ADAMAWA HEALTH SECTOR WORKING GROUP BULLETIN FOR MARCH, 2019

HOGHVIPAD free distribution of ACTs in IDP camps and host communities in collaboration with SMOH Yola
HIGHLIGHTS OF ADAMAWA STATE HEALTH SECTOR HUMANITARIAN RESPONSE

- Capacity building on BMONC for health workers
- Updates at the MOFCOM level
- Epidemiological updates of diseases
- Free ACT distribution in camps and host communities
- Commencement of prepositioning of commodities for cholera response
- Training and re-training of DSNOs with emphasis on epidemic prone diseases by WHO
**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 26/ION-DTM**

FUNDING OVERVIEW FOR THE HUMANITARIAN RESPONSE IN NIGERIA

- 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

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<tr>
<th>Cluster</th>
<th>Funding Progress</th>
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<tr>
<td>Camp Coordination and Camp Management</td>
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<tr>
<td>Coordination and Support Services</td>
<td>30%</td>
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<td>Early Recovery and Livelihoods</td>
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<td>Water and Sanitation</td>
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Not specified: US$16,720,878

[Take me to the requirements and funding by cluster](https://fts.unocha.org/appeals/714/summary)
HEALTH SECTOR PARTNERS ACTIVITIES

WHO

Outbreak Preparedness Activities
- WHO supported the training of 33 clinicians in General Hospital Mubi to build capacity for early detection, sample collection and referral of suspected Lassa Fever patients
- 21 DSNOs trained on use of cholera rapid test kits. Each LGA was given 2 packs of the rapid test Kits that can test 20 stool samples.
- 40 Cary Blair culture media were given to each LGA to help in collection and transportation of suspected cholera samples for culture.

Outbreak Investigation
Suspected measles outbreaks reported and investigated in Ganye, Hong, Song and Yola North LGAs. 84 measles cases reported in March 2019 bringing the total number of suspected measles cases to 273

Lassa Fever Outbreak Response
WHO trained 20 staff of FMC and SMOH on Lassa Fever case management in FMC Jalingo and supported the transportation and conduct of safe and dignified burial of confirmed case of Lassa Fever.

WHO Health Operations in Adamawa State

Highlights
March 2019 quarterly review meeting of HTR teams was held. Participants were trained on Meningitis surveillance. Reports were received and challenges and recommendations were discussed.

ICCM
In the month of March 2019, 3,721 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 2,816 of the children were screened for malnutrition using MUAC. 200 (7.1%) of the children screened had MAM and were counseled on proper nutrition, while 11 (0.4%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR
In March 2019, 25,731 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 8,137 persons with minor ailments and dewormed a total of 4,926 children during the month. Pregnant women were provided FANC services with 2,580 of them receiving Iron folate to boost their hemoglobin concentration while 1115 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

Nutrition
Screening
In March 2019, 16,258 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 182 (1.1%) children had MAM and their caregivers were counseled on proper nutrition, while 76 (0.5%) 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.
Janna Health Foundation (JHF)

JHF is implementing 3 projects in Adamawa State. These are:

- The STOP TB Partnership’s Challenge Facility for Civil Society (CFCS) Round 8 project
- The Nomads TB REACH Wave 6 Scale up Project
- The IDP Wave 5 Scale up Project

CFCS R 8 Project:

JHF’s STOP TB Partnership’s Challenge Facility for Civil Society (CFCS) Round 8 project in Nigeria is in its 10th month of implementation. The project started in June 2018 and is being implemented in 12 of the 21 LGAs (Northern and Central Senatorial Zones) of Adamawa State. The CFCS R8 intervention focuses on Nomadic schools and their host communities with emphasis on the detection of childhood TB cases. Through strategic advocacy, JHF was able to secure the support from some of the host LGAs who have been providing diagnostic kits for malaria, anti-malarial drugs, multi-vitamins and anti-helminthic drugs. JHF’s collaboration with the State Agency for Control of AIDS led to sustained supply of HIV Rapid Test Kits for use in the target population across the 12 LGAs.

All CFCS R8 activities planned in the month under review were successfully implemented. These activities include:

- Active screening for TB and HIV in the nomadic schools and Host Communities
- Active transportation of presumptive TB Case sputum samples and retrieval of results to the presumptive TB cases
- Transportation of children under 5 years to the facilities where childhood TB cases can be diagnosed by trained Medical Officers
- Active linkage of diagnosed TB & HIV cases to identified TB/HIV service delivery points for treatment, care and support
- Awareness creation among target population on TB, HIV, Cholera and Malaria
- Community outreach targeting school children and their immediate Host Communities.

These activities were implemented by trained Community Volunteers under the supervision of JHF, the State TB programme Team and the State Project Team headed by the Agency for HIV/AIDS Control.

CFCS R 8 Project Results:

In March 2019, 15 Nomadic Schools and 20 Nomadic Communities were screened by the project. A total of 6,100 persons were verbally screened for TB/HIV, 479 presumptive TB cases were identified including 36 under 5 presumptive childhood TB cases. Of all presumptive TB cases identified, sputum samples were collected from 423, out of which 17 all forms of TB cases were detected including 12 Bac+ and 5 under 5 Childhood TB cases. Of all presumptive TB cases detected, 423 had HCT out of which 1 was found to be HIV+ and was referred to treatment, care and support.

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 March 2019, 4,456 IDPs were verbally screened in camps and host communities, 496 presumptive TB cases were detected out of which 439 were tested by Xpert. A total of 39 all forms of TB cases were detected. A total of 439 presumptive TB cases had HCT out of which none were found to be HIV+. 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 will be officially flagged off in Adamawa State this March 11th, of 2019.

Results from the Nomads TB REACH Wave 6 IDP Scale-up Project:

In March 2019, 15,997 persons were verbally screened across 17 LGAs of Adamawa State, 1,493 presumptive TB cases were detected out of which 1,320 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 93 All Forms of TB cases were detected. 93 TB cases detected were enrolled on treatment at the nearest DOTS centres. Of the 1,493 presumptive TB cases detected, 1,320 had HCT out of which 2 were found to be HIV+. These were linked to ART sites for Treatment, care and support.

Key challenges encountered across these interventions include:

- Accessibility problems to some hard to reach areas
- Difficulties in transporting childhood presumptive TB cases
- Security challenges in some targeted LGAs (especially Madagali and Michika)

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 and schools
- 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

GOGGOJI ZUMUNCHI DEVELOPMENT INITIATION

Sensitization on Menstrual Hygiene

Women and adolescent girls were sensitized on Menstruation and Menstrual hygiene through interactive sessions in Vimtim and Betso communities - Mubi North LGA and Lamurde community - Mubi South LGA. Discussions held were on how to deal with menstrual challenges such as to be clean and healthy during menstrual period. During interactive session, some girls were able to voice out how their parents talk to them about menstrual hygiene while some parents do not. The girls mentioned their challenges of menstrual period to include use of folded cloth pieces, high cost of sanitary pads and limited access to have such, availability of
water for washing and frequent washing of the cloth and detergent. 226 girls were reached in the mentioned locations of Vimtim, Betso and Lamorde.

**HORN OF HOPE VISION FOR PEACE AND COMMUNITY DEVELOPMENT OF NIGERIA (HOGHVIPAD)**

HOGHVIPAD Yola Adamawa State, gave humanitarian support of ACT to 4,400 Displaced children and their caregivers in Six IDP camps (Malkohi Camp, fufore Camp, Numan Camp, Damare Camp, Dawere Camp and St. Theresa Camp) between 18/03/2019 to 20/03/2019. Funding support came from JLM Foundation and Zagaya USA.

Advocacy visits were made to the Perm-Secretary, Ministry of Health, Mr. Kennedy Stephen. The Ministry of Health supported the intervention by providing their logistics vehicle for the ACTs distribution.

Sensitization on health related issues was conducted in some communities of Mubi North, Mubi South and Michika Local Government Areas. The main purpose is to create and increase awareness on how to prevent some diseases that are notifiable, considering the hot weather approaching, air borne diseases are likely to strike such as Measles, Lassa fever and Cholera. 319 individuals were reached.

**IRC**

**IRC NUTRITION**

**CMAM Activity**

IRC routine Nutrition activity in the CMAM program site was a success across all four supported LGA despite the security challenge in some location of Adamawa state. Within the reporting month of March. Anthropometric screening was conducted for under-five children with a total of 21,212 (10,602M, 10,610F) whom were reached. Among which 250(120M, 130F) were identified SAM cases and 1,007 (502M and 505F) as MAM. Routine nutrition education was provided to the MAM caregivers and they also participated in community feeding sensitization sessions. SAM beneficiary exit was carried out with a total of 182 (89M and 93F) children discharged from the program. 177 (88M and 89F) among them were exited as cured, 4 (1M and 3F) defaulting clients and 1 (F) death recorded. At the program clinics, a total of 756 (471 M, 485F) SAM children are on admission and receiving treatment. In the Stabilization centers, 18 New SAM with medical complication were admitted. For exit, 3 were discharged as cured, 0 death and 13 transfer to various OTPS after been stabilized for rehabilitation. performance for the month in the total clinic where 97.3% cured rate, 0.5% death rate and 2.2% default rate.

**IYCF Activity**

For the IYCF sensitization; community awareness raising sessions were conducted to community members with emphasis on breastfeeding related topics which include early initiation of breast Milk, good hygiene
practices, and benefit of exclusive breastfeeding to both the mother and child as well as complementary feeding practices. In total 4,280 community members benefited from the activity with 1,005 pregnant mothers, 1,612 lactating mothers, 773 old women, 317 young girls and 573 men reached. 58 Mothers identified with breastfeeding difficulties, they were counselled in their respective communities.

IRC-HEALTH

- A total of 30 health workers were trained. The targeted health workers were from 5 IRC supported health facilities of Girea A PHCC, Gurin PHCC, Gambo Jimeta PHCC, Jambutu PHCC & Wuro Jabbe PHCC on IPC 10 (M 4, F 6), BemoNC 10 (M 0, F 10) and CCSAS 10 (M 3, F 7)

- The Integrated Supportive Supervision (ISS) was conducted across 5 health facilities of Girei A PHCC, Gurin PHCC, Gambo Jimeta PHCC, Jambutu PHCC & Wuro Jabbe PHCC in collaboration with the State Primary Health Care Development Agency and State Ministry of Health.

IRC

- The IRC donated 750 clean delivery kits (which include cord clamp, surgical gloves, pad etc.) & 250 mama kits (Set of sweater & showels, pampas, baby soap, bags etc) to IRC supported health facility of intervention to encourage women attend ANC and deliveries at the health facility.

- Distribution of diaries to community stakeholders & partners in areas of interventions.

- The IRC conducted routine mentoring and supervision of health workers, Community Health Volunteers (CHVs) and Mother to Mother Support Group (MtMSG) on health activities across the communities of intervention.

AGUF

Agaji Global Unity Foundation, were in Mbororoh and Tsukuma Tilijo in Michika LGA on the 18/03/2019 and 20/03/2019 respectively. AGUF conducted sensitization on the danger of acute viral hemorrhagic illness caused by Lassa virus which is transmitted to human through contact with food or items contaminated with (rats) rodent’s excreta. So the need for women to maintain good hygiene habit to keep rodents away from homes, 89 and 63 women were reached respectively.
DISEASE SURVEILLANCE AND NOTIFICATION

In Epidemiological Week 1-12, 2019, a total of 21 out of 21 LGAs (including 06 IDP camps) submitted their weekly reports.

**Measles**: 230 cases of suspected measles reported

**AFP**: 77 cases of AFP reported

**YELLOW FEVER**: 5 case of suspected YF reported

**CSM**: 26 cases of suspected CSM reported

**LASSA FEVER**: 7 case of suspected Lassa fever reported

**NNT**: 5 cases of suspected neonatal tetanus reported

**WHOOPING COUGH**: 31 cases were reported

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

**CHOLERA**: no suspected case was recorded

HEALTH SECTOR COORDINATION

OVERVIEW OF HUMANITARIAN RESPONSE AT THE MOFCOM LEVEL

**HEALTH**
- WHO will be organizing a training to build capacity on Information Management.
- UNOCHA will coordinate with the focal person to get update
- Referral still remains a huge constraint
- Hepatitis B is getting rampart mostly in Gulak and Michika.

**WASH**
- Routine activities ongoing
- There is need to revamp the sector
- No cholera outbreak so far, contingency plans are in place for any outbreak in any of the intervention sites
- Gaps identified was the need to for rehabilitation of WASH facilities

**PROTECTION**
- UNHCR are open to referrals for SGBV Cases that requires legal support and call on all implementing partner to make referrals when the need arises
- There is problem of coordination in the sector

**LIVELIHOOD**
- UNHCR has engaged the services of a partner Caritas Nigeria to implement livelihood projects in Yola axis, Mubi north and south, Michika and Madagali LGAs of Adamawa state.
- A total of 5,268 beneficiaries have been shortlisted to benefit from the project
- The livelihood activities to be carried out are; farming, agricultural inputs, petty trading, livestock farming, cash grants, tailoring and financial literacy

Distribution of the locations for the livelihood project are
- **Madagali** – Madagali township, pallam, Gulak (Bakin dutse and jalingo) and S.S Vapura (Jilang and Sukur/Kui)
- **Michika** – Margi Bazza (Ndaba and Nkonkorri), Sukamu/Tillijo, Sina/Kalame/Kwande and Michika (Lughu and Yaskulal)
- **Mubi North** – Kolere, Lokwuwa, Yelwa (Wuro Jibir), and Sabon layi (Wuro Bulude)
- **Mubi South** – Lamorde, Gude/ Gidan madara and Hostels
- **Yola south** – Sangere, Dutse, sabon gari, Chambaji, Modire and Rumde Shamaki.

**SEMA**

- Distribution of 100 bags of masavita(25kg) and 6 belts of used cloths in Daware, Mamare and Malkohi settlements
- 40 bags of masavita(25kg) and 5 belts of uses clothes were distributed in Sangere Bode
- Drugs are ready for Mubi transit camp any moment from now

*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 March, 2019.*
IMPORTANT HUMANITARIAN RESPONSE LINKS SITES

- DTM NIGERIA; https://www.globaldtm.info/nigeria/
- NIGERIA/OCHA CERF; https://www.unocha.org/cerf/category/country/africa/nigeria
- PRIME WHO; https://primewho.org/marketplace/map
- HDN NIGERIA; http://earlyrecovery.global/case-studies/humanitarian-development-nexus-implementation-nigeria
- Adamawa State Ministry of Health; http://adsmoh.org.ng/
- Relief Web; https://reliefweb.int/country/nga
- Development Initiative; http://devinit.org/themes/humanitarian/#
- WHO | Nigeria crisis; http://www.who.int/emergencies/nigeria/en/
- Humanitarian Response; https://www.humanitarianresponse.info/
- NHF CONTACTS (OCHA); http://www.unocha.org/country/nigeria/nigeria-humanitarian-fund/contacts
- Nigeria/Humanitarian Response; http://reliefweb.int/country/nga
- PCNI; https://pcni.gov.ng/
- NEMA; http://nema.gov.ng/
HEALTH SECTOR PARTNERS

- **GOVERNMENT:** ADSMOH, FMOH, ADPHCDA, PCNI, NEMA, ADSEMA, SMS, ADSPC, MOENV, ADEDP, SSH, FMcy, 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, WHEAH, Bege House Foundation (BHF), Spring of Hope, Heed the Child Initiative (HCI)

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

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