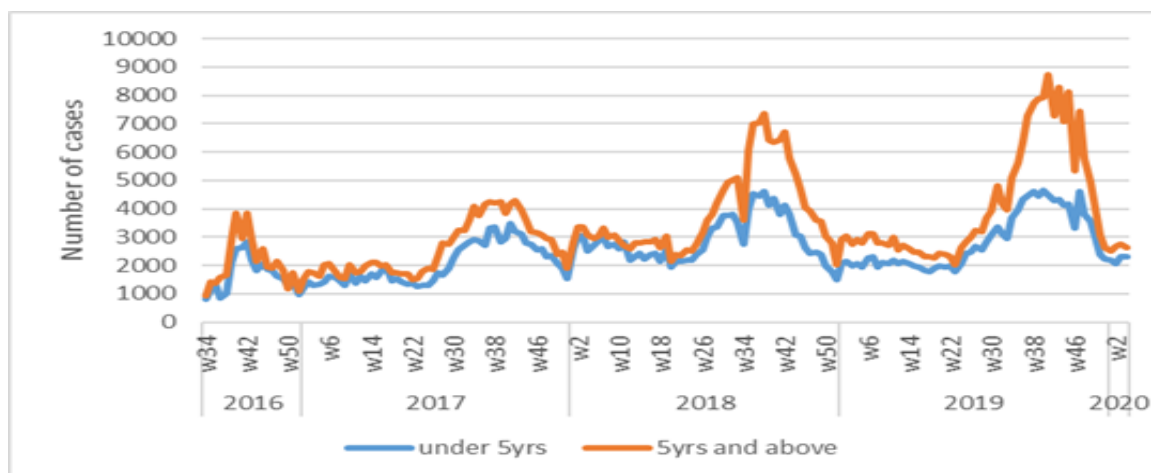


Figure 1b | Proportional mortality (W4)



Morbidity Patterns

Malaria: In Epi week 4, 4,981 cases of confirmed malaria were reported through EWARS. Of the reported cases, 405 were from General Hospital in Bui, 210 were from Mairi PHC in Jere, 198 were from Gwange PHC in MMC, 187 were from Uba General Hospital in Askira-Uba, 179 were from Shuwari Host Community Clinic in Damboa,



140 were from GSSSS IDP Camp Clinic Bama, 114 were from Wandali PHC in Kwaya Kusar and 103 were from Gumsuri clinic in Damboa. One (1) associated death was reported from Whitambaya Dispensary in Hawul.

Figure 2: Trend of malaria cases by week, Borno State, week 44 2016 – 04 2020

Acute Watery Diarrhea: In Epi week 4, 251 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 59 were from FHI360 clinic Banki in Bama, 57 were from Sabon Gari Lowcost IDP camp clinic (MDM) in Damboa, 33 were from FHI360 PHC Damasak in Mobbar, 12 were from 400 Housing Estate Gubio Rd Camp Clinic A in Konduga and 9 were from Mashamari PHC in Jere. No associated death was reported.

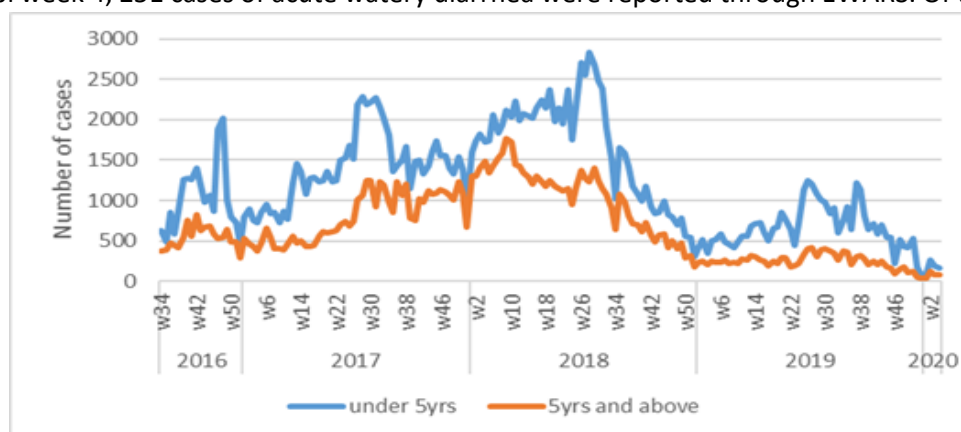
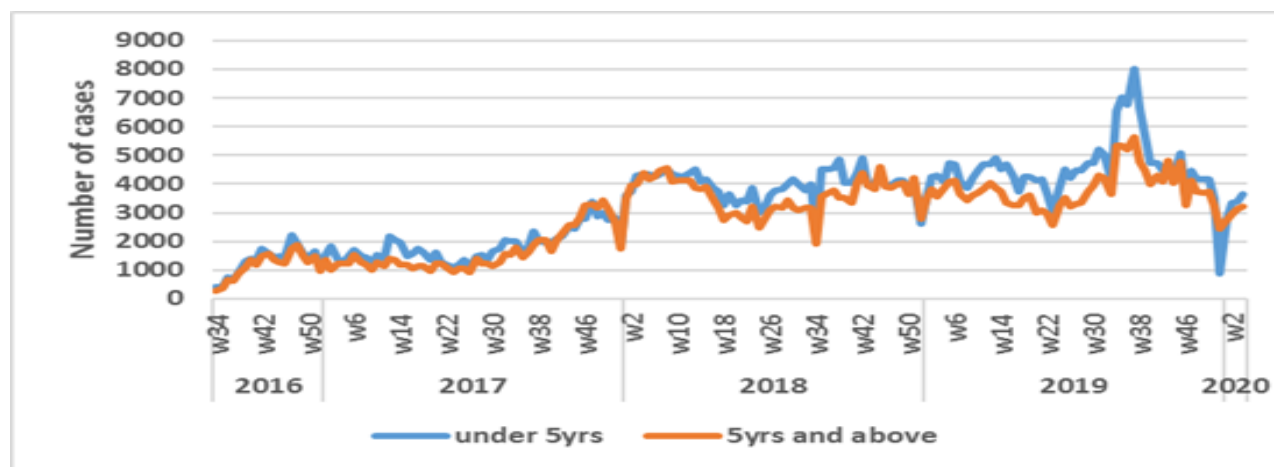


Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 44 2016- 04 2020

Acute Respiratory Infection: In Epi week 4, 6,872 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 263 were from ICRC FSP Clinic in Monguno, 254 were from General Hospital Ngala (FHI360), 231 were from FHI360 clinic Banki in Bama, 225 were from Damboa MCH in Damboa, 206 were from Shuwari Host Community Clinic in Damboa, 191 were from ICRC GGSS IDP Camp Clinic in Monguno, 185 cases each from 1000 Housing Estate clinic Dikwa and INTERSOS Health Facility Gamboru in Ngala and 184 were from Sabon Gari Lowcost IDP camp clinic (MDM) in Damboa. No associated death was reported.

Figure 4: Trend of acute respiratory infection cases by week, Borno State, week 44 2016- 04 2020



Suspected Measles: Sixty-five (65) suspected measles cases were reported through EWARS in week 4. Of the reported cases, 38 were from Magumeri MCH, 5 were from Monguno MCH, 4 were from Hausari IDP camp clinic (MDM) in Damboa, 3 cases each from ALIMA GSSS IDP Camp Clinic in Monguno and General Hospital Biu, 2 cases each from Guwal Clinic in Kwaya Kusar and Zabarmari PHC in Jere. One (1) case each were reported from Abbaganaram MCH in MMC, ALIMA Bakassi IDP camp clinic in Monguno, Dalaram PHC in Jere, FHI360 clinic Banki in Bama, FHI360 PHC Damasak in Mobbar, INTERSOS Health Facility Gamboru in Ngala, Njimtilo Health Clinic in Konduga and State Specialist Hospital in MMC. Five (5) additional cases were reported through IDSR* from Dikwa (1), Damboa (1), Gwoza (1) and Kwaya Kusar (2) LGAs making a total of 70 suspected measles cases. No associated death was reported.

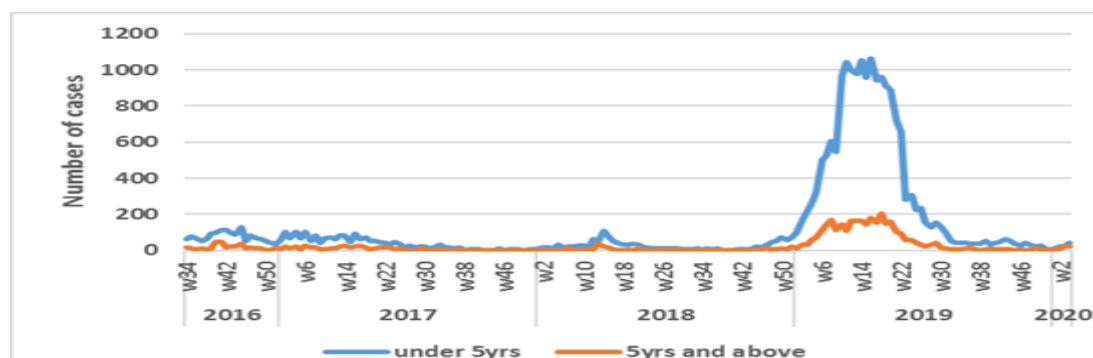


Figure 5: Trend of suspected measles cases by week, Borno State, week 45 2016- 04 2020

Suspected Yellow Fever: Two (2) suspected yellow fever cases were reported through EWARS in week 4 from Rumirgo PHC in Askira-Uba (1) and 777 Housing Estate Clinic in Konduga (1)

Suspected Meningitis: No suspected meningitis case was reported in week 4

Suspected VHF: One (1) suspected case of Lassa fever was reported in week 4 from Teli PHC in Bayo with one associated death

Suspected Cholera: No suspected cholera case was reported in week 4

Malnutrition: 1,013 cases of severe acute malnutrition were reported through EWARS in week 4. Of the reported cases, 60 were from Fori PHC in Jere, 39 were from Gamboru C MCH Clinic in Ngala, 38 were from Yimirdalang PHC in Kwaya Kusar, 28 were from Kuda Lawanti Health Clinic in Nganzai, 26 were from Farm Centre Camp Clinic in Jere and 22 cases each from Mafa MCH and Malla Kachalla PHC in MMC. No associated death was reported

Neonatal Death: 2 neonatal deaths were reported in week 4 from General Hospital Magumeri (1) and Chabbol PHC in Konduga

Maternal Death: No maternal death was reported through EWARS in week 4

**IDSR- Integrated Disease Surveillance and Response*

Health Sector Actions

ALIMA in collaboration with SMOH, continued the provision of lifesaving medical and Nutrition services to the disaster affected communities as well as supporting the Borno State Government in Health Systems Strengthening through provision of service delivery, essential medicines, training and infrastructure improvement initiatives. 11,000 outpatient consultations was provided and managed 229 patients in the Inpatient Department. 638 deliveries were assisted by a skilled attendant and 1,136 PNCs and 3,441 ANC consultations were conducted. Seven C-Sections were performed at Monguno General Hospital. 67 Measles cases were treated at health facilities in Monguno. The total number of reported deaths was one. Most of the cases were from Fulatari village. ALIMA along with the local government authorities have planned to launch its immunization campaign in the above mentioned and surrounding villages where new IDPs influx is more. ALIMA assisted the State Health Ministry in training health facilities staff on Lassa Fever management and prevention plans through pre-formed Infection Prevention and Control (IPC) committee. ALIMA also donated essential medical supplies and IPC materials to SMOH. BEmONC activities were conducted at CBDA Clinic where 119 deliveries were recorded with 7 referrals to secondary/tertiary care and 132 deliveries at Teacher Village Camp Clinic. Traditional Birth Attendants (10) in Muna and Teacher Village Camp (8) were engaged to refer patients from the community for delivery at CBDA and Teacher Village Camp Clinic. In Askira and Hawul LGAs in south Borno, ALIMA supports 9 PHCs and 1 General Hospital in Askira. A total of 4,000 OPD consultations for children under 5 were conducted and 29 hospitalizations under 15 years. Additionally, 246 deliveries were recorded and 1,121 ANC consultations were conducted. ALIMA admitted 190 children suffering from SAM in ATFC and treated 13 complicated SAM cases at the ITFC in Askira General Hospital. As part of the EU-funded early recovery project entitled High Impact, Easy-to-scale up, comprehensive to-scale up, Health, Nutrition, WASH and Livelihood Package in Borno State, the international consortium ALIMA/Solidarites international renovated 7 Primary Health Care Centres in Askira/Uba and Hawul LGAs as well as Askira/Uba General Hospital. The project aims at building resilience of conflict affected people and public sector institutions in Borno state in an environment friendly-way and to sustainably improve availability,

access and utilization of quality basic services (health, education, nutrition, WASH) in area of refugee, return or resettlement. Some of the challenges faced were inability to deliver medicines to Monguno and Askira/Uba LGAs due to the delay in road clearance by Nigerian Law Enforcement Agency.

IRC provide health services across the three BAY states, the IRC with funds from SIDA, EU, OFDA, NHF, ECHO and GAC continued to provide comprehensive primary and reproductive health services at her mobile and static supported health facilities with a total of 42,778 clients reached during the reporting period. Of this total, 36,613 (14,024 M, 22,589 F) were treated for communicable and non-communicable disease while 6,165 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.



Across all the grants at all the activity sites, the health team also carried out health promotion, disease prevention and behavior change communication activities reaching 23,850 (8,797M, 15,053F) beneficiaries with messages on topics such as Home treatment of Diarrhea diseases, 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, 41 (28 F, 13M) Traditional Birth attendant, Community peer educator, men action group and IRC staff benefitted from various capacity building session and trainings which includes Lassa Fever and Infection Prevention and Control, BeMONC, PAC, CCSAS, Syndromic Management of STI, and use of Electronic Data Tool for Data Collection.

INTERSOS continues to support stand-alone health facilities located in: Bama (1), Dikwa (1) and Ngala (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 in Titiwa and Kalizoram 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, the total number of consultations were 17,921 (M 7,979 and F 9,942) of which U5 was 6,204 (35%). The total number of consultations for the reporting month recorded decrease compared to the previous month of December of 7,844 consultations. This decrease in consultations can be explain by the volatile security situation some locations such as Ngala and the new presence of other actors that have expand their activities (IRC in Magumeri). Acute Respiratory Infection (with a total number of 5,669 cases) is the highest cause of morbidity, still closely followed by Malaria (with a total of 2,076 cases). A decrease on the number of consultations for these motives can be observed directly link to the decrease in the overall number of consultations. INTERSOS health facilities registered a decrease of cases for Acute Watery Diarrhea and Bloody diarrhea across all sites compared to the previous month with 10 cases for Acute Watery Diarrhea and 45 for Bloody diarrhea respectively.

For sexual and reproductive health, the total ANC attendees was 2,152 both first visit and follow ups. A total of 233 PNC were conducted and 44 deliveries assisted. Training of staff in CeMONC was also conducted by external facilitator for the organization staff.

For hospitalization, inpatient care continues to be supported at Magumeri General Hospital for SAM complicated cases through a day care model (due to security constraints) and for gynecological and obstetric cases. All cases that require a more complex management and not suitable for day care were referred. There are 18 cases of SAM with complications, 22 non SAM cases of under 5 years and 17 non SAM cases of above 5 years with life threatening conditions. There are 5 cases of Gynecology/Obstetric cases (complicated cases admitted for more than 24hrs). Referrals of 4 patients were done from Bama and Magumeri to Maiduguri, 2 were discharged, 1 absconded and 1 still remain in admission.

UNFPA in collaboration with the SMOH deployed nurses/midwives frontlines to work across several sites in Maiduguri and Jere LGA. The activities that was carried out were ANC, Labor, STIs, CMR, Family Planning and SRH information sessions and sensitization. 85 dignity kits were distributed to lactating mothers and pregnant women in Muna Garage, Madinatu host community and new arrivals at Stadium IDPs Camp. 30 new arrivals benefitted from lantern touch light distribution at NYSC Camp. A total of 1,689 (861 women and 828 girls) people were reached with information and sensitization messages. 362 benefited from ANC services where 17 received family

planning and 31 benefited from treatment of STIs. A girl benefited from Clinic Management of Rape treatment, 28 women delivered at the UNFPA integrated facility clinics.

UNFPA/SRH-TWG: The SRH/GBV integrated facilities are state own and supported by UNFPA the nurses/midwives continue to strengthen humanitarian intervention, sexual reproductive health services a key component of UNFPA support, UNFPA works within the framework of the MISP (Minimum Initial Service Package for Reproductive Health in Emergencies in collaboration with Borno state government.

UNFPA supported the MOH and has successfully conducted the sexual reproductive health monthly partners' coordination meeting Jan 2020, template and membership to improve service delivery shared among partners in an effort to strengthen the sub working group meeting.

In the month of January 2020, the nurses/midwives frontlines worked various sites across MMC and Jere LGAs.



The report is based on the following activities: ANC, Labor, STIs, CMR, Family Planning and SRH information and sensitizations.

We distributed 85 Dignity kits to lactating mothers and pregnant women in muna garage, madinatu host community and new arrivals at Stadium IDPs Camps. 30 new arrivals benefited lantern touch light at NYSC camp.

A total of 1,689 people with Information and sensitizations were 861 women, and 828 girls 362 benefited from ANC services were 17 received family planning and 31 benefited from treatment of STIs. A girl benefited from Clinic Management of Rape treatment, 28 women delivered at the UNFPA integrated facility clinics.

Reducing maternal mortality and morbidity through demand creation: Supporting pregnant women and come to health facility for ANC and delivery at health facility.

UNICEF continues to support the SMOH with integrated PHC services. A total of 174,763 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 110,778 (63%) were children below five years. 83,699 curative Out Patient Department (OPD) consultations were recorded, with malaria – 25,845 being the major cause of consultation, followed by ARI – 20,100; AWD – 6,619 measles – 174, and other medical conditions – 30,961. A total of 84,832 prevention consultations were recorded including 3,965 children vaccinated against measles through RI services; 35,609 children and pregnant women reached with various other antigens; Vitamin A capsules – 11,139, Albendazole tablets for deworming – 12,601, and ANC visits – 16,032, and 5,486 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,591 deliveries (skilled delivery – 2,362, unskilled – 229) and 3,641 postnatal/home visits were recorded during the reporting period. UNICEF supported the SMOH through SPHCDA in Adamawa and Borno states with a total of 84 NHKs and 28 IEHKs (Adamawa 8 NHKs and Borno - 76 NHKs and 28 IEHK) for integrated emergency PHC services in the IDP camps and host communities.

AGUF was able to execute her planning meeting in readiness for the smooth take off of NHF/AGUF Health and WaSH intervention in Girei and Song LGAs. Also provide health awareness in Guyuk LGA taking advantage of the protection project there by sensitizing selected community members on the outbreak of Lassa fever in the state.

WHO-Mental Health supported specialized mental health services with 93 mental health outreach care sessions across 12 LGAs (Bama, Damboa, Dikwa, Gubio, Gwoza, Jere, Kaga, Kala/Balge, Konduga, Mafa, Maiduguri, and Nganzai) in 38 health facilities. A total of 2,730 patients were treated with 24 referred to Federal Neuro Psychiatric Hospital (FNPH), Maiduguri for further management and 11 admitted for inpatient treatment.

ICCM: 1,993 children were treated for malaria, diarrhea and Pneumonia by 123/123 CoRPs in 14 LGAs of the state. 1667 of the children were screened for malnutrition using MUAC. 86 (5.1%) of the children screened had MAM and were counseled on proper nutrition, while 3 (0.1%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR: 32,157 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 8,121 persons with minor ailments and dewormed a total of 9,645 children during the month. Pregnant women were provided FANC services with 2,705 of them receiving Iron folate to boost their hemoglobin concentration while 1,630 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in pregnancy.

WHO Malaria Intervention in Borno State

Malaria prevention (administration of IPTp to prevent malaria in pregnancy), Diagnosis and treatment routine services are being provided by the WHO supported CORPS & H2R teams in all three States. WHO provides support to the state malaria elimination programmes to ensure drugs and malaria commodities are available, data capturing, and reporting are improved and domestic resource mobilization is optimized, while leveraging on available resources.

According to EWARS data/report of week 5. Malaria was the Leading cause of morbidity and mortality in week: Leading cause of morbidity and mortality in week 5: Malaria (suspected n= 7,379; confirmed n= 4,714) was the leading cause of morbidity reported through EWARS, accounting for 32% of the reported cases, apart from deaths (9) due to other causes (50%), This report is from 207 sites (including 32 IDP camps).

A comparison of week 4&5 data, shows a steady decline in confirmed cases. when compared with the HTR and CORPS data of week 54, both show decline in cases but still high trend of positive fever cases still affirming malaria as the leading cause of morbidity in the state as again more than 50% of suspected cases were confirmed malaria. However, with the dry season, increased and targeted intervention on-going, the decline in reported cases will continue significantly.

Nutrition updates

WHO 20,828 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 168 (0.8%) children had MAM and their caregivers were counseled on proper nutrition, while 88 (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.

ALIMA provided total of 1,584 OPD consultations in Muna Garage and Teacher Village Camp for children under 5 in Muna Clinic with 12 referrals and 3,384 consultations for all ages in Teacher Village Camp Clinic with 41 referrals. Nutrition interventions were conducted in the ATFC at Muna Clinic where with 138 new SAM cases were admitted and 251 were discharged from the program. 14 SAM cases with complications were transferred the ITFC at UTHM. In total, ALIMA supported ITFC at UTHM admitted 87 new SAM cases with complications and discharged 50. A total of 867 OPD consultations was provided for all ages at Waterboard Reception Clinic in Monguno. Nutrition interventions were conducted in the ATFC at Water Board Reception Clinic where with 11 new SAM cases were admitted and 15 were discharged from the program. 1 SAM case with complications was transferred from ATFC at ITFC.

IRC Nutrition program, anthropometric screening was conducted within the month to under-five children through which SAM and MAM patients were identified as indicate in the table below. Routine dietary nutrition education was provided to 1,481 (739M and 742F) MAM caregivers whom they also participated in community feeding sensitization sessions. Beneficiary exit was carried out with a total of 198 (98M and 100F) children discharged from the program. 190 (92M and 98F) among them were cured from malnutrition, 7 (3M and 4F) were defaulting

clients and 1 (1M, 0F) death was recorded. Currently in the program clinics, 717 (358M, 359F) SAM children are on admission and receiving treatment. For Stabilization center program, 8(3M, 5F) new SAM with medical complication were admitted. 12 (5M, 7F) children were transfer to various OTPs for rehabilitation, 1 was discharged as cured with 0 (0M, 0F) death. Program performance for the month in the total OTP clinic where 96.0% cured rate, 0.5% death rate and 3.5% default rate.

IYCF: Individual counseling; 15 mothers with low milk production, 2 with sore nipple and 2 with breast engorgement were counseled. On group counseling, 38 mothers were educated and trained on the important of exclusive breastfeeding. For the community sensitization session, awareness rising was made with emphasis on breastfeeding relevant topics that include the role of early initiation of breastfeeding. A total of 4,160 community members benefited from the activity among which 1,142 pregnant mothers, 1,672 Lactating mothers, 612 old women, 365 young girls and 369 men reached. A 3-day capacity strengthening to IRC Nutrition staff was conducted by the IRC-IYCF CO-facilitator on LVISA. The training was provided in Mubi to all the 15 staffs (8M and 7M). Similar training was provided to MOH staffs supporting IRC program clinics with a total of 18 (10M and 8F) MOH staff with aim of upgrade the staff knowledge with respect to standard IYCF LVISA counselling practice.

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

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>

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