WHO; Measles outbreak investigation in Lainde, Mubi North LGA
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**HIGHLIGHTS OF ADAMAWA STATE HEALTH SECTOR HUMANITARIAN RESPONSE**

- 2,000 Refugees in Cameroon willing to participate in the safe and dignified repatriation to Adamawa State in May, 2019
- Inauguration of the SMOH, Health Data Governing Council and the Health Data Consultative Committee with support from WHO
- Updates at the MOFCOM level
- TB REACH Wave 5 IDP Scale-up Project for active TB case detection in 4 LGAs with high case load of IDPs within host communities.
- Epidemiological updates of diseases
**NIGERIA 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 26/IOM-DTM**

<table>
<thead>
<tr>
<th>LOCAL GOVERNMENT AREA</th>
<th>POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIMEA</td>
<td>13758</td>
</tr>
<tr>
<td>FUFOR</td>
<td>6011</td>
</tr>
<tr>
<td>GANYE</td>
<td>834</td>
</tr>
<tr>
<td>GHIEI</td>
<td>2545</td>
</tr>
<tr>
<td>GOMBI</td>
<td>5252</td>
</tr>
<tr>
<td>GUYUK</td>
<td>3976</td>
</tr>
<tr>
<td>HONG</td>
<td>444</td>
</tr>
<tr>
<td>JADA</td>
<td>18200</td>
</tr>
<tr>
<td>LAMURDE</td>
<td>15723</td>
</tr>
<tr>
<td>MADAGALI</td>
<td>24742</td>
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<tr>
<td>MAIHA</td>
<td>25140</td>
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<tr>
<td>MAIWA - BELWA</td>
<td>24602</td>
</tr>
<tr>
<td>MUBA SOUTH</td>
<td>9724</td>
</tr>
<tr>
<td>NEMBER</td>
<td>2130</td>
</tr>
<tr>
<td>SHELLING</td>
<td>3355</td>
</tr>
<tr>
<td>SONG</td>
<td>440</td>
</tr>
</tbody>
</table>

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 20-MAY-2019

Not specified: US$17,722,993

Take me to the requirements and funding by cluster

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

INTERNATIONAL RESCUE COMMITTEE (IRC)

CMAM Activity

IRC Nutrition activity within the program 30 CMAM site was a success across the four supported LGA of Adamawa state (Namely Hong, Maiha, Michika and Mubi south). In the reporting month of April, 2019; 24,667 (12,331M, 12,336F) under 5 children were screened anthropometrically, with 330 (139M, 191F) identified as SAM cases and admitted for treatment. 1,502 (750M, 752F) were identified as MAM cases and their caregivers received nutrition education and also participated in the community cooking demonstration sessions. Total discharges recorded were 226 (110M, 116F), with 203 (100M, 103F) as cured, 19 (8M, 11F) as defaulters and 4 (3M, 1F) as death. Currently in the program OTP sites, a total number of 596 (295M, 301F) SAM children are receiving treatment. For the Stabilization centers, 19 (8M, 11F) SAM with complications were admitted. 4 (2M, 2F) were cured, 14 (6M, 8F) transferred out to OTP with no death. General performance for the month were 89.8% cured rate, 8.4% default rate and 1.8% death rate.

IYCF Activity

For the IYCF best practice and awareness sessions, the team carried out daily routine activities with topics regarding Breastfeeding and good attachment were discussed. Importance of Exclusive breastfeeding to both the baby, mother and community. Also the dangers of mixed feeding, how it exposes the child and makes them vulnerable to diseases. Also how to position the baby and the general posture of the mother while breastfeeding. For the month, a total of 6,423 benefitted from the activity sessions in the community with 3,005 Lactating mothers, 1,672 pregnant mothers, 731 Adolescents girls, 546 Old women and 469 Men were reached.

WORLD HEALTH ORGANIZATION

WHO Health Operations in Adamawa State

ICCM

In the month of April 2019, 2,238 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 1,740 of the children were screened for malnutrition using MUAC. 99 (5.7%) of the children screened had MAM and were counseled on proper nutrition, while 2 (0.1%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR

In April 2019, 29,154 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 9,407 persons with minor ailments and dewormed a total of 7,032 children during the month. Pregnant women were provided FANC services with 1,977 of them receiving Iron folate to
boost their hemoglobin concentration while 1,405 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

**Nutrition**

**Screening**

In April 2019, 17,253 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 169 (1.0%) children had MAM and their caregivers were counseled on proper nutrition, while 93 (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.

**WHO Surveillance activities from April, 2019**

**Outbreak Preparedness Activities**

WHO supported the training of Laboratory focal person in Abuja to build capacity for laboratory diagnosis of meningitis within the State

**Outbreak Investigation**

Measles EOC was activated and weekly sitrep published. A total of 174 Suspected cases of measles were reported in April, 2019 bringing the total number of cases to 720 with 29 deaths.

**Health Information Management**

In a bid to strengthen the use of data for decision making, WHO supported the SMOH to inaugurate the Health Data Governing Council and the Health Data Consultative Committee. The report of HeRAMs assessment of 977 health facilities in 6 healthcare domains to find out the availability of health services in the assessed health facilities was shared with the SMOH.

**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 currently under 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 April 2019, 11 Nomadic Schools and 23 Nomadic Communities were screened by the project. A total of 7,123 persons were verbally screened for TB/HIV, 385 presumptive TB cases were identified including 28 under 5 presumptive childhood TB cases. Of all presumptive TB cases identified, sputum samples were collected from 381, out of which 15 all forms of TB cases were detected including 13 Bac+ and 2 under 5 Childhood TB cases. Of all presumptive TB cases detected, 381 had HCT out of which none was found to be HIV+.

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 April, 2019, 4,147 IDPs were verbally screened in camps and host communities, 430 presumptive TB cases were detected out of which 406 were tested by Xpert. A total of 29 all forms of TB cases were detected. A total of 406 presumptive TB cases had HCT out of which one was found to be HIV+. These were linked to ART sites 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 April 2019, 15,488 persons were verbally screened across 17 LGAs of Adamawa State, 1,587 presumptive TB cases were detected out of which 1,587 had their sputum samples transported and analysed using Xpert TB diagnosis technology. A total of 92 All Forms of TB cases were detected. 92 TB cases detected were enrolled on treatment at the nearest DOTS centres. Of the 1,587 presumptive TB cases detected, 1,438 had HCT out of which 1 was found to be HIV+, and was linked to ART site 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

Health Sector

Service delivery in IDP Camps and host communities

A total of 5,812 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 – 3,160 (Under 5 years: 1,102 and Other age: 1,311) consultations were reported, with malaria – 816 (Others: 473 and Under 5 years: 343) being the major cause of morbidity; ARI 1,140 (Others: 580 and Under 5 years 560); AWD – 182 (Others: 111 and Under 5 years 71); other medical conditions – 1,022 (Other age group: 733 and Under 5 years: 289). A total of 2,391 prevention services were recorded, out of which 132 children 6months-15 years vaccinated against measles, 1,591 children and pregnant women were reached with various other antigens; Vitamin A supplementation – 245; Albendazole tablets for deworming – 423 and ANC visits – 286, in Adamawa State. A total of 14 deliveries and 14 postnatal visits were recorded during the reporting period.

Health service delivery in Madagali LGA

UNICEF provided supply of 5 NHKs to support service delivery especially by CORPS during the sporadic attacks at madagali LGA. This is to provide for the affected individuals as integrated PHC service delivery, in the LGA where communities were left under great fear as a result of recurrent attacks by suspected Boko Haram insurgents. The recent attack was on Varakwatak village where 5 persons were killed and 19 injured

UNICEF provided technical and logistic support for activities of 2,434 ICCM CORPS in 1,805 hard to reach and return communities across the state and reached 18,328 Under 5 Children. There is ongoing refresher
training of 2700 and 463 supervisors on ICCM with emphasis on RAS for pre-referral treatment of severe malaria across the state

Cross section of CORPs being trained on Rectal Artesunate Suppository (RAS)

DOBIYAN WOMEN AND YOUTH EMPOWERMENT INITIATIVE

Dobiyan project staff has engaged 6 communities of Yola-North for Community Dialogue and Follow-Up Meeting in Karewa Ward, Luggere Ward, Nassarawo Ward, Doubeli Ward, Jambutu Ward and Gwaddabawa Ward. These are the last two activities slated for Yola-North LGA and the last for the entire project entered into by Ipas for Yola-North LGA.

<table>
<thead>
<tr>
<th>SUMMARY OF ACTIVITY</th>
<th>SHORT DESCRIPTION OF ACTIVITY/RESULT</th>
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<tbody>
<tr>
<td>1. Community Dialogue Sessions in 6 communities Yola-North LGA</td>
<td>Community Dialogue Sessions was conducted in 6 Communities of Yola-North LGA namely Karewa Ward, Luggere Ward, Nassarawo Ward, Doubeli Ward, Jambutu Ward and Gwaddabawa Ward. Participants in the 6 communities visited display a sense of commitment for the project and are already engaging their community members in sensitization on SRH and family planning mechanism and are directing them to visit the referral centres for medical advice.</td>
</tr>
<tr>
<td>2. A follow-up meeting with stakeholders in 6 communities of Yola-South LGA</td>
<td>A follow-up meeting with stakeholders i.e. all the Village Head of the 6 participating communities, the facility mangers of Malamre Clinic, Doubeli Clinic and Jambutu Clinic, 2 Community Volunteer Mobilizers, representative of women and youth groups, religious leaders and project staff. The meeting intend to x-ray the challenges, successes and sustainability of the project so as to seek a way forward even after the project closed-out.</td>
</tr>
</tbody>
</table>

Challenges:
Some challenges that have been noticed by the project staff and the participants include:

i. Lack of awareness on SRH has been a problem for years to many women of reproductive age that are married. But with the advent of this project by Ipas it is declining because female participants at the programme are taking it upon themselves to spread the information to their communities.
ii. All the churches are against women getting pregnant out of wedlock, while some churches are contradicting the message of having abortion as it prohibits it entirely except in situation that keeping the pregnancy may affect the health or life of the mother.

iii. The targeted number of communities and participants is small considering the enormity of the problem on ground.

iv. The perpetrators of rape are often not prosecuted hence encouraging reoccurrences.

Referral for the month:

One referral was made for the month of April. Where a 9-year-old girl Fatima Ibrahim was raped by a 35 year of man in Luggere Ward. The girl was treated, though the guardian doesn’t want the case to be taken up for prosecution.

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**DISEASE SURVEILLANCE AND NOTIFICATION**

In Epidemiological Week 1-16, 2019, a total of 21 out of 21 LGAs (including 06 IDP camps) submitted their weekly reports.

**Measles:** 678 cases of suspected measles reported

![Total Measles Cases by Week](chart)

**AFP:** 108 cases of AFP reported

![Total Cases By Week](chart)
**YELLOW FEVER:** 6 case of suspected YF reported

**CSM:** 30 cases of suspected CSM reported

**LASSA FEVER:** 7 case of suspected Lassa fever reported.
**NNT:** 7 cases of suspected neonatal tetanus reported.

![Total NNT Cases by Weeks](chart1.png)

**WHOOPING COUGH:** 167 cases were reported

![Total Whooping Cough Cases by Weeks](chart2.png)

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

![Total Monkey Pox Cases by Weeks](chart3.png)

**CHOLERA:** no suspected case was recorded
HEALTH SECTOR COORDINATION

PLANNED REPATRIATION OF REFUGEES FROM CAMEROON

Over 2,000 refugees domiciled in Cameroon who are Nigeria citizens have indicated interest to be repatriated back to the country in a dignified and safe manner as spelt out by international best practices. The planned means of transport is going to be by air from Cameroon to Yola international airport. The Nigeria government was alleged to have released the funds for the repatriation. This exercise could not take place last year due to lack of adequate planning by actors in the tripartite agreement (Nigeria, Cameroon and UNHCR). In the coming month of May, Cameroonians, refugee representatives and UNHCR will be carrying out an on the spot assessment of the different sites refugees will be conveyed to in Nigeria before the commencement of the exercise. The health sector has been working with other sectors to see how resources can be mobilized to support the exercise. Although funds continue to be a big challenge especially for local NGOs, concerted efforts are being worked out to support the exercise by the sector.

OVERVIEW OF HUMANITARIAN RESPONSE AT THE MOFCOM LEVEL

Health
- Response tracking matrix shared to partners by WHO for monitoring interventions among new displacements have witnessed slow reporting among partners. Reasons may not be unconnected to funds.
- Assessment carried out by 6 organizations on new displacements to Mubi North and South revealed that IDPs do not have access to hospitals. IRC arranged a medium medical access for the newly displaced connecting them with PHC.
- IRC picked a woman among the new arrivals from Lamorde community with breast cancer. Her case was reported and measures for referral pathway is still being looked into to help with her health challenges.

WASH
- Among the IDP new arrival locations, only boreholes in Wuro Patuje is supporting the IDP in Mubi, others obtain water through vendors and open wells, which is quite challenging.

Education
NRC
- Plan on enrolling of children into schools and probably in the next three months they return to their home communities. There is need for education sector working group to look into organizing a rapid assessment and more detailed questions on possible return.

FSL/ Early recovery
IRC
- Commitment from SWG from Maiduguri for the meeting and providing resources but partners are not attending. Call for livelihood partners to attend SWG meetings.
- Under reporting activities to the sector working group, also no coordination in Adamawa and Borno SWG in collation of data and reporting to the sector.
- Funding and duplication of effort were also seen as some major gaps in terms of responding to livelihood programing in response to providing livelihood package to returnees.

UNDP
- Training demand earlier for the 5W but poor turn-up.
- Poor reporting to feed indicators on the RPM, donors will question their funding since it doesn’t appear on the RPM reporting platform, despite activities carried out.
A contractor renovating a school went to another community not approved, he was mandated to build 2 classroom blocks but supported with 60 desks of 2 seaters to curtail the tension in the community after demolishing the mud classroom.

Protection GBV
IRC
• Access to justice and response not encouraging, as other tend to withdraw due to no active move.

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/markplace/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/
ADAMA WA 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, WHEAH, Bege House Foundation (BHF), Spring of Hope, Heed the Child Initiative (HCl)

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

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