ADAMAWA HEALTH SECTOR WORKING GROUP BULLETIN

Courtesy of WHO/IRC, Outreach services by WHO HTR Teams & IRC Nutrition community engagement team

OCTOBER, 2019 EDITION
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- Declining 2019 Health Sector funding in the North East Nigeria response as compared to previous years
- Updates on outbreak of cholera in 4 Local Government Areas of Adamawa State
- Training of SMOH & ADPHCDA principals on the new NHMIS data tools.
- TB REACH Wave 5 IDP Scale-up Project and Nomads for active TB case detection in 17 LGAs.
- Epidemiological updates of diseases
**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**

**Adama State Displacement Matrix by LGA; Round 28/IOM-DTM**

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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

Camp Coordination and Camp Management 40%
Coordination and Support Services 50%
Early Recovery and Livelihoods 20%
Education 80%
Emergency Shelter and NFI 10%
Emergency Telecommunications 0%
Food Security 70%
Health 40%
Logistics 60%
Nutrition 70%
Protection 50%
Protection: Child Protection 30%
Protection: Gender-Based Violence 0%
Water and Sanitation 20%

Not specified: US$74,919,179
Multiple clusters/sectors (shared): US$70,960,117

Take me to the requirements and funding by cluster

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

WHO
Infection Prevention and Control (IPC) capacity building was conducted in conjunction with the SMOH in 7 LGAs of Numan, Demsa, Fufere, Mubi North, Mubi South, Maiha and Hong LGAs. 50 frontline Healthcare Workers were trained on IPC in each of the LGA for three days each, totalling 350. The core components of the trainings were on Overview of infection control for health care workers, Infection control in health care setting, Triage and isolation, Decontamination, Waste management, Preparations of various forms of chlorine, Hand hygiene and demonstration, Safe Burial Practices, Sharp management and Standard Precaution. There were teachings and practical sessions with audio-visuals on IPC.

The major constraints highlighted by participants were the lack of support from government to provide IPC commodities in facilities. The need for strong advocacy was resolved, to follow up with relevant authorities about prioritizing IPC measures in facilities with robust engagements of the communities via IPC committees.

CHOLERA OUTBREAK RESPONSE
WHO trained the Director of Planning, Research and Statistics in the SMOH, the HMIS Officer and the M & E officer of the Adamawa State Primary Healthcare Development Agence, on the new NHMIS data tools. WHO continues to support the cholera outbreak response. Active case search volunteer teams visited 5,208 households and identified and referred 4 suspected cholera cases to the cholera treatment centre. A total of 28 cases were reported from 1st – 31st October 2019. Total case count as at 31st October, 2019 was 810 with 4 deaths

ICCM
In the month of October 2019, 2841 children were treated for malaria, diarrhea and Pneumonia by 123/123 CoRPs in 14 LGAs of the state. 2120 of the children were screened for malnutrition using MUAC. 119 (5.6%) of the children screened had MAM and were counseled on proper nutrition, while 1 (0.04%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR
In October 2019, 32552 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 9372 persons with minor ailments and dewormed a total of 8003 children during the month. Pregnant women were provided FANC services with 2359 of them receiving Iron folate to boost their hemoglobin concentration while 1582 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.
Nutrition

Screening

In October 2019, 20696 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 196 (0.86%) children had MAM and their caregivers were counseled on proper nutrition, while 67 (0.3%) 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.

IRC

On CMAM program, anthropometric screening was conducted for under-five children which a total of 13,492 (6,498M, 6,994F) whom were reached with 309 (125M, 184F) identified among them as SAM cases and 1,624 (797M and 827F) 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 278 (133M and 145F) children discharged from the program. 225 (109M and 116F) among them were exited as cured, 21 (9M and 12F) defaulted clients, 32 (15M, 17F) were transferred to SC and other OTPs and zero death was recorded. Currently at the program clinics, a total of 864 (427M, 437F) SAM children are on admission and receiving treatment. In the Stabilization centers, 16 New SAM with medical complication were admitted. 0 death and 12 transferred to various OTPs after been stabilized for rehabilitation. Performance for the month in the total clinic where 91.5% cured rate, 0% death rate and 8.5% default rate.

For Drug utilization 251 blister of anti-malaria, 307 bottles of amoxicillin, 3 tubes of Zinc ointment, 18 bottles of Albendazole suspension, 248 tablets of Calamine lotion, 164 tablets of Zinc Sulphate, 6 tubes of Tetracycline Ointment, 11 bottles of Paracetamol, 5 bottles of Nystatin, 110 vale of ceftriaxone, 10 ample of Gentamicin, 74 Malaria rapid test kits, 67 HIV test kits, 19 sachets of F100, 1 sachet of Resomal and 19,721 Sachets of RUTF were used to beneficiaries.

For the IYCF community awareness raising and sensitization sessions, a lot of activities were conducted to community members with emphasis on breastfeeding relevant topics which include important of clinics visit, personal hygiene practices, early initiation of breastfeeding and RUTF usage at home. 6,120 community members benefited from the activity with 1,678 pregnant mothers, 2,671Lactating mothers, 822 old women, 510 young girls and 439 men reached. 73 Mothers identified with breastfeeding difficulties were also counselled (39 on
exclusive breastfeeding, 17 on insufficient breastmilk, 2 on mastitis, 10 on complimentary feeding, 2 on sore nipple, 2 on engorgement, and 1 on cracked nipple) in their respective communities. On MAMA MUAC capacity building, 773 women were trained on active case findings using MUAC and edema checking.

**LESGO**

A total of 2,263 direct beneficiaries were reached with Inter Personal Communication (IPC) under the Rollback Malaria Intervention as supported by Society for Family Health. 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.

**JANNA HEALTH FOUNDATION (JHF)**

JHF is implementing 3 projects in Adamawa State. The projects being implemented at the moment are:

- The Nomads TB REACH Wave 6 Scale up Project
- The IDP Wave 5 Scale up Project
- The 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 October, 2019, 4,086 IDPs were verbally screened in camps and host communities, 329 presumptive TB cases were detected out of which 292 were tested by Xpert. A total of 15 all forms of TB cases were detected. A total of 329 presumptive TB cases had HCT out of which none was 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 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 October, 2019, 13,370 persons were verbally screened across 17 LGAs of Adamawa State. 1,263 presumptive TB cases were detected out of which 1,114 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 90 All Forms of TB cases were detected and enrolled on TB treatment. Of the
1,263 presumptive TB cases detected, 1,114 had HCT out of which 5 were found to be HIV+ and were linked to ART sites for Treatment, care and support.

**Community DRTB care project**

JHF is implementing the Community DRTB care project in collaboration with 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 Adamawa State.

A total number of 39 patients have been line listed to be cared for in this project. JHF coordinates the implementation of this project 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.

**CPPLI**

**Community Sensitization:**

**Betso-Mubi North**

The CBPC members and the CFS facilitators jointly sensitized their community members on effect of drug abuse among men and youths as well as child neglect. Men and youth were cautioned on the effect of excess alcohol intake which drops the economic strength of human life. Twenty-two (22) people (16M and 6F) attended the sensitization.

**At Madagali town,** Community based protection committee (CBPC) in collaboration with CPPLI team conducted a sensitization on effect of child abuse, and women housewives were targeted because they are the one mostly staying with children at home. During the sensitization, the concept of child abuse was explicitly explained given appropriate examples for better understanding of the participants. Illustration was made using pictorial representation for easy understanding of the participants. The participants expressed their satisfaction towards the information disseminated and are willing to improve in their relationship with their children. Thirty-seven people are in attendance (7M & 30F).
Michika; At Kwabapale community, the CBPC members were able to conduct sensitization to their community members on the consequences and causes of child neglect. The participants were taken through different forms of neglect such as the physical, emotional, economical and so on and they were made to understand that every child can be neglected irrespective of the social and economic status of his/her parents. A total number of 37 (17M and 20F) parents were reached. The sensitization was an eye opener to the participants as many of them thought that only children of the less privilege background can be neglected. It was a very interactive session where the participants indicated their happiness over the sensitization and make a move of taking good care of their children.

Training of CBPC on Psychological First Aid (PFA) and Referral Pathway
CPPLI team conducted training for community based protection committee (CBPC) at Kwabapale, Madagali and Betso communities on Psychological First Aid and referral pathway. The training was conducted by the caseworkers and it focus on making the stakeholders understand what PFA is all about and when is appropriate to give PFA as well as processes and procedures of making referrals at the community level. Thirty-three (33) stakeholders (26M, 7F) were in attendance from Madagali and 27 people (15M, 12F) attended from Kwabapale and 27 (16M, 11F) from Betso. The participants were happy for the information passed to them. The members of the CBPCs and the facilitators tendered their utmost dedication and commitment to support the effective implementation of the project for the benefit of their community and the project sustainability.

UNICEF
Section: Health
- Situation update of the month; UNICEF has continued to support the provision of integrated PHC service delivery in 4 IDP camps through the engagement of 25 Community Health Workers, 4 Nurse Midwife, 2 Medical Doctors and 5 other support Staff. The number of workers is still being maintained at the reduced number in all the Camps though the state is still requesting for increase in the number of staff to meet the current number of IDPs in the camps. A total of 5,189 Women and Children were reached with integrated PHC services in the clinics and communities.

- Meetings were held 14/10/2019 with State Authorities (state ministry of Health and state primary Health care development agency). This was followed by monitoring/ supportive supervision Visits to the four IDP Camps and host communities on 15/10/2019 (Daware IDPs camp and NYSC IDPs camp) and on 16/10/2019 (Malkohi IDPs camp and the host community). While debriefing of the State authorities took place on 16/10/2019
1. Progress/Achievements during the period

A total of 5,189 Persons, including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities. A total of 3,234 (Under 5 years: 959 and Other age: 2,275) consultations were reported, with malaria –1,308 (Others: 1,012 and Under 5 years: 296) being the major cause of morbidity; ARI 889 (Others: 573 and Under 5 years 316); AWD – 248 (Others: 59 and Under 5 years 189); other medical conditions – 777 (Other age group: 629 and Under 5 years: 148). A total of 1,955 prevention services were recorded, out of which 218 children 6months-15 years vaccinated against measles, 872 children and pregnant women were reached with various other antigens; Vitamin A supplementation – 99 Children given Albendazole tablets for deworming – 59 and ANC visits – 59, in Adamawa State. A total of 10 deliveries and 11 postnatal visits were recorded during the reporting period.

2. Supplies:

- A total of 7 Cartons of NHK were supplied to 4 IDP camps clinics and 9 hard-to-reach teams to support the provision of PHC services in the camps and communities in Adamawa State

**PARE**

Below are activities conducted for the month of October, 2019

i. Focus Group Discussion was carried out at Kilbawo Community, Mayo-Kalaye Ward, Jada LGA on 26th October, 2019 with 10 (4m, 6f) community leaders and influencers in attendance

ii. Key Informant Interview at Facility Level was conducted on 25th October, 2019 at Kilbawo Facility, Jada.

iii. Client Exit interview was conducted from 25th October to 28th October, 2019 at Kilbawo facility where 20 clients interviewed.

iv. Follow up supervision was conducted to Kilbawo Primary Health Care Centre, Kilbawo, Mayo-Kalaye Ward in Jada LGA, Adamawa State. A total of four (4) activities were conducted at Kilbawo Community in Mayo-Kalaye Ward in Jada LGA, Adamawa State for the month of October, 2019. A community which mostly farming and livestock rearing are the main livelihood activities in the area.
Key Informant Interview at Facility: Key Informant Interview was conducted with the Facility Manager on the 25th October, 2019. The interview was successfully conducted with the Facility Manager in person of Ibrahim Bajika. During this exercise it was observed that the facility has malaria drugs though inadequate as a result of high client turnout on malaria cases in the facility on monthly bases, also, the facility lacks convenient labor room and laboratory. Furthermore, Kilbawo community is lacking portable drinking water which affect the facility also, though the community has a powered borehole that serve the facility which is presently not working where both the facility and the community are finding it harder to access portable water for consumption and domestic use. It was also observed that, the facility engage the through Village Development Committee which is same as Community Development Committee (WDC). The facility manager was advised to reorder his stock on time to avoid out of stock and ensure the request is in line with the client register.

Focus Group Discussion (FGD): Focus Group Discussion was also conducted at Kilbawo situated along Kojoli and Jada Road with an estimated population of about 2,100 people. The activity was conducted on the 26th October, 2019 with the aimed to sensitize the community on the Global Fund Malaria Service and assess the quality of service delivery of targeted facility as well as community perception toward the facility (Kilbawo Primary Health Care Centre). A total of 10 community representatives and influencers (4M,6F) attended the session under the supervision of ACOMIN State Program Officer and CAT members. After the thorough discussion and inclusive participation by all participants, it was observed that the community members were not aware of the Free Malaria Services available for them at the facility because they were not being told. The community is now fully aware of the malaria services available in the facility and VDC members were urged to play supervisory role as well as sensitize neighbouring communities.

With regards to community perception towards to the facility, some challenges were identified by the community among which includes inadequate trained personnel (4 and a contract staff) in the facility, inadequate labor room equipments and space, shortage of drugs, inadequate midwife staff and lack of portable drinking water at the facility.

Client Exit Interviews (CEI): Client Exit Interview sessions were also conducted from 25th to 26th October, 2019 targeting 20 clients. During this activity the clients informed the team that they are not aware of any malaria free services as they only received and pay what they are asked for. Meanwhile they expressed satisfaction with level of commitments shown by the facility personnel though they still complained of laboratory and labour room as well inadequate staff in the facility. To this end, the clients interviewed were made to know the free malaria services available and henceforth are entitle to such services.
**AGUF**

Agaji Global Unity Foundation (AGUF) administer Vitamin A capsule and deworming tablets in Saminaka Namtari ward Yola South on 4th of October and Damilu jambutu Yola North on the 5th of October 2019 to children <5 years total of 250 and 253 were reached respectively. In Hullere Jambutu ward Yola North LGA, SRH Campaign / GBV awareness raising session activity was conducted with some key stakeholders. A total of 184 persons benefited.

AGUF was in Kwana waya Namtari ward Yola South LGA on cholera preparedness awareness and campaign 177 persons were reached. On the 26th and 27th of October 2019, AGUF were in Danjir Daura Guyuk Local government on cholera preparedness awareness campaign and 169 benefited.
DISEASE SURVEILLANCE AND NOTIFICATION

In Epidemiological Week 1-40, 2019, a total of 21 out of 21 LGAs (including 06 IDP camps) in Adamawa State submitted their weekly reports.

**Measles**: 1,096 cases of suspected measles reported

**AFP**: 264 cases of AFP reported
**YELLOW FEVER:** 18 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.
**MONKEY POX**: 6 suspected cases were reported

![Total Monkey Pox Cases by Weeks]

**CHOLERA**: 305 suspected cases were recorded

![Total Cholera Cases by Weeks]

*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 October, 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, 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, WHEAHI, Bege House Foundation (BHF), Spring of Hope, Heed the Child Initiative (HCl), Big Family Foundation (BFF), SWNI, Ngwasama Foundation

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

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