Health Sector Bulletin

Reporting period: 1st till 30th April 2018

HIGHLIGHTS

- Displacement could further increase from May to August, as a result of evolving conflict dynamics, including the unanticipated military operation Last Hold, as well as other various environmental/seasonal patterns. The LGAs that are most severely impacted so far include Gwoza that has received nearly 24,000 new arrivals, and Bama, Ngala and Mobbar LGAs that have all received between 10,000-12,000 new arrivals.

- Ongoing cholera outbreak in Kukawa LGA, Borno state with over 683 cases reported up to 30th April, 2018 and also in Yobe state (Bade, Karasuwa, Yusufari, Busari and Jakusko) over 411 cases reported up to 30th April, 2018.

- Preparedness plans for rainy season and new displacements are in place but there is a dire need to mobilise additional resources as most of the existing drugs and stocks/supplies are presently diverted to contain the cholera outbreak in Yobe state & Kukawa LGA. Health is one of the least funded sector so far with funding coverage of only 3.8%.

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Northeast Nigeria Humanitarian Response

5.4 million People in need of health care
5.1 million People in need of health care
1,713,771* IDPs in the three States
3.7 Million people Reached in 2017***

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Health Sector

<table>
<thead>
<tr>
<th>HEALTH FACILITIES IN BORNO STATE**</th>
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<tr>
<td>375 (50%) NON-FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)</td>
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<tr>
<td>292 (39%) FULLY DAMAGED</td>
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<tr>
<td>205 (27%) PARTIALLY DAMAGED</td>
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<tr>
<td>253 (34%) NOT DAMAGED</td>
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</tbody>
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CUMULATIVE CONSULTATIONS

- 689,509 CONSULTATIONS****
- 950 REFERRALS
- 42,839 CONSULTATIONS THROUGH HARD TO REACH TEAMS

EPIDEMIOLOGICAL WEEK 16

- 272 EWARS SENTINEL SITES
- 169 REPORTING SENTINEL SITES
- 34 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2018

- HRP 2018 REQUIREMENTS $109M
- FUNDED $ 4.2 M (3.8%)
- UNMET REQUIREMENTS $ 105 M

https://fts.unocha.org/appeals/642/clusters

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* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XIX
** 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- 16.
***** The number of alerts change from week to week.
Situation update

Following the new military operation launched on 1st May, large number of new arrivals are to be expected in different field locations in the NE (mainly Borno). This new influx situation would be further exacerbated with the increased number of displaced people that will result from seasonal dynamics (rainy season, lean period, etc.) as well as the potential high number of refugees returning to Nigeria (up to 62,500 according to UNHCR). Locations that will likely see high levels of displacement are Damasak (Damasak LGA), Baga (Kukawa LGA), Monguno (Monguno LGA), Ngala/Gamboru (Ngala LGA), Rann (Kala Balge LGA), Dikwa (Dikwa LGA), and Banki (Bama LGA). Large scale displacement will also likely continue to Pulka and Gwoza (Gwoza LGA). Humanitarian partners have reported large scale population movements into Baga and Doro Baga, two major towns in Kukawa LGA as a result of insecurity and military activities in and around the area. Newly arrived persons also report that many more families remain in areas that are hard to reach for international humanitarian workers.

Emergency conditions exacerbated by the rainy season are expected to last from June to September 2018 for the majority of locations. However, in Rann (Kala/Balge LGA), flood-related impacts could be seen through December 2018 due to the geographic terrain. For the different sectors, the level of humanitarian impact and consequences will vary. The rainy season and a potential flooding event may directly or indirectly impact the health status of conflict-affected persons. During the rainy season, potential consequences may include: an increase in risks of water-borne diseases such as cholera, malaria and hepatitis E; an increase in the number of malnutrition cases with medical complications; damage to facilities which would interrupt the delivery of critical health services; and restricted access to areas, which would compromise the delivery health supplies and affect the mobility of health workers and other human resources crucial to the delivery of health services.

The Health sector will aim to enhance disease surveillance and risk assessment for a timely response to outbreaks during the rainy season, as well as to provide essential health care services to reduce the risk of morbidity and mortality. Priority preparedness and response activities include: pre-positioning of adequate health supplies and kits; immediate risk assessments in communities for the timely mitigation and response to outbreaks; vaccination/immunization of children under the age of 5 for major vaccine preventable diseases (VPDs); mental health and psycho-social support for conflict-affected persons. Vulnerable groups will be prioritised, including those who have chronic sicknesses, persons with disabilities, persons suffering from mental ailments, pregnant and lactating women, and persons with conflict-related injuries in the communities.

For rainy season contingency plan, the Health sector will focus response activities particularly where there are two ongoing cholera outbreaks: one in Kukawa LGA in Borno State, and the other in Bade, Yusufari, Bursari and Karasuwa LGAs in Yobe State. A robust surveillance and outbreak response mechanism will be needed to ensure the timely detection of cases and an adequate response. Mobile health teams will be critical for preparedness and response considering the context. Demand for medicines and health supplies will increase, and therefore pre-positioning is critical. It is important to note that the State Government and Health sector partners’ capacity to respond has been overstretched with recent increased needs and, during the rainy season, this will continue to be the case.

Early Warning Alert and Response System (EWARS)

In Epidemiological Week 16, 2018:

- Number of reporting sites in week 16: A total of 169 out of 272 reporting sites (including 20 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 62% (target 80%).
- **Total number of consultations in week 16**: Total consultations were 39,519 marking a 13% decrease in comparison to the previous week (n=45,177).
- **Leading cause of morbidity and mortality in week 16**: Malaria (suspected n= 10,266 and confirmed n=4,026) was the leading cause of morbidity accounting for 37% of reported cases. Acute respiratory infection, acute watery diarrhoea, maternal, and neonatal deaths accounted for 36% of deaths reported through EWARS.
- **Number of alerts in week 16**: Thirty-four (34) indicator-based alerts were generated with 82% of them verified.

\[\text{Morbidity Patterns}\]

- **Malaria**: In Epi week 16, 4,026 cases of confirmed malaria were reported through EWARS. Of the reported cases, 375 were from General Hospital in Biu, 200 were from Gamboru C MCH Clinic in Ngala, 181 were from Logumane PHC in Ngala, 145 were from 250 Housing Estate (Kofa) IDP camp clinic, and 130 were from Garubula MCH in Biu. No associated malaria death was reported.
Acute watery diarrhea: In Epi week 16, 2,711 cases were reported through EWARS. Of the reported cases, 257 were from Herwa PHC in MMC, 237 were from Gamboru CMCH Clinic in Ngala, 137 were from Logumane PHC Clinic in Ngala, and 110 were from FHI360 Banki clinic in Bama. One associated death was reported from Chibok General Hospital in Chibok.

Acute respiratory infection: In Epi week 16, 5,451 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 532 were from Herwa PHC in MMC, 310 were from Gamboru CMCH Clinic in Ngala, 175 were from Logumane PHC in Ngala, 171 were from FHI360 Banki clinic in Bama, 168 were from Hausari MDM IDP camp clinic in Damboa, 139 were from Mogcolis IDP camp clinic in MMC, and 135 were from Jakana PHC in Konduga. There was one associated death from Kwayabura MCH in Hawul.

Suspected Measles: Fifty-three (53) suspected measles cases were reported through EWARS in week 16, marking a 26% decrease in comparison to the previous week (Fig. 4). Of the reported cases, 25 were from Gajiganna MPHC in Magumeri, 7 were from General Hospital Gajiram in Nganzai, and 5 were from...
Njimtilo PHC in Konduga. Six additional cases were reported from Kaga (4), Monguno (1), and Askira Uba (1) LGAs through IDSR*. No associated death was reported.

![Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016- 16 2018](image)

- **Suspected Yellow Fever**: Five suspected yellow fever cases were reported through EWARS in week 16 from Gajiganna MPHC (3) in Magumeri, PHC clinic (1) in Gwoza, and FSP Cross Kauwa (1) in Kukawa. Eight additional suspected cases were reported through IDSR* in Monguno (2), Shani (2), Konduga (2), MMC (1), and Ngala (1) LGAs. No associated death was reported.

- **Suspected Meningitis**: Four suspected meningitis cases were reported through EWARS in week 16 from Chibok General Hospital (2) and State Specialist Hospital (2) in MMC. One suspected case was reported from Kala Balge through IDSR*. No associated death was reported.

- **Malnutrition**: 2,065 cases of severe acute malnutrition were reported through EWARS in week 16. Of the reported cases, 180 were from FHI360 Banki clinic in Bama, 160 were from Gunda CHC in Biu and 96 were from Gamboru C MCH Clinic in Ngala. No associated death was reported.

- **Neonatal death**: One neonatal death was reported from Wandali PHC in Kwaya Kusar.

- **Maternal death**: One maternal death was reported from Magumeri MCH in Magumeri.

*IDSR-Integrated Disease Surveillance and Response

**Alerts and Outbreaks**: Thirty-four alerts were generated from the weekly reports submitted through EWARS in week 16. Eighty-two percent of the alerts were verified.

Regarding the outbreak in Kukawa LGA, as at 23rd April, a total of 679 cases were reported from the 3 affected wards (Doro, Baga, and Kukawa). Eight cases were reported in Doro in week 16. Response activities have been sustained particularly active surveillance in affected communities, case management, house-to-house community sensitization and WASH interventions under the supervision of the state RRT and partners. Regular state level coordination meetings continue to be held in the Public Health Emergency Operations Centre (PHEOC) in Maiduguri to oversee the outbreak.

The suspected measles outbreak in Gajiganna ward in Magumeri is being closely monitored. Laboratory results are still pending. The state ministry of health (SMOH) and partners are working closely to address
the issues in this area. Active case search is ongoing. Plans are underway for reactive vaccination campaign in the affected communities.

**Health Sector Coordination:**

An inter-sector assessment mission was conducted on 23rd April, 2018 to Kukawa LGA. The team visited the military base, Baga town (ALIMA facilities, general hospital), Doro Baga (ALIMA Clinic, Primary Health Care), Police Station and Lawan Karta IDP Camp and met with ALIMA, UNICEF, WHO, military, police and affected populations.

The overall health response is good. Existing health services and facilities are enough but further influx of people will cause a strain on service provision. Findings indicate that there are no health services in the Islands of the Lake Chad area (Isseirom, Ngelea, Kindjere etc.). The three key partners in the area are ALIMA, UNICEF and WHO.

- Major diseases reported are AWD/suspected cholera, ARI, chickenpox, skin infections, malaria. Reports of malnutrition are low with 2-3 cases reported in the last two weeks. Two suspected meningitis cases were reported in the last two days.
- The number of suspected Cholera cases have decreased significantly in the last three weeks. CTC is functional in Baga General Hospital, CTU in PHC Doro, temporary health clinic/post in Baga ward. Four AWD/suspected cholera patients were under treatment each in CTC and CTU. There is enough stock of medicines and supplies at both treatment units. The response is well organized and managed and led by ALIMA. WASH interventions are urgently needed both in communities and IDP camp to avoid any further spread of cholera and other communicable diseases.
- General Hospital Baga and PHC Doro are operated by UNICEF supported doctors and nurses. During the visit, no government staff was present in the hospital. Conditions are poor and need immediate attention from the government/partners to rehabilitate/renovate the facilities. Daily average OPD in each health facility is 30-50. CTU, CTC are supported by ALIMA.
- IDP camp clinic in Kukawa is supported by ALIMA. WHO EPI team is also present in the camp for vaccination. A WHO supported vaccination point is functional and is located along the main Baga road. Community outreach services in surrounding villages is also supported by WHO Hard to Reach team. Enough medicines and medical supplies were available in both UNICEF and ALIMA supported facilities.
- There are no referral/ambulance services available in Kukawa. ALIMA uses its cars for patients’ transportation while some families take patients to Monguno and Maiduguri through public transport.

**Health Sector Actions**

**INTERSOS** has been responding successfully in the provision of primary emergency health care services including maternal, child and neonatal care in seven wards (Magumeri, Hoyo, Kareram, Furrram, Titiwa, Kalizoram and Gajigana) of Magumeri LGA since October 2017. Recently, additional mobile services were activated in order to reach the communities that are far from the health facilities. WASH has been incorporated in the response to ensure standard waste management and water supply at the health facility level.

**PU** continue to support primary health care services in targeted primary health care centres. 48 cases of malaria were confirmed with RDT and 278 were clinically diagnosed in Herwa Peace PHC with 6 cases of measles reported. At Ngarannam PHC, 13 cases of malaria confirmed with 3 cases clinically diagnosed. 9 cases of measles were also report from same facility. Mobile heath team that was deployed to Bayan Texaco, Jajeri Kantudu and Fillin Bayan Makaranta confirmed 2 cases of malaria, 251 cases clinically diagnosed with 8 cases of measles reported. Immunization was also carried out in the stated health facilities. In Herwa Peace PHC, 1758 doses of different vaccines provided to women and children, in Ngarannam, 2672 doses of
different vaccines provided to women and children and mobile team provided **212** doses of different vaccines to pregnant women and children. New block of SRH built by MOH to accommodate ANC/PNC/FP services at Ngarannam PHC coupled with roof rehabilitation for MHT by PUI logistics.

**UNFPA** continues to support the delivery of life saving timely and quality SRH Services in IDP camps, host communities and health facilities thought the North East. This is mainly through the provision of RH supplies, capacity building of health care workers and deployment of mobile outreach teams in underserved areas. UNFPA support cholera outbreak response in Kukawa LGA of Borno and Bade, Yusufari, Bursari and Karasuwa LGAs of Yobe State. Hygiene education messages have been incorporated into UNFPA programming. UNFPA and the Borno state MOH supported the RH coordination meeting. Key issues discussed with SRH partners the SMOH and PHCDA were referrals for IDPs for comprehensive Emergency Obstetric Care and strategies to ensure wider coverage of Maternal and perinatal Death Surveillance and Response (MPDSR) activities.

UNFPA also respond to the needs of the people recently displaced by clashes between Government forces and the Non State Armed Groups in Borno and Adamawa. 2,746 newly arrived women and girls were supported with culturally appropriate clothing, buckets and re washable menstrual pads, psycho-social support and information on availability of GBV services in Borno and Adamawa States.

The LGAs that are most severely impacted thus far include Gwoza that has received nearly 24,000 new arrivals, and Bama, Ngala and Mobbar LGAs that have all received between 10,000-12,000 new arrivals

**UNICEF Borno and Yobe:** A total of 208,796 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. A total of 83,683 consultations were reported, with malaria (23,572) being the major cause of morbidity followed by ARI (20,536); AWD (8,282); Measles (178); and other medical conditions (31,115). For prevention services, 72,040 children and pregnant women were reached with various antigens (including 4,642 children 6months-15 years vaccinated against measles). A total of 14,721 Vitamin A supplementation capsules and 17,548 Albendazole tablets for deworming were distributed and 14,910 ANC visits; 2,640 deliveries and 3,254 postnatal visits were recorded during the reporting period.

UNICEF also, donated 203 Nigeria Health Kits (NHKs) to the SMOH in Borno (180) and Yobe (23) to support integrated emergency PHC services in the IDP camps, host communities and outreach activities to reach both
IDPs and vulnerable host community members accessing health services in UNICEF supported health service delivery points.

On 29 April, a total of 845 new arrivals/IDPs (347 HH) were registered at the screening center of Dikwa LGA. The cohort comprises 62 adult males, 302 adult females, Children 481. The population was displaced from Malam Kari, Walasa, Amchuka, Jaraw and Bora all in Bama LGA. Their movement was facilitated by the ongoing Military operations in the locations. The UNICEF Health Team provided the new arrivals with lifesaving emergency primary health care services.

UNICEF Health Team in Monguno LGA celebrated the World Malaria Day by conducting health education/awareness campaign activities in collaboration with C4D team. Activities conducted includes: health education on Malaria in the clinics, Child friendly Spaces and community with special emphasis on children and pregnant women, distribution of LLITNs and practical demonstration on how to use it were also carried out.

UNICEF Adamawa provided logistic support for delivery of integrated PHC services by IDP camp clinics, host community clinic and outreach medical Teams -in hard to reach and health facility catchment host communities. A total of 82,043 Persons, including women and children were reached with integrated PHC services in the supported health facilities in the IDP camps and host communities in the State.

A total of 17,998 consultations were reported, with 
  - malaria – 5,268
  - ARI – 4,003
  - AWD – 2,645
  - measles - 36 and
  - Other medical conditions – 6,046.

A total of 64,045 prevention services were recorded, out of which were
  - 1,251 children 6months-15 years vaccinated against measles;
  - 27,660 children and pregnant women were reached with various other antigens;
  - Vitamin A supplementation – 15,450
  - Albendazole tablets for deworming – 13,996
  - ANC visits – 5,532, out of which 10 women received 1 LLIN each during ANC
  - 71 deliveries BY SBA
  - 85 postnatal visits

WHO-Borno: ICCM - CORPs Activities are currently assisting the Cholera Outbreak response in Bade LGA of Yobe state. Working in conjunction with the VCMS and field volunteers, the CORPs are conducting community sensitization, house-to-house mobilization and active case search, reaching every household in
the affected settlements with health and hygiene promotion messages to prevent the spread of Cholera. In week 17 alone 9,246 people in 2891 households were reached with health and hygiene promotion messages. The World Health Organization also conducted 2-weeks training for 200 additional CORPs to scale-up iCCM programme in Adamawa, Borno and Yobe state. This is one in the series of activities aimed at reducing the under 5 mortalities through treatment of Malaria, Pneumonia, and acute Watery diarrhoea among children less than five years of age as well as health promotion on key household practices, personal hygiene and screening for malnutrition. The numbers trained were 70 for Borno and 65 for Adamawa and Yobe respectively. Adequate medicine and medical equipment has been procured to be used by the CORPs for health service delivery till the end of the year.

WHO/Mental Health: There were 97 mental health outreach sessions; and 2061 patients were treated, out of which 134 patients were referred to Federal Neuro-Psychiatric Hospital (FNPH) Maiduguri for further management. Three field supervisory visit was also carried out to Fori Clinic, Custom House Camp Clinic and Muna Camp Clinic.

WHO-Yobe: HTR teams in Yobe state provides HIV Testing Services (HTS) to pregnant women in remote and security-compromised communities. 2657 pregnant women were counselled, tested and issued (received) Results (CTRR). 160 of the women tested were positive for HIV using Rapid Test Kit (Determine) and were further counselled and referred to receive services for Prevention of Mother to Child Transmission of HIV (PMTCT) or her/their own health.

<table>
<thead>
<tr>
<th>Indicator</th>
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<tbody>
<tr>
<td>HIV Testing service</td>
<td>2657</td>
</tr>
<tr>
<td>Positive Result</td>
<td>160</td>
</tr>
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HTR Mobile Health Intervention

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients treated with common ailment</td>
<td>111275</td>
</tr>
<tr>
<td>No of Children Vaccinated</td>
<td>270305</td>
</tr>
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</table>

In collaboration with Yobe state Ministry of Health (SMOH) and State Primary Health Care Management Board (SPHCMB), WHO has conducted training for 92 health workers on Cholera surveillance, case management and health education/prevention to improve their capacity to participate effectively in the Cholera outbreak response efforts in Bade and other affected LGAs of the state. Conducted in two phases, the training targeted health workers from 13 out of the 17 LGAs of the state. The first phase of the training targeted health workers from LGAs with ongoing outbreak -Bade, Karasuwa, Bursari, Yusufari, Jakusko and neighbouring Nguru and Machina LGAs, while the second phases targeted health workers in LGAs that have high-risk of Cholera outbreak with the onset of raining season. These include Potiskum, Geidam, Fika, Damaturu and security-compromised Gujba and Gulani LGAs. The trained health workers were further provided with job aids; case definition, standard treatment protocol, infection prevention and control (IPC) SOPS and other materials to improve preparedness and response efforts in their respective health facilities. In addition to capacity building efforts, WHO-supported mobile Hard-to-Reach (HTR) teams and Community Resource Persons (CORPS) are also providing additional support to SMOH and SPHCMB in response to the cholera outbreak.

HTR teams and CORPS in affected LGAs are supporting community interventions; conducting active community case search, conducting sensitization and hygiene promotion in communities and households, promoting health seeking behaviours and referring suspected Cholera cases to receive further care in health facilities and Cholera Treatment Unit (CTU). In April 2018, WHO-supported HTR teams and CORPs in collaboration with other field volunteers have conducted active cases search in affected wards and communities, directly reached about 36,984 people and 8673 households with health and hygiene promotion messages and referred 129 suspected Cholera cases identified through community search to the CTU.
In a bid to improve availability and access to quality child health care in remote and security compromised communities in Yobe state, WHO in collaboration with SPHCMB has trained additional 65 CORPS and provided them with commodities to scale-up iCCM programme in Yobe state. Hitherto, a network of 110 CORPs supported by 15 CORPs supervisors were providing child health care, including malnutrition screening and referral services in 12 out of 17 LGAs of the state. With this training, WHO and SPHCMB have increased the number of CORPs from 110 to 175, covering all 17 LGAs of the state. WHO has also procured and supplied drugs and commodities to support this scale-up and ensure uninterrupted supply. It has been providing technical support; conducting supportive supervision, monthly CORPs supervisors review meetings and quarterly CORPs review meetings to ensure that CORPs are providing quality health services in accordance with national guidelines. In April 2018, WHO-supported CORPs have treated 2678 under-five children for minor ailments, screened for malnutrition by CORPS in 3068 children for malnutrition and referred 703 severely ill/malnourished children to receive care in health facilities, OTP sites and stabilization centers.

In order to ensure prompt and effective response to Cholera outbreak in Bade and other LGAs, WHO at the onset of the outbreak has supplied Laboratory commodities include RDTs, sample transport media and culture media, IV fluids, drugs and other consumables to support early diagnosis and prompt treatment of cases to reduce morbidity and mortality. WHO, SPHCMB and partners have intensified surveillance activities in health facilities and communities, provided logistical support for sample transportation and investigation, and supported prompt establishment of a Cholera Treat Unit (CTU) in General Hospital Gashua to treat cases of Cholera in Bade LGA.

WHO health sector in collaboration with the state Rapid Response Team (RRT) are providing effective coordination to the Cholera outbreak response efforts both at the state and LGA levels. Since the onset of the outbreak which about one month ago, WHO and RRT have led daily state and local coordination meetings, developed daily situation reports for dissemination with partners and stakeholders, and support assessment and resource mobilization efforts to scale-up interventions to curtail the outbreak in Yobe state.

**WHO - Adamawa State**

**ICCM**

1,439 children were treated for malaria, diarrhea and Pneumonia by 57 CoRPs in 9 LGAs of the state. 976 of the children were screened for malnutrition using MUAC and 6 (0.6%) of them with SAM demonstrated by Red on MUAC and were referred to OTP sites for proper management.

**HTR**

36,726 clients were seen by the WHO supported 20 H2R teams in 20 LGAs of Adamawa state. A total of 14,389 children were dewormed by the teams during the month. Pregnant women were provided FANC services. 2,949 of them received Iron folate to boost their hemoglobin concentration while 1,800 received Sulphadoxine Pyrimethamine as IPTp for prevention of malaria in Pregnancy.

**Zirreenza Support Foundation (ZSF)** diagnosed 150 people for Malaria Parasites and *Salmonella* Typhi (Typhoid fever) and distributed drugs at GDSS Vi to the less privileged in Vi, Karatsa, Sabon-layi, Khour-Kasa, Walevi areas of Vi-Boka Ward and Trefwi, Warakandza and Yamwe in Wambilimi/Tilli Ward of Michika LGA, Adamawa State, Nigeria.

**JANNA HEALTH FOUNDATION (JHF)** carried out interventions that targets Internally Displaced Persons (IDP) camps and Host Communities with Active TB and HIV Case Finding, linkage to treatment, care and support. This intervention is being implemented in 4 LGAs of Adamawa State namely Yola North, Yola South, Fufore and Mubi South. All activities planned in the month under review were successfully implemented.
among the target population. In the 4 targeted LGAs for this intervention, 508 presumptive TB cases were identified in April, sputum samples collected was 484, out of which 40 new TB cases were detected. All 508 presumptive cases that submitted sputum had HCT out of which 11 were found to be HIV+. All TB and HIV cases detected are linked to treatment, care and support services.

### Nutrition updates

**WHO:** A total of 117713 Children in Adamawa, Borno and Yobe states were screened for Malnutrition using MUAC method. All the Severe Acute Malnutrition cases detected were referred to the outpatient therapeutic center for management. See details below.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Total</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Screened</td>
<td>117713</td>
<td>100%</td>
</tr>
<tr>
<td>Normal</td>
<td>112764</td>
<td>50%</td>
</tr>
<tr>
<td>MAM</td>
<td>4015</td>
<td>48%</td>
</tr>
<tr>
<td>SAM</td>
<td>907</td>
<td>2%</td>
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**PUI** carried 198 new admissions for SAM cases in OTP was done in two facilities (Ngarannam PHC and Herwa Peace PHC) and communities (Bayan Texaco, Jajeri Kantudu and Fillin Bayan Makaranta) visited by the Mobile Health Teams.

**UNICEF** nutrition provided support in Malkohi camp and host community, Fufore camp, St Theresa’s camp, Mubi transit camp and Daware host community. Routine services conducted at IDP camps and host community PHCs in the reporting month include MUAC screening, CMAM, IYCF and MNP.

- **MUAC Screening**  
  Within the reporting period, a total of 1374 children 6-59 months were screened across the camps of which 1107 were green (Normal), 170 were yellow (MAM) and 97 were red (SAM). All the 97 children identified with severe acute malnutrition were admitted into CMAM programme.

- **CMAM Programme**  
  Of the 17 discharges across the camps within the reporting period, 10 children were cured, 0 deaths, 0 defaulter and 7 non-recovered. Therefore, cured rate was 59%, defaulter’s rate was 0%, death rate was 0% and non-recovery rate was 41%.

- **Infant and Young Child Feeding (IYCF);** 759 pregnant and lactating women were counselled on key IYCF messages.

- **Micronutrient Powder (MNP)**  
  Healthy children 6-23 months in the camps with either a green or yellow MUAC reading or eligible for micronutrient powder (MNP) were given MNP with accompanying counselling on appropriate usage, benefits and optimal dietary intake. A total number of 141 children 6-23 months were enrolled in MNP program.

UNICEF also supported the integrated package of care provided by outreach Teams from Health Facility Teams and other Hard to reach Teams attached to Health facilities. The package of services includes MNP, IYCF counseling and MUAC screening, with CMAM at the Health facility post.

The client reach in this intervention is MUAC screening total – **16,305**

- Green – **16,000**
- Yellow - **266**
- Red - **39**
MNP – 1st 1314, 2nd 342, 3rd 134 received (Outreach Teams data only)
IYCF – 29,744 Pregnant and lactating Mothers counselled/informed
CMAM new admissions – 2877 and cured – 2,344

IRC-CMAM continue with the routine CMAM program in the 4 supported LGA of Adamawa state. In the 30 supported program clinics, the IRC were able to carry out its nutrition activities to beneficiaries. Anthropometric screening of 30,138 (M=15,028, F=15,110) under 5 children, with 311 (174M, 137F) identified SAM cases and admitted into program. 1,617 (804M and 813F) MAM whom their caregivers received nutrition education and participated in community cooking demonstration. For the program exit, 290(141M and 149F) were discharge as cure, 3(2M and 1F) as died and 29(13M and 16F) defaulting clients. Currently, 570 (281M, 289F) SAM children are on admission receiving treatment. Overall program performance for the month were 90.1% cured rate, 0.9% death rate and 9% default rate

IRC-IYCF: infant and young child feeding awareness and sensitization seasons have been carried with the support of outreach team, CVs and members of MTMSG. As part of the people reached included; 1,995 Pregnant mothers, 3,414 Lactating mothers, 773 old women, 698 young girls and 836 men beneficiaries were reach.

WHO Adamawa:
25,699 children were screened for Malnutrition using MUAC by WHO supported H2R teams. Of this number, 193 (0.8%) children had MAM and their caregivers were counselled on adequate nutrition, while 59 (0.2%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers across state for proper management.
The 3 WHO Supported stabilization centers in the state managed a total of 26 children having SAM with medical complications in April 2018. 23 (88.5%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.
WHO Staff also provide supportive supervisory visits to 1 HTR teams in Mayo Belwa LGA to support the provision of basic health services to the population by the team.

PLAN International, conducted Health talk for pregnant women and lactating mothers in Futu community, MUAC screening was done and
nutrition cases were identified in the communities of intervention (10 SAM and 11 MAM). One on one counselling for RUTF and Micro-Nutrient powder for the 50 care givers of SAM and MAM cases was carried out also.

**Public Health Risks and Gaps**

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The northeast region is high endemic for malaria and cholera.
- Unpredictable security situation hamper movements of health workers, drugs and other medical supplies.
- Although improving as part of the NE Nigeria Health Sector 2018 Strategy, the health service delivery continues to be hamper 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 in accessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupts 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 affect timely submission of health data for prompt decision making.

**Health Sector Partners**


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

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