



# Health Sector Bulletin

## July 2019



Managing medical waste in Ngarannam PHC. (Photo: PUI)

## 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

- The gaps in referral services have been strongly flagged by the Health Sector partners currently providing PHC services in camps and hosting areas as a key need, specifically the inability of patients to receive critically needed health care nor timely access emergency care in hospitals. Patients in need of critical secondary or tertiary care in timely manner but unable to access it due to access, distance and lack of resources remains a key challenge. Most at risk are pregnant mothers requiring emergency obstetric care as well as children with severe acute malnutrition and acute medical complications.
- One of the serious challenge is the population living in hard to reach or conflict prone areas are without any humanitarian and health support. Around 45 Health Sector Partners are providing health care services through mobile health teams and support to health facilities in IDP camps and host communities.
- An addition to strengthening surveillance and early warning system, partners are working to strengthen other preparedness and response capacities in the event of a cholera outbreak particularly in hard to reach but still accessible LGAs/locations. The key interventions are pre-positioning of adequate cholera supplies and kits, immediate risk assessments in communities for the timely mitigation and response to outbreaks especially during rainy season.
- The recent IASC EDG mission to NE Nigeria highlighted the need for extension of coordination to the LGA level to ensure coordinated response among partners who are implementing response programmes in those areas. Local level coordination mechanism is in place in high priority LGAs where mostly the NGO co-leads are performing the coordination lead role.

### Health Sector



**45 HEALTH SECTOR PARTNERS**  
(HRP & NON-HRP)

#### HEALTH FACILITIES IN BORNO STATE\*\*



**375 (50%)**

**292 (39%)**

**205 (27%)**

**253 (34%)**

NON- FUNCTIONING (OF TOTAL  
755 ASSESSED HEALTH FACILITIES)

FULLY DAMAGED

PARTIALLY DAMAGED

NOT DAMAGED

#### CUMULATIVE CONSULTATIONS



**4.9 million CONSULTATIONS\*\*\*\***

**1490 REFERRALS**

**320,898 CONSULTATIONS THROUGH HARD TO REACH TEAMS**

#### EPIDEMIOLOGICAL WEEK 2018

##### EARLY WARNING & ALERT RESPONSE



**268 EWARS SENTINEL SITES**

**223 REPORTING SENTINEL SITES**

**298 TOTAL ALERTS RAISED\*\*\*\*\***



#### SECTOR FUNDING, HRP 2019



**HRP 2019 REQUIREMENTS \$73.7M**

**FUNDED \$10 M (14%)**

**UNMET REQUIREMENTS \$63.7 M**

\* 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

**Malaria control operational plan:** Malaria remains a leading cause of poor health in Nigeria. According to the 2018 WHO Malaria Report, 53 million cases are recorded annually in Nigeria, roughly 1 in 4 persons is infected with malaria contributing 25% of the global burden.

According to EWARS report of week 30, report from 223 site including 32 IDP camps showed that malaria was the leading cause of morbidity and mortality accounting for 35% of cases and 46% of reported death. In addition, results from the Nigeria Humanitarian Response Strategy (NHRS 2019-2021) indicate 7.1 million people are in dire need of healthcare and 6.2million are targeted for immediate attention.

An analysis commissioned by the WHO Global Malaria Programme to guide the next steps in the response to the malaria interventions in the complex humanitarian emergency concluded that 'malaria is the number one health risk that populations in the affected areas in NE Nigeria are confronting.

Based on Malaria Programme Interventions in the state in 2018, challenges and recommendations, this Malaria Annual Operational Plan (MAOP) was developed with Technical Support from WHO and partners. It was aligned to the National Malaria Strategic Plan (2014 -2020) which goal is to reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero. The MAOP was developed through a broad based stakeholders workshop involving malaria stakeholders. It was reviewed by the different thematic areas and endorsed by the Commissioner for Health and Permanent Secretary – Borno State Ministry of Health.



Group photograph during launch of Borno Malaria MOAP

The MAOP has seven objectives among which are: To provide at least 50% of targeted population with appropriate preventive measures by 2020; To ensure that all persons with suspected malaria who seek care are tested with RDT or microscopy by 2020; To ensure that all persons with confirmed malaria seen in private or public health facilities receive prompt treatment with an effective anti-malarial drug by 2020. It seeks to ensure that at least 50% of the population practice appropriate malaria prevention and management by 2020; ensure the timely availability of appropriate anti-malarial medicines and commodities required for prevention, diagnosis and treatment of malaria in Borno State by 2020; ensure that all health facilities report on key malaria indicators routinely by 2020, and finally strengthen governance and coordination of all stakeholders for effective program implementation towards an 'A' rating by 2020 on a standardized scorecard. These strategic objectives have specific objectives and targets and the MAOP takes into account the humanitarian response.

**Cholera preparedness plan:** Cholera Preparedness and Response plan is to provide a logical framework for optimal preparedness and effective response in the event of an outbreak in Northeast Nigeria. The plan includes information on response activities, roles and responsibilities. It also determines the needs and required resources to reduce the incidence, morbidity, mortality and economic losses associated with cholera and other diarrhea disease epidemics among members of the community through effective prevention and prompt institution of appropriate control measures.

The specific objectives of cholera preparedness plan are:

1. To strengthen existing coordination structure and partnerships and mobilize resources for effective and efficient response at all levels
2. To strengthen surveillance activities in affected and high-risk states
3. To reduce morbidity and mortality in cholera cases

4. To enhance water, sanitation and hygiene intervention at all administrative levels in affected and high-risk states
5. To rapidly detect and confirm cases.
6. To vaccinate population at risk for states in outbreak and to preposition drugs, laboratory reagents and other supplies where and when necessary
7. To intensify risk communication activities across all three states
8. To expand ongoing preparedness activities to the surrounding high-risk states

**Prevention of Cholera outbreak** involves improved sanitation and access to clean water. Cholera vaccines can also be administered in outbreak situation and it is an oral vaccine providing reasonable protection for about six months. Oral Cholera Vaccine (OCV) plays an important role in the prevention and control measure in epidemics. The provision of safe water and adequate sanitation for IDPs is a difficult challenge but remains the critical factor in reducing the impact of cholera outbreaks. Recommended control methods, including standardized case management, have proven effective in reducing the CFR. Comprehensive surveillance data are of vital importance to guide the interventions and adapt them to each specific situation. Cholera prevention and control is not an issue to be dealt by the health sector alone. Water and sanitation, health and hygiene promotion and communication interventions are also important factors in ensuring control and prevention of cholera outbreaks. Therefore, a comprehensive multidisciplinary approach should be adopted for dealing with potential cholera outbreaks among IDPs and populations at risk.

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

- **Number of reporting sites in week 30:** A total of 223 out of 268 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 83% (target 80%).
- **Total number of consultations in week 30:** Total consultations were 55,417 making a decrease of 2% in comparison to the previous week (n=56,669).
- **Leading cause of morbidity and mortality in week 30:** Malaria (suspected n= 10,886; confirmed n= 6,062) was the leading cause of morbidity and mortality reported through EWARS, accounting for 35% of reported cases and 46% of reported deaths.
- **Number of alerts in week 30:** Seventy-one (71) indicator-based alerts were generated with 83% of them verified.

Figure 1 | Trend in consultations

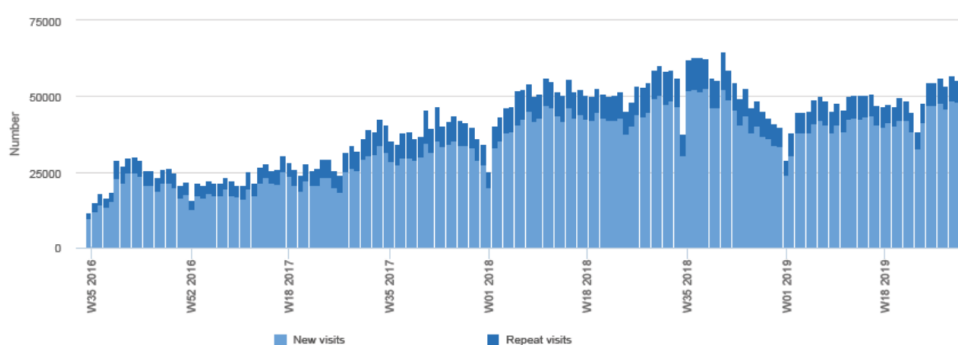


Figure 1a | Proportional morbidity (W30)

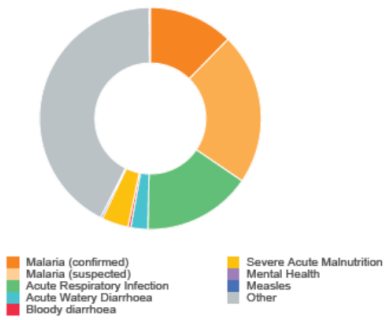
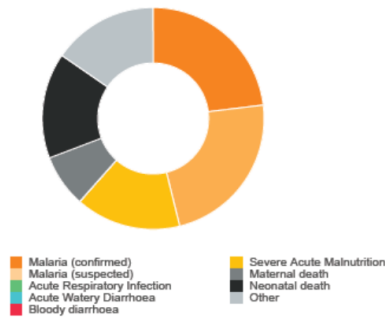


Figure 1b | Proportional mortality (W30)



**Morbidity Patterns**

- Malaria:** In Epi week 30, 6,062 cases of confirmed malaria were reported through EWARS. Of the reported cases, 310 were from General Hospital in Biu, 254 were from Madinatu IDP Camp Clinic in Jere, 200 were from Bakassi Mongono IDP Camp Clinic in MMC, 177 were from Gwange PHC in MMC and 142 were from Briyel MCH in Bayo. Three associated deaths were reported in Azare General Hospital (2) Hawul and Yawi General Hospital (1) Biu.

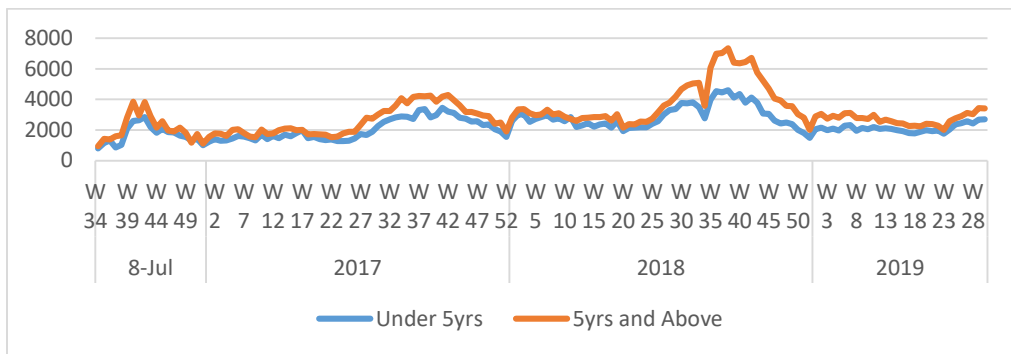


Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 30 2019

**Acute watery diarrhea:** In Epi week 30, 1,216 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 279 were from PUI mobile clinics in MMC, 277 were from Herwa Peace PHC in MMC, and 251 were from Ngaranam PHC. No associated death was reported.

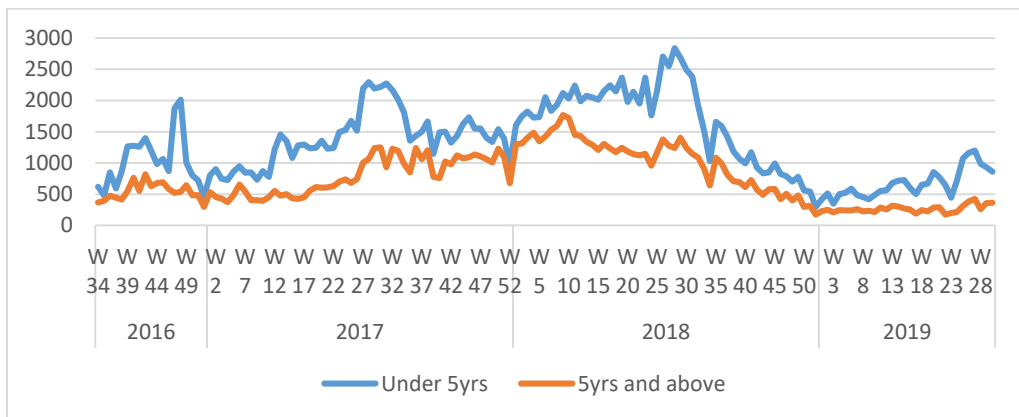


Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016- 30 2019

- Acute respiratory infection:** In Epi week 30, 7,782 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 469 were from Herwa Peace PHC in MMC, 445 were from PUI mobile clinics in MMC, 431 were from INTERSOS Health Facility in Bama, 346 were from Madinatu Camp Clinic in Jere, and 328 were from Ngaranam PHC Jere. No associated death was reported.

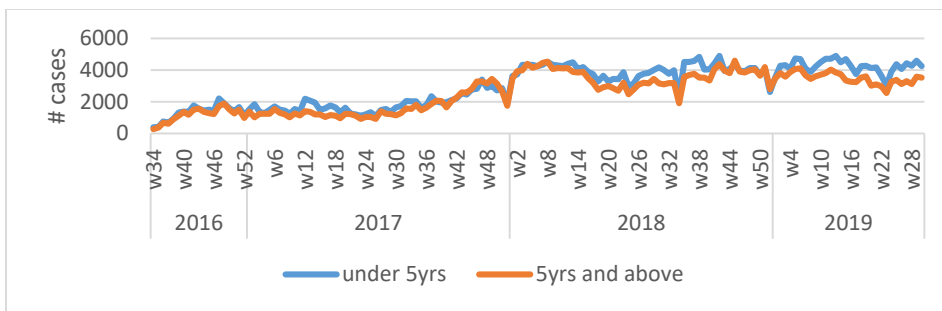


Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016- 30 2019

- **Suspected Measles:** One hundred and thirty-nine (139) suspected measles cases were reported through EWARS in week 30. Of the reported cases, 20 were from Damboa Town dispensary in Damboa, 16 were from INTERSOS Health Facility in Bama, 15 were from Gwange PHC in MMC, and 11 were from Shuwari Host Community Clinic in Damboa. No associated death was reported. Six additional cases were reported through IDSR\* from Jere (2), Dikwa (2), Monguno (1), and Gwoza (1) LGAs making a total of 145 suspected measles cases.

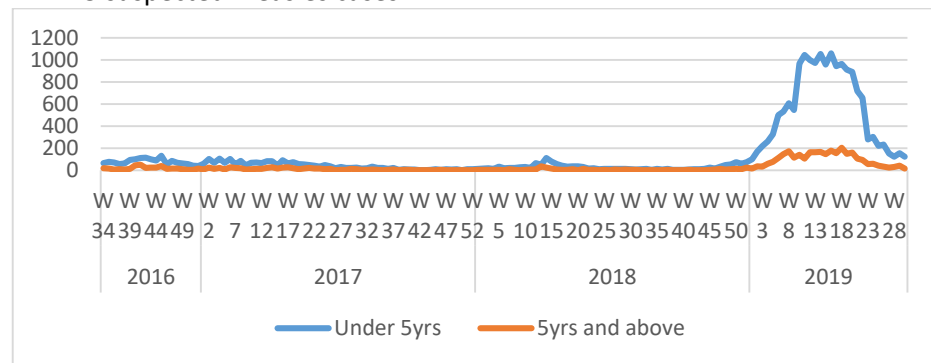


Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016- 30 2019

- **Suspected Yellow Fever:** Five suspected yellow fever cases were reported through EWARS in week 30 from PHC Clinic (2) in Gwoza, Zabamari PHC (1) in Jere, Boarding Primary School IDP camp clinic (1) in Konduga and CBN Quarters IDP camp clinic (1) in MMC. Three additional cases were reported through IDSR\* from Kwaya Kusar (2) and Shani (1) LGAs, making a total of 8 cases. No associated death was reported.
- **Suspected Meningitis:** One suspected meningitis case was reported in week 30 from Umaru Shehu Hospital in MMC.
- **Suspected VHF:** No suspected viral haemorrhagic fever case was reported in week 30.
- **Suspected cholera:** 5 suspected cholera cases were reported in week 30 from FHI360 clinic Banki in Bama. One additional case was reported through IDSR\* in Maiduguri LGA, making a total of 6 suspected cholera cases. No associated death was reported.
- **Malnutrition:** 1,909 cases of severe acute malnutrition were reported through EWARS in week 30. Of the reported cases, 191 were from FHI360 clinic Banki in Bama and 123 were from Fori PHC in Jere. One associated death was reported in FHI360 clinic Banki in Bama
- **Neonatal death:** Two neonatal deaths were reported in week 30 from Askira General Hospital (1) in Askira Uba and Yawi dispensary (1) in Biu.
- **Maternal death:** One maternal death was reported in week 30 from Azir Health clinic in Damboa.

\*IDSR- Integrated Disease Surveillance and Response

## Health Sector Actions

ACF continued in providing humanitarian response in the Northeast Nigeria (Borno and Yobe states). The key updates are as follows:

- Support to Sexual Reproductive Health: 5,356 women (4,300 received ANC and 1,056 – PNC services) in Borno and Yobe states in July 2019.

- Outpatient consultations: 35,416 (Male –16,318, Female –19,098) out of which 14933 are children U5 and 20,483 above five years old.
- Community Health: Through mother to mother support group and community Health Mobilizers /CVs a total of 26,149 (Male – 1,540, Female – 24,609) people were reached with messages on six key hygiene messages, childhood illness danger signs and early referral to health facilities, MIYCF including balance diet with the use of locally available nutritious foods. In addition, importance of ANC services, institutional delivery, immunization, malaria prevention through environmental sanitation and appropriate use of mosquito nets, cholera preventive and control measures and availability of STIs care at health clinics.
- Support to Routine Immunization: AAH continued to provide immunization services in the month of July 2019 a total 7,293 (Male - 3,480, Female-3,813) children and pregnant women were immunized against preventable diseases based on BCG, OPV, PENTA, PCV, IPV as well as TT vaccines.
- Construction/rehabilitation: Action Against Hunger support State Primary Health Care Development Agency and renovated Family support Program Clinic at Gajiram, Nganzai LGA and Constructed 5 New Mobile Health Facility tents (4 in Magumeri LGA and 1 in MMC) with 14 pair of gender segregated toilets across Jere, MMC, Magumeri and Monguno Health Facilities.
- Capacity Enhancement: In July 2019 various capacity-enhancement sessions conducted at different levels of administration like States, LGAs, health facilities and communities. Managers, health professional of different cadres and community workers benefited from the capacity enhancement sessions. A breakdown of attendance shows that 16 (7 Male, 9 Female) attended cholera prevention and treatment trainings in Monguno LGA, while 17 Health Workers (Male-4, Female- 13) in Gujba LGA of Yobe state received training on Medical Waste Management. A total of 70 (Male- 30, Female- 40) government staffs (health workers) and community health mobilizers were trained on humanitarian principles, protection and code of conduct in humanitarian service delivery in Yobe. Another batch of 70 (34 Female, 36 Male) health workers trained on facility based IYCF-E similarly 50 health workers (8 Male, 8 Female) trained on barrier analysis across Nganzai and Monguno LGAs. In addition, ACF project staff and government staff provided supportive supervision and mentoring at the health facilities to improve the quality of health care services.



**UNFPA** has continue to enhance Sexual Reproductive Health in humanitarian response through distribution of reproductive health kits to partners providing sexual reproductive services and have also through partnership with ministry of health distributed 150 female dignity kits and 150 solar lanterns, 100 portable water bottle, 100 clean delivery kits, to 500 pregnant women and lactating mothers in Damboa LGA, Madinatu and Muna Garage IDP Camp. The SRH frontline have reached 1339 people with Information and sensitizations of 493 were women, 260 girls, and 57 men. 199 benefited from ANC services, 15 deliveries, 90 received family planning and 53 benefited from treatment and 5 cases referred to secondary facility from Muna and Madinatu to UNFPA Integrated Facility Clinics (One Stop Centre).



**INTERSOS** is managing stand-alone health facilities in Bama (1), Dikwa (1) and Ngala (2 : one in Gamboru Host Community and one in ISS Camp), supporting 4 Health facilities, 1 Ggeneral Hospital and 2 health posts in Magumeri. INTERSOS also carrying out 4 mobile clinics in Magumeri, 2 in Dikwa and started 1 in Bama GSSS Camp to cover the whole camp accordingly.

For outpatient services, a total consultations for the month of July are 23,407 (M 9,853 and F 13,554) of which U5 is 10,217 (44%) this number is much higher than the number of U5 consultations seen in the month of June. The total number of consultations for the reporting month registered a tremendous increase compared to the previous month of June. As always, Acute Respiratory Infection (with a total of number of 4,087 cases) remains the highest cause of morbidity accompanied by Malaria (with 2,788 cases). INTERSOS health facilities registered

an increase rate of acute respiratory infection and also an increase in malaria cases compared to the month of June, with an increase rate of 17% for Acute respiratory Infection and 12% for Malaria respectively.

All INTERSOS sites experienced an increase in the number of consultations compared to the month of June.

For sexual and reproductive health, the total ANC attendees for the month is 3,657, with 1,525 accounting for 1st visit and re-visit 2,132 of the total SRH. This record indicates that there was an increase in the total ANC attendance compared to the previous month of June. INTERSOS across its locations continues Hygiene Kits and Water Handling Kits distribution to Antenatal and Post-Natal Clinics attendants. 65 patients were hospitalized in the month of July, 28 SAM cases with Complications, 11 under 5 years, 18 above 5 years, 8 gynecological and obstetric complications. 0 death was reported.

For referral, INTERSOS is supporting referral of patients in need of secondary or tertiary care from Bama and Magumeri to Maiduguri, 15 patients were referred, 9 from Bama and 6 from Magumeri. We registered 2 deaths among referral from Bama in July (1 Severe pneumonia and 1 neonatal sepsis case).

**UNICEF** continues to support the SMOH with integrated PHC services. A total of 280,072 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 124,311 (44%) were children below five years. During the reporting period, 144,808 Out Patient Department (OPD) consultations were recorded with malaria – 37,2741 being the major cause of consultation, followed by ARI – 27,399; AWD – 17,477, measles – 913, and other medical conditions – 61,745. A total of 127,257 prevention services were recorded including 6,488 children vaccinated against measles through RI services; 47,038 children and pregnant women reached with various other antigens; Vitamin A capsules – 21,369, Albendazole tablets for deworming – 25,849 and ANC visits – 22,870. A total of 3,697 deliveries (skilled delivery – 2,852, unskilled – 845) and 4,310 postnatal/home visits were recorded during the reporting period.

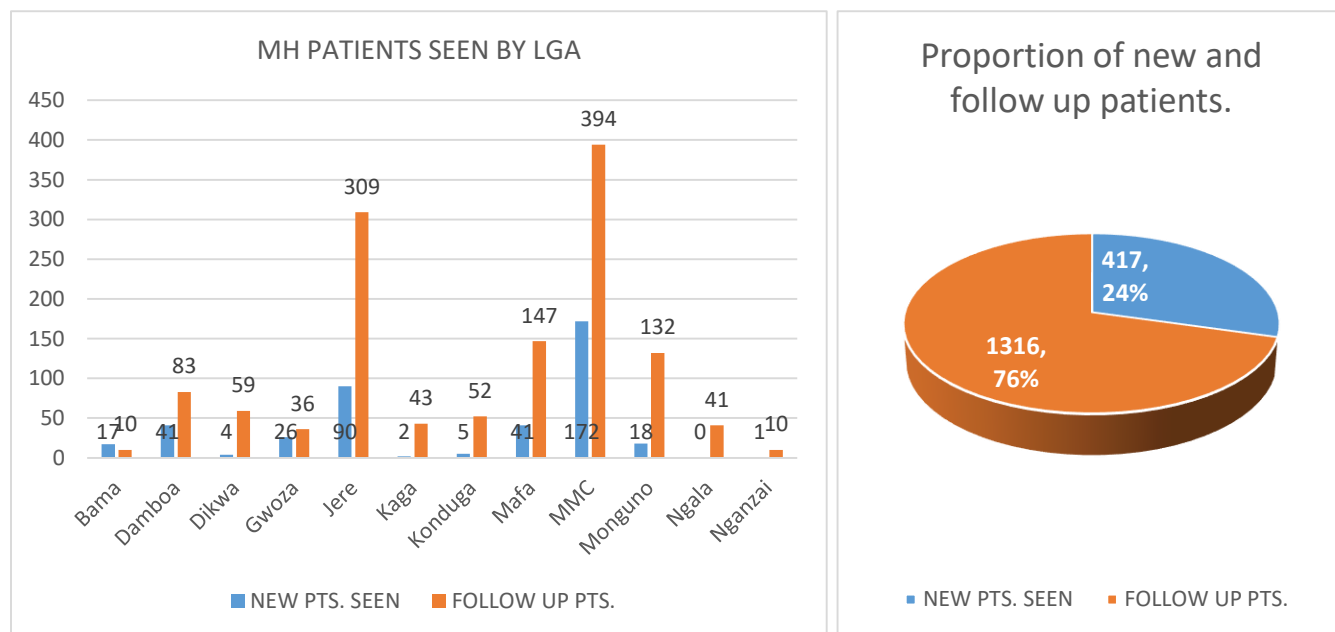


Deliveries in INTERSOS Health Facilities

UNICEF supported the SMOH through SPHCDA and SPHCMB in the 3 states with a total of 131 NHKs (Adamawa – 4 NHKs; Borno - 107 NHKs; Yobe - 20 NHKs) for integrated emergency PHC services in the IDP camps and host communities.

**UNICEF-Adamawa** continues to support health facilities in IDPs and Host Communities. A total of 5,420 Persons, including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities. A total of 2,439 prevention services were recorded. UNICEF also provided technical and logistic support for a review meeting of 400 ward supervisors, 63 LGA supervisors and 3 state zonal supervisors for ICCM CORPS in hard to reach and return communities across the state and reached 21,235 Under 5 Children. The refresher training of, 400 ward supervisors, 63 LGA supervisors and 3 zonal supervisors on ICCM with emphasis on supervision using updated ODK platform considering RAS for pre-referral treatment of severe malaria across the state has been completed.

**WHO – Mental Health (Outreach Sessions):** 50 mental health outreach sessions were conducted in 38 HFs across 12 LGAs. A total of 1,733 mental health patients were seen (417 new, and 1,316 follow ups). 1 patient was referred to FNPH for further management. Number of MH outreach sessions dropped to about 71% in July 2019 compared to previous months due to challenge in funding.



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

- IOM mental health and psychosocial mobile teams and MHPSS safe spaces/resource centers continue to provide direct mental health and psychosocial support services to the affected population across field locations in Borno, Adamawa and Yobe States. A total of 79,074 beneficiaries were reached through various MHPSS activities within the reporting month. 17,343 individuals, comprising of new beneficiaries were reached within the reporting month.
- MHPSS services and activities offered by the PSS mobile teams to the affected population include but not limited to lay counselling, psychological first aid (PFA), informal education, support group, recreational activities, sensitization on Gender Base Violence (GBV), Counter Trafficking (CT) and health issues such as hygiene promotion, referral for specialized and other services, referral follow ups, small scale conflict mediation, bereavement support, livelihood follow ups and monitoring, referral for specialized mental health services and psychoeducation to the family members/caregivers and persons with mental health challenges.

**Response to the influx/new arrivals in Maiduguri and some locations in the NAAs:** MHPSS mobile teams are responding to the influx of IDPs/new arrivals in several displacement sites across field locations. MHPSS mobile teams are providing PFA, referrals for specialized and other services, informal education, psychoeducation to the care givers, and sensitization on GBV and CT among other MHPSS services and activities. Total of 2,413 newly arrived displaced populations arrived in several locations benefitted from the MHPSS services and activities.

*Sessions on PFA with new arrivals at the Reception center in Monguno*



**Mental Health Referral for Specialized Mental Health Care:** 752 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 (6) trained psychiatric nurses are also deployed to hard-to-reach (NAAs) areas of Borno State for the provision of 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 conducted on 2nd July 2019, at the Conference Hall of PHEOC Eye Hospital, with high number engagement from the MHPSS partners,

a total of 43 participants from various organizations attended the coordination meeting. The meeting was chaired by the Deputy Director of Medical Emergency Response and Humanitarian Sector, SMOH. The MHPSS SWG Coordinator attended: (a) Commemoration of World Day Against Trafficking in Persons organized by the Borno State Anti-Trafficking in Persons Task Force (ATIPTF), to extend continuous support and coordination of the MHPSS SWG and relevant partners on the objectives of the task force and its activities; (b) GBV SS Mid-Year Review Workshop and provided inputs on the specific thematic discussions of MHPSS and GBV on gaps, challenges and how to address it. The MHPSS SWG Coordinator participated in a meeting with MHPSS technical advisors of MdM Nigeria and MdM HQ and discussed the current crisis in Damboa, its urgent needs to scale-up the mental health services including number of outreach visits of psychiatric nurse to Damboa, training needs on MhGAP to be able to identify and treat people with severe mental disorders, availability of psychotropic drugs and involvement of SMOH, FNPH, IOM and WHO in further ad-hoc meeting.

The MHPSS SWG Coordinator had disseminated the newly published document of IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement to all MHPSS SWG stakeholders in Borno, Adamawa and Yobe States. Several partners have acknowledged and appreciated the information that would enhance their knowledge on MHPSS and in particular on the community based MHPSS approach. Please see link to access the manual: <https://mental-health-and-psycho-social-support-manual.kcp.be/>

**PUI** continue to response to the need of the affected population across different sector. 15,541 Long-Lasting Insecticide-treated Nets (LLINs) distributed in Bolori II to pregnant and lactating women as well as children under 5 years of age. PUI has trained all health, nutrition and MHPSS in supported facilities staff on infection control and waste management. The number of OPD consultation is increasing as 25198 consultation were recorded against 13051 cases recorded in June. This is attributed to rainy season with consequent increase in seasonal diseases like Malaria and Acute watery diarrhoea. The number of measles cases is decreasing in the 5 supported facilities as 30 cases were recorded against 139 in June. Malaria cases confirmed by RDT is increasing 683 reported as against 343 in June. The number of new SAM admissions increased from 341 cases in June to 541 in July. This is a typical increase in the season in connection with the increasing childhood illness.

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

Center	OPD Consultation	Immunization	Nutrition	Malaria and Measles	Sexual and Reproductive Health	MHPSS
Herwa Peace PHC	6709	2918	93 new admissions for SAM cases in OTP	Malaria: 89 cases Measles: 14 cases reported	2543	66
Ngarannam PHC	7124	2058	209 new admissions for SAM cases in OTP	Malaria: 323 cases Measles: 6 cases reported	2106	25
Outreach teams	7139	790	242 new admissions for SAM cases in OTP	Malaria: 271 cases Measles: 10 cases reported	1077	17

**JHF** continues to implement projects in Adamawa State. A total of 16406 persons were verbally screened across 17 LGAs of Adamawa State, 1,585 presumptive TB cases were detected out of which 1,450 had their sputum samples transported and analysed using GeneXpert technology. A total of 83 All Forms of TB cases were detected and enrolled on TB treatment. Of the 1,585 presumptive TB cases detected, 1450 had HCT out of which 1 was found to be HIV+ and was linked to ART site for Treatment, care and support.

**FHI360** provided 13,218 curative consultations to IDPs and host communities of Banki, Damask, Dikwa, and Ngala. 37.8% (4,136) of the patients seen were children under the age of five. Acute Respiratory Infection (ARI) continues to be the leading cause of communicable disease morbidity with 2,559 cases. This accounts for the highest morbidities in all FHI 360 implementing sites, except Dikwa where malaria (558 cases) is responsible for the highest number of hospital visits for communicable diseases. Malaria (2101 cumulative cases) and diarrheal disease (1,635 cumulative cases) remain significant causes of morbidities in all field sites. In Banki, 558 cases of acute watery diarrhea were seen within the month. A number of these cases turned out to be positive for cholera using the rapid diagnostic test method. An alert of a possible cholera outbreak was communicated through the Disease Surveillance and Notification Officer (DSNO) for the jurisdictional level and concerted efforts were put in place to prevent an outbreak. Two oral rehydration points were set up to cater for cases within the community, and through a robust integration with the WASH sector, FHI 360 frontline and community volunteers have intensified risk communication, hygiene promotion, water chlorination, household disinfection and sanitation within the camp. Cases have been on the decline. A total of 2865 contacts for reproductive health services were made with

clients during the month. Services include 253 skilled birth attendance of patients, 310 postnatal visits, 1040 enrollments into antenatal care, family planning and clinical care for sexual assault survivors.

**AGUF** was in Guyuk LGA, Dumna community for sexual and reproductive health/GBV Campaign awareness; 223 persons were reached. In Dukul, Guyuk LGA with the same campaign awareness 102 were reached. In Yola South LGA, Saminaka and Wuro Jabbe 131 and 84 respectively were reached on cholera preparedness campaign, also in Demsa LGA, Nassarawo Demsa community same campaign on cholera and 130 persons were reached.

**WHO, SOML & Malaria Consortium** in 2019 starting July, support 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 will be conducted during peak rainy season (July - October) 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

LGA	TARGET POPULATION	Responsible Partners
Tarmuwa	21280	WHO/SOML
Yusufari	29271	WHO/SOML
Nguru	43,984	MC/SOML
Bade	40,815	MC/SOML
Machina	17,989	MC/SOML
Karasuwa	31,241	MC/SOML

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. 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. The July cycle which is the first implementation cycle of SMC in Yobe State commenced from Wednesday 24<sup>th</sup> July – 28<sup>th</sup> July, 2019. There was a day extension to allow the areas that couldn't commence implementation on 24<sup>th</sup> July, to enable them cover the targeted population.

**WHO-Yobe:** WHO in collaboration with State Ministry of Health (SMOH) and State Primary Health care Management Board (SPHCMB) has trained 136 health workers- including midwives, nurses and CHEWs working in PHC clinics on BEmOC and IMCI in July 2019. This capacity building training is to enable newly posted PHC workers to provide services in locations where many skilled health care workers have relocated to safer areas leaving many communities with little or no health services, before now. The state government has been investing in rebuilding and rehabilitating damaged health facilities and WHO is complementing such efforts by rehabilitating primary health facilities such as CHC Kukar-Gadu, PHC Damaya, PHC Moborti and PHC Babbangida, and training their staff to provide quality services. In addition to training PHC workers and facility rehabilitation, WHO has been providing drugs, medical consumables, Infection Prevention and Control (IPC) materials, and is supporting Human Resources for Health (HRH) policy for recruitment retention, capacity building to Yobe state SMOH. The newly rehabilitated PHC centers, equipment supply as well as the training of PHC workers would improve services delivery to hundreds of thousands of conflict-affected people in remote and security-compromised communities. Earlier, WHO has donated 25 Interagency Emergency Health Kits (IEHKs) and other commodities in support of SMOH and SPHCMB to scale up services delivery. The donation of drugs and materials would aid mobile health

Cross-Section of PHC Workers during IMCI training in Damaturu, Yobe state. Photo: I.A. Salisu/WHO



teams to continue providing primary health services including treatment for malaria, antenatal care and routine immunization services. At the end of the first cycle of SMC by WHO, SMOH, SPHCMB and Malaria Consortium in Tarmuwa, Yusufari, Nguru, Bade, Jakusko and Karasuwa LGA, up to 184,580 children aged 3-59 months were targeted and 94% of them (173,505) were provided with the first dose of Amodiaquine-SP for SMC.

*HTR team Leader providing health education to pregnant women in Yusufari LGA, Yobe state. Photo: I.A. Salisu/WHO*



WHO Hard-to-Reach (HTR) teams in collaboration with SMOH and SPHCMB, are working in 16 LGAs of the state to provide life-saving care and refer critically ill and severely malnourished children to town clinics and hospitals for further care. WHO also provides capacity to SMOH health Workers as well as HTR teams, who are further being supported by WHO technical staff and Local Government Facilitators with supportive supervision and job aids to work effectively in remote areas. In addition to mobile health teams, WHO has recently renovated CHC Kukar-Gadu, PHC Babban Gida, and PHC Moborti in the first phase of the rehabilitation work. This is aimed to

complement the efforts of Yobe SMOH in rehabilitating damaged primary and secondary health facilities, and improve access to quality health care to conflict-affected people in the state. PHC facilities and HTR teams are being provided with adequate drugs, data tools and medical commodities to bring succor to people in remote communities.

**GZDI** carried out activities in Mubi LGA to include FGDs, CEI, Remedial Actions taken, KII at facility and LG, Advocacy and advocacy Follow-Up Visits within the LGA. Focus group discussions were made at ward level, Advocacy were carried out at LGA level with visit to Kolere Health Centre on KII to the facility head.

**WHO-Adamawa** has carried out capacity building on cholera case detection, reporting and management for 400 frontline healthcare workers was carried out in 8 hotspots LGAs affected previously and currently by cholera in the state.

**Surveillance activities:** Active case search teams supported by WHO visited 15,340 households searching for suspected cholera cases and sensitizing households on cholera prevention and what to do if infected. A total of 290 cases were reported from 1st – 31st July, 2019. The total case count as at 31st July, 2019 was 478 with 3 deaths. WHO supported the NCDC to carry out supportive supervision in the public health laboratory in the State Specialist Hospital and provide technical support with the view to improving the quality of results from the public health laboratory. Community Health Champions supported by WHO visited 18,574 households, sensitized 38,590 persons and identified 82 suspected cholera cases.

**ICCM:** 4767 children were treated for malaria, diarrhea and Pneumonia by 123/123 CoRPs in 14 LGAs of the state. 3522 of the children were screened for malnutrition using MUAC. 261 (7%) of the children screened had MAM and were counseled on proper nutrition, while 8 (0.2%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

**HTR:** 33496 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 10168 persons with minor ailments and dewormed a total of 6068 children during the month. Pregnant women were provided FANC services with 2718 of them receiving Iron folate to boost their hemoglobin concentration while 1732 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.



### UNICEF

A total number of 431 nutrition service sites out of the 444 sites supported by UNICEF in the 3 northeast emergency states reported for the month of July 2019 which indicates 97.1% percent reporting rate. Based on this, a total of 15,362 children with severe acute malnutrition were admitted for treatment. Performance indicators for the community management of acute malnutrition were all within SPHERE standards as follows – 96 percent cure rate, 2.5 percent defaulter rate, 0.5 percent death rate and 1.0 percent of non-responders to treatment.

For the prevention of malnutrition 40,761 new caregivers of children 0-23 months benefitted from infant and young child feeding (IYCF) counseling. 18,343 children 6-23 months received micronutrient powder (MNP) for the treatment and prevention of micronutrient deficiencies.

The below listed activities carried out during the reporting period were key in achieving the results already mentioned:

- Screening for identification of malnutrition in children 6-59 months in communities, reached 1,461,660 children. The 15,362 children suffering from SAM admitted to treatment sites in July was possible because of this active case finding.
- 15,514 cartons of RUTF and 19,400 packet of micronutrient powder distributed to UNICEF supported nutrition sites.
- On-the-job coaching and supportive supervision visits conducted to 334 outpatients therapeutic program (OTP) sites, 24 stabilization centers (SCs), 238 IYCF corners, 298 mother support groups and 1,290 community nutrition mobilizers.
- A 3-day Integrated Nutrition Training for 362 Health Workers in Bade, Bursari, Geidam, Gulani, Jakusko, Karasuwa, Nguru and Yusufari UNICEF-supported LGAs. In attendance were also 8 NFPs/representatives; totaling 370 participants. This was in line to enhance their capacities for provision of better quality nutrition services.

**IRC-CMAM:** Anthropometric screening was conducted within the month to under-five children through which 309 SAM and 1,420 MAM patients were identified. Routine dietary nutrition education was provided to MAM caregivers which they also participated in community feeding sensitization sessions. Beneficiary exit was carried out with a total of 187 (91M and 96F) children discharged from the program. 167 (82M and 85F) among them were treated from malnutrition, 19 (9M and 10F) were defaulting clients and 1 (0M, 1F) death was recorded. Currently in the program clinics, 532 (251M, 281F) SAM children are on admission and receiving treatment. 48(21M, 27F) new SAM with medical complication were admitted. 45 (17M, 28F) children were transfer to various OTPs for rehabilitation, 0 were discharged as cured and 1 (1M, 0F) death. performance for the month in the total clinic where 89.3% cured rate, 0.5% death rate and 10.2% default rate.

**IYCF:** 19 mothers with low milk production, 1 with mastitis, 1 with sore nipple, 1 with inverted nipple, 1 mother with mixed feeding issue and 4 with delayed milk production were identified and individually counselled. On group counselling, 21 mothers with exclusive breast feeding difficulties and 40 on proper breast feeding best practice were counselled in the supporting LGA. For the LVISA (listening value information suggestion and authentication) session, awareness and emphasis on breastfeeding relevant topics made include importance of clinics visit, personal hygiene practices, early initiation of breastfeeding was carried out. 5,391 community members benefitted from the activity with 1,708 pregnant mothers, 1,728 Lactating mothers, 669 old women, 706 young girls and 580 men reached.

Capacity strengthening of community volunteer was conducted concurrently in the program LGA with total of 150 (81M and 69F) participants. Also, trainings for MAMA MUAC were conducted to 236 mothers on mothers MUAC screening across Michika LGA. This has contribute to building the capacity of mothers for early detection of malnutrition before onset of complication.

**WHO-Nutrition:** 21,213 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 211 (1.0%) children had MAM and their caregivers were counseled on proper nutrition, while 113 (0.5%) 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

*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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