ADAMAWA HEALTH SECTOR WORKING GROUP BULLETIN

Courtesy of AGUFIWHO; Multi-sector initial rapid need assessment of flood in affected LGAs in Adamawa State

SEPTEMBER, 2019 EDITION
HIGHLIGHTS OF ADAMAWA STATE HEALTH SECTOR HUMANITARIAN RESPONSE

- Initial Rapid Need Assessment (IRNA) report on flash flood in Adamawa State
- Scaling up Malaria advocacy and awareness
- Updates on outbreak of cholera in 4 Local Government Areas of Adamawa State
- TB REACH Wave 5 IDP Scale-up Project and Nomads for active TB case detection in 17 LGAs.
- Epidemiological updates of diseases
NGERIA HEALTH SECTOR STRATEGIC HUMANITARIAN RESPONSE OBJECTIVES

- **Objective 1**: To provide life-saving and life-sustaining humanitarian health assistance to affected IDPs, returnees and remaining population

- **Objective 2**: To establish, expand and strengthen the communicable disease surveillance, outbreak prevention, control and response

- **Objective 3**: To strengthen health sector coordination, information management and restoration of health services with an emphasis on enhancing protection and access to health care.

DISPLACEMENT TRACKING FOR IDPS IN ADAMAWA STATE

ADAMAWA STATE DISPLACEMENT MATRIX BY LGA; ROUND 27/IOM-DTM

[Graph showing IDP population by local government area]

IOM DTM ROUND 27; https://data.humdata.org/dataset/nigeria-baseline-data-iom-dtm
FUNDING REQUIREMENT FOR NIGERIA HUMANITARIAN RESPONSE 836.9 USD HRP 2019 (FTS/OCHA)

FUNDING PROJECTION FOR THE HEALTH SECTOR 2019 HUMANITARIAN RESPONSE 73,674,152 USD is required

Nigeria 2019
https://fts.unocha.org/appeals/714/summary

Funding progress by cluster 04-NOV-2019

Not specified: US$64,397,599
Multiple clusters/sectors (shared): US$57,589,185

Take me to the requirements and funding by cluster

Available at: https://fts.unocha.org/appeals/714/summary
HEALTH SECTOR PARTNERS ACTIVITIES

WHO

ICCM

In the month of September 2019, 2264 children were treated for malaria, diarrhea and Pneumonia by 123/123 CoRPs in 14 LGAs of the state. 2264 of the children were screened for malnutrition using MUAC. 157 (6.9%) of the children screened had MAM and were counseled on proper nutrition, while 9 (0.4%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR

In September 2019, 27682 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 8453 persons with minor ailments and dewormed a total of 9694 children during the month. Pregnant women were provided FANC services with 2187 of them receiving Iron folate to boost their hemoglobin concentration while 1626 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

Nutrition

Screening

In September 2019, 16300 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 244(1.5%) children had MAM and their caregivers were counseled on proper nutrition, while 57 (0.4%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers, while the SAM cases with medical complications were referred to the stabilization centers across the state for proper management.

CHOLERA OUTBREAK RESPONSE

- WHO supported donated 21 laptops to the Adamawa State Primary Healthcare Development Agency for each of the LGA DSNOs to strengthen disease surveillance
- WHO supported active case search teams visited 17, 964 households and identified and referred 12 suspected cholera cases to the cholera treatment centre.
- A total of 74 cases were reported from 1st – 30th September, 2019. Total case count as at 30th September, 2019 was 776 with 4 deaths.
- Community Health Champions supported by WHO visited 16,326 households, sensitized 28,414 persons and identified 14 suspected cholera cases

AGUF

- AGUF Participated in the multi sectorial needs assessment
- On the 6/09/2019 AGUF donated blood to Mrs Mary an IDP from Madagali who is currently staying in Nyakore jambutu who was on admission due to acute malaria and also paid her hospital bills.
- Supports for referrals; on 18/09/2019, 7 individuals in Nyakore IDPs host community were taken to specialist hospital for medical care bill settled by AGUF.
- Same 18/2019 AGUF participated in the coalition against RAPE campaign.
On the 10/09/2019 AGUF Administered vitamin A and Mebendazole to children six months to <5 years total person 237 in Hullere Jambutu ward and kasuwan katako wuro jebbe Namtari ward of Yola North and Yola South LGAs respectively.

On the 17 09/2019 we were in Damilu on SRH Campaign /SGBV 152 People were reached and on the 19th and 25th AGUF was in Bakin Kogi Gwadabawa ward Yola North LGA and Laku Mna Purokawar Guyuk LGA on cholera preparedness campaign.296 People were reached

SRH /SGBV awareness campaign in LakunaPurokayo ward Guyuk LGA

Janna Health Foundation (JHF)

JHF is implementing 3 projects in Adamawa State. These are:
- The Nomads TB REACH Wave 6 Scale up Project
- The IDP TB REACH Wave 5 Scale up Project
- The Global Fund DRTB community care project

TB REACH Wave 5 IDP Scale-up Project:
This project aims to actively detect TB (and HIV) cases from IDP Camps and Host Communities in 4 LGAs of Adamawa State which are Mubi North, Mubi South, Yola North and Yola South. The project started on 1st October 2018, however, active TB case search started in November. 15 Volunteers, 5 DOTS staff and laboratory focal persons were oriented on the project in each of the 4 LGAs.

Results from the TB REACH Wave 5 IDP Scale-up Project:
In September, 2019, 4,744 IDPs were verbally screened in camps and host communities, 445 presumptive TB cases were detected out of which 420 were tested by Xpert. A total of 31 all forms of TB cases were detected. A total of 420 presumptive TB cases had HCT out of which 2 were found to be HIV+. These patients were linked to ART site for Treatment, care and support.

All TB cases detected were enrolled on treatment in the 4 LGAs.

Nomads TB REACH Wave 6 IDP Scale-up Project:
JHF is also implementing the above project in collaboration with KNCV TB Foundation in Adamawa and Taraba States. In Adamawa State, the project covers 17 of the 21 LGAs and aims to detect TB cases from Nomadic Communities, settlements and grazing reserves in the State. 102 Volunteers and 50 DOTS Staff have been trained on the project which was officially flagged off in Adamawa State in March 11th, of 2019.
Results from the Nomads TB REACH Wave 6 IDP Scale-up Project:
In September, 2019, 20,501 persons were verbally screened across 17 LGAs of Adamawa State, 1,856 presumptive TB cases were detected out of which 1,616 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 80 All Forms of TB cases were detected and enrolled on TB treatment. Of the 1,616 presumptive TB cases detected, 1,616 had HCT out of which 4 were found to be HIV+ and were linked to ART sites for Treatment, care and support.

Community DRTB care project
JHF is implementing the Global Fund Community DR-TB Care project which is funded through the Association for Reproductive and Family Health (ARFH). This project is aimed at ensuring prompt access to high quality, patient-centered DR-TB diagnosis, treatment and follow-up services thus contributing to improved treatment outcomes and reduction in DR-TB transmission in Nigeria.
A total of DR-TB 39 patients have been line listed to be cared for in this project. JHF in partnership with other CBOs (Clear view, Dobiyan Women and Youth Initiative, Garga Foundation and Goggoji Zumunci Initiative) are currently carrying out these services across the 21 LGAs in the State.
In the reporting month, JHF embarked on series of activities which include: patients home visits, onsite supervision and monitoring, meetings with various stakeholders, training of staff on programme management within and outside the State, support to other organizations within and outside the State e.t.c

Key challenges encountered across these interventions include:
- Accessibility problems to some hard to reach areas
- Non-payment of social support funds to assist the DRTB patients
- Difficulties in transporting under 5 childhood presumptive TB cases
- Security challenges in some targeted LGAs

The following are recommendations proposed to meet the stated challenges:
- JHF will continue to advocate for the establishment of DOTS sites within (or proximal to) Nomadic Communities
- NTBLCP and other organizations to reactivate social support funds to be paid to patients
- JHF would ensure that health education is strengthened by CVs during TB screening exercises to improve on efforts by community leaders to support transportation of <5s for TB screening by Medical Officers
- JHF will continue to liaise with security agents as communities are reached with TB services

FIRST STEP
ACOMIN ACCOUNTABILITY AND ADVOCACY IN MALARIA
On the 19th of September, 2019, CAT members visited Bille community to conduct a focus group discussion with community members. During the key focus group discussion the Programme Officer welcomed the community representatives and introduced ACOMIN to them. This was done with a brief highlight on ACOMIN intervention in the nearby communities. Some of the community members responded that since the idea of ACOMIN is to enhance their knowledge on malaria and its treatment, “It is a welcome ideal because health is wealth”. The CAT members enlightened community members on ACOMIN intervention and malaria services offered within their community, as well as other health services they have been receiving at their facility.
In an interactive session the discussants, they revealed that several NGOs take advantage of their challenges for their personal gain and leave them with unfulfilled promises. In response the facilitators explained that ACOMIN’s intention is to bring malaria to zero level by monitoring the safe distribution and consumption of malaria commodities brought to them. A total Number of 12 participants were in attendance in addition to 3 CAT members making a total of 15 participants, 7 females and 8 males.

RESPONSES

They have heard about malaria and its causes through some NGOs who visited their community, during clinic awareness is done at the facility while others said they have heard it on radio where health issues are discussed and so they get updates on prevention. Concerning Long Lasting Insecticide Net, most of them said they received during it during general distributions, while mothers said at first visit on Antenatal care and secondly at New-birth.

Majority of the population responded that they normally position LLIN on their bed keep mosquitos away, while some said they position it at the entrance door to their room. Others said theirs is worn out and they cannot make use of it any longer. Regarding SMS on malaria they said is mostly received by those working at the health facility.

Action picture at FGD

![Focus Group Discussion at Bille ward](image)

**LESGO**

A total of 2,425 direct beneficiaries were reached with Inter Personal Communication (IPC) under the Rollback Malaria Intervention as supported by Society for Family Health b, LESGO continue to mainstream Mental Health & Psycho-social services as it relates to the mentioned services as well as HIV/AIDS awareness in Mubi North and Mubi South LGAs
DISEASE SURVEILLANCE AND NOTIFICATION

In Epidemiological Week 1-36, 2019, a total of 21 out of 21 LGAs (including 06 IDP camps) in Adamawa State submitted their weekly reports.

**Measles**: 1049 cases of suspected measles reported

**AFP**: 248 cases of AFP reported

**YELLOW FEVER**: 15 case of suspected YF reported
**CSM:** 30 cases of suspected CSM reported.

**LASSA FEVER:** 9 case of suspected Lassa fever reported.

**NNT:** 10 cases of suspected neonatal tetanus reported.
**WHOOPING COUGH:** 31 cases were reported

![Total Whooping Cough Cases by Weeks](chart)

**MONKEY POX:** 6 suspected cases were reported

![Total Monkey Pox Cases by Weeks](chart)

**CHOLERA:** 305 suspected cases were recorded

![Total Cholera Cases by Weeks](chart)
HEALTH SECTOR COORDINATION

- **Outbreak Response of cholera in 4 Local Government Areas of Adamawa State as of September, 2019**

The total number of cases reported as at 29th September, 2019 stands at 780 with 4 deaths (CFR=0.51%), Yola North has 476 cases with 2 deaths (CFR= 0.42%); Girei has 193 cases with 1 death (CFR= 0.52 %), Yola South has 110 cases with 1 death (CFR= 0.91 %) and Song has 1 case with 0 death (CFR= 0 %). So far, 189 samples yielded growth suggestive of *Vibrio cholerae* on culture and results of 14 isolates from the reference laboratory revealed 01 serotype.

WHO ACS teams visited 136 households in 26 wards in Yola North, Yola South and Girei. Since from the onset of the outbreak the WHO ACS teams have visited 62,361 households in 26 wards in Yola North, Yola South and Girei and reported 222 suspected cases of cholera. TV and Radio programmes and jingles on cholera prevention messages supported by Unicef is still on-going. WHO supported community Health Champions visited 359 households and sensitized 1131 people. Since the beginning of the outbreak, WHO supported Community Health Champions have visited a total of 54,203 households, sensitized 99,216 people and identified 127 suspected cases.

- **Major Findings of the Multi-Sector Initial Rapid Need Assessment of flood affected LGAs in Adamawa State**
  - Out of the 8 communities visited in 4 LGAs affected by the floods, 2 health facilities were fully functional while one was partially damaged in Bomgel, Shelleng LGA. The other communities have no health facilities in site.
  - CMAM program is available in 2 of the health facilities visited although while the partially damaged health facility has no basic nutritional screening and counseling services.
  - Common medical ailments in the functional health facilities were Malaria 55%, Diarrhea 22%, Acute Respiratory infection 18%, injuries and others 5%
  - All services rendered, especially consumables and laboratory services were paid for by out of pocket expenditure.
  - In the 2 functional health facilities visited, basic drugs available were said to last for less than one month. These available drugs were mostly of single class and not having dosages for the different age groups.
  - Mental health services are grossly insufficient and not structured in any way to address the needs of the communities.
Priorities for immediate humanitarian response:

- Provide essential supplies, treatment drugs, dignity kits, STI drugs Kit and Rape Kits.
- Deployment of hard to reach mobile teams.
- Train and deploy community based PSS and PFA workers as volunteers especially in Bachure and Modire communities of Yola North and South
- Setting up of basic CMAM services in health facilities with linkages

Long-term needs:

- Capacity building of health officers
- Renovation and equipping of destroyed health facilities
- Training health personnel and supply of commodities for mental health services within facilities and by mobile teams.
- Consideration of Cash Intervention for medical services

The map below is a graphical presentation of the presence of partners by LGA and the frequency of reporting the 5Ws for the month of September, 2019.
IMPORTANT HUMANITARIAN RESPONSE LINKS SITES

- **DTM NIGERIA;** [https://www.globaldtm.info/nigeria/](https://www.globaldtm.info/nigeria/)
- **NIGERIA/OCHA CERF;** [https://www.unocha.org/cerf/category/country/africa/nigeria](https://www.unocha.org/cerf/category/country/africa/nigeria)
- **PRIME WHO;** [https://primewho.org/marketplace/map](https://primewho.org/marketplace/map)
- **Adamawa State Ministry of Health;** [http://adsmoh.org.ng/](http://adsmoh.org.ng/)
- **Relief Web;** [https://reliefweb.int/country/nga](https://reliefweb.int/country/nga)
- **Development Initiative;** [http://devinit.org/themes/humanitarian/#](http://devinit.org/themes/humanitarian/#)
- **Humanitarian Response;** [https://www.humanitarianresponse.info/](https://www.humanitarianresponse.info/)
- **Nigeria/Humanitarian Response ;** [http://reliefweb.int/country/nga](http://reliefweb.int/country/nga)
- **PCNI;** [https://pcni.gov.ng/](https://pcni.gov.ng/)
ADAMAWA HEALTH SECTOR WORKING GROUP PARTNERS

- **GOVERNMENT:** ADSMOH, FMOH, ADPHCDA, PCNI, NEMA, ADSEMA, SMS, ADSPC, MOENV, ADEDP, SSH, FM CY, ADHIS, LMCU

- **LOCAL NGOs:** Nigeria Red Cross (NRCS), Centre For Women and Adolescents Empowerment (CWAE), Global Palliative Care, Education, & Development Initiative (GPCEDI), Action Health Incorporated (AHI), First Step Action For Children Initiative, Life Saving Grassroots Outreach (LESGO), Agaji Global Unity Foundation (AGUF), Women Orphans and Vulnerable International (WON), Centre for Health & Development In Africa (CHEDA), Vatidava Foundation (VAF), Centre For Islamic Thought (CIT), Against All Odds Foundation (AGAOF), Destitute Children In Education and Health Initiative (DCEHI), Hope and Rural Aid Foundation (HARAF), Child Protection and Peer Learning Initiative (CPPLI), Janna Health Foundation (JHF), Grace and Hope Youth Emancipation (GHYF), DOBIYAN, Binta Mercy Foundation (BMF), KAPDA, PARE, NEPWAN, ROHI, CFI, WHEAHI, Bege House Foundation (BHF), Spring of Hope, Heed the Child Initiative (HCI), Big Family Foundation (BFF), SWNI, Ngwasama Foundation

- **UN/INGO:** WHO, UNICEF, UNFPA, IOM, PLAN, IRC, ICRC, IFRC, FHI360, SFH, DRC, ADRA,

---

**CONTACT PERSONS**

**MR. KENEDY BARTIMAUS**  
PERMANENT SECRETARY  
ADAMAWA STATE MINISTRY OF HEALTH  
Email: dbartimaus@gmail.com  
MOBILE: +23408034481176

**DR. OWILI COLLINS**  
EMERGENCY MANAGER  
WHO-WHE/NE NIGERIA  
Email: owilic@who.int  
MOBILE: +23409079525794

**MR. SHAFIQ MOHAMMED**  
HEALTH SECTOR COORDINATOR  
ADAMAWA STATE  
Email: shafiqm@who.int  
MOBILE: +23407031781777

**DR. ADIEL ADAMU APAGU**  
HEALTH SECTOR COORDINATOR  
ADAMAWA STATE  
Email: adamua@who.int  
MOBILE: +23408066828347