WHO: Cholera outbreak EOC, chlorination and house to house active case search and hygiene promotion in the ongoing cholera outbreak response

HIGHLIGHTS (MAY 2018) OF ADAMAWA STATE HEALTH SECTOR HUMANITARIAN RESPONSE

- Ongoing Cholera outbreak in Mubi North and Mubi South LGA of Adamawa State
- NHF capacity building for local NGOs by OCHA
- Joint supervision and monitoring visit to NYSC host community in Girei LGA and Malkohi host community in Yola South LGAs
- Updates on the Operational Health Sector Working Group meeting (OHSWG) and MOFCOM Meeting in Mubi North LGA
- Epidemiological updates of diseases
- Multi-sector assessment Survey of the 3 Northern States affected by insurgency by REACH International with support from OCHA in preparation for 2019 HRP
- Novel eIDSR pilot implementation in 5 LGAs in Adamawa State
- Capacity building by IMMAP/OCHA on information management
- Ongoing JOHESU industrial action and impact on humanitarian response
Objective 1: To provide life-saving and life-sustaining humanitarian health assistance to affected IDPs and host community population.

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

Objective 3: To strengthen health sector coordination, health information management and health system restoration leading to improved service delivery with focus on enhancing protection and increased access to health care.

Available at: https://fts.unocha.org/appeals/642/summary
HEALTH SECTOR PARTNERS ACTIVITIES

IRC

IRC-CMAM update
IRC continue with the routine CMAM program in the 4 supported LGAs of Adamawa state. In the 27 supported program clinics, IRC was able to carry out its nutrition activities to beneficiaries as indicated below;

Anthropometric screening; out of 3,288 (1,668M and 1,620F) under 5 children, 40 (16M and 24F) were identified as SAM cases and admitted into OTP. 245(123M and 122F) were identified as MAM whom their caregivers received nutrition education and participated in community cooking demonstration. For the program exit, 34(16M and 18F) exited as cured, 0 died and 4(3M and 1F) defaulted from the program within the month. Currently there are 489(219M and 270F) SAM children on the CMAM program are receiving treatment. Overall program performance for the month was 89.5 % cured rate, 0% death rate and 10.5% default rate.

IRC- IYCF Update
Within the month of May, the IRC has carried out infant and young child feeding sensitization and awareness seasons with the support of CVs and members of MTMSG. Topics covered during the sensitization sessions were: breastfeeding related issues, good personnel and environmental hygiene practice. Beneficiaries reached were 290 pregnant mothers, 462 Lactating mothers, 114 old women, 128 young girls and 132 men.

IRC; Sensitization of mothers on IYCF

WHO

Surveillance activities from 1st – 31st May, 2018
Lassa fever outbreak Response; One probable case and one confirmed case of Lassa fever recorded in the State with 15 contacts monitored for 21 days and discharged.

Cholera Outbreak Response
W.H.O. supported the SMOH to confirm the cholera outbreak in Mubi North and Mubi South LGA and also provided data management, developing and sharing daily situation reports with all stakeholders.

Capacity Building
- 100 cleaners of FMC Yola were trained on infection, prevention and control
- Identified, trained and engaged 40 persons for tracing contacts of Lassa fever patients
• Identified and trained 8 burial team members
• Identified, trained and engaged 40 persons to conduct active case search in Mubi North and Mubi South

**WHO Health Operations in Adamawa State May 2018**

**Highlights**

• WHO provides technical and operational support in response to the Cholera Outbreak in Mubi, Adamawa state. Some of WHO’s response includes redeployment of 2 H2R teams to the General Hospital Mubi (Cholera Treatment Centre) as first responders, engagement of 23 ad hoc personnel to bridge the human resource gap due to JOHESU strike. Furthermore, the delivery of 3,000litre of Ringer’s lactate infusions, 500 IV cannula and IV giving set, Doxycycline tablets, ORS and infection prevention and control materials to enhance proper management of cases in the CTC.

![WHO staff presenting IV infusion, antibiotics, ORS and Infection Prevention and Control materials to PMD General Hospital, Mubi](image1)

• WHO conducted Cholera case management training to 41 Health professionals working in the CTC and General Hospital Mubi. The training focused on Cholera surveillance, Case management, Infection prevention and control and the roles of health workers in preventing nosocomial infection. Prevention and social mobilization as part of the strategy to interrupt transmission was also presented.

![WHO conducted Cholera case management training for 41 staff in the CTC and GH Mubi, among them were 23 ad hoc staff engaged by WHO](image2)
• The May 2018 Corps supervisors review meeting was done. Highlights of the meeting includes; the introduction of the newly engaged Corps supervisors and assigning of Corp supervisors to Corps across the 14 LGAs of the ICCM operations, Sensitization of Corps supervisors on cholera surveillance, case management and preventions. Analysis of the Corps data was presented and supervisors were assessed on their performance, while supplies and commodities were distributed.

ICCM
In the month of April 2018, 1,439 children were treated for malaria, diarrhea and Pneumonia by 57 CoRPs in 9 LGAs of the state. 976 of the children were screened for malnutrition using MUAC and 6 (0.6%) of them with SAM demonstrated by Red on MUAC and were referred to OTP sites for proper management.

HTR
In May 2018, 31,916 clients were seen by the WHO supported 20 H2R teams in 20 LGAs of Adamawa state. A total of 9,868 children were dewormed by the teams during the month. Pregnant women were provided FANC services. 2,525 of them received Iron folate to boost their hemoglobin concentration while 906 received Sulphadoxine Pyrimethamine as IPTp for prevention of malaria in Pregnancy.

Nutrition Screening
In May 2018, 23,229 children were screened for Malnutrition using MUAC by WHO supported H2R teams. Of this number, 253 (1.1%) children had MAM and their caregivers were counseled on adequate nutrition, while 61 (0.3%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers across state for proper management.

Stabilization Care
The 3 WHO Supported stabilization centers in the state managed a total of 26 children having SAM with medical complications in April 2018. 23 (88.5%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.

![WHO H2R team going the extra mile to provide basic health services to residents in Filingo settlement in Jada LGA of Adamawa state](image)
**UNICEF**

**NUTRITION SECTOR**

**IDP Camps**

**Routine Services**

Within the reporting period, UNICEF nutrition provided support in Malkohi camp and host community, Fufure camp, St Theresa’s camp, Mubi transit camp and Daware host community. Routine services conducted at IDP camps and host community PHCs in the reporting month include MUAC screening, CMAM, IYCF and MNP.

- **MUAC Screening:** Within the reporting period, a total of 1374 children 6-59 months were screened across the camps of which 1107 were green (Normal), 170 were yellow (MAM) and 97 were red (SAM). All the 97 children identified with severe acute malnutrition were admitted into CMAM programme.

- **CMAM Programme:** Of the 17 discharges across the camps within the reporting period, 10 children were cured, 0 deaths, 0 defaulter and 7 non-recovered. Therefore, cured rate was 59%, defaulter’s rate was 0%, death rate was 0% and non-recovery rate was 41%.

- **Infant and Young Child Feeding (IYCF):** within the reporting period, 759 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 141 children 6-23 months were enrolled in MNP program.

**Integrated Outreach and Health facility post**

UNICEF also supported the integrated package of care provided by outreach Teams from Health facility Teams and other Hard to reach Teams attached to Health facilities. 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 – 16,305
  - Green – 16,000
  - Yellow - 266
  - Red - 39

- MNP – 1st - 1314, 2nd – 342, 3rd – 134 received (Outreach Teams data only)

- IYCF – 29,744 Pregnant and lactating Mothers counseled/informed

- CMAM new admissions – 2877 and cured – 2,344

*Cross section of care givers accessing nutrition services for their children at CMAM Health facility site and outreach services in Mubi south*
HEALTH SECTOR

Service delivery

- A total of 82,043 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.
- A total of 17,998 consultations were reported
- A total of 64,045 prevention services were recorded, out of which were
  - 1,251 children 6months-15 years vaccinated against measles;
  - 27,660 children and pregnant women were reached with various other antigens;
  - Vitamin A supplementation – 15,450
  - Albendazole tablets for deworming – 13,996
  - ANC visits – 5,532, out of which 10 women received 1 LLIN each during ANC
  - 71 deliveries BY SBA
  - 85 postnatal visits

33 (13 households) Internally Displaced Persons (IDPs) from Jaje Village, Gwoza LGA of Borno State newly admitted to Mubi South Transit Camp (Burnt Bricks) – including 11 (3 males & 8 females) U5 children, 2 pregnant women & 4 lactating mothers. UNICEF supported delivery of integrated health services 24/7 at the camp with provision of logistics to the camp health workers and , 1 carton of NHK 1/2, 1 carton of NHK 2/2, 20 co-packs Zn/ORS, and other drug items like albendazole, Nystantin & Miconazol.

Coordination meetings

- Along this line UNICEF also supported and participated at the inaugural meeting of Operational Health Sector Working Group (OHSWG) in Mubi North which brought together Humanitarian actors to discuss coordination of humanitarian health and nutrition intervention support. Actors agreed to improve linkage with the State working group.
- UNICEF Participated along with other Partners at the discussions and field visit of Maiduguri OISWG Team to Adamawa. The visit noted the need for capacity building for partners and improving coordination of humanitarian support

Monitoring and supervision

- UNICEF supported monitoring, supervision and social mobilization activities for April 18 SIPDs implementation in the State. A total of 1,089,573 eligible Children were vaccinated.
UNICEF has continued to support Clinical mentorship activities at selected 1 PHC / Ward in the State to provide on the job training and improved quality of care for MNCHN

![Clinical Mentors supporting the coupling of Neonatal resuscitator and demonstrating its use to the Health worker Boshikiri PHC, Guyuk LGA](image)

**iCCM CORPS Activities**

iCCM CORPS have continued to provide support in community management of Malaria, Diarrhea and cough in hard to reach and host communities in 21 LGAs of the State. 2,700 CORPS are being supported by UNICEF with commodities, monitored and supervised to provide these services. In March the ICCM CORPS attended to 12,604

![ICCM CORP in Mbraziwe settlement, Moda Dlaka ward, Michika LGA explaining how she works to the Consultant during Supervision](image)

**Supplies**

- UNICEF is supporting the branding and distribution of hospital equipment supplied to the PHCs (1/PHC/ward) for improved quality service delivery and as part of support to the state in implementing the PHCUOR.

![Supplies](image)

- Drugs and other consumables for delivery of integrated PHC service at community through ICCM CORPS/Medical outreach activities and Health facility services were supported by UNICEF in 33 (Nigeria Health Kits) NHKs
AGUF

AGUF was in Dalehi Lugdira wumdutudi ward MaihaLGA on sensitization visit where we were able to mobilized and talk with mothers and young women on personal environmental hygiene and also on SGBV. There was a case of rape; a military raped a minor 13year on 15/05 /2018 which we attended to and linked up with relevant bodies. A total of 38 women and 9 young girls were reached. One case of suspected Cholera was referred to the General hospital Mubi.

On 31/05/2018 we were in Lamorde PHC, where we conducted health talk to breast feeding and pregnant women on the effect of Cholera and the importance of personal and environmental hygiene on averting transmission. A total of 52 women were reached. There was also one case of measles which we reported to WHO. In Mubi 1 primary school 40 young girls were sensitized.

PLAN INTERNATIONAL

In the month of May Plan international through different projects carried out activities such as PSS, training, identification of UASC, Health education, community sensitization and awareness creation in different LGA of the state.

Women and girls who attended Safe space activities and were administered Psychosocial activities which include, counseling (both individual and group), singing, dancing energizer, games and awareness on
personal hygiene, importance of girl child education and positive parenting were a total of 1,818, 1499 women and 319 girls.

• MASS AWARENESS was conducted in Jiddel community on the topic ‘GBV issues in the community and the way out’ with a total number of 146 women and girls in attendance (115 women and 31 girls).

• 100 Community stakeholders, 27 women, 73 men were trained within the month on GBV principles and core concepts, roles of community stakeholders in handling and referring GBV issues, GBV myths, psychological first aid, and Psychosocial support etc.

IFRC

ACHIEVEMENT MADE BY THE NRCS IN COLLABORATION WITH IFRC IN MAY 2018

• Mother support group activities in Gombi and Hong LGAs
The health team from Yola office visited 3 mother support groups in Gombi and Hong LGAs to appreciate the work they are doing and to give technical support were necessary.

Wuro Bokki community mother support group in Hong LGA and Pirkasa mother support group in Gombi LGA discussing with mothers on how to care for their underfive children

• Meeting with volunteer supervisors from Gombi and Hong LGA
Volunteer supervisor’s meeting was conducted at the NRCS branch office Yola in which volunteers from Garaha, Kuva Gaya, Kwarhi, Daksiri and Pella in Hong LGA and from Guyaku and Dzangula in Gombi LGA attended the meeting. The meeting discussed the activities of volunteers at community level and
challenges they are facing. The volunteers were reminded of their roles and responsibility as supervisors of community volunteer’s volunteers.

- **Orientation of Drama Groups from Gombi and Hong LGAs**

The NRCS in collaboration with IFRC are planning to have an awareness campaigns in 2 LGAs through the drama groups, therefore 2 drama groups were invited and oriented at the NRCS branch office on the importance of bringing out the key messages during drama presentation in the community. The Primary Health Care (PHCDA) Health Education Officer attended the orientation session and provided technical support to the two groups. The drama groups came from Gombi and Hong LGA.

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**Janna Health Foundation (JHF)**

JHF is implementing a 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 will come to an end on 30th June 2018.

The intervention targets Internally Displaced Persons (IDP) camps and Host Communities with Active TB and HIV Case Finding, linkage to treatment, care and support. This intervention is being implemented in 4 LGAs of Adamawa State namely Yola North, Yola South, Fufore and Mubi South. All activities planned in the month under review were successfully implemented among the target population. These activities include:

- Active screening for HIV and TB in the IDP Camps and Host Communities
• Active transportation of presumptive TB Case sputum samples and retrieval of results to the presumptive TB cases
• Active linkage of HIV positive and diagnosed TB cases to identified HIV/TB service delivery points for treatment, care and support
• Awareness creation among target population on HIV and TB
• Community outreach targeting IDP Host Communities.

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

Results:
In the 4 targeted LGAs for this intervention, 756 presumptive TB cases were identified in the month, sputum samples collected was 583, out of which 45 new TB cases were detected. All 583 presumptive cases that submitted sputum had HCT out of which 10 were found to be HIV+.
All TB and HIV cases detected are linked to treatment, care and support services.

Key challenges encountered include:

• Industrial action embarked upon by JOHESU
• Difficulties in managing childhood presumptive TB cases

The following are recommendations proposed to meet the stated challenges:

• Adamawa SACA to build the capacity of CVs on HCT in collaboration with NEPWHA
• JHF to liaise with other organizations involved in transporting children to Health Facilities

We look forward to more fruitful work in the month of May

CPPLI

Activity update
CPPLI in partnership with Plan International Nigeria is working in 5 LGAs (Hong, Mubi North, Madagali, Michika and Askira Uba in Borno state. CPPLI is implementing in 10 communities across the stated LGAs out of which 3 are static units while 7 are mobile units (static units: Bahuli in Mubi north, Warambugge in Michika and Sabon gari in Askira Uba) while (mobile unit: Vi bokka, and Futu in Michika, Hildi and Garaha in Hong, Shuwa and Gulak in Madagali and Tampul in Askira Uba-Borno state).
**Nutrition update:** Nurses and nutritionist of the mobile units working at the hard to reach communities were able to carry out mass MUAC screening to rule out malnutrition in all the 7 mobile communities of intervention, targeting children, pregnant women and lactating mothers.

**Sensitization and Health Talk at Shuwa, Vi and Garaha communities**

- Sensitization was carried out at Tampul community on exclusive breastfeeding and hygiene promotion, targeting breastfeeding mothers and adolescent girls, **62** participants were in attendance.

- Health talk on the outbreak of cholera disease was done at Vi, Shuwa, and Garaha communities.

- Sensitization on the important of hygiene, prevention of cholera disease and to report to the nearest health facility if any warning sign are observed. Target beneficiaries are lactating mothers, adolescents’ boys/girls and pregnant women and **50** participants were reached.

- Sensitization session during IYCF on important of diet and nutritional content in all food available in the community. The target population are lactating mothers and pregnant women at all mobile communities. **50** participants were reached.

![Sensitization on hygiene promotion targeting lactating mothers and exclusive breastfeeding at Tampul community](image)

**HEALTH PARTNERS FORUM (HPF)**

The forum is made up of UN, INGO and NNGO. PLAN International and DRC are new comers to the forum which is fashioned to discuss issues that need urgent logistics support and supplies. Currently the leadership and secretariat is stationed with WHO and will rotate in future to give other sister members the role of leading. The HPF was able to persuade IRC and Plan International to support the ongoing Cholera outbreak response despite the fact that organizations like IRC were not implementing in Adamawa State.

The forum is currently galvanizing support for the forthcoming REACH International survey that is expected to last for **6** weeks in the state. Collaboration with WASH sector is also made easy via the forum, as demonstrated in the cholera outbreak response.
A total of 22 out of 21 LGAs (including 06 IDP camps) submitted their weekly reports as timeliness and completeness of reporting were 100% and 100% respectively at LGA level (target 80% timeliness, 90% completeness).

**Measles**: No case of suspected measles reported with cumulative case count of 382 and 06 deaths. CFR is 2%

**AFP**: No case of AFP reported with cumulative case count of 143.

**YELLOW FEVER**: No case of suspected YF reported and cumulative case count is 07

**CSM**: No case of suspected CSM reported and cumulative case count is 31 with 10 deaths. CFR stands at 32%

**Cholera**: 432 cases of suspected Cholera reported and cumulative case count is 1056 with 18 deaths.

**LASSA FEVER**: No case of suspected Lassa Fever reported, cumulative case count is 12 and 05 deaths. CFR stands at 41.7%

**MONKEY POX**: No case of suspected monkey pox reported and cumulative case count is 06 with 01 death. CFR is 16.7%

**NNT**: No case of suspected neonatal tetanus reported and cumulative case count is 05.

**Activities Done**

- Detection and surveillance on IDSR diseases in 21 LGAs of the State through DSNOs and network of surveillance focal sites.
- Advocated to the Hon Commissioner for Health on the need to send members of State EOC to support the Incident Management System set up in Mubi in response to the cholera outbreak.
- Investigation of cases of cholera from Makera ward of Hong LGA which shares border with Mubi, 3 persons affected had history of travel to Mubi. No evidence of active transmission in Makera ward in Hong LGA
- Monitoring of cholera situation in the State. So far, 1227 cases have been reported from 4 LGAs with a case fatality rate of 1.6%
- Completed 21 days monitoring of all Lassa fever contacts.
- eIDSR supportive supervision in Yola North and Yola South LGAs
- eIDSR alert investigation in Digil Ward, Mubi North LGA

**Planned Activities**

- Continuous surveillance and case detection on IDSR diseases at LGA levels.
- Contact tracing, active case search and risk communication on Lassa fever and Cholera.
- eIDSR supportive supervision in Guyuk LGA.
Case distribution by Cases and Deaths per disease, 2018

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<th>Disease</th>
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<th>Cumulative 2018</th>
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<td></td>
<td># cases</td>
<td># deaths</td>
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</tr>
<tr>
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<tr>
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Weekly trend of number of Suspected Measles cases, Week 01 – 22, 2018

Weekly trend of number of Suspected Lassa Fever cases, Week 01 – 22, 2018
Weekly trend of suspected cases of CSM, Week 01 – 22, 2018

Weekly trend of suspected cases of Yellow Fever, Week 01 – 22, 2018
Weekly trend of suspected cases of Cholera, Week 01 – 22, 2018

Weekly trend of AFP Cases, Week 01 – 22, 2018
Ongoing Cholera outbreak in Mubi North and Mubi South LGA of Adamawa State

- The index case of cholera was recorded on the 12th of May, 2018 and on the 17th of May, 35 cases were reported to relevant authorities in Mubi North and Mubi South (23 and 12 cases respectively). This prompted the formation of an EOC under the incident manager. Cases of cholera have been recorded in neighboring LGAs of Hong and Maiha. The EOC operates in 6 thematic areas (case management, surveillance, logistics, social mobilization, WASH and coordination. Partners involved in the response include SMOH, WHO, UNICEF, MSF, MUBI NORTH, MUBI SOUTH, RUWASA, SOLIDARITES INTERNATIONAL, DRC, IRC, ICRC, IOM, ADPHCDA, NCDC, AFENET, IRI, PLAN.
Initially the case management was supported by WHO, UNICEF, SMOH, APHCDA and lately MSF is supporting case management and burial in collaboration with Solidarity International. WASH continues to be of concern in the response. WASH actors initially include UNICEF, DRC, IRC and ICRC, later Solidarity international and MSF joined the response. WASH interventions took 5 days to commence following the initial rapid assessment by DRC. Over 100 water points were identified and 15 sampled and analyzed in the laboratory which showed heavy contamination with ecoli and coliform organisms. Shallow boreholes ranging from 3-6 meters are used as water sources which are prone to surface contamination.

Partner commitment in the health sector has been impressive with more partners showing willingness to support the response. CFR due to the cholera outbreak has declined significantly from double digits to less than 2%, which is impressive showing that the case management is good. Active case search, community mobilization and hygiene promotion are ongoing in the affected communities.

Government participation on the side of the SMOH has been very commendable. They have taken the leadership and provided infrastructures needed for the response. However on the side of the Ministry of water resources and Ministry of Environment much is required to support the response.

Multi-sector assessment Survey of the 3 Northern States affected by insurgency by REACH International with support from OCHA in preparation for 2019 HRP
A detailed survey is in the pipeline, Reach international and OCHA are going to closely collaborate to carry out the survey. The proposed survey will be multi-sector joint assessment in the 3 NE states most affected by the insurgency. The proposed period for the commencement is going to be after the Ramadan and it is supposed to last for 6 weeks. Local NGOs will be engaged and supported for the survey. The findings of the survey will be factored into the 2018 HRP.

Joint supervision and monitoring visit to NYSC host community in Girei LGA and Malkohi host community in Yola South LGAs
- Malkohi and Damare host communities have populations of 1,340 and 800 respectively
- Major complains are those of health, WASH, livelihood and shelter
- Community outreach services needed to interphase more with the IDP populations
- Health facilities are on strike
- Referral services are still major constraint
- In Malkohi host community, there is apathy for family planning services due to the perceived marginalization by the host population from utilizing the safe space constructed by UNFPA and
managed by the ministry of women affairs. They also cited non-inclusion and sacking of their members in the PHC as reasons for declining utilization.

- The PHC in Malkohi refuted these claims and it was agreed that a stakeholders meeting be held with all parties to resolve the matter.
- The shelter conditions are poor and worn out
- Most households have no ITNs
- Sanitation and water supply requires more interventions
- Out of pocket spending still prevalent among the IDP populations
- No duplication was noticed among partners

Capacity building by IMMAP/OCHA on information management

IMMAP with support from OCHA and sector co-leads carried out training for partners across the sectors on information management. The training was carried out in AUN and attendance was impressive. This gave partners insight into data generation, presentation, harmonization and interpretation. This sort of capacity building is commendable and a repeat especially for organizations who could not participate is highly desirable.

Nigeria Humanitarian Funding (NHF) support base boast by OCHA

In the spirit of boasting the capacity of local NGOs OCHA has conducted a capacity building on how to satisfy or qualify for accessing the NHF. OCHA staff responsible for the NHF capacity building from Borno State spoke on the NHF funding that has been committed to the cholera response and enjoined partners to be part of the NHF training meant for the local partners. List of participants was provided by the sector co-leads. WHO promised to submit objective list to OCHA and organizations who could not make it will be shortlisted in future.

Updates on Operational Health Sector Working Group meeting (OHSWG) and MOFCOM Meeting in Mubi North LGA;

The OHSWG has grown over the shortest period of time bringing partners to on a round table to enhance the response along the Northern Senatorial zone of the State. Additional 3 partners have been added to the forum. Meetings are still held on bimonthly basis and hosting is rotational among partner members. Partners demonstrated high sense of responsibility and commitment towards the forum.

In the month in question, several deliberations and resolutions have been reached at. While some tasks have been completed some are still work in progress. Key deliberations in the preceding month include;
I. Cholera outbreak and response; this calls for concerted efforts and regular participation of all OHSWG partners in the EOC. We are currently struggling with commodities shortage, inadequate funding and disturbing WASH conditions. The executive governor has delegated 4 commissioners to carry out an on the spot assessment of the situation and report for appropriate actions. All partners as a matter of urgency should identify key gaps and come in to support. CFR currently stands at 12% while the numbers of cases continue to climb. We will continue to engage the government and relevant stakeholders on how to bring the cholera outbreak under control.

II. In the subsequent meetings because of the ongoing cholera outbreak, we are going to allocate individuals to sub-committees which are: nutrition sub-committee, data management sub-committees, mental health sub-committees, reproductive of family health sub-committees, Social mobilization and health education sub-committee, Disease surveillance and notification sub-committee and medical referral sub-committee.

III. Joint supervision and monitoring visits is desirable but this has to be on halt because of the heavy demand of the cholera outbreak response. Partners are expected to support the response in earnest. The issue of joint health sector supervision will be revisited when the response is adequate in interrupting the transmission.

IV. Compliance in filling the 5Ws and how to populate it; the latest model version has been provided with the appropriate guidelines on how to populate it. All partners with difficulties can always contact WHO. Based on the agreed timelines, completed templates should be ready from the 27th of the month in question to the 3rd of the succeeding month.

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 May, 2018.
**IMPORTANT UPCOMING ACTIVITIES**

- WHO will be collaborating with school of health technology in Mubi to train and engage 110 community champions for risk communication concerning the cholera outbreak.
- REACH International will be kick starting activities on detailed survey of 3 most affected states by the insurgency.

**IMPORTANT HUMANITARIAN RESPONSE LINKS SITES**

- **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/)
### 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 (CWAEE), Global Palliative Care, Education, & Development Initiative (GPCEDI), Action Health Incorporated (AHl), 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, Goggoji Initiative, Zireenzi Support Initiatives,

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

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