**Health Sector Bulletin**

*December, 2018*

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**Northeast Nigeria Humanitarian Response**

- **5.4 million** People in need of health care
- **5.1 million** targeted by the Health Sector
- **1,755,592** IDPs in the three States
- **3.7 million** people reached in 2017***

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### HIGHLIGHTS

- Following recent spike in forced movements/displacements in the North East, mainly in Borno State, a 90 Day Response Plan from January- April 2019 has been developed to address urgent and critical humanitarian needs. The plan addresses a set of critical humanitarian needs in seven sectors: Protection, Health, Food Security and Livelihood, Nutrition, WASH, Education, and Emergency Shelter and Camp Coordination & Management.
- An estimated 302,429 people will be targeted for humanitarian assistance. These comprise 81,147 new arrivals and projected new arrivals from 11 Jan through to April 31. An additional 25% increase was factored in the calculation as a buffer for enhanced movements, based on historical trends analysis.
- Displaced people living in congested living environment in IDPs camps may face serious health consequences as they are more exposed to unstable living conditions. Due to cold weather during night children are more vulnerable to pneumonia and other illness.
- Although relocations plan is on ground to decongest the camps, urgent steps are required to address glaring gaps of weak surveillance system especially due to access, shortage of human resource in terms of quality and quantity, weak coordination at the LGA level, medical logistics including transportation to areas with fragile security conditions and lack of additional funding and resources to address emerging needs.

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### Health Sector

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

#### HEALTH FACILITIES IN BORNO STATE**

- **134 (17%)** FULLY FUNCTIONAL
- **252 (31%)** FULLY DAMAGED
- **134 (17%)** PARTIALLY FUNCTIONING
- **334 (41%)** FULLY FUNCTIONAL

#### CUMULATIVE CONSULTATIONS

- **4.9 million** CONSULTATIONS****
- **1,490** REFERRALS
- **299,670** CONSULTATIONS THROUGH HARD TO REACH TEAMS

#### EPIDEMIOLOGICAL WEEK 2018

#### EARLY WARNING & ALERT RESPONSE

- **268 EWARS SENTINEL SITES**
- **180 REPORTING SENTINEL SITES**
- **295 TOTAL ALERTS RAISED*****

#### SECTOR FUNDING, HRP 2018

- **HRP 2018 REQUIREMENTS $109M**
  - **FUNDED $ 43.9M (40%)**
- **UNMET REQUIREMENTS $ 65.7 M**

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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 1-52
*****The number of alerts change from week to week.

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*WHO’s Hard to Reach (H2R) team crossing river in Buma ward of Shani LGA for the assessment of suspected cholera cases.*
Situation update

New displacement in Borno state: Recent violence in Nigeria’s north-east has led to massive population displacement. Particularly clashes on 26 December in Baga, 200 kilometers north of the Borno State capital Maiduguri, and subsequent attempted attacks on Monguno on 28 December have triggered the movement of new arrivals mainly into Maiduguru Metropolitan Council (MMC), Monguno, Konduga and Jere local government areas (LGAs). In MMC, Konduga and Jere LGAs, new arrivals are seeking refuge in camps that are already congested. 41,400 approximate number of new arrivals since 1 November 2018. The security situation in parts of northern Borno is volatile and worrisome, particularly in Kukawa, Monguno and Nganzai LGAs – population displacement is ongoing from these locations as more than 25,000 IDPs have been registered mainly in IDPs camps in Maiduguri, Jere and Monguno. More displacement is expected in coming days/weeks as fighting has intensified just before the national election.

Conflict remains the main driver of displacements, largely triggered by security incidents within the last 3 months, attributed to 11 key LGAs in Borno state; Baga, Monguno, Gwoza, Bama, Konduga, Ngala, Kukawa, Maiduguri, Abadam, Damboa, Guzamala, Abadam and Mafa. However, the most significant displacements in the last month have occurred out of Baga, Monguno, Ngala and Dikwa. Locations in Northern Borno and parts of Yobe are part of the wider ISWAP corridor, including Damasak, Gubio, Magumeri, Monguno, Gajiram, Baga, Doro Baga, Cross Kawa, Kukawa, Rann, Ngala, Geidam, Bunyadi and Damaturu. Some of the new displacements are as a result of involuntary relocation, poor living conditions as well as in some cases, volatile security situation and the need to re-establish livelihoods especially in farming.

The humanitarian community is currently targeting 178,057 people in Monguno LGA. The major impact of security of humanitarian operations are the emerging needs including shelter/NFI, WASH, food and protection for the new arrivals. Health and Nutrition are also on priority list in some locations as health/nutrition situation of newly arrived especially children is worrisome. Rapid response mechanism has been activated by the humanitarian organizations. Health Sector partners working in the new displacement areas have repurposed and increased efforts to address health needs of the newly displaced population.

Impact of new displacement on health response:

- The existing health services and resources are over stretched due to the arrival of newly displaced population in the catchment areas of health facilities and temporary health clinics in IDPs camps.
- Health partners are supporting four health facilities in Monguno through 36 government primary health workers. There is a need to restock medical supplies. However, supply restocking and health staff redeployment will depend on availability of transportation and safety of staff.
- Deteriorating security situation affects freedom of movement of people and impact on people’s access to livelihood opportunities. Freedom of movement for staff especially for H2R teams is a big challenge as many areas are facing security challenges.
- Newly displaced population living in congested living environment in IDPs camps may face serious health consequences as they are more exposed to unstable living conditions. Malnutrition rate is high among the new arrivals. Due to cold weather during night children are more vulnerable to pneumonia and other illness.
- Monguno, Guzamala and Kukwa are the high risk areas for cholera due to weak WASH situation and congested poor living environment. Luckily the cholera outbreak in Kukawa and Monguno ended two months back and so far no cholera cases reported. In case of cholera outbreak there will more catastrophic public health implications.
- Relocation/evacuation of humanitarian workers has implication on the **quality and availability of basic services**.
- Road access remains a big challenge if Monguno-Maiduguri road is closed, restocking of supplies including food, medical, nutrition, NFIs will be greatly affected. Road closure and safety will also have impact on the transportation of patients with chronic conditions for specialized care to Maiduguri.
- No/weak surveillance activities due to access issues will disrupt timely reporting and response to epidemic outbreaks.
- According to reports, elderly people and chronically sick persons who can’t walk or travel are still trapped in Kukawa and other conflict areas. Their safe evacuation and relocation to safe areas is urgently needed.
- There may be a need to resupply medicinies and medcial supplies to health facilities on short time basis – weekly where possible as a precautionary measure since over the period of one month BH has been raiding health facilities for medical supplies eg Kukawa, Rann and Yobe. However, supply restocking and doctors redeployment will depend on availability of transportation road access or agreement with UNHAS for roundtrip missions.

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

- **Number of reporting sites in week 52:** A total of 146 out of 266 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 55% (target 80%).
- **Total number of consultations in week 52:** Total consultations were 16,488 marking a 54% decrease in comparison to the previous week (n=35,697).
- **Leading cause of morbidity and mortality in week 52:** Malaria (suspected n= 3,501 and confirmed n= 2,582) was the leading cause of morbidity and mortality reported through EWARS, accounting for 37% of reported cases and 33% of reported deaths.
- **Number of alerts in week 52:** Twenty-two (22) indicator-based alerts were generated with 100% of them verified.
Morbidity Patterns

- Malaria: In Epi week 52, 2,582 cases of confirmed malaria were reported through EWARS. Of the reported cases, 172 were from Maimalari barracks in Jere, 165 were from General Hospital in Biu, 140 were from Sabon Gari dispensary in Damboa, and 100 were from Banki IDP camp clinic in Bama. One confirmed malaria death was reported in Yawi dispensary, Biu.

- Acute respiratory infection: In Epi week 52, 3,069 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 165 were from Herwa PHC in MMC, 158 were from 1000 Housing Estate clinic in Dikwa, 129 were from General Hospital IDP camp clinic in Damboa, and 122 were from Jakana PHC in Konduga. No death was reported.
FIGURE 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 52 2018

- **Suspected Measles**: Ninety (90) suspected measles cases were reported through EWARS in week 52. Of the reported cases, 32 were from Ngetra CHC in Gubio, 25 were from GSSSS IDP camp clinic in Bama, 9 were from Herwa PHC and PUI mobile clinics in MMC, 5 were from State Specialist Hospital in MMC, and 5 were from 777 Housing Estate in Konduga. Thirty-one additional cases were reported through IDSR* from Gubio (20), Magumeri (5), Jere (2), Maiduguri (2), Monguno (1), and Mobbar (1) LGAs making a total of 121 suspected measles cases. No associated measles death was reported.

FIGURE 4: Trend of suspected measles cases by week, Borno State, week 34 2016 - 52 2018

- **Suspected Yellow Fever**: Six suspected yellow fever cases were reported through IDSR in week 52 from Bayo (2), Maiduguri (1), Chibok (1), Damboa (1), and Askira Uba (1) LGAs. No associated death was reported.
- **Suspected Meningitis**: There was no suspected meningitis case reported in week 52 through EWARS.
- **Suspected VHF**: There was no suspected meningitis case reported in week 52 through EWARS.
- **Suspected cholera**: There was no suspected cholera case reported in week 52 through EWARS.
- **Malnutrition**: 649 cases of severe acute malnutrition were reported through EWARS in week 52. Of the reported cases, 73 were from Fatima Ali Sherriff PHC in MMC and 62 were from Gatamarwa dispensary in Chibok. No death was reported.
- **Neonatal death**: No neonatal death was reported in week 52 through EWARS.
- **Maternal death**: No maternal death was reported in week 52 through EWARS.

*IDSR- Integrated Disease Surveillance and Response*
Health Sector Actions

INTERSOS had an activity filled month in December with regards to her health programming in Magumeri, Bama, Dikwa and Ngala. The Stabilization Centre in Magumeri started full operation during the month with 24/7 health services provided. 5 health facilities, 2 health posts and 1 mobile clinic were also supported in Magumeri, the INTERSOS health facilities in Bama, Dikwa and Ngala remain functional also; however, the mobile clinic in Dikwa was stopped a week into the month.

a. Outpatient consultations

- The total consultations for the December are 8,099 (M 2,834 and F 5,265) of which U5 is 2,793 (34%) this number is less than the number of U5 consultations for November by 37%. There a drastic decline in number of consultations this month which may be due to change in weather conditions leaving ARIs as leading cause of morbidity. Ngala however experienced a significant increase in the number of consultations. Malaria (922 cases) and Acute Respiratory Infection (1547 cases) are the high cause of morbidity in all INTERSOS health facilities. The breakdown of the consultations is given below.
  - Bama: 1,956 (M 692 and F 1,264) of the which U5 489 (25%)
  - Dikwa: 1,220 (M 282 and F 938) with U5 accounting for 305 (25%)
  - Gamboru-Ngala: 2958 (M 1,017 and F 1,941) of the which U5 is 1,045 (35%)
  - Magumeri: 1,965 (M 843 and F 1,122) with U5 accounting for 954 (49%)

b. Sexual and Reproductive Health

Total ANC attendees for the month is 1,312, with 614 accounting for 1st visit and re-visit 698 of the total SRH. There was an increase in ANC attendance as a result of revisits compared to the previous month as INTERSOS continues Hygiene Kits distribution and Water Handling Kits distribution to Antenatal and Post-Natal Clinics attendants.

- ANC attendees in Bama clinic were 285, with 148 accounting for first visit, 137 re-visit, post-natal visit: 26 and 4 deliveries. This site witnessed over a 100% increase in ANC/PNC visits.
- ANC attendees in Ngala clinic were 539, with 247 accounting for first visit while 292 accounts for re-visit, PNC visits were 100 and 15 deliveries were recorded. Ngala experienced the highest number of ANC and PNC turnout as well as the highest number of deliveries across all INTERSOS facilities.
- ANC attendees in Dikwa clinic had 383 clients which 167 were first visit while 216 is revisit there were 66 PNC visits and 0 deliveries. There was a decrease in number of ANC attendees but about a 100% increase in number of PNC attendees compared to the month of November.
- Magumeri had 105 ANC clients with 52 first visits while 53 revisits, 13 PNC visits and 11 deliveries.

c. Immunization

Some INTERSOS supported facilities have been equipped to give routine immunization to children based on BCG/HE B, OPV, PENTA, PCV, IPV and M/Y as well as TT vaccines to adults. In Ngala 214 children were immunized, in Bama 22 children were immunized and 239 adults received TT vaccines.

d. Disease surveillance

- INTERSOS supported health facilities for the month of December submitted a 100% timely and complete report on the Early Warning and Reporting System (EWARS) platform without any alert based on the platform.
- INTERSOS Community Health Volunteers continue to support disease surveillance with the communities tracking births and death while strengthening referral systems.

The team continue to strengthen referral linkages from the community to the health facility using the CHVs and details of referrals documented.
UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe States: A total of 133,689 children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Borno and Yobe States. Out of the total reached, 80,371 were under 5 years reached with PHC services. A total of 90,829 consultations were reported, with “Malaria” (25,273) being the major cause of morbidity followed by ARI (23,856); AWD (8,053); BD (595); and “measles” (123). “Other medical conditions” (32,929). For prevention services, 35,806 children and pregnant women were reached with various antigens (including 4,465 children 6 months-15 years vaccinated against measles). A total of 12,622 Vitamin A supplementation capsules and 15,766 Albendazole tablets for deworming were distributed and 15,815 ANC visits; 2,847 deliveries and 3,063 postnatal visits were recorded during the reporting period.

UNICEF supported the SMOH through SPHCDA and SPHCMB in Borno and Yobe state with a total of 205 NHKs and 53 IEHKs – Borno – 183 NHK, 43 IEHKs and Yobe – 22 NHK, 10 IEHKs for integrated emergency PHC services in the IDP camps clinic, Health Facilities in host communities, and for outreach activities in host communities.

Attack on Health Infrastructures: There have been series of attacks on locations within Borno and Yobe: Rann in Borno -7/12/2018, UNICEF supported clinic was burnt and Kukareta -24/12/2018 in Yobe state, maternity section set on fire and drugs carted away.

IOM PSS mobile teams continue to provide direct Mental Health & Psychosocial Support Services to the affected population across field locations in Adamawa, Borno & Yobe States. A total of 53371 beneficiaries (comprising of 9994 girls, 8298 boys, 23826 women and 11253 men) were reached within the month of December 2018. A total of 16228 new beneficiaries (comprising of 2642 girls, 2113 boys, 7764 women and 3709 men) were reached within the reporting month of December 2018. MHPSS activities offered to the affected population include but not limited to lay counselling, psychological first aid (PFA), FGDs and informal education, support group, recreational activities, SGBV sensitization and case follow up, small scale conflict mediation, referral to specialized mental health services, bereavement support and psychoeducation to the family members/caregivers and mental health patients, sensitization and livelihood follow-ups and supervision. All these activities are rolled out in Borno, Adamawa, and Yobe States.

IOM-PSS mobile teams provided emergency MHPSS and GBV response to Kirawa returnees in Pulka, Monguno, Bakasi and Teachers Villages Camps. In Bakasi camp alone, 152 Households comprising 663 individuals were reached with MHPSS services upon arrival. MHPSS response offered to the returnees were Psychological First Aid (PFA) to help them feel calm and safe and refer to additional services, health sensitization on health-related issues, referral for health-related issues and information sharing on available services and agencies providing such services, and psycho education targeting individuals suffering from mental health challenges and supporting their families as well. The teams will continue to make dedicated follow on the identified gaps based on available sectors.

Mental Health Referral for Specialized Mental Health Care: 466 individuals (comprising of 17 girls, 39 boys, 194 women and 216 men) were referred for specialized mental health services in Adamawa & Borno States. IOM facilitates referral of mental health clients to Federal Neuropsychiatric Hospital, Maiduguri and a mental health facility in Yola. The MoU signed with the Federal Neuropsychiatric Hospital, Maiduguri allows for deployment of trained psychiatric nurses to hard-to-reach (NAAs) areas of Borno State for the provision of specialized mental health care services to persons identified with mental health challenges in those areas. In this regard, six psychiatric nurses are deployed on rotational basis to Bama, Banki, Dikwa, Gwoza, Pulka, Monguno and Ngala.

MHPSS Coordination: IOM is co-chairing the MHPSS sub-working group with the Ministries of Health (SMOH) as the chair; where coordination of MHPSS activities takes place, ensuring information sharing between NGOs, INGOs and humanitarian partners; observing adherence to relevant standards and guidelines
and ensuring efficient use of resources among partners. As part of the capacity building initiatives of the sub-working group, a 2-day training on “Mainstreaming MHPSS and Protection” was jointly organised and facilitated by IOM and WHO to Government Officials in North-East Nigeria” from 10 - 11 December 2018 with 25 participants from various Ministries and Government Agencies. The coordinator of the MHPSS working group participated in the Adamawa State Health Sector Working Group meeting held at the conference hall of the Adamawa State Ministry of Health. Within the reporting month of December 2018, 1 monthly MHPSS SWG coordination was convened, where partners and actors met to discuss issues and areas of collaboration and synergy.

PUI confirm that there is a decrease by almost 50% of the patient flow compared to last month due to further drop in number of malaria cases reported in the facilities. PUI is also working on connecting PHCC Herwa and PHCC Ngaranam to national power grid to create more sustainable means of power supply for 24/7 services. BoQ and procurement process for Improving the facility fence and upgrading the general patient waiting area has been submitted for Ngaranam PHC. Procedure to provide pit latrines and water tanks for the three outreach sites run by PUI in Bolori has been started. PUI is recruiting roving health team composed of nine staffs including nurses, midwives and nurse assistants in order to have standby team to cover gaps in all facilities and in case of urgent need for emergency works. In Herwa Peace PHC, MHPSS consultation room was rehabilitated and now used by the team. Hand washing sinks were installed at 4 sites in the facility. Upgrading the power supply system for the facility is under way.

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

<table>
<thead>
<tr>
<th>Center</th>
<th>OPD Consultation</th>
<th>Immunization</th>
<th>Nutrition</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herwa Peace PHC</td>
<td>2753</td>
<td>1672</td>
<td>28 new admissions for SAM cases in OTP</td>
<td>213 cases confirmed</td>
</tr>
<tr>
<td>Ngarannam PHC</td>
<td>2505</td>
<td>1645</td>
<td>32 new admissions for SAM cases in OTP</td>
<td>184 cases confirmed</td>
</tr>
<tr>
<td>Outreach teams</td>
<td>3924</td>
<td>603</td>
<td>77 new admissions for SAM cases in OTP</td>
<td>271 cases confirmed</td>
</tr>
</tbody>
</table>

WHO – Mental Health

Outreach Sessions: 99 Mental Health (MH) outreach sessions were conducted by 10 MH Supervisors across 41 health facilities in 10 LGAs of Borno state; and a total of 2,533 patients were seen, made up of 1,060 new patients and 1,473 follow ups. A total of 170 patients were referred to the Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management.

Training/Meeting:

1. WHO supported a meeting for the establishment of MHPSS SWG and coordination meeting for Adamawa state on 4th to 5th December 2018 at Homtel, Yola Adamawa state under the leadership of Dr Florence Baingana; a Mental Health consultant and Public Health specialist.
2. Participated in MHPSS SWG coordination meeting on 6th December 2018 at PHEOC.
3. Attended a training organized by IOM on “Mainstreaming MHPSS and Protection to the Government Officials, based on IASC Guidelines on MHPSS in Emergency Settings” on 10th December 2018 at Grand Pinnacle Hotel, Maiduguri.
4. A 2-day meeting organized by WHO to develop NE Mental Health Strategic Framework was held on 12th to 13th December 2018 at Grand Pinnacle Hotel, Maiduguri where MHPSS partners and stakeholders from Adamawa, Borno and Yobe state were pooled together for the meeting under the leadership of Dr Florence Baingana; a Mental Health consultant and Public Health specialist.
WHO/Yobe: Conducted training for 886 Health Care Workers (HCWs) on Integrated Disease Surveillance and Response (IDSR): To improve the capacity of HCWs across the state on prevention, early detection and response to disease outbreaks in Yobe state, WHO in collaboration with National Center for Disease Control and Prevention (NCDC), SMOH and SPHCMB has conducted phased two weeks-long training for 886 HCWs from all primary, secondary and tertiary health facilities in the state, including private health facilities. The first phase of the training targeted HCWs from 312 health facilities from 9 LGAs-Geidam, Yunusari, Yusufari, Bursari, Nguru, Bade, Jaskusko, Machina and Karasuwa LGA while the second phase targeted HCWs from 281 health facilities in the remaining for 8 LGAs (Damaturu, Gujba, Gulani, Fune, Potiskum, Tarmuwa, Nangere and Fika) of the state.

Following the training, health workers were provided with data tools, job aids; guidelines, case definitions and other materials to strengthen facility surveillance and enhance their contributions in ongoing cholera outbreak response efforts in Damaturu, Gujba, Gulani, Fune and Potiskum LGAs, where WHO mobile Hard-to-Reach (HTR) teams and Community Resource Persons (CORPS) are supporting government and partners’ efforts and are linking communities with health facilities through active case search and referrals.

As part of their community response efforts, HTR teams and CORPS in affected LGAs are conducting active community case search, sensitization on hygiene promotion in communities and households, promoting health seeking behaviors and referring suspected Cholera cases from communities to health facilities and Cholera Treatment Units (CTUs). In December 2018, WHO-supported HTR teams and CORPS in collaboration with VCMs have conducted active case search in affected wards and communities, reached 51,783 people with health and hygiene promotion messages and referred 07 suspected Cholera cases to the CTU in Damaturu LGA, where the number of new cases has sharply declined due to ongoing multi-sectoral interventions.

HTR: WHO supported Hard-to-Reach (HTR) Teams and Community Resources Persons (CORPS) in Yobe State Increased Availability of Life-Saving Healthcare in Security-Compromised LGAs: To improve availability of life-saving healthcare for people in security-compromised areas, WHO mobile HTR teams and CORPS working in all 17 LGAs of Yobe state have intensified services delivery in remote areas where health facilities are damaged or access to care remains a problem due to bad geographical terrain. 35 WHO-supported HTR teams and 175 CORPS working in collaboration with SMOH and SPHCMB, are providing succor to the people by reaching remote communities with life-saving care and referring critically ill and severely malnourished women and children to receive further care in town clinics or hospitals. HTR teams and CORPS are technically supported by WHO technical teams, Local Government Facilitators (LGFs) and CORPS supervisors through supportive supervision and capacity building, and are provided with adequate drugs, data tools and medical commodities to sustain their interventions. In December 2018, WHO HTR teams have treated 47,420 clients for common ailments, vaccinated 68,120 children and screened 33,248 children for malnutrition. Up to 455 critically ill or malnourished children were referred from remote areas to OTP sites or stabilization centers to receive further care. WHO HTR teams also provided HIV Testing Services (HTS) in remote areas where 2401 pregnant women were counselled, tested and issued results, and 18 HIV positive women were referred to town hospitals and clinics to receive further care for PMTCT, and care and treatment for their own health. CORPS, on the other hand, have treated 6387 under-five children for malaria, pneumonia and diarrhea, screened 4499 under-five children for malnutrition and referred 181 critically ill and severe malnourished children to receive further care in town clinics and hospitals.
WHO Supported Oral Cholera Vaccination (OCV) Campaign in Gulani LGA to Control Cholera Outbreak in Yobe State: As part of the efforts to control cholera outbreak in Yobe state, WHO, in conjunction with SMOH, SPHCMB MSF-Spain and UNICEF, has supported Oral Cholera Vaccination (OCV) campaign in all affected wards and communities of Gulani LGA, one of LGAs worst hit by the Cholera outbreak in Yobe state in late 2018. During the first round of the OCV campaign, WHO HTR Teams, CORPs and technical staff provided technical support, including capacity building, deployed materials and coordinated with government and partners during the vaccination exercise. In a parallel effort, WHO, SMOH and SPHCMB have continued to provide drugs, commodities and technical support to sustain effective response to the cholera outbreak, which has been on the downward trend in Yobe state. WHO and SPHCMB have sustained surveillance activities in health facilities and remote communities, provided supervisory and laboratory services support to MSP-Spain and partners, and supported Cholera Treatment Units (CTUs) in Specialist Hospital Damaturu and CHC Bara, Gulani LGA, where very few cases are being reported. WHO and SMOH have been providing effective coordination at state level and have supported LGA Rapid Response Teams (RRTs) to conduct regular meetings and coordinate day-to-day cholera prevention and control activities at LGA, community and household levels.

After the 5-day-first-round of the OCV campaign in Gulani LGA which ended in early December, up to 68,620 people were vaccinated with Oral Cholera Vaccine (OCV) as against 102,528 people targeted in the LGA. This translates to an achievement 67% coverage in the security-compromised LGA, where incessant BHT attacks on communities in and around the LGA, insecurity in the general area and bad geographical terrain were serious constraints to the OCV implementation and wider cholera surveillance and control efforts.

WHO/Adamawa: Supported the training of 50 personnel of the H2R teams in the state on HIV Counselling and Testing (HCT).

ICCM: In the month of December 2018, 3,073 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 2,267 of the children were screened for malnutrition using MUAC. 145 (6.4%) of the children screened had MAM and were counseled on proper nutrition, while 3 (0.1%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR: In December 2018, 23,504 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 7,074 persons with minor ailments and dewormed a total of 5,399 children during the month. Pregnant women were provided FANC services with 1,475 of them receiving Iron folate to boost their hemoglobin concentration while 711 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

UNFPA continues to support the Government on coordination and service provision efforts for the Sexual and Reproductive Health/Gender Based Violence response through the SRH Sub Sector Working Group. UNFPA focus remained on reducing maternal mortality and morbidity, attention was given to quickly ensure distribution of reproductive health kits to the various health facilities in Borno state and supported with lifesaving maternal health medicines which includes oxytocin, misoprostol, Chlorhexidine gel, magnesium sulphate and calcium gluconate. As we aware Post-partum hemorrhage and eclampsia are the two main causes of maternal deaths in Nigeria and in Borno State. The drugs distributed across health facilities aimed at preventing and managing eclampsia and hemorrhage while enhancing safe delivery. it has contributed in safe delivery thereby Reducing and preventing excess maternal mortality and morbidity which was prioritized and supported in the face of the humanitarian crisis protraction and continues unpredictability. About 500 individuals’ new arrivals in Teacher Villages were sensitized on sexual reproductive health rights, obstetric fistula campaign, and issues, including prevention and treatment of sexual transmitted infections, HIV, AIDs etc, need for pregnant women to attend antenatal, post-natal services and deliver in hospital where
skill birth attendant and midwife are available to support delivery, friendly child spacing (FP Uptake) were highlighted and clinical management of rape as a response to sexual violence. Hygiene materials such as female sanitary pads, pants were distributed for dignity and protection of women and girls.

**Capacity Building:** In collaboration with Borno state ministry of health and Save One Million lives supported capacity building of fifty (50) Health facility/Hospital in charges in order to strengthen maternal perinatal and death surveillance and response (MPDSR), the training has been step down to health facilities for better reporting.

**GOGGOJI ZUMUNCHI DEVELOPMENT INITIATIVE (GZDI)** conducted sensitization in some communities across the project sites, for the purpose of creating awareness on the issues affecting the health of children and youth in the communities during election and peaceful co-existence. The stakeholders during the sensitization are youth, children, men and women.

**NAIIS:** Report for the activities conducted for the month of December 2018 Nine (9) patients were visited across the Five (5) Local government Areas; Fufure, Lamurde, Numan, Yola North and Yola South in their respective Homes. Six (6) of them was successfully linked to care at the various facility that they selected. A meeting was conducted on 07/12/2018 with the Zonal coordinator linkage to care (ZCLC) Ms Kathy Betty Garba. Facility referral focal persons and GZDI Technical Officers at ADSACA Conference Hall Specialist Hospital, Yola.

**MDR-TB:** During the quarter October to December 2018, home visits were conducted to eight (8) patients visited in Song, Girei and Gombi Local Government respectively, and contact tracing was done for two (2) patients. Support group meeting was held successfully with 8 patients, 3 Treatment supporters, 2 Dot officers, 3 Local Governments TB Supervisors and GZDI team on 15th December, 2018 at Cottage Hospital Song, Song local government area, Adamawa State. MDR-TB Project ended in December 2018.

**Nutrition updates**

**IRC/Adamawa:** CMAM and IYCF program activity in the four supported LGA of Adamawa state and some part of Borno state were successfully carried out.

**CMAM:** Anthropometric screening was carried out to 17,970 (8,953M, 9,017F) under 5 children, with 193 (105M, 88F) identified as SAM cases and admitted for treatment. 1,267 (588M, 679F) were identified as MAM cases and their caregivers received nutrition education and also participated in the community cooking demonstration sessions. Total discharges recorded were 178 (82M, 96F), with 134 (63M, 71F) as cured, 43 (19M, 24F) as defaulters, 1 (F) as non-respondent with no death. Currently in the program OTP sites, a total number of 495 (243M, 252F) SAM children are receiving treatment. As for the Stabilization centers, 17 (13M, 4F) SAM with complications were admitted, 4 (3M, 1F) were cured, 12 (7M, 5F) transferred out to OTP with 1 (M) death. General performance for the month was 75.3% cured rate, 24.6% default rate and 0.1% non-respondent rate.

**IYCF:** A total of 6,582 benefitted from the activity sessions in the community with 3,010 Lactating mothers, 1,772 pregnant mothers, 725 Adolescents girls, 527 Old women and 548 Men were reached.

**WHO-Nutrition:** **Screening:** In December 2018, 14,573 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 195 (1.3%) children had MAM and their caregivers were counseled on proper nutrition, while 64 (0.4%) of them had SAM as demonstrated by Red on MUAC.
The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers across the state for proper management.

**Stabilization care:** WHO Supports 4 stabilization centers in the state, reports received from them showed that a total of 34 children having SAM with medical complications were managed in December 2018. 25 (74%) of the patients recovered during the month and were discharged to the OTP centers for follow up care while 5 (15%) patients are still on treatment.

**UNICEF-Nutrition:** In November, 1,644,417 children 6-59 months old were screened for acute malnutrition with MUAC. 11,824 of these children were identified as suffering from severe acute malnutrition and referred for appropriate treatment. 8,647 of the children identified with SAM were admitted into UNICEF supported outpatient therapeutic program sites for treatment. The cure rate in these treatment centers for the month of November was 92.7%, with 0.4% death rate.

For prevention of malnutrition services, 80,531 caregivers of children 0-23 months benefitted from infant and young child feeding support through messaging and counselling. 14, 934 of these caregivers received such messages for the first time. At the same time, 13,714 children 6-23 months received multiple micronutrient powder supplementation for treatment and prevention of micronutrient deficiencies.

### Public Health Risks and Gaps

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The northeast region is highly endemic for malaria and cholera.
- Unpredictable security situation hampers movements of health workers, drugs and other medical supplies.
- Although health situation is improving under the NE Nigeria Health Sector 2018 Strategy, the health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work inaccessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupt and further challenges the health programs implementation.
- Access to secondary health care and referral services in remote areas is significantly limited.
- Unavailability of network coverage in the newly liberated areas negatively affects timely submission of health data for prompt decision-making.

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