Health Sector Bulletin
April 2019

HIGHLIGHTS

- Reports of increasing number of direct attacks on health care facilities while some were affected due to collateral damages during the fighting, as a result in some areas health services are disrupted and population have no or limited access to health care.

- Climate change is a global problem for all countries where some countries are now experiencing higher temperatures than usual, across the world. Nigeria is a tropical country which means in coming days increasing heat waves and hotter days are expected. The health consequences of climate change are vast directly and indirectly. There will be huge impact on the transmission dynamics of infectious diseases, which can have impact both on human and animal health. Extremely high temperatures also contribute to the spread of respiratory diseases such as meningitis and vector borne diseases such as malaria and Lassa fever.

- From week 1 to week 17, 12,810 suspected measles cases with 68 associated deaths (CFR:05%) were reported form seven high risk LGAs in Borno state. Some of the challenges in the response to the measles outbreak include: high numbers of children from security compromised areas who are not immunized; overcrowding in camps and host communities that lead to the outbreak of disease; lack of enough measles vaccines in the country; and overstretched health services due to the high number of measles cases.

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Northeast Nigeria Humanitarian Response

5.3 million People in need of health care
5.0 million targeted by the Health Sector
1,755,592* IDPs in the three States
4.4 million people reached in 2018***

**HEALTH FACILITIES IN BORNO STATE**

<table>
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**CUMULATIVE CONSULTATIONS**

- 4.9 million CONSULTATIONS****
- 1490 REFERRALS
- 299,670 CONSULTATIONS THROUGH HARD TO REACH TEAMS

**EPIDEMIOLOGICAL WEEK 2018 EARLY WARNING & ALERT RESPONSE**

- 268 EWARS SENTINEL SITES
- 180 REPORTING SENTINEL SITES
- 274 TOTAL ALERTS RAISED*****

**SECTOR FUNDING, HRP 2019**

- HRP 2019 REQUIREMENTS $73.7M
- FUNDED $ 1.8M (2.4%)
- UNMET REQUIREMENTS $ 71.9 M

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* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXII
**MoH/WHO Borno HeRAMS September/October 2018
***Number of health interventions provided by reporting HRP partners as of December 2018.
****Cumulative number of medical consultations at the IDP camps from 2019 Epidemiological Week 1 - 16
*****The number of alerts change from week to week.
Situation updates

Measles outbreak: Behind the Numbers: Response and Constraints

The first reactive measles vaccination campaign was completed during March in selected high-risk areas including MMC, Jere, Konduga, Monguno and Bama LGAs in Borno State. A total of 110,832 children from both the internally displaced populations and host communities received vaccinations. The vaccination campaign covered age groups from nine to 11 months and 12-59 months, resulting in 105 per cent coverage among IDPs and 88 per cent among the host population.

A second round of the measles vaccination campaign was completed in eight wards of MMC LGA in Borno State reaching 437,515 children aged six months to nine years with measles vaccinations. Health sector partners strengthened surveillance activities across Borno State, particularly in IDPs camps through Early Warning, Alert and Response System (EWARS), Integrated Disease Surveillance and Response (IDSR) and Hard-to-Reach (HRT) teams. Health partners commenced risk communication activities on measles in camps and host communities. Health partners reported cases of measles and provided case management and referrals at all services points. Children are being screened for measles at points of entry into Borno State, border areas, and reception centers in camp and camp-like settings across Borno State. Efforts are ongoing to strengthen the weak referral system from primary to secondary health care.

Moreover, a preliminary plan has been developed for another round of the reactive measles vaccination campaign. Some of the challenges in the response to the measles outbreak include: high numbers of children from security compromised areas who are not immunized; overcrowding in camps and host communities that lead to the outbreak of disease; lack of enough measles vaccines in the country; and overstretched health services due to the high number of measles cases. In terms of malaria, the Health sector reported 4,093 cases through EWARS in Borno State. As such, malaria is currently the leading cause of morbidity, accounting for 31 per cent of reported cases while measles was the leading cause of mortality accounting for 22 per cent of reported deaths.

Looking ahead and bridging the gaps:

Plans for a large-scale reactive measles vaccination campaign are underway. The Health sector is expecting approximately 720,000 doses of measles vaccines to arrive in April, which will be delivered in Borno State. Health partners will also conduct an analysis of new measles cases to identify emerging hotspot locations and where vaccinations are needed most. In addition, the Health sector plans to improve case management and strengthen referral pathways. Health partners will also increase risk communication through radio and television programming to educate the affected communities and emphasize the importance of routine immunizations.

The Health sector is advocating for increased malaria interventions including Seasonal Malaria Chemoprevention, provision of mosquito nets impregnated with insecticide, increased access to diagnosis and treatment, and malaria surveillance.

Throughout March and April, a series of fire incidents were recorded in Damboa, Magumeri (Gajiganna), Monguno, Konduga and Dikwa LGAs of Borno State due to the seasonal dry, hot and windy weather conditions. More than 2,000 shelters, many of them temporary or makeshift shelters, were damaged or destroyed further exacerbating the humanitarian needs. Humanitarians swiftly mobilized core relief items, emergency shelter kits and tarpaulins to meet the immediate needs of the affected families. As the dry season continues, measures to mitigate fire outbreaks are a key priority.

Rann in Kala/Balge LGA of Borno State remained inaccessible to humanitarian actors. An estimated 30,000 Nigerian refugees returned to Rann from Cameroon at the end of February and need humanitarian assistance. Efforts to determine the safety and security of resuming operations in Rann are ongoing. Humanitarian partners are looking at potential contingencies should they resume operations in Rann, including measures to ensure safety and security of staff.
Early Warning Alert and Response System (EWARS)

- **Number of reporting sites in week 17**: A total of 221 out of 270 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 81% (target 80%).

- **Total number of consultations in week 17**: Total consultations were 39,701 marking a 5% decrease in comparison to the previous week (n=41,807).

- **Leading cause of morbidity and mortality in week 17**: Malaria (suspected n= 7,633; confirmed n=3,433) was the leading cause of morbidity reported through EWARS, accounting for 33% of reported cases while measles (n= 15) was the leading cause of mortality reported through EWARS, accounting for 60% of reported deaths.

- **Number of alerts in week 17**: Ninety-six (96) indicator-based alerts were generated with 83% of them verified.

**Morbidity Patterns**

**Malaria**: In Epi week 17, 3,433 cases of confirmed malaria were reported through EWARS. Of the reported cases, 240 were from General Hospital in Biu, 150 were from GSSSS IDP camp clinic in Bama, and 132 were from Shuwari Host community clinic in Damboa. No associated death was reported.
Acute respiratory infection: In Epi week 17, 5,643 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 313 were from GSSSS IDP camp clinic in Bama, 304 were from PUI mobile clinics in MMC, 254 were from Herwa Peace PHC in MMC, and 208 were from Ngaranam PHC MMC. No associated death was reported.

Suspected Measles: Nine hundred and seventy-four (974) suspected measles cases were reported through EWARS in week 17. Of the reported cases, 262 were from Gwange PHC in MMC, 137 were from Banki Health clinic in Bama, 84 were from PUI mobile clinics in MMC, 74 were from Herwa Peace PHC in MMC, 56 were from Muna Garage IDP camp clinic A in Jere, 37 were from Monguno MCH in Monguno, and 23 each were from Njimtilo Health clinic in Konduga and INTERSOS Health Facility in Bama. Fifteen associated deaths were reported from Banki Health clinic in Bama (13) and MSF Gwange PHC in MMC (2). Seventy-one additional cases were reported through IDSR* from Maiduguri (27), Monguno (16), Mafa (7), Chibok (7), Gwoza (3), Gubio (2), Bayo (2), Damboa (2), Nganzai (2), Shani (2), and Ngala (1) LGAs making a total of 1,045 suspected measles cases.
Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016-17 2019

**Suspected Yellow Fever:** Two suspected yellow fever cases were reported through EWARS in week 17 from Gajiram MCH (2) in Nganzai and Njimtilo Health clinic (1) in Konduga. Four additional cases were reported through IDSR* from Askira Uba (2) and Shani (2) LGAs, making a total of 6 suspected yellow fever cases. No associated death was reported.

**Suspected Meningitis:** Five suspected meningitis cases were reported in week 17 through EWARS from University of Maiduguri Teaching Hospital (4) in Jere and Shani General Hospital (1). One additional case was reported through IDSR* from Biu LGA, making a total of 6 suspected yellow fever cases. No associated death was reported.

**Suspected VHF:** No suspected viral haemorrhagic fever case reported in week 17.

**Suspected cholera:** No suspected cholera case reported in week 17.

**Malnutrition:** 1,029 cases of severe acute malnutrition were reported through EWARS in week 17. Of the reported cases, 52 were from Gajiram MCH in Nganzai and 46 were from Kurbagayi MCH in Kwaya Kusar. No associated death was reported.

**Neonatal death:** Three neonatal deaths were reported through EWARS in week 17 from Gora dispensary (2) in Shani, and Sauki clinic (1) in Biu.

**Maternal death:** No maternal death reported in week 17 through EWARS.

*IDSR- Integrated Disease Surveillance and Response*

**Health Sector Actions**

IRC has been a key partner to the governments of Borno, Adamawa and Yobe states, implementing health programs through daily run 30 mobile clinics, and Health system strengthening and support for Primary health facilities spread across the three states in North East Nigeria. In the month of April 2019, IRC Implement integrated health, nutrition and reproductive health programs and with support from fund from SIDA, EU, OFDA and GAC at various sites the IRC health team conducted a total of 24,135 clinical consultations (9,547M, 14588F), including 9,938 children under five and 14,197 above five years across the three NE states. Additionally, the reproductive health program reached 1,864 people, of which 1,793 were women and girls. 385 skilled deliveries were conducted, and 256 new clients benefitted from various family planning services. Across the 3 states, health education, community sensitization and mobilization activities aimed at effecting behavioral change were conducted with 24,447 (10,054M, 14,393F) reached.

With support from the EU fund the newly rehabilitated MCH Gwoza was officially handed over to the Gwoza LGA and the PHC director in the presence of community leaders and health facility staff. Service provision
has commenced fully at the facility. Also, with EU HSS project support, emergency resuscitation equipment was procured and supplied to health facilities in Konduga, Magumeri and Gwoza LGA in Borno state, and on the job coaching was conducted on the use of this new equipment. Coaching on Oxygen administration using oxygen concentrator and use of Autoclave to sterilize hospital equipment was conducted at MCH Magumeri and PHC Gajiganna, 12 health staff (10 F, 2 M) benefited while coaching was conducted on the use of Manual Vacuum extractor for health staff in Tungushe Clinic, Konduga MCH and Jakana PHC. In Borno, through OFDA support Reproductive health sub-sector conducted refresher training on BEmONC for 16 (13F, 3 M) Ministry of Health Staff, and equally carry out community session on Adolescent Sexual Reproductive Health (ASRH) for 18 Community head (Bulama) in Gwange and 23 in Dala. While 76 adolescent girls, 82 adolescent boys benefited from same ASRH session.

ACF/AAH continues to provide preventive and curative healthcare in the NE Nigeria, Yobe and Borno States. Action Against Hunger responds to the humanitarian crises, helping people to survive and rebuild their lives by offering lifesaving care and assistance to people affected by the on-going Armed Opposition group, below are some of the key achievements during the month of April:

- Support to Sexual reproductive health (1960 women received ANC. PNC- 358).
- Outpatient consultation 208,09 (Male – 9,575, Female – 11,234) Including 8406 U5 and 12,403 Above five years old.
- Community Health: Through mother to mother support group sessions and community sensitization and mobilization activities of the CHMs /CVs a total of 15,946 people (952M, 14994F) were reached with messages on proper hand washing, early illness danger signs in children, balance diet with the use of locally available food, Importance of immunization, Malaria prevention through environmental sanitation, Cholera preventive and control measures, use of mosquito nets, Importance of exclusive breastfeeding and availability of STIs care at health outreach clinics.
- Support to Routine Immunization: AAH continued to provide immunization services a total 4,482 (Male 2055, Female – 2427) children and adults where immunized based on BCG, OPV, PENTA, PCV, IPV as well as TT vaccines etc.
- Capacity building: in April capacity building session Was conducted 60 (32 females, 28 males) health workers were trained on Community Management of Acute Malnutrition and 64 Health Workers trained on IYCF-E in Borno State.

INTERSOS scaled up its activity in the month of March with regards to her health programming in Magumeri, Bama, Dikwa and Ngala. The Stabilization Centre in Magumeri continue to provide 24/7 health services for SAM cases with complication as well as other under five and SRH cases. For outpatient services, total consultations for the month of April are 19,982 (M 8962 and F 11,020) of which U5 is 7,723 (36%) this number is slightly higher than the number of U5 consultations seen in the previous month. Acute Respiratory Infection (with a total of 3,759 cases) remains the highest cause of morbidity followed by Malaria (with 1,766 cases). INTERSOS has registered an increased rate of acute respiratory infection and Malaria compared to the month of March with an increase rate of 18% and 13% for Acute respiratory Infection and Malaria respectively. All INTERSOS sites experienced a significant increase in the number of consultations compared to the month of April.

For sexual and reproductive health, the total ANC attendees for the month is 2,785, with 1211 accounting for 1st visit and re-visit 1,574 of the total SRH. There was also an increase in ANC attendance because of revisits compared to the previous month as INTERSOS continues Hygiene Kits distribution and Water Handling Kits distribution to Antenatal and Post-Natal Clinics attendants.

- ANC attendees in Bama clinic were 488, with 159 were first visits, 329 were re-visits, post-natal visits were 53 with 9 deliveries.
- ANC attendees in Ngala clinic were 1,025, with 502 as first visits while 523 were re-visits, PNC visits were 175 with 3 deliveries.
- ANC in Dikwa clinic had 741 clients of which 247 were first visits and 494 were revisits. 196 persons attended the PNC and there were 3 deliveries.
- Magumeri had 339 ANC clients with 205 as first visits, while 134 revisits, 23 PNC visits and 5 deliveries.
INTERSOS continues her collaboration with the SMoH in providing routine immunization services to adults and children in its facilities in Bama and Ngala. During the reporting period, 250 adults received TT1 vaccines and 96 adults received TT2 vaccines in Bama. 111 children received BCG, HeP B0 and OPV0 vaccines. Additionally, 49 children were vaccinated with OPV1/PENTA1/PCV1 immunization, 44 children received OPV2/PENTA2/PCV2 vaccines, 20 children received OPV3/PENTA3/PCV3 in Bama. In Ngala, 322 children received BCG/HeP B0, OPV, PENTA, PCV and M/Y based immunizations (BCG, HeP B0 and OPV0: 69, OPV1/PENTA1/PCV1: 84, OPV2/PENTA2/PCV2: 73, OPV3/PENTA3/PCV3: 78, M/Y: 42 and IPV: 80).

FHI360 continues to deliver high-quality primary health services in Banki, Dikwa, Ngala and Damasak. This month, outpatient consultations reached 2515 in Dikwa, 3362 in Ngala, 2618 in Banki, 1277 in Damasak. Through community outreach, 424 (189 males, 235 females) and 1017 (427 males, 590 females) beneficiaries were reached in Banki and Damasak respectively. Acute respiratory tract infections were the predominant communicable disease morbidities in Ngala, Banki and Damasak, accounting for 954, 594, and 398 consultations respectively. In Dikwa, malaria (592 cases) was the leading cause of communicable diseases morbidity. On the 25th of April 2019, the inhabitants of Banki, Dikwa Ngala and Damasak witnessed the celebration of the World Malaria Day. FHI 360 livened the celebrations through activities such as drawing competition for school pupils, drama and interactive sessions focusing on transmission, prevention and treatment of malaria.

UNFPA continues to strengthen humanitarian response and scaling up activities in the month of April. About 3800 individual’s women girls, boy and men reached with sexual reproductive health information including sensitization and awareness about family planning, ante natal services and post-natal care clinical care for survivor of rape. Shared 100 condomized solar lantern as mitigation materials against gender-based violence.

Capacity Building: To strengthening capacity of health worker 30 health workers were trained and capacitated in Clinical management of rape, Minimum initial service package Through Ministry of women affair and health frontline service providers. UNFPA also carried the below activities through Royal Heritage Health Foundation (RHHF), who is an implementing partner:

- Capacity Building of Health Care Workers on Minimum Initial Service Package (MISP) for Reproductive Health response in Humanitarian settings and Clinical Management of Rape (CMR). A total of 30 (15 Male and 15 Female) Health Care Workers were trained on MISP for RH crisis and CMR from Maiduguri Metropolitan Council (MMC), Monguno and Ngala LGAs of Borno State.
- 3,000 Hygiene Kits were procured to improve the Hygienic Condition of Adolescent girls and young women in MMC, Ngala and Monguno LGAs.
- Two (2) Friendly Safe Spaces were constructed in MMC, and Ngala LGA of Borno State for ASRH services, GBV prevention, life skills and peace building.
- Two (2) Friendly Safe Spaces were equipped with medical and sporting equipment, Electronics, Furniture, Consumables and Solar Panel in MMC, and Ngala LGAs of Borno State for ASRH services, GBV prevention, life skills and peace building.
- 16 Healthcare workers (from the health care workers trained on MISP and CMR) and 10 social Mobilizers were selected and Orientated to provide SRH and GBV information and services during the forthcoming Medical Outreach in Ngala and Monguno LGAs.

UNICEF continues to support the SMoH with integrated PHC services. A total of 203,345 children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Borno and Yobe States. Out of the total consultations, 104,039 (51.16%) were under 5 years reached with PHC services. A total of 105,949 OPD consultations were reported, with Acute Respiratory Infection (23,904): being the major cause of morbidity followed by “Malaria” (22,714) Acute Watery Diarrhea (9,709); Bloody Diarrhea (718); and measles (2,232) “Other medical conditions” (39,621). For prevention services, 62,744 children and pregnant women were reached with various antigens (including 4,608 children vaccinated against measles under RI Services). A total of 14,176 Vitamin A
supplementation capsules and 16,764 Albendazole tablets for deworming were distributed and 18,003 ANC visits; 2,235 skilled deliveries and 2,992 postnatal visits were recorded during the reporting period.

**SUPPLIES:**

UNICEF supported the SMOH through SPHCDA and SPHCMB in the 2 states with a total of 187 NHKs and 9 IEHKs (Borno - 127 NHKs 4IEHKs, Yobe- 60 NHKs, 4 IEHKs) for integrated emergency PHC services in the IDP camps and host communities.

**JHF** screened 4,147 IDPs verbally 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+, they were linked to ART sites for treatment, care and support. All TB cases detected were enrolled on treatment in the 4 LGAs. JHF also implementing the Nomads TB REACH Wave 6 IDP Scale-Up project in collaboration with KNCV TB Foundation in Adamawa and Taraba States. 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 analyzed 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 were found to be HIV+ and was linked to ART sites for Treatment, care and support. Some key challenges that were encountered are: accessibility problems to some hard to reach areas; difficulties in transporting childhood presumptive TB cases; and security challenges in some targeted LGAs especially Madagali and Michika.

**IOM** continue to support MHPSS activities in various ways, which are:

**Direct provision of MHPSS:**

- IOM mental health and psychosocial mobile teams continue to provide direct mental health and psychosocial support services to the affected population across field locations in Borno, Adamawa and Yobe States. A total of 102,743 beneficiaries (comprising of 19961 boys, 21613 girls, 25699 men and 35470 women) were reached through various MHPSS activities within the month of April 2019. Total new beneficiaries reached within the reporting month were 26,840 individuals (comprising of 3700 boys, 4269 girls, 7752 men and 11119 women).

- MHPSS activities offered to the affected population include but not limited to lay counselling, psychological first aid (PFA), informal education, support group, recreational activities, GBV sensitization and case follow up, small scale conflict mediation, referral to specialized mental health services, bereavement support and psychoeducation to the family members/caregivers and mental health clients, health sensitization and livelihood follow ups/supervision. All these activities are rolled out in Borno, Adamawa, and Yobe States.

**Response to the influx/new arrivals in Maiduguri and some locations in the NAAs:** MHPSS teams are responding to the influx of IDPs/new arrivals in Monguno, Ngala, Banki, Pulka, Dikwa and camps in Maiduguri (Bakassi, Gubio, Moccolis, Teachers Village, Madinatu, NYSC, Stadium and Dalori I). MHPSS teams are providing PFA, referrals for specialised and other services, informal education, psychoeducation to the care givers, and sensitization on GBV and Counter Trafficking among other MHPSS services and activities. Total of 1601 newly arrived displaced populations benefitted from the MHPSS services and its activities.

**Mental Health Referral for Specialized Mental Health Care:** 938 referral sessions (52 for boys, 49 for girls, 392 for men and 445 for women) were offered for specialized mental health services in Adamawa & Borno States. IOM facilitates referral of persons suffering from mental disorder to Federal Neuropsychiatric Hospital, Maiduguri and a mental health facility in Yola. Trained psychiatric nurses are also deployed to hard-to-reach (NAAs) areas of Borno State for the provision of specialized mental health care services to persons identified with mental health challenges in those areas. In this regard, six psychiatric nurses are deployed on rotational basis to Bama, Banki, Dikwa, Gwoza, Pulka, Monguno and Ngala to offer such services.

**MHPSS Coordination- MHPSS sub-Working group:** Organized and chaired an ad-hoc meeting in April 2019 with selected MHPSS partners on the specific topic of specialized services. The main agenda is to exchange
information between MHPSS SWG and partners’ activities and their planned interventions on specialized services, to discuss highlighted key challenges and formulated the key recommendations, to later be shared in a proposed meeting with SMoH and FNPH. All invited partners (IOM, MdM, PUI, SCI, UNICEF and WHO) are constructively engaged in the discussion.

Disseminated the recently published document of IASC on Community-Based Approaches to MHPSS Programme: A Guidance Note (2019) to all MHPSS SWG stakeholders in Borno, Adamawa and Yobe States. Several partners have responded, and they appreciated the information that will support their current activities. Developed a new format of MHPSS SWG Quarterly Update for the year 2019 with the support of IOM Information Management staff. The new format will only require MHPSS partners to share the most highlighted activity with one picture of graph, with an expectation that more organizations will contribute to the new edition.

In relation to capacity building, preparation have been finalized for the conduct of four MHPSS/Protection mainstreaming trainings targeting health, education, nutrition and protection actors/partners in Borno and Adamawa States.

**WHO – Mental Health**

**Outreach Sessions:** 75 mental health sessions were conducted in 42 HFs across 12 LGAs. A total of 1993 mental health patients were seen made up of 716 new patients, and 1277 that came for follow up care. 3 of them were referred to FNPH for further management. Three meetings were held on 11th, 16th and 23rd of April 2019 at PHEOC by BMHSF Implementation Taskforce to edit the draft BMHSF Implementation Plan before final validation by MHPSS SWG on 8th May 2019. The validated version will then be submitted to the Honorable Commissioner for Health and Human Services Borno state for endorsement. Two field support supervisory visits were conducted at El-Miskin Camp Clinic and Mohammed Goni College of Legal and Islamic Studies for routine supervisory support and impact story capture.

**WHO – Adamawa** continue to support the SMoH by training Laboratory focal person in Abuja to build the capacity of laboratory diagnosis of meningitis within the state. 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. Measles EOC 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

**ICCM:** 2,238 children were treated for malaria, diarrhoea 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 counselled 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:** 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 haemoglobin concentration while 1,405 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

**WHO/Yobe** continues to improve access to quality health services in security-compromised LGAs by rehabilitation of Primary Health Care (PHC) facilities. WHO is working in Yobe state to complement the efforts of Yobe state government to rebuild health system and infrastructure to improve access to quality care for people affected by the decade-long conflict in the northeast. Earlier, WHO in collaboration with State Primary Health Management Board (SPHCMB) conducted assessment, and now is reconstructing CHC Kukar-Gadu, PHC Babban Gida, and PHC Moborti in the first phase of the rehabilitation work. In a parallel effort, Yobe SMoH has conducted rehabilitation of some General Hospitals (GH) in the state including SSH Damaturu, GH Potiskum, GH Gashua, GH Dapchi, GH Damagum, GH Geidam and GH Jakusko in the first phase of the rehabilitation work. With support from WHO and partners, Yobe SMoH will continue rehabilitation work on the remaining secondary and primary health facilities across the state. In addition to the rehabilitation, WHO has been providing drugs, medical consumables, Infection Prevention and Control (IPC) materials, and is supporting Human Resources for Health (HRH) through retention, capacity building etc to Yobe state SMoH. Once rehabilitated and fully equipped, these health facilities are expected to provide care to hundreds of thousands of conflict-affected people, and some would maintain potential for upgrade to secondary care facilities.
As part of efforts to improve health sector response to Gender-Based Violence (GBV) in emergency settings, WHO has conducted training for 35 HTR team leaders in Yobe state in a bid to improve first-line responders’ capacity to provide GBV services to survivors as well as establish the referral pathway for GBV in the north-eastern states. Similar trainings have been conducted for HTR team leaders and supervisors in Adamawa and Borno states, earlier. With many primary health care facilities damaged, drugs and commodities looted; and many professional health staff relocating to safer areas, HTR teams are bridging these gaps by working in remote areas to provide healthcare to the sick, vulnerable women and children, and men in remote and security-compromised communities. WHO HTR teams, in collaboration with SMOH and SPHCMB, are working in 16 out of 17 LGAs to provide life-saving care and refer critically ill and severely malnourished children to receive further care in town clinics and hospitals. HTR teams are being supported by WHO technical staff and Local Government Facilitators (LGFs), who are providing technical support; capacity building, supportive supervision and mentoring for the teams working in these areas. HTR teams are also being provided with adequate drugs, data tools and medical commodities to bring succour to people in remote communities. In April 2019, 35 WHO HTR teams in Yobe state have treated 41,948 clients for common ailments, vaccinated 67,496 children and screened 36,575 under-5 children for malnutrition. 739 critically ill or malnourished other children were referred from remote areas to OTP sites or stabilization centres to receive further care. The teams have also dewormed 19,495 children, provided Vitamin A supplement to 20,465 and reached 31,364 young women with health promotion messages on key household practices and reproductive health. As the conflict in NE Nigeria lingers, WHO is supporting SMOH, SPHCMB and partners to establish new Stabilization Centres (SCs) and provide quality care to children with SAM with medical complications in Yobe state. As part of this support, WHO has donated SAM kits, medical supplies and consumables to support SMOH and partners working to provide services in the state. The donation is taking place on a periodic basis and it is aimed to ensure that all SCs in Yobe state have uninterrupted supply of high-quality drugs and commodities. In addition to drugs and commodities, WHO has been providing capacity building opportunities for staff on inpatient management of SAM and conducting intensive supportive supervision in the SCs. Facilities that benefited from this round of donation include State Specialist Hospital Damaturu, General Hospital Nangere, General Hospital Geidam and General Hospital Jakusko. Others beneficiary health facilities are General Hospital Fika, CHC Hospital Gujba, Federal Medical Center Nguru and General Hospital Geidam, where a new SC has been established. While WHO supports facility-based care, it is also working in the communities to identify and prevent malnutrition, and refer children with malnutrition though HTR teams and CORPS. In April 2019 alone, 35 HTR teams in Yobe state have screened 36,575 under-five children for malnutrition and referred 411 malnourished children from communities to OTP sites and SCs to receive further care.

PUI has started reconstruction of OPD and OTP blocks in Herwa PHC is now completed, more rooms for various activities and provide a conducive environment is now provided for day to day activities. Rehabilitation of waiting area and facility fence at Ngarannam PHC has also been completed now more space is been provided where quality of services under conducive environment by proper triaging and proper fencing of the whole PHC to promote good security to the premises. Creation of extra rooms at outreach 3 health service site at Alhajeri Bulabulin has also been completed, this is also to create additional room for OTP and MHPSS activities in a friendlier environment. Toilets for the beneficiary for all the outreach sites has been provided and is segregated for both males and females. This is to improve and promote good hygiene to the beneficiaries.

Humanitarian situation at different centers managed by PUI are as follows:
Nutrition updates

IRC/Adamawa: CMAM and IYCF program activity in the four supported LGA (Hong, Maiha, Michika and Mubi South) of Adamawa state were successfully carried out.

CMAM: 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 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 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.

WHO/Nutrition: 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 counselled 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 centres across the state for proper management.

Public Health Risks and Gaps

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The northeast region is highly endemic for malaria and cholera.
- Unpredictable security situation hampers movements of health workers, drugs and other medical supplies.
- Although health situation is improving under the NE Nigeria Health Sector 2019 Strategy, the health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work inaccessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupt and further challenges the health programs implementation.
- Access to secondary health care and referral services in remote areas is significantly limited.
- Unavailability of network coverage in the newly liberated areas negatively affects timely submission of health data for prompt decision-making.
Health Sector Partners


-Health sector bulletins, updates and reports are now available at [health-sector.org](http://health-sector.org)

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