**HIGHLIGHTS**

- The Health Sector response plan under HRP-2019 has been finalized including 15 projects, owned by 12 partners and with the total financial requirements of US$ 73.7 million to support 4.9 million people across Adamawa, Borno and Yobe states.

- Through the WHO supported mental health Gap Action Programme (mhGAP) 10 mental health specialists, have been engaged and trained with each conducting 10 outreach visits monthly to three to five health facilities in the state in addition to the introduction of mental healthcare services at the primary healthcare facilities and outreach sessions across the state. WHO has also conducted close to 1,100 mental healthcare outreach sessions in 40 health facilities reaching over 17,000 contacts between October 2017 and September 2018 and referred over 1,500 patients to the Federal Neuro-Psychiatric Hospital Maiduguri for further clinical management and care.

- In Borno state, the total number of suspected cholera cases reported stands at 5,823 with 73 associated deaths, (CFR – 1.26%). 2262 in Jere, 1,380 in MMC, 340 in Magumeri, 34 in Kaga, 161 in Konduga, 136 in Chibok, 11 in Shani, 42 in Damboa, 1048 in Ngala, 90 in Askira-Uba, 161 in Kwaya-Kusar, 56 in Bama, 57 in Dikwa and 45 in Guzamala LGAs. No additional case reported from Magumeri, Askira/Uba, Ngala, Kaga, Chibok, Dikwa, Shani, Damboa, Kwaya-Kusar and Bama LGAs.

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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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<table>
<thead>
<tr>
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<th>Health Sector</th>
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<td><strong>HEALTH FACILITIES IN BORNO STATE</strong></td>
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292 (39%) FULLY DAMAGED  
205 (27%) PARTIALLY DAMAGED  
253 (34%) NOT DAMAGED |

**CUMULATIVE CONSULTATIONS**

| 4.9 million CONSULTATIONS****  
1490 REFERRALS  
299,670 CONSULTATIONS THROUGH HARD TO REACH TEAMS |

**EPIDEMIOLOGICAL WEEK 2018 EARLY WARNING & ALERT RESPONSE**

| 268 EWARS SENTINEL SITES  
180 REPORTING SENTINEL SITES  
274 TOTAL ALERTS RAISED***** |

**SECTOR FUNDING, HRP 2018**

| HRP 2018 REQUIREMENTS $109M FUNDED $ 34.9M (31.9%) |

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

* 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- 43  
*****The number of alerts change from week to week.
Situation update

New displacements: Within the period of 24-30 October 2018, a total of 6,478 movements were recorded, including 5,459 arrivals and 1,019 departures. Arrivals were recorded at locations in Askira/Uba, Bama, Biu, Damboa, Dikwa, Gubio, Gwoza, Jere, Konduga, Kukawa, Mafa, Magumeri, Mobbar, Monguno and Ngala Local Government Areas (LGAs) of Borno state, and locations in Demsa, Fufore, Girei, Gombi, Guyuk, Hong, Lamurde, Madagali, Maiha, Mayo-Belwa, Michika, Mubi-North, Mubi-South, Numan, Song, Yola-North and Yola South LGAs of Adamawa state. While departures were recorded at locations in Bama, Chibok, Hawul, Jere, Kala/Balge, and Kukawa LGAs of Borno state, and Demsa, Fufore, Girei, Gombi, Hong, Lamurde, Madagali, Maiha, Mayo-Belwa, Michika, Mubi-North, Mubi-South, Numan, Yola-North and Yola-South LGAs of Adamawa state.

Assessments identified the following main triggers of movements: ongoing conflict (54%), voluntary relocation (22%), fear of attacks (10%), poor living conditions (8%), improved security (5%), and farming activities (1%).

Health Sector priorities under HRP-2019:

- **Re-establish and/or strengthen** and expand the disease surveillance system with the capacity for timely investigation and response to disease alerts and to mitigate and/or control outbreaks.
- **Strengthen preparedness** activities for timely response to epidemic outbreaks specially cholera in all hot spots hard-to-reach areas across three states.
- **Expand Mobile health teams** in hard to reach areas/populations and to the underserved IDP and vulnerable population in host communities in deep field locations.
- **Secondary health services**: Streamline and strengthen the referral system from primary to secondary care along with robust support to general hospitals at LGA level.
- **High priority health facilities rehabilitation**, along with provision of equipment, supplies and trained health workforce.
- **Strengthen health sector coordination** at LGA level, better information management, health system restoration in stable return areas and strengthening linkages through Humanitarian-Development Nexus (HDN) approaches.

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

- **Number of reporting sites in week 43**: A total of 180 out of 269 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 66% and 67% respectively (target 80%).
• **Total number of consultations in week 43:** Total consultations were 43,372 marking a 3.5% decrease in comparison to the previous week (n=44,950).

• **Leading cause of morbidity and mortality in week 43:** Malaria (suspected n= 11,948 and confirmed n=7,686) was the leading cause of morbidity reported through EWARS, accounting for 46% of reported cases while confirmed malaria was the leading cause of mortality, accounting for 20% of reported deaths.

• **Number of alerts in week 43:** Thirty-one (31) indicator-based alerts were generated with 90% of them verified.

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**Morbidity Patterns**

- **Malaria:** In Epi week 43, 7,686 cases of confirmed malaria were reported through EWARS. Of the reported cases, 803 were from Herwa PHC in MMC, 455 were from General Hospital Biu, 276 were from PHC Clinic Gwoza, 234 were from Hausari IDP camp clinic in Damboa, 200 were from Town Dispensary in Kwaya-Kusar, 195 were from Fatima Ali Sheriff PHC in MMC and 186 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga. Five confirmed malaria deaths were reported in Gajiram MCH (1) Nganzai, Gumsuri clinic (1) Damboa, Whitambaya Dispensary (1) Hawul, Dayar clinic (1) Kwaya-Kusar and Ngamdu PHC (1) in Kaga.
Acute respiratory infection: In Epi week 43, 6,400 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 647 were from Herwa PHC in MMC, 302 were from PHC clinic in Gwoza, 237 were from Hausari IDP camp clinic in Damboa, 218 were from Muna Garage Camp Clinic A in Jere, 176 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga and 157 were from Mogcolis Camp Clinic in MMC. No death was reported.

Figure 3: Trend of suspected measles cases by week, Borno State, week 34 2016- 43 2018

Acute watery diarrhoea: In Epi week 43, 972 cases were reported through EWARS. Of the reported cases, 157 were from Herwa PHC in MMC, 72 were from Hausari IDP camp clinic in Damboa, and 66 were from PHC clinic Gwoza. Four associated deaths were reported, one (1) each from Shikarkir Federal Health Centre in Chibok, General Hospital Magumeri, Gumsuri clinic in Damboa and Gajiram MCH in Nganzai.

Suspected Measles: Eight (8) suspected measles cases were reported through EWARS in week 43 from Fatima Ali Sheriff PHC (3) & State Specialist Hospital (2) in MMC, Dala Clinic (2) in Jere and Biu Township Dispensary (1). Three additional cases were reported through IDSR* from Shani LGA (1) and Hawul LGA (2) making a total of eleven suspected measles cases. No associated death was reported.

Suspected Yellow Fever: Six (6) suspected yellow fever cases were reported through EWARS in week 43 from PHC clinic Gwoza (3) in Gwoza, Dayar clinic (1) in Kwaya-Kusar, ISS IDP Camp Clinic (1) in Ngala and Mogcolis Camp Clinic (1) in MMC. Two additional suspected cases were reported through IDSR* in Shani LGA, making a total of eight suspected cases. No associated death was reported.

Suspected Meningitis: There was no suspected meningitis case reported in week 43.

Suspected VHF: There was no suspected VHF case reported in week 43.

Suspected cholera: Eleven (11) suspected cholera cases and one (1) associated death was reported through EWARS in week 43 from ISS IDP Camp Clinic in Ngala (8 cases), General Hospital Gajiram in Nganzai (2 cases) and General Hospital Magumeri (1 case).

Malnutrition: 1,369 cases of severe acute malnutrition were reported through EWARS in week 43. Of the reported cases, 191 were from Fori PHC in Jere, 131 were from Herwa PHC in MMC and 50 were from Kurbagayi MCH in Kwaya-Kusar. One associated death was reported from Gumsuri clinic in Damboa.

Neonatal death: Two neonatal deaths were reported in CBN Quarters Camp Clinic in MMC and ISS IDP Camp clinic in Ngala.

Maternal death: No maternal death was reported in week 43.

*IDSR- Integrated Disease Surveillance and Response

Alerts and Outbreaks: Thirty-one indicator-based alerts were generated from the weekly reports submitted through EWARS in week 43. Ninety percent of the alerts were verified.
Alert of suspected cases of cholera were reported with associated deaths from Rann in Kala-Balge LGA (a security compromised location). The LGA team have been mobilized to investigate the reported cases and collect samples for testing.

Regarding the ongoing cholera outbreak in Borno State, 5,733 cases with 73 associated deaths (CFR: 1.3%) have been reported. Nine (9) new cases each were reported on 3rd November 2018 from Jere and MMC, Konduga (1), and Ngala (1) LGAs. No new deaths were reported. Out of the 191 samples collected and tested in the State using RDTs, 156 (81%) were positive while 38 (41%) of 91 samples were culture positive. Response activities such as active surveillance in affected communities, case management, house-to-house community sensitization and WASH interventions have been sustained in affected areas under the supervision of the state RRT and partners. Regular state level coordination meetings are held in the Public Health Emergency Operations Centre (PHEOC) in Maiduguri to oversee the outbreak.

**Health Sector Actions**

**INTERSOS** continues to support 5 Health facilities, 2 health posts and 1 mobile clinic in Magumeri LGA, 1 Health facility in Ngala, 1 Health facility in Bama and 1 Health facility in Dikwa LGAs of Borno State. The Dikwa Mobile clinic is not functional for the time being. INTERSOS continues to support the fight against cholera actively in all its health facilities, 5 cholera cases admitted in Gajigana (Magumeri) were treated on ORS and discharged following this, there has been no other recorded cases of Cholera. In Bama IDP Camp, Bulabulin/Agric Camp (Dikwa) and Gamboru host community (Ngala) INTERSOS is engaged with other actors in hygiene promotion and cholera prevention activities with 22,481 persons reached with health promotion messages. Since the declaration of Cholera outbreak in Borno state, INTERSOS has actively continue to combat the situation in other to eliminate the effect the disease in the affected area of Gajigana. The clinic has admitted a cumulative number of 334 cholera patients with a total of 3 reported deaths.

**FHI360** has been a major partner in the response to the cholera outbreak in Ngala and Dikwa. Responding in an integrated fashion with case management (in ORPs and CTCs), WASH and risk communication, the Dikwa community and the Arabic camp in Ngala have witnessed a significant decline in the number of incident cases. Thus far 36 and 69 cases have been treated in the cholera treatment centers Ngala and Dikwa respectively. Cumulative deaths are 1 and 3 for Ngala and Dikwa treatment centers respectively.

FHI 360 continues to run primary health care activities in Dikwa, Ngala, Banki and Damasak. Since August 1, 2018 the facility in Damasak has provided 2480 consultations and booked 245 women antenatal for antenatal care.
IRC: In the NE Nigeria states of Adamawa, Borno and Yobe, the International Rescue Committee (IRC) continued to respond to the humanitarian crises, helping people to survive and rebuild their lives. The organization offers lifesaving care and life-changing assistance to people affected by the ongoing Armed Opposition group crisis, restoring safety, dignity and hope to millions who are uprooted and struggling to endure, thus leading the way from harm to home. Through daily run 30 mobile clinics, and Health system strengthening and support for Primary health facilities spread across the three states, the IRC health team conducted a total of 38,636 consultations (15,738M, 22,898F), including 15,422 children under five and 23,214 over five years.

The reproductive health program reached 6,449 people, of which 5,981 were women and girls while 468 male were treated in the STI clinic. The Comprehensive Women's Center (CWC) and supported health facilities provided first antenatal care services (ANC1) for 2,311 women, conducted 977 skilled birth deliveries and had a successful twin delivery at the Reproductive Health clinic at Bakasi CWC. There was also a total of 927 beneficiaries of family planning services. Through the clinicians pre-consultation daily health education, mother to mother support group sessions and community sensitization and mobilization activities of the CHVs a total of 54,517 people ( 21,034M, 33,483F) were reached with messages on use of ORS point, proper hand washing, early illness danger signs in children, balance diet with the use of locally available food, Importance of immunization, Malaria prevention through environmental sanitation, Cholera preventive and control measures, use of mosquito nets, Importance of exclusive breastfeeding and availability of STIs care at health outreach clinics.

During the reporting period various capacity building sessions were conducted for various categories of LGA and health facilities workers as well as the IRC staffs providing supervisory support role at the supported clinics. 21(6 M, 15F) supported health facility staff from Magumeri, Konduga and Gwoza receive training on Nutrition. 25 (20M, 5F) staff of SPHCDA received a 5 days training on Emergency preparedness and Response (EPR) was organized. The IRC RH sub-sector conducted 3 sessions of 2 days Value Clarification and Attitude Transformation (VCAT) workshop on safe abortion care (SAC) to a total of 52 (35F, 17M) IRC frontline service providers from CYPD, RH, Health and WPE in Gwoza and Monguno.

CHOLERA RESPONSE: The cholera epi-curve continue to fall in the affected LGAs in Borno and Adamawa states, however the IRC continue to provide support for the Health facilities providing clinical care and the community affected by the cholera outbreak. In Adamawa state, 40 cholera Beds have been delivered to the CTC’s at Specialist hospital Yola, Fufure and Gurin, with electrical wiring of cholera treatment center (CTC) done to enable power supply to the CTC. Motorized radio jingles on cholera prevention and hygiene promotion was aired at cholera hotspot communities within Yola North and South LGAs. In Magumeri LGA of Borno state, the IRC continue to support the Case Management with provision of needed clinicians, supplies of Drugs and Medical supplies, as well as WASH and IPC materials based on each location needs.

UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe States: A total of 261,273 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. Of 196,672 beneficiaries, 84,524 (43%) were children under 5-year-old. A total of 150,158 consultations were reported: malaria (60,028) was
the major cause of consultations followed by ARI (29,032); AWD (13,908); Bloody Diarrhoea (866) and measles (25) and other medical conditions (46,299). For prevention services, 46,223 children and pregnant women were reached with various antigens (including 5,433 children 6months-15 years reached with measles vaccine). A total of 18,094 Vitamin A supplementation capsules and 26,144 Albendazole tablets for deworming were distributed and 14,289 ANC visits; 3,024 deliveries and 3,341 postnatal visits were recorded during the reporting period.

UNICEF supported the SMoH through Borno SPHCDA and Yobe SPHCMB with 375 NHKs in Borno (311) and Yobe (64) 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.

Polio November 2018 IPDs Campaign in Yobe

2018 IPDs in 25 accessible LGAs from 3rd to 8th November 2018. The campaign would include the use of bOPV (bivalent Oral Polio Vaccine) and fIPV (fractional Inactivated Polio Vaccine). Twelves LGAs (Gubio, Guzamala, Jere, Kaga, Konuda, Kukawa, Mafa, Magumeri, MMC, Mobbar, Monguno, Nganzai) that participated in Polio OBR1&2 will use fIPV in addition to bOPV UNICEF Health Section will provide funds to Yobe SPHCMB for Logistics, Social Mobilization, Ward Logician and waste management activities.

Yobe State will implement the November 2018 IPDs in all the 17 LGAs in two phases. Ten LGAs (Yunusari, Damaturu, Gujba, Gulani, Guidan, Nguru, Bade, Fune, Fika, Tarmuwa) will start implementation from 07 to 10 November 2018 followed by one-day mop-up on 11 November 2018. The same day the second phase of the implementation will start in the seven remaining LGAs (Nagere, Machina, Jakusko, Bursari, Karasuwa, Potiskum, Yusufari). The State has already received the UNICEF funds of N25,470,750.00 has dropped for Logistics, Social Mobilization, Waste Management, Lake Chad Basin, and Ward Logician activities. An additional funds reimbursement request of N1,035,000 will be submitted as soon as the campaign is concluded for Ward Logician activities.

IOM PSS mobile teams organized and facilitated community engagement and sensitization activities in commemoration of 2018 World Mental Health Day in nine LGAs – Bama, Dikwa, Gujba, Gwoza, Jere, MMC, Monguno, Mubi and Ngala - of Adamawa, Borno and Yobe States on 10th of October 2018. Activities carried out to mark the Day include drama presentation, awareness raising sessions, symposiums, cultural activities such as traditional wrestling and games, football competition and presentation of key messaging by adolescent girls and boys during the occasion. In the same vein, MHPSS WG co-chairing by IOM in collaboration with Borno State Ministry of Health (SMoH) and Federal Neuropsychiatric Hospital (FNPH) jointly organized and facilitated the engagement of partners and stakeholders to celebrate the 2018 WMHD through symposium, launched of Borno State Strategic Mental Health Framework and dissemination of awareness messages related to the theme of this year’s WMHD “Young People and Mental Health in a Changing World” in different local languages.

Mental Health Referral for Specialized Mental Health Care: Currently, there 253* clients under IOM referral for specialized mental health care services in Adamawa and Borno State. IOM facilitates referral of mental health clients by signing MoU with Federal Neuropsychiatric Hospital, Maiduguri and Mental Health facility in Yola. During the reporting period of October 2018, 432 sessions of specialized mental health care
services were offered to beneficiaries on IOM specialised mental health services (comprising of 23 for girls, 25 for boys, 189 for women and 195 for men). The collaboration with the Federal Neuropsychiatric Hospital, Maiduguri allows for deployment of trained psychiatric nurses to hard-to-reach areas of Borno State for the provision of specialized mental health care services to persons identified with mental health challenges in those areas.

**MHPSS Activities:** IOM PSS mobile teams continue to provide direct psychosocial support services to affected population across field locations in Adamawa, Borno and Yobe States. A total of 53253 beneficiaries (comprising of 10162 girls, 9194 boys, 21990 women and 11907 men) were reached in the month of October 2018 through various MHPSS activities. Total new beneficiaries reached in the reporting period were 14673 (comprising of 2989 girls, 2443 boys, 5648 women and 3594 men. MHPSS activities carried out by the PSS mobile teams include lay counselling, psychological first aid (PFA), focus group discussion sessions and informal education, support group, recreational activities, GBV sensitization and case follow up, small scale conflict mediation, referral for specialized services and psychoeducation to the caregivers and patients, bereavement support, sensitization and livelihood follow ups and supervision. All these activities are rolled out in Borno, Adamawa, and Yobe States.

![Adolescent girls carried out a drama in Mubi](image1)

**UNICEF-Adamawa:**

**ICCM CORPS intervention:** UNICEF supported activities of 2,392 ICCM CORPS in 1,785 communities in in the 21 LGAs of Adamawa State, reached 26,146 Under 5 Children.

**Emergency Transport Scheme Intervention:** Stakeholder engagement and sensitization meeting held and 42 Volunteer Driver focal Persons were trained as Trainers of Trainer to cascade to the LGA Volunteer Drivers (40/LGA).

**Hard to reach medical outreach Team intervention:** UNICEF through the EU MNCHN funding continued to support 12 HTR Teams who provide integrated PHC services in communities. 78,334 were reached by the team.

**Service Delivery in IDP Camps and Host Communities:** UNICEF has continued to support provision of integrated PHC service delivery in 4 IDP camps through the engagement of 24 Community Health Workers, 4 Nurse Midwife, 2 Medical Doctors and 20 other support Staff. 3 NHKs were supplied to the camps to provide services. A total of 4,712 Persons, 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.

**WHO Borno: Community Oriented Resource Persons (CORPs):** In the Month of October 2018, WHO supported 980 (Community Oriented Resource Persons) CORPs and 145 supervisors reached 17,572 under five children with integrated community case management for minor illnesses (Diarrhea, Malaria and Pneumonia) in the 3 North-east States of Adamawa, Borno and Yobe. The CORPs also provided health promotion services to 16481 on KHP to care givers and conducted MUAC screening for 16649 across the 3 States, for which 542 children with red on MUAC were referred for OTP or SC centers for enrollment into nutritional programme.
MENTAL HEALTH / Outreach Sessions: There were 100 outreach sessions conducted in 40 health facilities where 2,525 mental health patients were reached. 196 were referred to the Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management.

Training/Meeting:
- Attended World Mental Health Day celebration on 10th October, 2018 at Federal Neuro Psychiatric Hospital (FNPH) Maiduguri where the Borno State Mental Health Strategic Framework (BMHSF) was launched.
- Attended MHPSS SWG meeting on the 18th October, 2018 at PHEOC.
- Attended the BMHSF Implementation Taskforce meeting for the development of implementation plan, where the taskforce was inaugurated with declaration of support from government and a Mental Health Desk Officer already identified for the state.

HTR teams were technically supported, encouraged and provided with commodities and working items. These efforts are to increasing both the reach and quality of services provided by HTR teams as seen below:
Conducted 1 sessions of HTR monthly review meetings with Local Government Facilitators (LGFs) and Team Leaders (TLs) 90% were in attendance: The review meeting provided opportunity to review progress of program activities, discuss challenges and offer solutions to identified or potential challenges. Drugs, commodities, data tools and other supplies were provided to the teams during the meeting.

Supplied 163 Basic module and 70 malaria module units of drug kits (IEHKs) to HTR teams: WHO distributed up to 163 and 70 malaria module units of Nigeria Health Kits (NHKs) and Interagency Emergency Kits (IEHKs) to support HTR programme activities in the 3 Bay states. And were distributed and delivered to HTR teams.

Conducted continuous monitoring of HTR activities: Throughout the period, HTR activities and services delivery were monitored during sessions by LGAFs on daily basis. This continuous monitoring, together with intensify supportive supervision, has led to significant increases in reach and quality of services provided in remote areas and security compromised settlement.

HTR teams supported surveillance activities and diseases outbreak investigation in MMC, Jere, Magumeri: HTR conducted surveillance activities, participating in investigation, reporting and response to outbreaks of diseases like Measles, Yellow fever and cholera etc.

Challenges within the month:
1. Regular attacks in some LGAs of the Borno State
2. Cancellations of Helicopter missions due to increase in security treats for WHO Staff to go for supportive supervision and mentoring to HTR &Corps.
3. Security challenges in some settlements fear of attack by Boko Haram
WHO/Yobe state: WHO in Yobe State Conducted training for 102 Health Care Workers (HCWs) and Supported SMOH to Roll-out Health Second Phase of Health Resources Availability Mapping System (HeRAMS) Assessment in Yobe state: To complement the efforts of Yobe State government in building resilience and facilitating health system recovery in areas most affected by conflict, WHO in collaboration with State Ministry of Health (SMOH) and State Primary Health care Management Board (SPHCMC) has conducted training for 102 health care workers (HCWs) and M & E officers to roll-out second round of HeRAMS assessment in the state. Since the beginning of the conflict, many health facilities were targeted, looted or damaged by insurgents in the worst-hit LGAs. Again, many skilled health care workers have relocated to safer areas leaving many communities with little or no health services. While the state government has over the years been investing in rebuilding and rehabilitating damaged health facilities, WHO is complementing such efforts by rehabilitating some primary health facilities and providing further technical support for SMOH to conduct assessment to ascertain the level of damage and availability of services at all levels of health care delivery. The trained HCWs have been provided with assessment tools, devices and resources to conduct assessment in 593 primary, secondary and tertiary health facilities in the state. This effort is aimed to facilitate evidence-based decision making, the State government has so far rehabilitated up to 8 secondary facilities, recruited additional health workers and provided equipment and other commodities. The beneficiary health facilities are General Hospital (GH) Damagum, State Specialist Hospital Damaturu, GH Gashua, GH Geidam and GH Potiskum. Work is ongoing GH Dapchi and other health facilities and it is expected this assessment will help to identify gaps and inequalities in health resources especially at primary levels to prioritize interventions and support proper resource allocation.

WHO in Yobe State also conducted refresher training for 17 LGA Rapid Response Teams (RRT) on Disease Surveillance and Response: As part of efforts to improve the capacity of state and LGA teams on prevention, early detection and response to disease outbreaks in Yobe state, WHO in collaboration with SMOH and SPHCMC has conducted phased refresher training for 17 LGA RRTs and partners –comprising 199 health care workers in different zones of the state. The first phase of the training was conducted in Damaturu for 8 LGAs including Damaturu, Gujba, Gulani, Fune, Potiskum, Tarmuwa, Nangere and Fika LGAs. The second phase provided capacity building for the remaining 9 LGAs in northern part of the state and was conducted in Gashua, Bade LGA. The trained health workers were further provided with job aids; case definition, infection prevention and control (IPC) SOPS and other materials to support ongoing cholera outbreak response efforts in Damaturu, Gujba, Gulani, Fune and Potiskum LGAs and improve preparedness and response efforts in high risk areas that do not have ongoing outbreak. In addition to capacity building efforts, WHO mobile Hard-to-Reach (HTR) teams and Community Resource Persons (CORPS) are also contributing to the current SMOH, SPHCMC and partners’ efforts 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 behaviors and referring suspected Cholera cases to receive further care in health facilities and Cholera Treatment Unit (CTU). In October 2018, WHO-supported HTR teams and CORPS in collaboration VCMs have conducted active cases search in affected wards and communities, reached about
76,984 people and 8673 households with health and hygiene promotion messages and referred 216 suspected Cholera cases identified through community search to the CTU.

WHO mobile HTR teams and CORPS deployed to 17 LGAs of the state have intensified life-saving care in remote communities where health facilities are damaged or access to care remains a problem. Although the state government, WHO and partners are making efforts to rehabilitate health facilities, recruit relevant human resources for health and provide basic supplies, progress in this regard is being constrained by ongoing conflict in certain parts of the state. 35 WHO-supported HTR teams and 175 CORPS in collaboration with SMOH and SPHCMB are providing succor by reaching those remote populations with life-saving care and referring critically ill and severely malnourished children to receive further care in town clinics or hospitals.

HTR teams and CORPs are further supported by WHO technical teams, Local Government Facilitators (LGFs) and CORPs supervisors with supportive supervision and capacity building, and are provided with adequate drugs, data tools and medical commodities.

In October 2018, WHO HTR teams have treated 45,831 clients for common ailments, vaccinated 54,697 children and screened 35,950 children for malnutrition. Up to 353 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 3338 pregnant women were counselled, tested and issued results, and 8 who tested positive were referred to town hospitals and clinics to receive further care for PMTCT and care and treatment for their own health. For CORPs, 25 CORPS supervisors were trained on Data Quality Improvement in October 2018. WHO has also distributed 25 electronic devices to the trained CORPS supervisors to improve data collection and reporting.

**WHO in Yobe State** Recruited, Trained and Deployed 50 Environmental Health Assistants and Donated Laboratory Commodities to Strengthen Surveillance and Control Outbreak of Cholera in 5 LGAs: To ensure prompt and effective response to cholera outbreak in Yobe state, WHO has recruited and trained 50 Environmental Health Assistants (EHAs); Community Health Champions (CHC), and deployed them to conduct active case search in health facilities and communities. Amongst the trained volunteers, 20 are deployed to communities in Gulani LGA, 10 to Gujba, 5 to Fune, 5 to Potiskum and the remaining 10 are deployed to to Damaturu LGA communities. WHO has provided them with logistical support, jackets, IEC materials and IPC commodities to conduct house-to-house visits, support active case search and disinfect affected household latrines. Additionally, WHO has supplied Laboratory commodities that 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 is also providing logistical support for sample transportation and supporting HTR teams and CORPs to intensify health education and hygiene promotion activities to reduce the risk of Cholera transmission in affected and high-risk areas. In addition to active cases search, health education and hygiene promotion, WHO supported teams are also referring suspected cases of cholera.

In October 2018, WHO supported EHAs alone have reached 53,142 community members with health and hygiene promotion messages and referred 171 suspected cases from communities to CTUs and ORPs across the state.

**WHO/Adamawa:** WHO/Health Sector trained 38 health sector partner organizations on Information Management in Mubi North. Components of the training include: IM Tools, data imputation, data validation
and verification, advance use of MS-Excel as database management tool and importance of Humanitarian Response info to the sector activities.

**Cholera Outbreak Response:** WHO continues to support 3 CTCs in Adamawa state to manage cholera cases, they are PHC Gurin, Cottage Hospital Fufure and CTU in State Specialist Hospital. We provide Cholera treatment kits and supplies, in addition to health attendants to fill the gaps experienced in the centre. WHO provides technical support to the state EOC and coordinates partners’ response to the Cholera outbreak in all the response pillars.

WHO continue the monitoring of cholera cases in the State. 386 cases with 5 deaths were reported in October, 2018. 99 suspected cholera cases from Fufure LGA, 17 from Girei, 226 from Yola North and 44 from Yola South. Total case count as at 31st October, 2018 stands at 2667 with 40 deaths. CFR is 1.5%.

**Capacity Building:** Trained and deployed 50 volunteers to conduct active case search for suspected cholera cases in Yola North, Yola South and Girei. Volunteers visited 28, 562 households, sensitized 137, 168, distributed 70,185 sachets of P & G water purifier, and referred 37 suspected cases to the cholera treatment centres in Yola, Fufure and Gurin LGAs.

WHO supported the implementation of the 3rd cycle of Seasonal Malaria Chemoprevention (SMC) in 3 LGAs of Michika, Mubi North and Mubi south in Adamawa. The SMC campaign involves the monthly administration of Sulphadoxine - Pyrimethamine and Amodiaquine (SP + AQ) to children 3 – 59 months who are most at risk of malaria during the raining season. The campaign reached over 119,000 children during this cycle through house to house drug administration by over 700 personnel engaged for the campaign. The 3rd cycle of SMC achieved a 100% coverage sustaining the 100% attained in cycle 2. SMC is expected to contribute to at least a 70% decline in malaria morbidity in the targeted LGAs.

**ICCM:** In the month of September 2018, 4,695 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 3,287 of the children were screened for malnutrition using MUAC. 277 (8.4%) of the children screened had MAM and were counseled on proper nutrition, while 11 (0.3%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

**HTR:** In October 2018, 23,625 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 7,583 persons with minor ailments and dewormed a total of 7,762 children during the month. Pregnant women were provided FANC services with 1,565 of them receiving Iron folate to boost their hemoglobin concentration while 880 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

WHO supported Adamawa States MOH to reach 119,669 healthy children within the age 3 - 59months in 3 LGAs with SMC intervention and protected them from malaria. Giving SMC medicines is to maintain an adequate level of antimalarial medicine concentrations in the blood in order to kill the malaria parasite during the period of high malaria transmission.

In Borno and Adamawa states, WHO data estimates more than half of morbidity and mortality recorded are currently due to malaria, which dwarf all of other causes of death combined including cholera, measles and hepatitis E. In the North East Nigeria, amongst the 5.7 million people in need of humanitarian assistance and the leading cause of morbidity and mortality in week 43 was malaria (suspected n= 11,948 and confirmed n=7,686) reported through EWARS, accounting for 46% of reported cases while confirmed malaria was the leading cause of mortality, accounting for 20% of reported deaths. WHO also supported Borno State Ministry of Health to conduct a
supportive supervision of health facilities to access malaria indicators, capacity, drug/commodity availability and case management, as well as data capturing in the month under review.

**CPPLI:** Supported in carrying out the following:

- 90 beneficiaries (83F, 7M) were reached with cash distribution across 10 communities (Bahuli, Warambugge, Sabongari, Vi, Futu, Shuwa, Gulak, Tampul, Hildi and Garaha) respectively.
- 2 health referral cases were followed up at Gulak and Hildi communities. The aim of the follow up is to ascertain the level of improvement and to ensure the survivors are taking the medication based on the doctor’s prescription.
- 48 women were sensitized on exclusive breast feeding at Tampul community (Askira Uba). Pregnant and lactating mothers were encouraged to maintain personal and environmental hygiene at all times and exclusive breast feeding of their children. MUAC screening was conducted after the sensitization and 8 SAM and 18 MAM cases were recorded.

**AGUF** was in Michika in October on the 26th, where they carryout awareness/sensitisation on the effect of hepatitis B, C and also HIV in kwapali and yasukule communities. 39 cases of conjunctivitis were recorded.

**UNFPA** continues to lead the coordination and service provision efforts for the Sexual and Reproductive Health/Gender Based Violence, the SRH coordination meeting held with the participation of 14 partners. UNFPA collaborated with Borno State Ministry of Health, WHO and UNICEF to train of 30 reproductive health managers and SRH M&E focal points from 22 partners of the SRH Sub Sector working group on Minimum Initial service package (MISP) Coordination and Monitoring and Evaluation (M&E).

UNFPA reached out to 1548 individuals with Mental Health & Psychosocial Support services in Adamawa State (903 are women and girls). Up to 2,568 Women of reproductive age and 1,898 adolescent girls reached at the Health Facility Level and at the community with integrated SRH Services in the LGAs of Potiskum, Nguru, Fune, Gashuwa, Gaidam, Yunusari, Gujba and Gulani of Yobe State.

UNFPA supported The Royal Heritage Health Foundation to reach out to 2854 young people with ASRH messages, at schools in host communities, IDP camps & adolescent friendly spaces in Pulka, Rann, Banki and Gwoza. Of which 53 Adolescents referred for Family Planning, Post abortal care, HIV Counseling and testing and other SRH Services.

UNFPA integrated SRH Outreaches conducted by supported partner CARE international. Up to 3,896 women received ANC services, 2,005 received PNC services, 129 received post-partum FP, and 2,398 received new Family Planning Methods including barrier contraceptives whilst 2205 individuals got syndromic management of STIs.
Nutrition updates

IRC/Adamawa: CMAM and IYCF program activity in the four supported LGA of Adamawa and state were successfully carried out. In the supported program OTP/SC clinics, the IRC were able to carry out MUAC screening of 20,530 (10,262M, 10,268F) under 5 children, with 206 (96M, 110F) identified SAM cases and admitted into program. 1,374 (685M and 689F) MAM whom their caregivers received nutrition education and participated in community feeding sensitization seasons. For the program discharges, 253 (125M and 128F) were exited as cured, 5 (2M and 3F) as died and 33 (13M and 20F) defaulting clients. Currently, 501 (250M, 251F) SAM children are on admission receiving treatment. For SC’s program, 12 SAM complicated children were admitted with 11 cured, 0 transfer to OTP with 1 Death and no defaulters. Overall program performance for the month were 86.9% cured rate, 1.8% death rate and 11.3% default rate.

IYCF: The daily activity conducted in the month were routine breastfeeding related topic and issues which include early initiation of breastfeeding, exclusive breastfeeding and Good hygiene practice. As far the people reach and benefit from the activity seasons included; 2,478 pregnant mothers, 3,103 Lactating mothers, 964 old women, 854 young girls and 464 men beneficiaries were reach.

WHO-Nutrition: Screening: In October 2018, 13,742 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 241 (1.8%) children had MAM and their caregivers were counseled on proper nutrition, while 54 (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 23 children having SAM with medical complications were managed in October 2018. 21 (91%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.

UNICEF-Nutrition: UNICEF provided nutrition service support in Malkohi camp and host community, Fufore camp, St Theresa’s camp, Mubi transit camp, Daware host community and the transit camp in Mubi. Routine services conducted at IDP camps and host community through Hard to reach Mobile Medical Team services in the reporting month include MUAC screening, CMAM, IYCF and MNP.

IDP Camps:

- MUAC Screening: A total of 1,046 children 6-59 months were screened across the camps and host communities of which 981 were green (Normal), 63 were yellow (MAM) and 2 were red (SAM). All the 2 children identified with severe acute malnutrition were admitted into CMAM programme.
- CMAM Programme: Of the 5 discharges across the camps within the reporting period, 5 children were cured, 0 deaths, 0 defaulter. Therefore, cured rate was 100% defaulter’s rate was 0%, death rate was 0% and non-recovery rate was 0%.
- Infant and Young Child Feeding (IYCF): 656 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 counseling on appropriate usage, benefits and optimal dietary intake. A total number of 131 children 6-23 months were new enrollees in MNP program.
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.

Health Sector Partners


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

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