Health Sector Bulletin

Reporting period: 1st till 31st May 2018

HIGHLIGHTS

- **In Adamawa state**, the cholera cases are on decline (from 113 to 44 cases during last of week of May) after an adequate and timely response from Health and WASH partners in collaboration with the Adamawa state MoH and other state entities. Efforts will continue to fully contain the outbreaks in the coming weeks.

- **In Kukawa LGA of Borno state**, fourteen additional suspected cholera cases were reported during last week of May. Two Cholera Treatment Canters (CTCs) are operational to provide timely treatment to cholera patients.

- **In Yobe State**, the cholera situation is stable and no more cases were reported for the last three weeks. Surveillance, active case search and community awareness interventions are ongoing through community health workers and hygiene promoters along with the chlorination of water sources and dissemination of IEC materials.

- Preparedness activities are ongoing including pre-positioning of medicines, kits and medical supplies to high risk areas to mitigate risk of floods related impact on health services delivery, prevention and control of water-borne diseases.

- Health partners are scaling up health response in the areas currently receiving new displaced population due to the ongoing military operation. Health partners will need additional resources from donors and international community to support the health services delivery and control further deterioration of the health situation of the affected population.

Northeast Nigeria Humanitarian Response

- 5.4 million People in need of health care
- 5.1 million People targeted by the Health Sector
- 1,881,198* IDPs in the three States
- 3.7 million people reached in 2017***

**HEALTH FACILITIES IN BORNO STATE**

- 375 (50%) NON-FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)
- 292 (39%) FULLY DAMAGED
- 205 (27%) PARTIALLY DAMAGED
- 253 (34%) NOT DAMAGED

**CUMULATIVE CONSULTATIONS**

- 720,509 CONSULTATIONS****
- 950 REFERRALS
- 185,750 CONSULTATIONS THROUGH HARD TO REACH TEAMS

**EPIDEMIOLOGICAL WEEK 2016**

- 267 EWARS SENTINEL SITES
- 178 REPORTING SENTINEL SITES
- 40 TOTAL ALERTS RAISED*****

**SECTOR FUNDING, HRP 2018**

- HRP 2018 REQUIREMENTS $109M
- FUNDED $ 25.8 M (23.5%)
- UNMET REQUIREMENTS $ 83.8 M
  
  [https://fts.unocha.org/appeals/642/clusters](https://fts.unocha.org/appeals/642/clusters)

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* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXII
**MoH/WHO Borno HeRAMS September/October 2017
***Number of health interventions provided by reporting HRP partners as of December 2017.
****Cumulative number of medical consultations at the IDP camps from 2018 Epidemiological Week 1 - 20.
*****The number of alerts change from week to week.
Situation update

Rainy season contingency plan:

An inter-sector contingency plan has been prepared with identification of key priority areas, key interventions and mapping of partners. 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 would 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 health 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.

New displacement areas plan:

A preparedness and response plan has been developed to address humanitarian needs for the new influx of IDPs from the areas where military operation is ongoing. Displacement is likely to 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 dynamics. To ensure life-saving humanitarian assistance for the new arrivals, the OISWG developed a response plan to assess capacities and gaps for immediate life-saving assistance in key locations. This response plan falls under the 2018 HRP and is aligned with existing sector strategies and plans including the 2018 Rainy Season Contingency Plan, CCCM reception management strategies, as well as the CMCoord Guidance and Humanitarian Access Strategy.

Bama Response Plan:

Following a request by Borno state government to the humanitarian community to support the individual returnees to Bama, a multi-sectoral assessment was conducted on 4th May. The assessment aimed at providing an immediate and quick overview of the emergency situation of the 10,000+ individuals who were relocated by a government-led initiative to Bama town. The assessment also identified the immediate emergency needs of the population against the services and supplies that the government had provided in Bama town during the timeframe from which the relocation began in April 1st, 2018. The assessment also provided basic information on the current situation of Bama town and the suitability to take on an influx of up to 180,000 individuals (as has been proposed by the government). The existing health facilities are overstretched, with inadequate staffing and insufficient supplies and equipment to meet the health needs of the relocated individuals. Most of the health facilities assessed only provide primary health care services such as first aid and treatment of common ailments but they do not have the capacity to provide emergency medical services. Lack or limited essential drugs, poor documentation of diagnosis, lack of X-ray and scanning machines pose a major concern for the health care of population. The situation described above can potentially compromise and expose pregnant and lactating mothers, children, elderly, chronically ill, and persons with disability to risk. The continuous influx of new arrivals from areas where there is an ongoing military operation will put extra burden on the existing health services. The NAF clinic and other health facilities are overstretched, hence the completion of the renovation work on the MCH is urgently needed. The health sector response strategy will continue to focus on providing humanitarian life-saving and life-sustaining health services to the most vulnerable populations in Bama town and IDPs camp, while also supporting the strengthening of LGA level coordination and health information systems, with an emphasis on enhancing protection and increasing access to health services.
Number of reporting sites in week 21: A total of 178 out of 267 reporting sites (including 20 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 64% and 67% respectively (target 80%).

Total number of consultations in week 21: Total consultations were 41,528 signifying a 1% decrease in comparison to the previous week (n= 41,941).

Leading cause of morbidity and mortality in week 21: Malaria (suspected n= 9,222 and confirmed n=3,257) was the leading cause of morbidity while maternal death was the leading cause of mortality (n=2) reported through EWARS, accounting for 34% and 22% respectively.

Number of alerts in week 21: Forty (40) indicator-based alerts were generated with 88% of them verified.

Morbidity Patterns
- Malaria: In Epi week 21, 3,257 cases were reported through EWARS. Of the reported cases, 257 were from Monguno Camp Clinic in Monguno, 155 were from Gamboru C MCH Clinic in Ngala, 109 were from Maimalari Barrack MCH in Jere, 180 were from Town Dispensary in Kwaya Kusar, and 116 were from Logumane PHC Clinic in Ngala. One associated malaria death was reported in Whitambaya Dispensary in week 21.

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Figure 2: Trend of malaria cases by week, Borno State, week 34-2016 - 21 2018
- **Acute respiratory infection**: There was a 4% increase in the number of reported cases of acute respiratory infection (n=5,405) in comparison to the previous week (Fig. 3). Of the reported cases, 500 were from Herwa PHC in MMC, 235 were from Sangaiya IDP Camp Clinic in Dikwa, 199 were from FHI360 Banki PHC in Bama, 156 were from ISS IDP Camp Clinic in Ngala, 144 were from ISS IDP Camp Clinic in Ngala, 139 were from INTERSOS Health Facility in Bama and 124 were from Hausari clinic in Damboa. No associated death was reported.

![Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 21 2018](image)

- **Acute watery diarrhea**: In Epi week 21, 2,804 cases were reported through EWARS. Of the reported cases, 264 were from Herwa PHC in MMC, 132 were from FHI360 Banki PHC in Bama, 149 were from ISS IDP camp clinic (FHI360) in Ngala and 110 were from Town Dispensary in Kwaya Kusar. No associated death was reported.

![Figure 4: Trend of acute watery diarrhoea cases by week, Borno State, week 34 2016 - 21 2018](image)

- **Malnutrition**: 2,168 cases of severe acute malnutrition were reported through EWARS in week 21. Of the reported cases, 300 were from Maimusari PHC in Jere, 230 were from FHI360 Banki PHC in Bama, 166 were from Gunda CHC in Biu and 95 were from Fori PHC in Jere. One associated death was reported from Nzuda Mairi dispensary in Damboa.

![Figure 5: Trend of malnutrition cases by week, Borno State, week 34 2016- 21 2018](image)
- **Neonatal death:** One neonatal death was reported from Dalaram PHC from Jere.

- **Maternal death:** Two maternal deaths were reported from ISS IDP Camp Clinic in Ngala and Ngetra PHC in Gubio.

- **Suspected Measles:** Forty suspected measles cases were reported in week 21. Of the reported cases, 29 were from Monguno Camp Clinic in MMC, 10 were from Tungushe Health Clinic in Konduga and 6 were from Herwa PHC in MMC. Eighteen additional cases were reported from Damboa (12), Magumeri (2), Bama (1), Bayo (1), Biu (1) and Chibok (1) through IDSR*, making a total of 58 cases. One associated measles death was reported from Tungushe Health Clinic in Konduga.

- **Suspected Yellow Fever:** Three suspected yellow fever cases was reported through EWARS in week 21 from ISS IDP Camp Clinic in Ngala, Custom House IDP camp in Jere and Hyera Dispensary in Hawul.

- **Suspected Cholera:** Seven cholera cases were reported through EWARS in week 21. Of the reported, 6 cases were reported from Baga in Kukawa LGA.

* IDSR- Integrated Disease Surveillance and Response system

**Alerts and Outbreaks:** Forty alerts were generated from the weekly reports submitted through EWARS in week 21. Eighty-eight percent of the alerts were verified.

Regarding the cholera outbreak in Borno state, a total of 794 cases have been reported so far. In Kukawa, a total of 755 cases have been reported since the inception from the 3 affected wards (Doro, Baga, and Kukawa). 16 cases were reported from the LGA in week 21. No cases were reported from Banki, Jere or Damboa. 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.

**Health Sector Coordination:**

**Surveillance System for Attacks on Health Care (SSA) - Partner Training Workshop in Entebbe**

A two days training workshop on SSA was organized jointly by Global Health Cluster and WHO policy and guidance team for Health Cluster Coordinators, Information Management Officers and Partners staff in Entebbe on 30-31 May. 2018. The purpose of the training workshop was to get knowledge on SSA process and develop Country Action Plan (CAP) for systematic and organized reporting of attacks on health facilities, staff, ambulance and other health assets. Currently there is no standardized/systematic reporting and publicly available source of consolidated information on attacks on health care in emergencies. The most disturbing challenge for health care providers during emergencies is when they themselves are the victims of attacks – real or threatened, targeted or indiscriminate. Yet we witness with alarming frequency a lack of respect for the sanctity of health care, for the right to health care, and for international humanitarian law: patients are shot in their hospital beds, medical personnel are threatened, intimidated or attacked, hospitals are bombed. Such attacks not only endanger health care providers; they also deprive people of urgently needed care when they need it most. And while the consequences of such attacks are as yet largely undocumented, they are presumed to be significant – negatively affecting short-term health care delivery as well as the longer-term health and well-being of affected populations, health systems, the health workforce, and ultimately global public health goals.
The different modes of health services delivery affected by attacks people, infrastructure, vehicles and other health related items that were subjected to the violence, obstruction or threat of violence. The key areas are health care facility – hospital, clinic or health post; health care providers – physician, nurse, midwife, vaccinators, other health care worker including laboratory worker; health care security, maintenance or cleaning staff; health care transport – ambulances and other health care transport; health care recipient – patients or visitors; and health care entity - political or academic (Minister or ministries, health authorities, medical academic or educational institutions). The most significant knowledge gap related to attacks on health care is the impact on health care workers and their families, the health workforce, health service delivery, public health, and long-term health development goals. Data and analysis in this area must be a priority moving forward.

**Health Sector Actions**

**INTERSOS** has conducted health (clinical) activities in 3 supported health facilities in Gamboru Ward C, Bama Camp and Dikwa (Fulatari Camp in Bulabulin area). Total number of consultations in the month of May is 7,579 out of which U5 is 31.8% (2401): in Bama: 2,217 (Males 893 and females 1,324) out of which U5 is 36.1% (801), in Dikwa: 1,942 (Males 718 and females 1,224) out of which U5 is 29.8% (578) and in Gamboru-Ngala: 3,420 (Males 1,259 and Females 2,161) out of which U5 is 29.9% (1022). Malaria remains the leading cause of morbidity 19% (n=1370), ARI 18% (n=1287), and Acute watery diarrhea 15% (n=1094). For Sexual and Reproductive Health: total ANC attendance across project sites is 528 (51% follow up), Bama 171 ANC and 10 PNC, Dikwa 32 ANC and 3 PNC and Gamboru 420 ANC and 7 PNC. The team conducted the first deliveries within this reporting month, one in Bama INTERSOS Clinic and two in INTERSOS Clinic Gamboru-Ngala. Note: A suspected cholera case was identified and managed by the team in Gamboru-Ngala clinic (a female, 14 years old, from Malumburi in Gamboru Ward A). The community management was carried out by WHO and Solidarity International who participated in spraying the beneficiary household and the surrounding environment and active case finding in the neighboring communities.

**PUI is supporting Herwa Peace PHC and Ngarannam PHC in Borno state.** From Herwa PHC: 72 cases of Malaria were confirmed with RDT and 139 were clinically diagnosed; 3 cases of measles were reported to DSNO and WHO surveillance team. In Ngarannam PHC: 42 malaria cases were confirmed with RDT while 6 measles cases were also reported. PUI is also supporting Mobile Health Teams providing health outreach services in Bayan Texaco, Jajeri Kantudua and Fill in Bayan Makaranta. The mobile teams reported 225 cases clinically diagnosed malaria and 12 measles cases.

**UNFPA continues to lead the coordination efforts for the Sexual and Reproductive Health (SRH) /Gender Based Violence.**

The SRH coordination meeting was held with the participation of 12 partners. UNFPA conducted the Training of Trainers in Preparation of the roll out of Sayana Press, a new Family Planning Subcutaneous injectable...
method in Borno and Adamawa States. 40 TOTs have been trained and will now roll out the training and implementation to 40 selected health facilities at LGA level.

SRH Kits were distributed to 9 health facilities in Adamawa State, these kits will cover the SRH needs of a population of 186,000 in the hotspot areas.

40 health workers were trained on Maternal and Perinatal Death Surveillance in Adamawa State, in Borno State. The SRH Working Group instituted a committee to support the State MPDSR Task Force to strengthen activities beyond MMC/Jere LGAs. The Construction and Equipping of three Adolescent Friendly Spaces has been completed in Bama, Rann, Banki and Gwoza. UNFPA supported the process in conjunction with the Royal Heritage Health Foundation and Borno State Ministry of Health. Ten Peer TOTs were trained to support the roll out of the activities in Bama LGA.

During Outreaches conducted by supported partners, 38,458 women and girls were reached with SRH services and Information. 12,101 women received ANC services, 3,467 received PNC services, 2,693 received new Family Planning Methods whilst 139 pregnant mothers with complications were referred for secondary care.

**UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe States**

A total of 160,937 children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps, host communities and other service delivery points in Borno and Yobe States. A total of 65,147 consultations were reported including Malaria (19,850); ARI (8,698); AWD (8,308); measles (134) and other medical conditions (28,157). For prevention services, 56,933 children and pregnant women were reached with various antigens (including 3,387 children 6months-15 years vaccinated against measles). A total of 10,570 Vitamin A supplementation capsules and 13,053 Albendazole tablets for deworming were distributed and 10,889 ANC visits; 1,912 deliveries and 2,433 postnatal visits were recorded during the reporting period.

UNICEF supported the SMOH through SPHCA and SPHCMB with 167 Nigeria Health Kits (NHKs) in Borno (144) and Yobe (23) States to provide integrated emergency PHC services in the IDP camps, host communities and outreach activities to reach both IDPs and vulnerable host community members.

**UNICEF Health Service in Rann Town of Kala-Balge LGA, Borno State**

The health service provision to the over 80,000 IDPs was disrupted following the Boko Haram attack on 1st March 2018. From 1st May 2018, Borno SPHCDCA resumed health service delivery in Rann with technical and financial support from UNICEF Health Section.

UNICEF Health sends a set of 2 MNCH Doctors twice a week to Rann for one-day consultation and monitoring of health activities based on availability of UNHAS Helicopter flights to Rann.
UNICEF support to the integrated emergency PHC service deliveries in Adamawa State

A total of 65,931 beneficiaries including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities in the State. A total of 12,255 (Under 5 years: 625, Other age: 11,630) consultations were reported, with malaria – 2932 (Under 5 years: 238, Others: 2,694) being the major cause of morbidity; ARI -3044 (Under 5 years 196, other age 2848); AWD – 1083 (Under 5 years: 81, Others: 1002); measles – 82 (under 5 years: 42, Other age group 40); and other medical conditions – 5114 (Under 5 years: 510, Other age group: 4604). A total of 53,676 (Under 5 years: 48,844 and Women: 4,832) prevention services were recorded, out of which were 1153 children 6months-15 years vaccinated against measles; 24359 children and pregnant women were reached with various other antigens; Vitamin A supplementation – 12464; Albendazole tablets for deworming – 12228, and ANC visits – 3399, out of which 11 women received 1 LLIN each during ANC clinic in Adamawa State. A total of 37 deliveries and 36 postnatal visits were recorded during the reporting period.

UNICEF - Cholera Response in Adamawa State

UNICEF is providing support for the cholera outbreak response in the State with 738 cases including 15 deaths (CFR= 2.0%) reported and 4 LGAs (Mubi North, Mubi South, Hong and Maiha) in 16 wards affected. 6 Health Workers and 4 paramedical staff have been deployed to support the treatment center. A total of 601 Personnel in an existing community structure and 50 ICCM CORPS supported by UNICEF are engaged to support awareness creation, hygiene promotion and active case search in households.

UNICEF -Cholera Response in Borno State

Since 13 February 2018 when the first cases of cholera occurred, a total of 794 cases including 3 deaths (CFR=0.39%) have been reported in Borno state with two LGAs affected. As of 27 May 2018, of the 794 cases, 775 cases including 3 deaths (CFR= 0.4%) have been reported in Kukawa LGA while Banki ward of Bama LGA reported 31 cases with no deaths. Out of the 110 samples collected and tested using RDTs, 87 (79%) were positive while 39 (52%) of 74 samples collected for laboratory confirmation by culture were found positive. The Government declared an outbreak of cholera in Kukawa LGA while the one for Bama LGA is still pending for declaration.

UNICEF Health Team jointly with WaSH and C4D Teams have been providing technical and logistics support to Borno SPHCDA to adequately respond to the outbreak. The supports from Health Section include distribution of ORS sachets, active case search and quick referral, case management, on the job training and logistics support for the movement of the teams in the field. At the State Level UNICEF Health Team, jointly
with WaSH, C4D and other partners participate to the weekly cholera coordination meeting at the PHEOC under the leadership of the Borno MOH for a well-coordinated response to the outbreaks. The health teams participate to the daily coordination meetings at LGA level as well.

**UNICEF – Cholera Response in Yobe State**

Since the beginning of the outbreak on 28 March 2018, a total of 404 cholera cases including 15 deaths (CFR=3.7%) have been reported in Yobe State. Cases have been reported from the following LGAs: Bade (379 cases in 6 affected wards), Karasuwa (16 cases in 3 affected wards), Yusufari (03 cases in 2 affected wards), Bursari (02 cases in 01 affected ward) and Jakusko (04 cases). Of the 25 samples tested with cholera RDTs, 16 (64%) were positive while 18 (60%) out of 30 samples cultured tested positive for V. cholerae. UNICEF Health, C4D and WaSH teams have been jointly provided the necessary technical and logistics support to Yobe State in response to the outbreak. Health has been in front line to coordinate the cholera response in Yobe State.

Since 8 May 2018, no new cases of cholera have been reported. Therefore, the outbreak should be declared over by the Government of Yobe State. However, the decision to delay this declaration was taken at the Cholera Working Group Meeting due to the upcoming rainy season and the Government has a concern about status of Water, Sanitation and Hygiene in some key 'hotspots' in the state. Risk communication and surveillance activities are still on-going.

**WHO - Community Oriented Resource Persons (CORPs):** WHO trained additional 200 CORPs and 30 CORPs from the three sates bring the number of WHO supported CORPS and CORPs supervisors in NE Nigeria to 980 and 145 respectively. The new batch of CORPs were selected from areas with limited access to services and communities with additional population as of result of new displacements and returnees. The two main criteria used for selection were literacy and community acceptance. WHO provides regular supportive supervision and CORPs commodities that include:

- Amoxicillin, Paracetamol, Zinc sulphate, Oral Rehydration Salts, ARTEMETHER 20 mg / LUMEFANTRINE, RDT MALARIA Pf and examination glove.
- Registers, chart booklets, pictorial counselling guide and reporting and supervision forms
- Medicine box, apron, respiratory timer and poster

In May 2018, WHO supported CORPs treated a total of 12,370 children under five years. Diarrhea followed by febrile illness were the commonest problems.

**H2R Mobile Health Team:** The table below summarizes the some of the essential services provided by 113 H2R mobile health teams. In addition to the essential health services provided, the H2R has been instrumental in the response to the ongoing cholera outbreak particularly in detection and management of cases.

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**Measles Campaign-Borno:** In response to ongoing measles outbreak and the enhanced measles coverage among the newly accessible areas, WHO supported Measles vaccination campaign in 9 LGAs of Borno state from 26th-31st of May 2018 targeting 177,852 children between 9 months and 15 years of age. The coverage was 92%.

**Malaria:** NE Malaria Stakeholders meeting was held in Abuja with support from WHO. Invitees from the three states participated. One of the action points from the meeting was to develop LGA-based gap analysis that will guide planning and activities on malaria.

WHO is supporting SMOH Borno in coordinating malaria control interventions such as prevention (Net distribution, IPTp through ANC, community enlightenment through BBC) and case management through Mobile Health Clinic and Health Facility. WHO has planned to protect 1.1 million children of under five years of age in 10 LGAS (8 Borno and Adamawa) from malaria through Seasonal Malaria Chemoprevention (SMC). Six partners will conduct SMC that will protect around 285,000 children in six LGAs of Borno state.

**Mental Health – Borno:** WHO in collaboration with Federal Neuro-Psychiatry Hospital (FNPH) conducted 97 Mental Health Outreach sessions in May and treated 1,831 patients for various mental health condition. Referral support was given to 71 patients requiring further management. WHO in collaboration with SMOH and stakeholders is developing Mental Health Strategic Framework. Twenty Partners representing NGOs, UN agencies and government Ministries are participating in subcommittees tasked with drafting of the strategic framework. The draft document is expected to be ready the June 13th 2018.

**WHO Adamawa state:**

**Cholera outbreak response:** WHO provides technical and operational support in response to the Cholera outbreak in Mubi, Adamawa state. Some of WHO's response includes redeployment of 2 H2R teams to the General Hospital Mubi (Cholera Treatment Centre) as first responders, engagement of 23 ad hoc personnel to bridge the human resource gap due to JOHESU strike. In addition, the delivery of 3,000 litres of Ringer's lactate infusions, 500 IV cannula and IV giving set, Doxycycline tablets, ORS and infection prevention and control materials to enhance proper management of cases in the CTC.

WHO conducted Cholera case management training to 41 Health professionals working in the CTC and General Hospital Mubi. The training focused on Cholera surveillance, Case management, Infection prevention and control and the roles of health workers in preventing nosocomial infection. Prevention and social mobilization as part of the strategy to interrupt transmission was also presented.

The May 2018 CORPs supervisors review meeting was done. Highlights of the meeting includes; the introduction of the newly engaged Corps supervisors and assigning of Corp supervisors to Corps across the 14 LGAs of the ICCM operations, sensitization of Corps supervisors on cholera surveillance, case management and preventions. Analysis of the CORPs data was presented and supervisors were assessed on their performance, while supplies and commodities were distributed.

**ICCM:** In the month of April 2018, 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: In May 2018, 31,916 clients were seen by the WHO supported 20 H2R teams in 20 LGAs of Adamawa state. A total of 9,868 children were dewormed by the teams during the month. Pregnant women were provided FANC services. 2,525 of them received Iron folate to boost their hemoglobin concentration while 906 received Sulphadoxine Pyrimethamine as IPTp for prevention of malaria in Pregnancy.

Nutrition updates

WHO provided 32 SAM kits to 26 stabilization centres in the three states. These kits will be adequate to treat 1860 SAM children with medical complication. The H2R mobile health team of WHO screened a total of 80,654 children using MUAC. The malnourished children were referred to the nearest treatment center.

WHO in Yobe state has donated Severe Acute Malnutrition (SAM) Kits and Commodities to 9 Stabilization Centers to Improve Services for SAM with Medical Complications: As the conflict in NE Nigeria lingers, WHO is supporting SMOH, SPHCMB and partners to establish new Stabilization Centers (SCs) and provide quality care to children with SAM with medical complications in Yobe state. To this end, WHO has donated SAM kits, medical supplies and consumables to support SMOH and partners working to provide services in the state. The donation is taking place on a periodic basis and it is aimed to ensure that all SCs in Yobe state have uninterrupted supply of high quality drugs and commodities. In addition to drugs and commodities, WHO has been providing capacity building opportunities for staff on inpatient management of SAM and conducting intensive supportive supervision in the SCs. Facilities that benefited from this round of donation include General Hospital Damagum, General Hospital Nangere, State Specialist Hospital Damaturu and General Hospital Jakusko. Others beneficiary health facilities are General Hospital Fika, CHC Hospital Gujba, Federal Medical Center Nguru and General Hospital Geidam, where a new SC is being established.

While WHO supports facility-based care, it is also working in the communities to identify and prevent malnutrition, and refer children with malnutrition through HTR teams and network of 175 CORPs. From January to May 2018 alone, HTR teams in Yobe state have screened 181,056 under-five children for malnutrition and referred 2156 from communities to OTP sites and SCs to receive further care. On their part, CORPs have screened 13,740 children and referred 617 to receive care in OTP sites and SCs within the same period. In May 2018, 23,229 children were screened for Malnutrition using MUAC by WHO supported H2R teams. Of this number, 253 (1.1%) children had MAM and their caregivers were counseled on adequate nutrition, while 61 (0.3%) 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.

Stabilization Care 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.
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 health situation is improving under the NE Nigeria Health Sector 2018 Strategy, the health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work 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

For more information, please contact:

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

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

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

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