In Monguno LGA currently facing security challenges, huge IDP caseload and humanitarian needs, the health sector partners continued to respond to increased health needs that are partially associated with the arrival of IDPs from Gagiram, Marte, Guzamala, and Kukawa LGAs earlier in the year. The sector partners recorded notable increase in incidents of Acute Watery Diarrhea (AWD) and skin infections, which can be linked to the poor hygiene conditions in IDP camps.

Access remains a challenge in many locations as humanitarian partners solely rely on UNHAS helicopters to reach the community. Humanitarian organizations have restricted their staff from using the road due to the prevailing insecurity.

During reporting period, partners in the health sector continued responding to the cholera outbreak declared in Adamawa State on 18 June. In December, more than 12 new cholera cases were reported, mainly from Yola North and Girei LGAs. The Total case count now stands at 851 with four deaths (CFR=0.47%).

The Health sector estimates that 5.5 million people across Borno, Adamawa and Yobe states will need humanitarian health assistance during 2020. Continued health care delivery in all priority locations including IDP camps, will be needed, as well as extension of health services to hard-to-reach areas and underserved communities.

In 2020, health partners will focus on the strengthening and expanding disease surveillance systems, enhancing outbreak prevention, preparedness and response capacities for key communicable diseases. They will also continue to support secondary health care services through streamlining and strengthening of the referral system from primary to secondary health care facilities.
**Situation updates**

**New displacements**: Between 8th to 31st December 2019, Yobe state received massive influx of IDPs new arrivals due to recent activities of NSAGs within the state and in the neighboring LGAs of Borno state. These new arrivals have settled in the host community which makes tracking them quite difficult. Worthy of note, new arrivals in Bade moved from Baga due to their common fishing activities. Additionally, some of the new arrivals in Damaturu have already returned to Babbangida for their livelihoods activities.

**Update on Monguno situation**: The security situation in Monguno is increasingly becoming volatile. There have been several attacks by the NonState Armed Groups (NSAGs) on the military formations outside of the town. During the reporting period, there has been increased presence of NSAGs along the Monguno-Gajiram road. The NSAGs mounted illegal checkpoints along the road, in at least four occasions. In one of these incidents, on 18 December, NSAGs are reported to have executed four civilians and abducted several others, who remain unaccounted.

Access remains a challenge in Monguno as humanitarian partners solely rely on UNHAS helicopters to reach the community. The only road access by civilians is the Monguno-Gajiram-Maiduguri road that has witnessed several incidents, as stated above. Humanitarian organizations have restricted their staff from using the road due to the prevailing insecurity. This, is despite the lifting of the travel advisory by the military, in November against using the road.

Population in Need Monguno has a total population of 186,018 individuals. Of this number, 84.5 per cent (or 157,199 individuals) are internally displaced people (IDPs), while 15.5 per cent (or 28,819 individuals) are host community and returnees. Of the total IDP population, 89 per cent (or 139,669 individuals) are living in 12 IDP camps, 11 of which are formal camps, and 1 is an informal camp. The remaining 11 per cent IDPs (or 17,530 individuals) are living in the host community. Some 55 per cent of the total IDPs (or 87,150 individuals) originate from Monguno LGA, while 31 per cent (or 49,544 individuals) are from Marte LGA, and the remaining 13 per cent (or 20,505 individuals) originate from Kukawa LGA. Women and children constitute 80 per cent of the IDP population living in camps.

Humanitarian partners continue to scale up operations across all sectors to provide life-saving assistance to over 158,000 displaced people despite several challenges. A biometric verification exercise of IDPs previously registered was completed confirming only a few new arrivals. The verification will enable partners to target assistance consistently across the camps.

**Coordination**: Seven operational sectors are active in Monguno. The sectors are Food Security and Livelihoods(FSL), Water Sanitation and Hygiene(WASH), Health, Nutrition, Education, Protection, Camp Coordination and Camp Management /Shelter/Non Food Item(CCCM/Shelter/NFI). Each sector holds monthly meetings with their respective partners to coordinate their activities. A focal agency is appointed to provide leadership for these meetings. The Local Coordination Group (LCG) serves as a convergence center for all sectors present in Monguno. The group meets monthly to discuss cross-cutting issues and also raise advocacy for issues not resolved at sectoral meetings. OCHA has facilitated 13 LCG meetings since January 2019. During the LCG meetings, the sector focal agencies give updates of their respective sectors and flag challenges where they need support. OCHA provides leadership for the LCG and also chairs the LCG meeting. However, starting from January 2020, the SEMA representative in Monguno will co-chair the LCG meeting with OCHA.

**Heath issues**: Cases of Acute Water Diarrhea (AWD) and measles were reported in October and November. Three AWD fatalities were reported while 30 cases tested positive to Rapid Diagnostic Test (RDT), suggesting cholera. The Health and WASH partners has made adequate contingency plans in case of a cholera outbreak. In October, 53 cases of measles were reported. According to the health sector partners, population movement is responsible for the trend. About 1,150 measles cases were recorded between January and November in health facilities operated by ALIMA. The only remaining adult in-patient health facility managed by ALIMA is overwhelmed, besides facing
operational challenges related to lack of fuel for generators. The LGA leadership has invited partners interested in providing a more comprehensive intervention to adult health needs, but none has responded to the call.

**Health Sector response:** The health sector continued to respond to increased demand that is partially associated with the arrival of IDPs from Gagiram, Marte, Guzamala, and Kukawa LGAs earlier in the year. The sector partners recorded notable increase in incidents of Acute Watery Diarrhea (AWD) and skin infections, which can be linked to the poor hygiene conditions in IDP camps. During the reporting period, 360 cases of AWD were reported with three fatalities. Thirty of the AWD cases tested positive using the Rapid Diagnostic Test (RDT), suggesting cholera. On further diagnosis, the disease surveillance officer (DSNO) of the State Ministry of Health, confirmed two of three culture samples taken to Maiduguri as positive for cholera. The health sector, through its Rapid Response Team (RRT) and the Ministry of Health, alerted all the partners about the situation. They recommended increased disease surveillance through health promotion activities and community cholera awareness program. Further, they recommended the training of health providers to facilitate an adequate response. The contingency plan, which includes Health and WASH partners, is currently operational and aims to contain potential cholera outbreak and avoid the spread of the disease.

Measles has declined with only 53 isolated cases reported in October among the new arrivals and people coming from the outskirts of the town. Health partners supported the measles and meningitis vaccination campaign initiated by the Ministry of Health and WHO.

**Challenges:** Restrictions on fuel have negatively impacted the provision of secondary healthcare services. The main health provider, ALIMA, was forced to suspend activities in the general hospital and moved operations to its maternal and child hospital. This move has reduced the available bed capacity by more than 50%. This situation also impacts the quality of care received by the patients as well as reducing the length of stay, giving priority to only critical cases presented with life-threatening conditions.

**Cholera Outbreak in Adamawa State**

Nine (9) new cases were reported from 16th to 30th December, 2019 from Yola North, Yola South and Girei LGAs. Total case count now stands at 851 with 4 deaths. CFR=0.47%.

**Measles Outbreak in Borno State:**

From week 1 to week 51, 21,045 suspected measles cases were reported in Borno through EWARS. In week 51, 16 suspected measles cases were reported through EWARS and additional 13 cases was reported from IDSR across the state. Overall there’s a total of 102 measles associated deaths reported through EWARS from MMC (66), Bama (14), Nganzai (5), Askira Uba (2), Damboa (2), Biu (2), Mobbar (1), and Magumeri (1) LGAs on EWARS (CFR: 0.48%). Of 294 samples sent to the lab, 284 samples were tested and 165 (58%) were IgM positive. The outbreak affected 37 IDP camps in 11 LGAs in Borno state.

**Acute Respiratory Infection update:**

In Epi week 52, 5,073 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 313 were from Shuwari Host Community Clinic in Damboa, 232 were from Sabon Gari Lowcost IDP camp clinic (MDM) in Damboa, 169 were from GSSSS IDP Camp Clinic Bama and 164 were from 1000 Housing Estate clinic Dikwa. No associated death was reported. The cases were reported among IDPs and host community.

**Early Warning Alert and Response System (EWARS)**

**Number of reporting sites in week 52:** A total of 187 out of 274 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 65%, respectively (target 80%).

**Total number of consultations in week 52:** Total consultations were 24,152 marking a 20% decrease in comparison to the previous week (n=30,499).
Leading cause of morbidity and mortality in week 52: Malaria (suspected n= 6,608; confirmed n= 4,851) was the leading cause of morbidity and mortality reported through EWARS, accounting for 41% of reported cases and 100% of the reported deaths (2).

Number of alerts in week 52: Twelve (12) indicator-based alerts were generated, with 100% of them verified.

Morbidity Patterns

Malaria: In Epi week 52, 4,851 cases of confirmed malaria were reported through EWARS. Of the reported cases, 398 were from Wuyo Health Clinic in Bayo, 295 were from General Hospital in Biu, 233 were from GSSSS IDP Camp Clinic Bama, 229 were from Gwange PHC in MMC, 177 were from Teli Clinic in Bayo, 168 were from Uba General Hospital in Askira-Uba, 161 were from Shani General Hospital and 126 were from Gumsuri Clinic in Damboa. No associated death was reported.
Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 – 52 2019

**Acute watery diarrhea:** In Epi week 52, 118 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 47 were from Sabon Gari Lowcost IDP camp clinic (MDM) in Damboa, 16 were from FHI360 clinic Banki in Bama, 11 were from Mafa MCH, 7 were from State Specialist Hospital in MMC, 4 were from Zadawa Dispensary in Askira-Uba and 3 cases each from Buratai Dispensary in Biu, Gumsuri clinic in Damboa, Ngulde dispensary in Askira-Uba, Titiwa Dispensary in Magumeri, Uba Dispensary in Askira-Uba and WaterBoard UNICEF IDP Camp Clinic in Monguno. No associated death was reported.

Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016- 52 2019

**Acute respiratory infection:** In Epi week 52, 5,073 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 313 were from Shuwari Host Community Clinic in Damboa, 232 were from Sabon Gari Lowcost IDP camp clinic (MDM) in Damboa, 169 were from GSSSS IDP Camp Clinic Bama and 164 were from 1000 Housing Estate clinic Dikwa. No associated death was reported.
Suspected Measles: Five (5) suspected measles cases were reported through EWARS in week 52. Of the reported cases, One (1) case each from Abbaganaram MCH in MMC, Bam Dispensary in Biu, FHI360 PHC Damasak in Mobbar, MCH Miringa in Biu and WaterBoard UNICEF IDP Camp Clinic in Monguno. Twelve additional cases were reported through IDSR from Dikwa (2), Monguno (2), Damboa (5) and Hawul (1), MMC (1) and Mobbar (1) LGAs making a total of 17 suspected measles cases. No associated death was reported.

Suspected Yellow Fever: One (1) suspected yellow fever case was reported through EWARS in week 52 from Walama Dispensary in Shani. No associated death was reported.

Suspected Meningitis: No suspected meningitis case was reported in week 52.

Suspected VHF: No suspected viral haemorrhagic fever case was reported in week 52.

Suspected cholera: No suspected cholera case was reported in week 52.
Malnutrition: 956 cases of severe acute malnutrition were reported through EWARS in week 52. Of the reported cases, 90 were from Fori PHC in Jere, 48 were from Gamboru C MCH Clinic in Ngala, 37 cases were from Kuda Lawanti Health Clinic in Nganzai, 30 were from Fatima Ali Sheriff PHC in MMC and 29 were from General Hospital Ngala (FHI360). No associated death was reported.

Neonatal death: No neonatal death was reported through EWARS in week 52.

Maternal death: No maternal death was reported through EWARS in week 52.

*IDSR- Integrated Disease Surveillance and Response

Health Sector Actions

AAH continues to provide emergency humanitarian response in Northeast Nigeria (Borno and Yobe States), lots of progress were recorded as follows:

Support to Sexual Reproductive Health: 4,786 women received (3,706 -ANC and 1,080 -PNC) services in December 2019. ACF promoted enhancement on Sexual Reproductive Health in humanitarian response through distribution of reproductive health kits (MAMA Kit/Dignity kit) to 172 pregnant Women.

Outpatient Consultations: 21,868 (Male – 10,624, Female – 11,244) received health care services at the health facilities. Among the consultations, 8,467 are under five children and 13,401 are above five years old. The major consultations were RTI (3,199) being the major cause of consultation, followed by malaria (2,260), AWD (1,923), measles (0) and other medical conditions (14,486).

Community Health: Through Mother To Mother support groups and community health mobilizers, a total of 20,430 (Male – 1,183, Female – 19,247 ) people were reached with six key hygiene messages, childhood illness danger signs and early referral to health facilities, MIYCN including balance diet with the use of locally available nutritious foods. In addition, importance of ANC services, institutional delivery, immunization, malaria prevention through environmental sanitation and appropriate use of mosquito nets, cholera preventive and control measures and availability of STIs care at health clinics.

Support to Routine Immunization: AAH provided immunization services in the month of December 2019. A total 5,374 (Male – 2,567, Female-2,807) children and pregnant women were immunized against preventable diseases by providing BCG, OPV, PENTA, PCV, IPV as well as TT vaccines.

Capacity Enhancement: Capacity-enhancement sessions conducted at different levels of administration to include states, local government areas LGAs, health facilities and communities. 170 (111 Male, 59 Female) Community Health Mobilizers where trained on identification and referral of sick persons, and skilled counselling on Infant and Young Child Feeding in Emergency (IYCF-E). Also, 45 (16 male, 29 female) health workers from Maiduguri, Jere, Konduga and Magumeri LGA of Borno State where trained on Integrated Management of Neonatal and Childhood Illnesses (IMNCI). In addition, ACF project staff and government staff provided supportive supervision and mentoring at eight (8) health facilities to improve the quality of Nutrition & health care services.

ALIMA: In collaboration with the MoH, ALIMA continued the provision of lifesaving medical and Nutrition services to the disaster affected communities as well as supporting the Borno State Government in Health Systems Strengthening through provision of service delivery, essential medicines, training and infrastructure improvement initiatives

In December, ALIMA provided 4600 outpatient consultations and managed 410 patients in the IPD. 202 deliveries were assisted by a skilled attendant and 1922 PNCs and 499 ANCs consultations were conducted. 5 C-sections were performed in Monguno GH.

Emergency response: Cholera outbreak in Monguno

As reported in November report, ALIMA launched emergency response for cholera in Monguno on November 17th following an increase of Acute Watery Diarrhea and laboratory test confirmation of cholera at Umaru-shehu (3 samples for culture sent by DNSO, 2 were confirmed positive). With Cholera kits and supplies from WHO, ALIMA immediately established a CTC for management of suspected and confirmed cases.
Until December 31, AIMA treated 54 cholera cases (47 RDT positive) in total at its health facilities (22 cases in November and 32 in December). Fortunately, there was no reported deaths in the month of December.

In Maidauguri and Jere LGAs, ALIMA supports free primary healthcare services provision in Muna IDPs camp, Chad Basin Development Authority (CBDA), and in Teacher’s Village IDP Camp. At the tertiary level, ALIMA is partnering with University of Maiduguri Teaching Hospital (UMTH) to support the provision of free Intensive Therapeutic Feeding management to treat and care acute malnourished under five years’ children with medical complications as well as a Training center to improve the capacity of MoH staffs in the management of acute malnutrition.

In Monguno, ALIMA continues to support primary healthcare in the MCH, and 6 outreach clinics: 5 in IDPs camps (GGSS, GSSS, Waterboard, GDSS, Kuya) as well as in Bakassi host community. ALIMA also supports free secondary healthcare in the Monguno General Hospital in coordination with Hospital Management Board.

For SRH activities in MMC/Jere, ALIMA provided 827 ANC and 134 PNC consultations (286 ANC1 and PNC 1, 116) at Muna Clinic with 12 referrals. The Teachers Village clinic, 798 pregnant women in total came for ANC (ANC 1, 296) while the total PNC consultations were around 195 (PNC 1, 158).

BEmONC activities were conducted at CBDA clinic where 88 deliveries were recorded with 7 referrals to secondary/tertiary care and 151 deliveries at TVC Clinic. Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic.

Nutrition:

Muna and Teachers Village Clinics: ALIMA provided total of 1,139 OPD consultations for children under 5 in Muna Clinic with 9 referrals and 2,158 consultations for all ages in TVC Clinic with 44 referrals.

Water board Clinic in Monguno: ALIMA provided total of 556 OPD consultations for all ages at Waterboard Reception Clinic in Monguno with 2 referrals.

Early Recovery – Health facility rehabilitation in Southern Borno

As part of the EU-funded early recovery project entitled High Impact, Easy-to-scale up, comprehensive to-scale up, Health, Nutrition, WASH and Livelihood Package in Borno State, the international consortium ALIMA/Solidaittes international renovated 7 Primary Health Care Centres in Askira-Uba and Hawul LGAs as well as Askira-Uba General Hospital. The project aims at building resilience of conflict affected people and public sector institutions in Borno state in an environment friendly-way and to sustainably improve availability, access and utilization of quality basic services (health, education, nutrition, WASH) in areas of refugee, return or resettlement.

Challenges

- Restrictions on fuel transportation to Monguno further exacerbated operational challenges forcing ALIMA to shift the provision of lifesaving medical services in Monguno; especially at Monguno General Hospital where planned activities have been scaled-down to the smaller MCH, hence drastically reducing the available bed space, and other lifesaving machine/equipment power-dependent specialized services. Fuel shortages led to the temporary scale down of activities at Monguno GH, including the relocation of BEmONC and CEmONC activities (with the exception of C-section) to MCH where
FHI360 continues to provide preventive, promotive and curative primary health care services in Dikwa, Ngala, Mobbar, and Bama LGAs. Through the month of December, the clinicians of FHI 360 provided care for 11,364 clients (5,037 males and 6,327 females). Acute respiratory tract infection- 3,993 cases (1,815 males, 2,178 females) and malaria 1,563 (682 males, 881 females) accounted for the highest numbers of communicable disease burden during the month respectively. Similarly, PUD (949 cases) and hypertension (587 cases) recorded the highest among Non-communicable diseases seen in December. 14,778 household members were reached through health education on importance of Immunization especially among new arrivals, Respiratory infection and Malaria prevention. Also, The Health team commemorated the World AIDS day on the 2nd of December in conjunction with the Global Fund-NEI and Protection sector- as part of 16 days of activism. There was a health talk and health awareness rally among other activities to mark the celebration. 292 clients (157 males, 135 females) were counselled and tested with all cases testing non-reactive, however preventive measures of HIV were emphasized. The health team has been a key partner in delivering routine immunization in Banki, Dikwa, Damasak and Ngala in collaboration with WHO. The health facilities provided EPI for 2,398 children against vaccine preventable diseases and Tetanus Toxoid vaccinations were also given to 923 women of reproductive age. 397 deliveries were taken by FHI 360’s health professionals in all implementing sites. With support from the Borno state reproductive health department, 118 women of reproductive age benefited from family planning commodities through FHI 360.

IRC provide health services across the three BAY states, the IRC with funds from SIDA, EU, OFDA, NHF, ECHO and GAC continued to provide comprehensive primary and reproductive health services at her mobile and static supported health facilities with a total of 52,383 clients reached during the reporting period. Of this total, 46,189 (18,304 M, 28,155 F) were treated for communicable and non-communicable disease while 6,194 benefited from reproductive health services which includes care of pregnant women that presented for their first Ante Natal Care (ANC1), pregnant women delivered by skilled health staff, new family planning users and consultation for STI. IRC health sector also carried out health promotion, disease prevention and behavior change communication activities reaching 29,751 (10,164 M, 19,587 F) beneficiaries with messages on topics such as Home treatment of Diarrhea diseases, prevention of cholera, personal/environmental hygiene, prevention/control of malaria, birth preparedness, care of the newborn, utilization of the RH services etc. Through the capacity building mandate of different grants, 55 (22 M, 33 F) Traditional Birth Attendants, Community Peer Educator, Men Action Group, and IRC Staffs benefitted from various capacity building session and trainings.

HCI conducted an assessment in Sukur Settlement community (Bebel ward) of Madagali LGA, the assessment was to identify health facilities, needs and number of IDPs in the area. The findings are: one health facility identified and was built by the community and needs renovation. However, another 3 rooms block is being built by the community (Sukur Settlement) which is at the lintel level. The community needs support to complete; 3 health personnel and are the members of the community work in the facility as volunteers; about 2,000 IDPs (70% are women and children) displaced and live in the community.

INTERSOS continues to support stand-alone health facilities located in: Bama (1), Dikwa (1) and Ngala (2: one in Gamboru Host Community, and one in ISS Camp). The support in Magumeri’s Health facilities: 1 General Hospital and 2 health posts in Titiwa and Kalizoram is still being done by the Organization. Outreach activities are with 4 mobile clinics in Magumeri, 2 in Dikwa and 1 in Bama GSSS Camp (in order to provide services to the whole camp accordingly).

For outpatient services, the total number of consultations were 25,765 (M11,165 and F 14,600) of which U5 was 8,813 (34%). This number is lower than the number of U5 consultations seen in the month of November. The total consultations for the reporting month also registered a slight decrease compared to the previous month of November. Acute Respiratory Infection (with a total number of 7,023 cases is the highest cause of morbidity, closely followed by Malaria (with a total of 4,595 cases). This number is higher than the number of ARI cases seen in the month of November but the cases of Malaria seen is lower than in the previous reporting month. The cases for Acute Watery Diarrhea seen during the reporting month is almost on the same threshold as last month, but registered an increase in the cases of Bloody diarrhea across all sites compared to the previous month of
November, with 43 cases for Acute Watery Diarrhea and 167 for Bloody diarrhea respectively. From the Morbidity breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites.

For sexual and reproductive health, the total ANC attendees was 2,391 attendees out of which 948 were first consultations and 1,443 were re-visits. Magumeri mobile sites recorded 119 ANC, 65 were first visits and 54 were revisits and the post-natal clinic recorded 22 attendances. During the reporting period a total of 81 patients were hospitalized, 25 cases of SAM with complications, 25 under five non-SAM cases and 21 cases of other medical complication above 5 years of age. 10 gynecological and obstetric cases with complications were seen and managed accordingly. Zero deaths were registered at the referred facility. 3 patients were referred, 2 were discharged and 1 still on admission. All patients were from Magumeri.

UNICEF continues to support the SMoH with integrated PHC services. A total 202,840 of children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 112,497 (55.46%) were children below five years. During the reporting period, 86,135 Out-Patient Department (OPD) consultations were recorded with malaria – 28,070 being the major cause of consultation, followed by ARI – 20,734; AWD – 6,757, measles – 228, and other medical conditions – 30,346. A total of 110,336 prevention services were recorded including 4,780 children vaccinated against measles through RI services; 38,461 children and pregnant women reached with various other antigens; Vitamin A capsules – 22,863, Albendazole tablets for deworming – 22,032, and ANC visits – 17,193, and 5,007 LLINs distributed through RI and ANC clinics in Borno and Yobe States. A total of 2,650 deliveries (skilled delivery – 2,414, unskilled – 236) and 3,719 postnatal/home visits were recorded.

UNICEF supported the SMOH through SPHCDA in Adamawa and Borno states with a total of 84 NHKs and 28 IEHKs (Adamawa 8 NHKs and Borno - 76 NHKs and 28 IEHK) for integrated emergency PHC services in the IDP camps and host communities.

JHF continues to implement projects in Adamawa State. A total of 12,516 persons were verbally screened across 17 LGAs of Adamawa State, 1,054 presumptive TB cases were detected out of which 935 had their sputum samples transported. 517 samples were analysed using Xpert TB diagnosis technology while 405 were analysed using AFB microscopy diagnosis. A total of 67 All Forms of TB cases were detected and enrolled on TB treatment. Of the 1,054 presumptive TB cases detected, 935 had HCT out of which 5 were found to be HIV+ and were linked to ART sites for Treatment, care and support. 2 new DRTB cases were also detected during the month.

PUI continue to response to the need of the affected population across different sector. In December the number of OPD consultation had decreased, as we are out of the peak season. Generally Malaria cases confirmed by RDT had decreased in both OPD and SRH activities, still reporting some few Measles cases in both PHCCs and Outreach clinics.

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

<table>
<thead>
<tr>
<th>Center</th>
<th>OPD Consultation</th>
<th>Immunization</th>
<th>Nutrition</th>
<th>Malaria and Measles</th>
<th>Sexual and Reproductive Health</th>
<th>MHPSS</th>
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</thead>
<tbody>
<tr>
<td>Herwa Peace PHC</td>
<td>2,469</td>
<td>525</td>
<td>33 new admissions for SAM cases in OTP</td>
<td>Malaria: 414 cases Measles: 4 cases reported</td>
<td>1,144</td>
<td>39</td>
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<tr>
<td>Ngarannam PHC</td>
<td>3,323</td>
<td>412</td>
<td>30 new admissions for SAM cases in OTP</td>
<td>Malaria: 914 cases Measles: 5 cases reported</td>
<td>935</td>
<td>5</td>
</tr>
<tr>
<td>Outreach teams</td>
<td>5,354</td>
<td>113</td>
<td>129 new admissions for SAM cases in OTP</td>
<td>Malaria: 1,332 cases Measles: 7 cases reported</td>
<td>869</td>
<td>11</td>
</tr>
</tbody>
</table>

WHO supported HTR teams intensifies efforts to provide essential health services and prevent malnutrition in remote and security compromised areas across the three states. A total of 17,163 children <5 years old were screened for malnutrition using the MUAC method. In Borno state, the HTR team screened 7,800 children making 45% of total children screen in the BAY states, however the number of MAM and SAM cases were less than that.
recorded in Yobe and Adamawa states. In Yobe state, the HTR teams have screened 5,110 under-5 children for malnutrition and referred 37 children with SAM to OTP sites and SCs across the state. 337 others with MAM have been linked to supplementary feeding programme. About 93.0% of the screened children are normal, 0.6% have MAM and 0.7% have SAM.

WHO and SPHCMB supported iCCM services in remote and security-compromised LGAs and communities in a bid to reduce morbidity and mortality amongst under-five conflict affected children in Yobe state. WHO and SPHCMB teams conducted technical supportive supervision to CORPs working in remote communities in Fika, Potiskum, Nangere, Jakusko and Fune LGAs. This is in a bid to improve their capacity, provide them mentorship and motivate them to provide much needed services where access to basic health services for under-five children is constrained by insecurity, distance or bad geographical terrain. 16 CORPs in these LGAs were provided hands on support on identifying danger signs, treating cases of malaria, pneumonia and diarrhea, as well as use of data tools and client-provider relationship. Key constrained identified include stock-out of medicine/basic commodities and weak referral system and capacity, as well as inadequate stipend for CORPs. Hard-to-Reach teams in Borno state held monthly review meeting for LGAF & team lead at Neuro-psychiatric hospital Maiduguri for central & Northern Borno teams. The meeting provided opportunity to review progress and performance, and address critical HTR challenges. Among several issues discussed, Performance of Hard-to-reach intervention was presented: Over 39,190 clients were treated for minor ailments and 550 patients were referred to secondary facilities for higher level of care. The HTR teams also reported an average of 42% of total measles cases reported in the 21 LGAs.

**WHO-Mental Health** supported specialized mental health services in 13 LGAs (Bama, Damboa, Dikwa, Gubio, Gwoza, Jere, Kaga, Konduga, Mafa, Maiduguri, Monguno, Ngala, and Nganzai) with mental health care outreach sessions. 96 sessions in total were conducted in 40 health facilities with a total of 2,866 patients and 22 were referred to Federal Neuro Psychiatric Hospital (FNPH), Maiduguri for further management and 6 admitted for inpatient treatment.

### SUMMARY OF MENTAL HEALTH PATIENTS TREATED IN DECEMBER 2019

<table>
<thead>
<tr>
<th>LGA</th>
<th>BOYS</th>
<th>GIRLS</th>
<th>MEN</th>
<th>WOMEN</th>
<th>MEN</th>
<th>WOMEN</th>
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</tr>
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<tbody>
<tr>
<td></td>
<td>&lt;5</td>
<td>5 To &lt;18</td>
<td>&lt;4</td>
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</tr>
</tbody>
</table>
**ICCM:** 1,725 children were treated for malaria, diarrhea and Pneumonia by 123/123 CoRPs in 14 LGAs of the state. 1,424 of the children were screened for malnutrition using MUAC. 71 (5%) of the children screened had MAM and were counseled on proper nutrition, while 2(0.07%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

**HTR:** 24, clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 6,256 persons with minor ailments and dewormed a total of 4,066 children during the month. Pregnant women were provided FANC services with 1,691 of them receiving Iron folate to boost their hemoglobin concentration while 1,338 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy. 845 individuals tested for HIV, 14 positive cases were recorded and referred to appropriate health facilities for further management. 58 cases of GBV were recorded, all of which were Intimate Partner Violence (IPV). Out of the 58 cases only one was male. PSS and first aid was given to the clients.

### Nutrition updates

**IRC Nutrition program,** anthropometric screening was conducted within the month to under-five children through which SAM and MAM patients were identified as indicate in the table below. Routine dietary nutrition education was provided to 1,481 (739M and 742F) MAM caregivers whom they also participated in community feeding sensitization sessions. Beneficiary exit was carried out with a total of 198 (98M and 100F) children discharged from the program. 190 (92M and 98F) among them were cured from malnutrition, 7 (3M and 4F) were defaulting clients and 1 (1M, 0F) death was recorded. Currently in the program clinics, 717 (358M, 359F) SAM children are on admission and receiving treatment. For Stabilization center program, 8(3M, 5F) new SAM with medical complication were admitted. 12 (5M, 7F) children were transfer to various OTPs for rehabilitation, 1 was discharged as cured with 0 (0M, 0F) death. Program performance for the month in the total OTP clinic where 96.0% cured rate, 0.5% death rate and 3.5% default rate.

**IYCF:** Individual counseling; 15 mothers with low milk production, 2 with sore nipple and 2 with breast engorgement were counseled. On group counseling, 38 mothers were educated and trained on the important of exclusive breastfeeding. For the community sensitization session, awareness rising was made with emphasis on breastfeeding relevant topics that include the role of early initiation of breastfeeding. A total of 4,160 community members benefited from the activity among which 1,142 pregnant mothers, 1,672 Lactating mothers, 612 old women, 365 young girls and 369 men reached. A 3-day capacity strengthening to IRC Nutrition staff was conducted by the IRC-IYCF CO-facilitator on LVISA. The training was provided in Mubi to all the 15 staffs (8M and 7M). Similar training was provided to MOH staffs supporting IRC
program clinics with a total of 18 (10M and 8F) MOH staff with aim of upgrade the staff knowledge with respect to standard IYCF LVISA counselling practice.

**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 and Presence**


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