Health Sector Bulletin
September, 2018

**Northeast Nigeria Humanitarian Response**

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

**HIGHLIGHTS**

- The 2019-2021 Humanitarian Program Cycle (HPC) workshop was intended to discuss the key results of the state-level Humanitarian Needs Overview workshops carried out in August/September 2018, and on this basis agree on the most critical needs to be highlighted in the 2019 HNO as well as how these will inform the response priorities of the 2019-2021 HRP. Participants included Government of Nigeria representatives at federal and state levels, in addition to the Humanitarian Coordinator, the Deputy Humanitarian Coordinator, the Humanitarian Country Team, the Inter-Sector Working Group and other key representatives.

- The key objectives of the HRP workshop were to present inter-sectoral and sectoral analysis resulting from the assessments conducted and agree on a tentative set of ‘planning figures’ emerging from available data. The workshop agreed on proposed 2019 HRP strategic objectives and review expected outcomes as well as key changes/adjustments to be reflected compared to last year’s HRP and key inter-sectoral response priorities on the basis of which sectors can develop sector strategies and projects.

- The total number of suspected cholera cases reported as at 28th of September 2018 stands at 3,416, with 63 associated deaths, (CFR – 1.8%). 1,356 in Jere, 598 in MMC, 331 in Magumeri, 33 in Kaga, 99 in Konduga, 120 in Chibok, 11 in Shani, 42 in Damboa, 652 in Ngala and 47 in Askira-Uba and 128 in Kwaya-Kusar LGAs. No additional case reported from Kaga, Chibok, Shani and Damboa LGAs.

**Health Sector**

- **45 HEALTH SECTOR PARTNERS** (HRP & NON-HRP)
- **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**
  - **4.9 million** CONSULTATIONS****
  - **1450** REFERRALS
  - **289,670** CONSULTATIONS THROUGH HARD TO REACH TEAMS
- **EPIDEMIOLOGICAL WEEK 2018**
  - **268 EWARS SENTINEL SITES**
  - **163 REPORTING SENTINEL SITES**
  - **274 TOTAL ALERTS RAISED****
- **SECTOR FUNDING, HRP 2018**
  - **HRP 2018 REQUIREMENTS $109M**
  - **FUNDED $ 27.2 M (24.9%)**
  - **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 - 36
*****The number of alerts change from week to week.
Situation update

**Humanitarian Needs Overview (HNO):** Under HNO-2019, Health Sector has identified 5.2 million as People in Need (PiN) which will need humanitarian health assistance and has targeted 4.96 millions across three northeast states. Below are the key figures per state and per different categories for the targeted population:

<table>
<thead>
<tr>
<th>State</th>
<th>IDPs</th>
<th>Returnees</th>
<th>Hard-2-Reach</th>
<th>Host Community</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adamawa</td>
<td>133,019</td>
<td>602,030</td>
<td>-</td>
<td>595,561</td>
<td>1,330,609</td>
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<tr>
<td>Borno</td>
<td>1,104,812</td>
<td>501,738</td>
<td>342,805</td>
<td>585,513</td>
<td>2,534,868</td>
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<td>Yobe</td>
<td>106,048</td>
<td>130,365</td>
<td>49,334</td>
<td>807,216</td>
<td>1,092,962</td>
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<tr>
<td>Total</td>
<td>1,343,878</td>
<td>1,234,133</td>
<td>392,139</td>
<td>1,988,289</td>
<td>4,958,439</td>
</tr>
</tbody>
</table>

**Key needs per state presented during the HRP-2019 workshop in Abuja was as follows:**

**Borno:**
- Damaged/destroyed and non-functional HFIs infrastructure.
- Secondary health care and referral services in hard to reach areas - lack of ambulance services and specialized health care providers.
- Insufficient number of skilled and appropriately trained health care staff.
- Malaria and cholera endemic, in the northeast region increasing risk for child mortality in malnourished children.
- High priority health facilities rehabilitation, along with provision of equipment, supplies and trained health workforce.

**Adamawa:**
- Weak surveillance system and poor preparedness and response planning especially for epidemic prone diseases.
- Near none Medical referrals for IDPs in Adamawa State as well as weak health services due to lack of resources - with NGOs partners, very few INGOs with limited capacity.
- Lack of health services for non-communicable diseases and specialized health care.
- Health outreach services in hard to reach areas.

**Yobe:**
- Outbreaks of communicable disease e.g. cholera, meningitis, measles, vaccine-derived polio.
- Inadequate health services in LGAs/communities that are security compromised.
- Poor referral network between rural/remote health facilities to secondary and tertiary care.
- Very few functional health facilities (especially primary health facilities) in remote areas.
- Inadequate facilities (Stabilization Centers) to manage cases of Severe Acute Malnutrition with medical complications.

**Health Sector was also able to come up with the following response strategies:**

- **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 38**: A total of 163 out of 268 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 60% (target 80%).
- **Total number of consultations in week 38**: Total consultations were 39,446 signifying a 9% increase in comparison to the previous week (n= 43,523).
- **Leading cause of morbidity and mortality in week 38**: Malaria (suspected n= 13,065 and confirmed n=8,983) was the leading cause of both morbidity and mortality (n=4) reported through EWARS, accounting for 47% and 10% respectively.
- **Number of alerts in week 38**: Twenty-seven (27) indicator-based alerts were generated with 85% of them verified.

![Number of reports over time](image1)

![Proportional morbidity](image2)

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**Morbidity Patterns**

- **Malaria**: In Epi week 38, 8,983 cases were reported through EWARS. Of the reported cases, 1,356 were from Herwa PHC in MMC, 367 were from General Hospital Biu, in Biu, 292 were from Sangaiya IDP Camp Clinic in Damboa, 283 were from Shuwari Host Community clinic in Damboa, 238 were from Farm Centre
Camp Clinic in Jere and 218 were from Town Dispensary in Kwaya Kusar. Two associated malaria deaths were reported in week 38 from Kwayabura MCH in Hawul and FHI360 Banki PHC in Bama.

- Acute respiratory infection: In Epi week 38, 6,218 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 997 were from Fori PHC in Jere, 452 were from Herwa PHC in MMC, 187 were from FHI360 Banki PHC in Bama, 199 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga, 183 were from Gamboru CMCH Clinic in Ngala, and 170 were from INTERSOS Health Facility in Bama. One associated death was reported in Gumsuri clinic in Damboa.

- Acute watery diarrhea: In Epi week 38, 1,160 cases were reported through EWARS. Of the reported cases, 122 were from FHI360 clinic in Banki, 108 were from Fori PHC in Jere and 116 were from Herwa PHC in MMC. Two associated deaths were reported from Bam dispensary in Biu and Uba General Hospital in Askira Uba.

- Suspected Measles: Four (4) suspected measles cases were reported through EWARS in week 38 from Herwa PHC (3) in MMC and Mogcolis IDP camp clinic (1) in MMC. Four additional cases were reported through IDSR* from MMC LGA making a total of eight suspected measles cases. No associated death was reported.

- Suspected Yellow Fever: Two (2) suspected yellow fever cases were reported through EWARS in week 38 from 505 Housing Estate Clinic (1) in Jere and Shuwari Host Community Clinic in Damboa (1). One additional suspected cases were reported through IDSR* in Gubio LGA, making a total of three. No associated death was reported.

- Suspected Meningitis: There was no suspected meningitis case reported in week 38.
Malnutrition: 1,675 cases of severe acute malnutrition were reported through EWARS in week 38. Of the reported cases, 347 were from Kubodeno Dispensary in Shani, 168 were from Fori PHC in Jere and 159 were from FHI 360 Banki PHC in Bama. No associated deaths were reported.

Suspected cholera: One hundred and sixty-four (164) suspected cholera cases and 10 associated deaths were reported through EWARS in week 38 from Kwaya Kusar General Hospital in Kwaya Kusar (62 cases with 4 deaths), Gajigana MPHC in Magumeri (38 cases with 4 deaths), ISS IDP Camp in Ngala (46 cases with 2 deaths) and Sabon Gari dispensary in Damboa (16 cases with 1 death).

Neonatal death: Three neonatal deaths were reported through EWARS in week 38 from Jaragol Clinic in Bayo (1), Nzuda Mairi dispensary in Damboa (1) and Boarding Primary School Camp clinic in Konduga.

Maternal death: No maternal death was reported through EWARS in week 22.

Alerts and Outbreaks
Twenty-seven alerts were generated from the weekly reports submitted through EWARS in week 38. Eighty-five percent of the alerts were verified.

Regarding the ongoing cholera outbreak in Borno State, 3537 cases with 64 associated deaths (CFR: 1.9%) have been reported. One hundred and twenty (120) new cases were reported on 29th September 2018 from MMC (44), Jere (42), Ngala (29), Magumeri (3), and Konduga (2) LGAs. One new death was also reported in Ngala (1) LGA. Out of the 111 samples collected and tested in the State using RDTs, 81 (72%) were positive while 16 (32%) of 49 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 is supporting 5 Health facilities and 2 health posts and 1 mobile clinic in Magumeri LGA, 1 Health facility in Ngala, 1 Health facility in Bama and 1 Health facility and 1 mobile clinic in Dikwa LGAs of Borno State. INTERSOS in its effort to reduce high rate of morbidity cause by malaria, has continue to participate in the seasonal malaria program. The round three of Seasonal Malaria Chemoprevention SMC has be conducted in Dikwa LGA and Bama (GSSS IDP camp and Host Community) the following were the number of children reached.
- Dikwa: A total of 57,003 under 5 children were reached with malaria drugs of which 3-11 month are 8,293 while 12-59 month are 48,710.

- Bama (GSSS IDP Camp and Host Community): A total of 20,868 under 5 children were reached with malaria drugs which 3-11 month are 3,124 while 12-59 month are 17,716.

e. Cholera Update:
Since the declaration of Cholera outbreak in Borno state, INTERSOS has actively continue to combat the situation in order 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. INTERSOS is actively engaged with other actors in cholera prevention activities in Bama IDP Camp, Bulabulin / Agric camp and Gamborou host community.

IRC: In Adamawa State was involved in the following activities:
- Rapid needs assessment was conducted at Fufore LGA by IRC cholera health team
- Drugs (ringer lactate, ORS, doxycline, etc) were distributed to Gurin CTC and Cottage Hospital Fufore CTC as part of the emergency response.
- 82 litres of fuel was given to Gurin CTC and Fufore CTC to help power their generator for the CTC
- WASH in collaboration with the health team trained 10 chlorinators, and 50 community health volunteers on active case search and hygiene promotion.
- Follow up on 365 (M 178, F 187) cholera infected patients at the CTC at Mubi General Hospital and Cottage Hospital Maiha.
- Local car roving town crier continued airing of cholera/hygiene promotion message in communities of Mubi North & Mubi South in Adamawa state.

Janna Health Foundation (JHF)-Adamawa: JHF is implementing 2 interventions. These are:
1. Wave 5 TB REACH Project funded by STOP TB Partnership through the Gombe State Agency for HIV/AIDS Control (GomSACA) which started in July, 2017 and ended on 30th June 2018 and has been approved for scale up
2. The Challenge Facility Civil Society (CFCS) Round 8 project which started in June, 2018 and will end in May 2019

In the 4 targeted LGAs of intervention, 4,530 IDPs were verbally screened out of which 421 presumptive TB cases were identified in the month; sputum samples were collected from 201 presumptive TB cases out of which 31 new TB cases were detected. Of all presumptive cases identified, 407 had HCT out of which 5 were found to be HIV+. All TB and HIV cases detected were linked to treatment, care and support services.

12 Nomadic schools and 9 Nomadic Communities were actively screened for TB in the 12 targeted LGAs for this intervention. A total of 5,999 persons were verbally screened out of which 459 (8%) presumptive TB cases were identified in the month. 392 sputum samples were collected out of which 25 (6%) new TB cases were detected including 5 childhood TB cases out of which 1 was <5. Of all presumptive TB cases detected, 381 (97%) had HCT out of which 16 (4%) were found to be HIV+. All TB and HIV cases detected were linked to treatment, care and support services.
UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe States: A total of 245,836 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 the people reached, 88,268 (45%) were children under 5 years. A total of 144,496 consultations were reported: malaria (58,483) was the major cause of consultations followed by ARI (21,211); AWD (15,453); Bloody Diarrhea (1,401) and measles (54) and other medical conditions (47,894). For prevention services, 40,366 children and pregnant women were reached with various antigens (including 5,523 children 6 months-15 years reached with measles vaccine). A total of 18,031 Vitamin A supplementation capsules and 23,491 Albendazole tablets for deworming were distributed and 20,642 ANC visits; 3,807 deliveries and 4,003 postnatal visits were recorded during the reporting period.

In addition, a total of 80,316 children 6 months-15 years reached with measles vaccine. This data was collected from some health facilities and interventions targeting influx of IDPs that have not been reported since the beginning of 208 in both states.

UNICEF supports to the AWD Outbreak Response Activities in Borno and Yobe States
UNICEF Health, C4D and WaSH have continued to actively participate in cholera response activities in Borno and Yobe States. The health team continue managing cases in the UNICEF supported health facilities before referring to the CTC

Polio OBR in Yobe and Borno States: Following the detection of the cVDPV in Nganzai LGA, Borno State will conduct the OBR round 1 in 12 LGAs (Nganzai, Mobbar, Gubio, Magumeri; Kaga, Monguno, Jere, MMC, Mafa, Konduga, Kukawa and Guzamala) using mOPV2. UNICEF Health Section has provided N23,209,815 to Borno SPHCDA for the Logistics, Social Mobilization, Health Camp activities and production of Ziplock Polythene bags for mOPV2 vials accountability.
Yobe State will implement the OBR Round 2 in all the 17 LGAs from 4 to 9 October 2018 using mOPV2 will be used. UNICEF Health Section has provided N29,460,000 to Yobe SPHCMB for Logistics, Social Mobilization, Health Camp and Ward Logistician activities.

**UNICEF-Adamawa:**

**ICCM CORPS intervention:**
UNICEF supported activities of 2,318 ICCM CORPS in 1,785 communities in Adamawa and reached 26,504 Under 5 Children. Meeting held to review the activities of 741 in 3 clusters for the 5 LGAs in northern zone of the State and Hong LGA in central zone.

**Cholera Outbreak Response:**
UNICEF has continued to provide support for the cholera outbreak in the State. More cases reported in Fufore LGA, with a total of 488 cases as at Week 38, Children Under 5 affected (Male: 74 and Female: 52) with total of 7 deaths (CFR 1.4). Support for delivery of integrated PHC services at the Gurin PHCC treatment centers continued. 2,500 Cholera IEC material provided and distribution to all the 21 LGAs in the State to support awareness creation and hygiene promotion.

**Hard to reach medical outreach Team intervention:**
UNICEF through the EU MNCHN funding continued to support 12 HTR Teams who covered 87 settlements in 12 LGAs most affected by the insurgent at the peak of crisis in Adamawa State. In these Communities 26,799 Children under 5 years and 12, 523 Women of Child bearing age were reached with integrated PHC services including issuing of birth registration certificates.

**WHO Borno:**

**Community Oriented Resource Persons (CORPs):** In the Month of August 2018, WHO supported 980 CORPs and 145 supervisors reached 17,492 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 17491 on KHHP to care givers and conducted MUAC screening for 16649 across the 3 States, for which 652 children with red on MUAC were referred for OTP or SC centers for enrollment into nutritional programme.
**Mental Health**

- **OUTREACH SESSIONS:** There were 98 outreach sessions conducted, where 2,293 patients were treated, and 239 referred to Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management.
- **FIELD VISITS:** 2 support supervisory field visits were conducted for SMC supervision in MMC and Jere LGAs.
- **TRAINING/MEETING:** Attended a training on Cash Transfer Programming (CTP) in the health sector, facilitated by WHO HQ staff on 19th September, 2018 at PHEOC. Had 1 MHPSS meeting at IOM Conference Hall on the 13th August, 2018.

HTR mobile health teams provided essential health care services in remote and security compromised communities including IDP Camps, in addition to the essential health services provided, the H2R teams have been instrumental in the response to the ongoing cholera outbreak in the state particularly in detection and case management, House to House active case and referral of new cases to the CTC in the affected LGAs.

**Summary of Key services provided by HTR teams in Sept, 2018.**

<table>
<thead>
<tr>
<th>Services</th>
<th>Adamawa</th>
<th>Borno</th>
<th>Yobe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Seen</td>
<td>5354</td>
<td>37072</td>
<td>30632</td>
<td>73058</td>
</tr>
<tr>
<td>ANC</td>
<td>3066</td>
<td>24833</td>
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</tr>
<tr>
<td>Vaccinated</td>
<td>14248</td>
<td>121697</td>
<td>32174</td>
<td>168119</td>
</tr>
<tr>
<td>MUAC</td>
<td>11964</td>
<td>39721</td>
<td>19083</td>
<td>70768</td>
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</table>

**WHO- Adamawa:**

- WHO supported the implementation of the 2nd 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 is expected to reach over 110,000 children during this cycle through house to house drug administration by over 600 personnel engaged for the campaign. The 1ST cycle of SMC achieved a 98% coverage. SMC is expected to contribute to at least a 70% decline in malaria morbidity in the targeted LGAs.
- WHO continues to support the suspected Cholera outbreak in Fufore LGA of Adamawa state. The support involves training of 46 health personnel on case management and provision of technical guidance and supplies for case management at the CTC in PHC Gurin, Cottage hospital Fufore and PHC Daware. In addition, WHO has deployed the Hard to reach mobile team for served as first responders for active case search and case management in the affected communities.

**ICCM:** In the month of August 2018, 4,615 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 3,041 of the children were screened for malnutrition using MUAC. 232 (5.0%) of the children screened had MAM and were counseled on proper nutrition, while 13 (0.3%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

**HTR:** In September 2018, 23,303 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 8,882 persons with minor ailments and dewormed a total of
7,257 children during the month. Pregnant women were provided FANC services with 1,893 of them receiving Iron folate to boost their hemoglobin concentration while 956 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

**JANNA HEALTH FOUNDATION** implemented activities by Community Volunteers under the supervision of JHF, the State TB programme Team and the State Project Team headed by the Adamawa State Agency for Control of AIDS (ADSACA).

**Results:** In the 12 targeted LGAs for this intervention, 6,934 persons were verbally screened out of which 585 presumptive TB cases were identified. Sputum samples were collected from 520 identified presumptive TB cases, out of which 27 new TB cases were detected. All 520 presumptive cases that submitted sputum had HCT out of which 9 were found to be HIV+.

All TB and HIV cases detected are linked to treatment, care and support services.

**PLAN INTERNATIONAL**

**Referrals:** Referrals were made to other service providers according to the children’s needs in both Adamawa and Borno. A total of 76 children were referred to other actors for Family Tracing (M2, F0), Health (M4, F2), Education/ school programme (M7, F4), Livelihood (M6, F5), Shelter (M0, F12), and Alternative care (M1, F3).

**Specialized PSS Activities:** The project reached out to nine (9) women who recently escaped from Boko Haram's bondage after more than three (3) years of abduction. The PSS services which included counselling sessions and school materials for enrolment of twenty-nine (29) children (10B and 19G) were facilitated by PSS Officer of Plan International Nigeria in Husare Dana community in Besto ward of Mubi LGA. The women were also sensitized, and were also encouraged to send their children to school, so that they can be educated to serve as good future leaders.

**GOGGOJI ZUMUNCHI DEVELOPMENT INTIATIVE (GZDI)** continues to support with DR-TB Presumptivities activities. Home visits were conducted to eleven (11) presumptive in Girei, Song and Gombi Local Government Areas. Contact tracing was done to family members of five (5) presumptive. Support group meeting conducted on 22 September 2018 at PHCC Girei B, in Girei LGA of Adamawa State. In attendance were the 11 presumptive and their Treatment Supporters (TS), a representative of the State Ministry of Health, 1 Dot Officer from Girei, 1 from Song and 1 from Gombi LGAs; 3 Local Government Supervisors (LGTBLS) Girei, Song and Gombi the CBO- GZDI BOT member and GZDI staff. Issues discussed were adherence counseling, advises from four (three male: one female) presumptive who completed their treatment and certified healed; Matters arising on the treatment of patients; difficulties in adhering and side effects to mention a few.
Nutrition updates

IRC – Adamawa
CMAM: In the 30 supported program OTP/SC clinics, the IRC were able carried out MUAC screening of 19,592 (9,786M, 9,806F) under 5 children, with 248 (123M, 125F) identified SAM cases and admitted into program. 1,243 (620M and 623F) MAM whom their caregivers received nutrition education and participated in community cooking demonstration. For the program discharges, 247(121M and 126F) were exited as cure, 6(4M and 2F) as died and 25(11M and 14F) defaulting clients. Currently, 625 (311M, 314F) SAM children are on admission receiving treatment. For SC’s program, 20 SAM complicated children were admitted with 5 cured, 15 transfer to OTP with no Death and defaulters. Overall program performance for the month were 88.8% cured rate, 2.1% death rate and 9.1% default rate.

IYCF: The activity has been carried with the support of program and community partners. The daily activity conducted in the month are the routine breastfeeding related topic and issues which include early initiation of breastfeeding, exclusive breastfeeding and important of good hygiene. As part of the people reach and benefit from the activity seasons included; 1,918 Pregnant mothers, 2,918 Lactating mothers, 807 old women, 632 young girls and 640 men beneficiaries were reach.

WHO - Nutrition:
Screening: In September 2018, 15,541 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 247 (1.4%) children had MAM and their caregivers were counseled on proper nutrition, while 78 (0.5%) 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 3 of the centres showed that a total of 20 children having SAM with medical complications were managed in September 2018. 15 (75%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.

WHO-Nutrition:
Routine Services: UNICEF provided nutrition service support in Malkohi camp and host community, Fufure 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 1,698 children 6-59 months were screened across the camps of which 1,611 were green (Normal), 82 were yellow (MAM) and 5 were red (SAM). All the 29 children identified with severe acute malnutrition were admitted into CMAM programme.

- MAM Programme
  Of the 11 discharges across the camps within the reporting period, 11 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)
  893 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 44 children 6-23 months were new enrollees in MNP program.

Integrated medical Outreach services in host communities and hard to reach settlements:
UNICEF also supported the integrated package of care provided by outreach Teams from Health facility Teams. The package of services includes MNP, IYCF counseling and MUAC screening, with CMAM at the Health facility post.

The client reach in this intervention is: **MUAC screening total – 39,766**
- Green – 38,790
- Yellow - 813
- Red - 163

**MNP – 3,972 received**

**IYCF – 14,219** Pregnant and lactating Mothers counseled/informed

Health Facility CMAM , IYCF and MNP supplementation

124 Primary Health Care Centers in the State are supported to provide nutrition interventions services. A total of 2,971 new admissions have been reported with cure rate of 93.6%, and 11,781 were reached with IYCF messages. Children received MNP (1st dose – 6,075, 2nd dose – 1,355 and 3rd dose – 960)

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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