



Health Sector Bulletin

April 2020



Borno State Isolation Center, Maiduguri

Northeast Nigeria Humanitarian Response

COVID-19 Response



5.0 Million
People in need
of health care



4.0 Million
targeted by the
Health Sector



1.9 Million*
IDPs in the
three States



1.07 Million people
reached in 1st Quarter
2020***

HIGHLIGHTS

- Health Sector partners are supporting the government led COVID-19 response across the three states, including joint resource mobilization activities, overall coordination and monitoring of the response in the northeast. The COVID-19 response is based on eight key response pillars supported by other sectors, especially the construction of quarantine centers, isolation centers, water and sanitation and shelters for vulnerable population groups in IDP camps.
- The Protection and safety of frontline health workers are pivotal in this situation where frontline health workers are more exposed to the virus in health facilities and communities.
- Isolation centers are operational in Maiduguri, Gowza and Pulka with the support of State MoH and health sector partners. Health Sector is working with IOM and Shelter Sector on the design and layout of the quarantine/isolation centers more in line with needs on the ground and adaptable to the local context. Construction work has been completed in more than six locations in deep field locations.
- To effectively respond to COVID-19 pandemic at the subnational level, there is a need to develop flexible, customized and decentralized approaches to detect, isolate and treat the suspected cases, to strengthen infection prevention and control mechanisms, and to address the wider potential ramifications of the crisis for other key areas.
- Risk communication and community engagement are an essential part of COVID-19 pandemic response and have been ongoing for the past six weeks. The outbreak of COVID-19 has already created fear in public and responders due to lack of information and misunderstanding among the communities.

Health Sector



45 HEALTH SECTOR PARTNERS
(HRP & NON-HRP)



HEALTH FACILITIES IN BAY STATE**

1529 (58.1%)	FULLY FUNCTIONING
268 (10.2%)	NON-FUNCTIONING
300 (11.4%)	PARTIALLY FUNCTIONING
326 (12.4%)	FULLY DAMAGED



CUMULATIVE CONSULTATIONS

4.9 million CONSULTATIONS****
1490 REFERRALS
320,898 CONSULTATIONS THROUGH HARD TO REACH TEAMS



EPIDEMIOLOGICAL WEEK 2019

EARLY WARNING & ALERT RESPONSE



273 EWARS SENTINEL SITES
184 REPORTING SENTINEL SITES
3,140 TOTAL ALERTS RAISED*****



SECTOR FUNDING, HRP 2020



NOT AVAILABLE ON FTS

* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXX

**MoH/Health Sector BAY State HeRAMS September/October 2019/2020

***Number of health interventions provided by reporting partners as of March 2020.

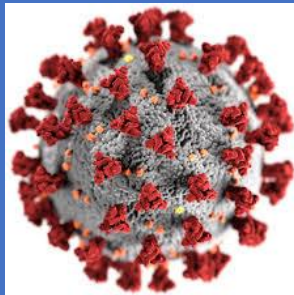
**** Cumulative number of medical consultations from Hard-To-Reach Teams.

***** The number of alerts from Week 1 – 16, 2020.

Situation updates

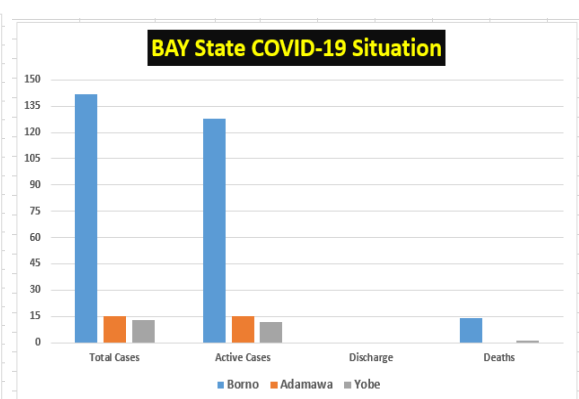
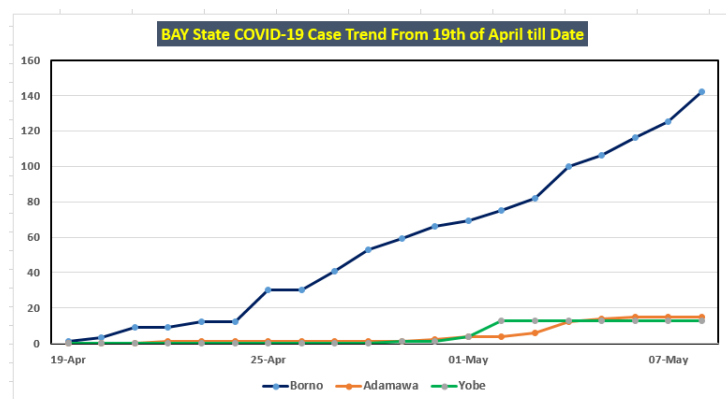
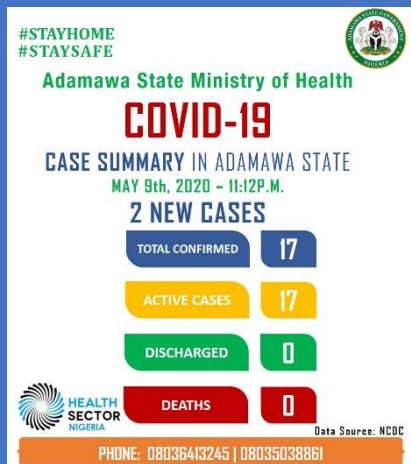
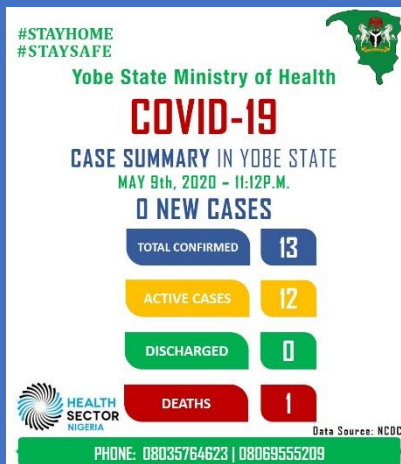
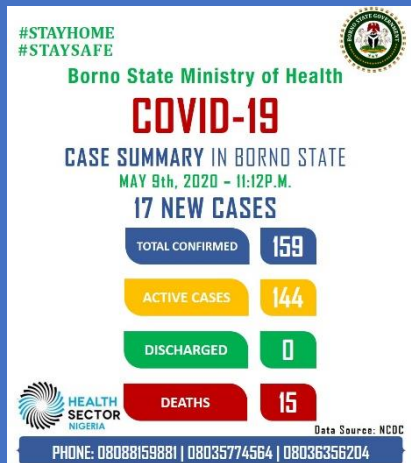
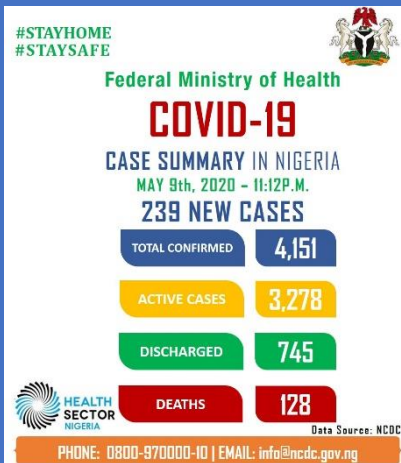
General Highlights (as at 9th of May, 2020):

- The North-East emergency states of Borno, Adamawa and Yobe have confirmed 189 cases of COVID-19 including 16 deaths;
- Over 2,220 contacts are line-listed across the three states including 1,920 (86%) under follow-up;
- With 159 cases, Borno accounts for 84.1% of COVID-19 burden in the three states, while Adamawa with 17 cases account for 9% and Yobe with 13 cases contribute 6.9% each;
- Borno is now the 5th most-affected state, contributing 11.7% of Nigeria's COVID-19 deaths (128).



GLOBAL

- > 4.06M Cases
- > 280,000 Deaths
- > 1.39M



COVID-19 Situation Analysis:

As of 08 May 2020, in Nigeria, confirmed cases have increased to 3,912 with 117 fatalities while 679 patients discharged across the country. Cases have been registered in thirty-four states and the Federal Capital Territory (FCT), with Lagos and Kano reporting the highest number of cases. 142 (Borno), 13 (Yobe), and 15 (Adamawa) positive cases with 15 deaths reported from the BAY states.

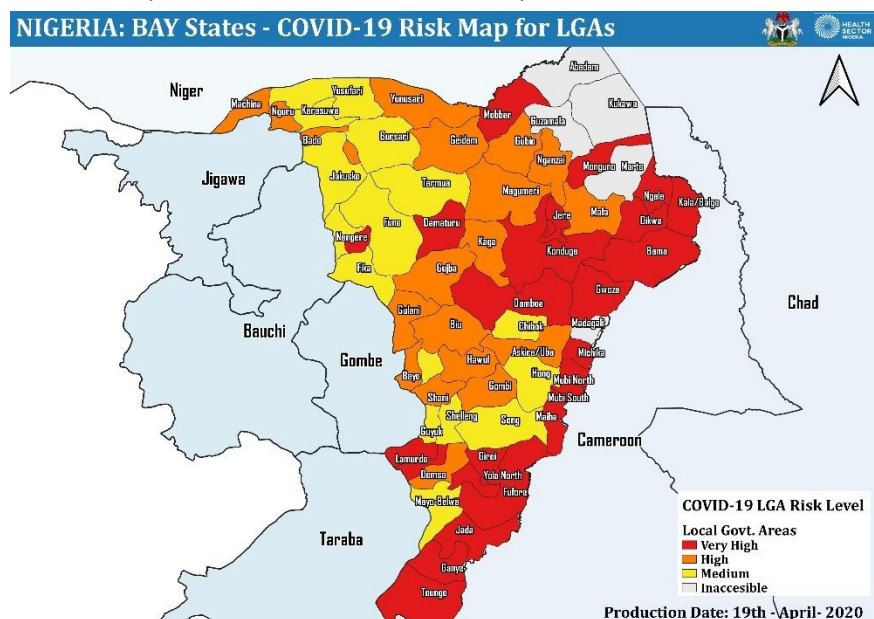
Efforts to contain the spread of the virus are under-way. A National COVID-19 Multi-Sectoral Pandemic Response Plan has been adopted and will serve as a blueprint for a whole-of-Government response. Moreover, the network of testing labs is being expanded by an additional two molecular laboratories which will bring the total to 15 labs, including planned capacity in the North-East and the North-West. It is anticipated that all 15 sites would be functional – NCDC lab in Maiduguri is fully functional now. However, with the expected increase in cases anticipated to be identified in the weeks ahead, capacity will continue to be a challenge both in the number of tests available, and their processing. The true impact of COVID-19 in the country remains unclear and uncertain, as many of its victims may die before they are diagnosed and recorded accordingly. With the current limited capacity and pace of testing, confirmed cases reported in Nigeria may be seriously underestimating the real state of play.

As part of Nigerian government efforts to contain the spread of COVID19, a National Multi-Sectoral Pandemic Response Plan has been adopted which serves as a blueprint for a whole-of-Government response. As the tests continue, the number of cases have been confirmed to be on the

increase indicating that the real situation of transmission may have been underestimated. The Federal government had initiated then relaxed lockdown measures in several locations with similar initiatives adopted by several other States. While the lockdown will not stop the virus, it has been a major factor in creating public awareness and a temporary preventive measure tailored to reflect the local realities. But such lockdowns without any social safety nets for the most vulnerable, or strategy to support economic revitalization will become increasingly expensive in time.

The humanitarian crisis in the conflict affected states of Borno, Adamawa and Yobe (BAY states) presents one of the greatest vulnerabilities to the spread of COVID-19. The situation is a complex protracted crisis with huge developmental needs, damaged infrastructure, insecurity and humanitarian access issues outside Maiduguri and major garrison towns. The most vulnerable population groups are children, women, elderly and people with chronic medical conditions. The biggest fear is the effects on the decrease immunity associated with diseases and risks typical of humanitarian contexts such as malnutrition, measles, malaria, HIV etc.

The outbreak in the North-East is met by a fragile healthcare system that struggles to cope with a variety of diseases like malaria, cholera, measles etc.. Overall, more than 40 percent of health facilities in the affected states of Borno, Adamawa and Yobe have been damaged as a result of the protracted conflict. There have also been significant disruptions to vaccination campaigns and other essential health services for children and other



vulnerable groups in inaccessible areas. Funding has also been a major challenge, noting that in 2019, the health sector received only 25 percent of its funding requirements.

This emphasizes the need to step up efforts to address the combined effects of the conflict and of COVID-19 on the people in the BAY states. The Borno State COVID-19 readiness checklist reveals vast gaps in institutional and human resources as well as equipment - currently equipped with just 52 and 83 beds in ICU and isolation centers, respectively. The situation is not better in Adamawa or Yobe, thus efforts to put in place localized contingency plans in the BAY states remains urgent.

Public Health consequences:

The COVID-19 pandemic is placing significant strain on healthcare facilities that are already overwhelmed by lack of capacity as well as high risk disease outbreaks such as cholera, lassa fever, measles and malaria. There have also been significant disruptions to vaccination campaigns and other essential health services for children and other vulnerable groups in inaccessible areas. Borno is currently experiencing an outbreak of measles with over 21,052 cases as at the end of December 2019 which further puts at high risk children under 5 years already facing dangerously high levels of malnutrition, endemic malaria and other epidemic prone diseases. While no cholera outbreak in Adamawa and Lassa fever in Borno cases were reported in March 2020, the risks remain and the pandemic is adding to the burden of endemic infectious diseases that already prevail in the North East.

Among the critical factors that might contribute for this rapid spread are; the weak health system, high population concentration in certain urban centers like the city of Maiduguri, inadequate awareness on preventive measures, and a favorable traditional and cultural practice support to the state efforts to contain the outbreak. The Borno State COVID-19 readiness checklist reveals vast gaps in institutional and human resources as well as equipment - currently equipped with just 52 and 83 beds in ICU and isolation centers, respectively. The situation is not better in Adamawa or Yobe, thus efforts to put in place localized contingency plans in the BAY states remains urgent.

The pandemic has led to a measurable decrease in the treatment of other pathologies and fewer services being offered. Critical resources such as trained health workers and medical supplies are being diverted to respond to the pandemic, thus leaving other essential services heavily under-resourced and dysfunctional.

Finally, health workers are at the front line of the COVID-19 outbreak response and as such are exposed to hazards that put them at risk of infection. Hazards include pathogen exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence.

Implications of COVID-19 outbreak in IDP camps

Many of the prescribed global preventative measures will be difficult to implement given the conditions in the camps and camps like settings of the northeast. Assessments of the BAY State IDP camps conducted by DMS/CCCM, Shelter and NFI indicate that one in four of the camps, which host 430,000 IDPs, are highly congested with per capita space of less than 15m².¹ Consequently, almost all of the LGAs hosting the over-congested IDP camps in Borno have been identified as 'high risk' areas by the Borno COVID-19 Preparedness and Response Plan. In 3 of the camps/settlement centers assessed, which are in Jere, Gwoza and Kala Balge LGAs and which host almost 64,000 people, the static crowd per capita space is less than or equal to 1m² compared to 2m² in Mumbai's slums. Social distancing measures are physically impossible to enforce in these camps. An additional 12.5 million m² (1259 hectares) of land would be required to transform highly congested camps, to allow for per capita space of 35m² – the acceptable minimum space prescribed by UNHCR.

In addition to space, lack of access to safe water and sanitation further compound community deprivations and vulnerabilities and constrain the implementation of preventative measures. An outbreak of COVID-19 in such

¹ UNHCR ranks $\leq 29\text{m}$ per person in an IDP camp as "critical" <https://emergency.unhcr.org/entry/45581/camp-planning-standards-planned-settlements>

conditions could likely follow simulation estimates under unmitigated and high (and possibly even higher) transmission rates of 3.3. In such a case, in the event of a simultaneous outbreak in camps classified as ‘highly congested,’ as many as 400,000 IDPs could become infected. The stealth of the virus in the extremely congested living conditions and interacting with a population characterized by high prevalence of comorbidities, including high incidences of chronic malnutrition and endemic malaria coupled with the current measles, cholera and Lassa fever outbreak can result in serious implications on containment efforts in the region. Adding to the already murky outlook, COVID-19 can severely hamper the capacity of humanitarian actors to serve affected communities by disrupting supply chains and resulting in fatal delays of aid delivery to the more than 7 million population in need of humanitarian relief.

Health Sector Actions



AHI supplied 217 dignity kits at Dikwa and Monguno LGA respectively where our health workers use for RH outreach activities, and SRH session with adolescent girls is on-going at Dikwa and Monguno LGAs.



ALIMA In collaboration with the MoH, continued the endowment of lifesaving medical and Nutrition services to the disaster affected communities as well as provision of support to the Borno State Government in Health Systems Strengthening through provision of service delivery, essential medicines, training and infrastructure improvement initiatives. ALIMA is also supporting the state in Covid 19 case management both directly and indirectly. 15,760 patients were provided with outpatient consultations and 237 patients were managed in the Inpatient Department. 557 deliveries were assisted by a skilled attendant and 1091 PNCs and 3247 ANC consultations were conducted. A total of 19 C-sections were performed at Monguno General Hospital. 36 Measles cases were treated at its health facilities in Monguno. Most of the cases were from Waterboard, GSS, NRC and Fulatari. ALIMA has continued to provide sensitization and awareness to the community within the health facility while maintaining social distance and respiratory etiquette.

In Maiduguri and Jere LGAs, Keeping in mind the current pandemic of covid 19, ALIMA has applied all the sector covid response in its activities across all facilities within the 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 for acute malnourished children under five years’ 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 the Bakassi host community. ALIMA also supports free secondary healthcare in the Monguno General Hospital in coordination with the Hospital Management Board. In response to the Covid-19 pandemic, ALIMA has commenced sensitization being the lead in Health at Monguno LGA. Measures have been put in place in the department of the hospitals with a good IPC in place.

For SRH activities in MMC/Jere, ALIMA provided 1005 ANC and 133 PNC consultations in which (414 ANC are first visit and PNC within 72 hours of delivery 136) at Muna Clinic with 5 referrals. The Teachers Village clinic, 638 pregnant women in total came for ANC (ANC 1, 281) while the total PNC consultations were around 172 (PNC within 72hours 121).

BEmOC activities were conducted at CBDA clinic where 129 deliveries were recorded which is high compared to last month delivery, a total of 10 referrals was made to secondary/tertiary care and 133 deliveries were conducted at TVC Clinic, the total number of deliveries is higher compared to last month deliveries. Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic.

In Askira and Hawul LGAs in south Borno, ALIMA supports 9 PHCs and 1 General Hospital in Askira. A total of 4175 OPD consultations for children under 5 were conducted which is high compared to last month consultation. 47 hospitalizations for under 5 years. Additionally, 276 deliveries were recorded and 1299 ANC consultations were conducted. ALIMA admitted 165 children suffering from SAM in ATFC and treated 1 complicated SAM case at the ITFC in Askira GH.

8967 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 89% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. The number has drastically reduced because of the reduction of participants in order to maintain social distance during the training session.

ALIMA being an active member of PHEOC has been supporting the State Ministry of Health to cope with the outbreak in Borno. ALIMA is currently providing health workers at Abba Kyari Isolation Center with special incentives, case management and provision of 3 square meals to all patient and staff working at the isolation state. With the support of WHO and state ministry of Health ALIMA has conducted series of training including hands on training to all Healthcare staff and burial team across MMC/JERE.



Training for the state burial team by ALIMA in collaboration with the state/WHO



IPC training for UMTH COVID lab sample collection team.

During the reporting month, ALIMA got approval for establishing an isolation center at Monguno General Hospital where suspected patients with Covid-19 will be retained until the PCR reports come in. Patients with mild and moderate illness will be treated in Monguno while severe and critical cases will be referred to the State Isolation Center in Maiduguri. Currently ongoing plan and logistics work is to set up a 30 bed isolation center in Monguno by ALIMA is ongoing, being the Health and Nutrition cluster lead ALIMA has continued to build and train its staff and other MOH staff on IPC

measures in the context of covid 19. ALIMA has also supported the state and UMTH with Oxygen concentrators, pulse oximeter, PPEs and will continue to that whenever the need arise. ALIMA is still supporting with COVID-19 case management in 3 countries (Senegal, Burkina Faso and Cameroon), and will continue to raise community awareness on Covid-19 preventive measures and will continue with the active participation at PHEOC meetings.

Challenges

- Major challenge is the closure of international Airport/borders as a result of the covid-19 pandemic leading to delay in delivery of international procurement and local purchase.
- Inability to send drugs and other medical needs due to road closure.
- Closure of some key Health activities due to lack of movement clearance.



GZDI in partnership with Pro-Health International is implementing an OVC/HIV oriented intervention and mainstreaming COVID-19 preventive measure across four (4) local governments of Adamawa State; Mubi South, Michika, Gombi and Hong.

This intervention seeks to provide sustainable reduction (SURE-Impact) of impact of HIV on children and their caregivers, by improving their wellbeing and mitigating impact of HIV and other causes of vulnerability, through enrolment and service provision in four (4) thematic areas namely; Healthy, Safe, Schooled and Stable, to meet up with the UNAIDS 95-95-95 ambitious target.

Through the month of April 2020, enrolment of new beneficiaries continued, criteria for enrolment includes and is limited to the following streams; Children Living with HIV (CLHIV), Children Living with HIV Positive Adults (PLHIV), Children at risk of Transactional Sex, Children of Female Sex Workers (CFSW), Children of Men who have Sex with Men (MSM) and Children of Injection Drug Users (PWID).



Newly enrolled beneficiaries were served alongside existing caseloads, community volunteers reached out to various households in their respective communities, thereby providing services directly and through referral synergy with relevant partners, with supportive supervision of staff. These services includes; Health Education, Water Sanitation and Hygiene Messaging (WaSH), COVID-19 sensitive WaSH Messages, installation of tippy-tap

for hand washing in communities, facilitation and sponsorship of discretionary and escort services for ART Refill, PMTCT, Viral Load Sample Collection and treatment of minor illness, Referral for HIV services (HTS, EID, ART, PMTCT and VL) and HIV Adherence Support.



INTERSOS continue to support stand-alone health facilities in Bama (1), Dikwa (1) and Ngala (i.e. 2: one in Gamboru Host Community, and one in ISS Camp). She is also supporting 4 Health facilities in Magumeri, 1 General Hospital and 2 health posts in. INTERSOS is also carrying out 4 mobile clinics in Magumeri, 2 in Dikwa and also recently started 1 in Bama GSSS Camp to cover the whole camp accordingly. The total number of consultations for the month of April was 18,234 (M 8,052 and F 10,182) of which U5 was 7,306 (40%). The total number of consultations for the reporting month recorded a decrease compared to the previous month of March. Also the number of U5 consultations recorded for the month, was lower than the number of U5 consultations seen in the month of March.

Acute Respiratory Infection (with a total number of 3,980 cases) is the highest cause of morbidity, closely followed by Malaria (with a total of 1,631 cases). This number is largely lower than the number of ARI cases and Malaria cases seen in the month of March. INTERSOS health facilities registered an increase of cases for Acute Watery Diarrhea, but lower cases for Bloody diarrhea across all sites, compared to the previous month, with 68 cases for Acute Watery Diarrhea, and 168 for Bloody diarrhea respectively. From the Morbidity breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites.



INTERSOS is supporting referral of patients in need of secondary or tertiary care from Bama and Magumeri to Maiduguri, 8 patients were referred, 4 were discharged and 3 are still on admission. All patients were from Magumeri. 1 death was registered among the referrals from Magumeri in the month of April.



IRC continue to provide support across the three BAY states in North east Nigeria, the IRC with funding from SIDA, EU, OFDA, NHF, ECHO and GAC reached a total of 64,848 (24,811 M, 40,037 F) clients. Out of this total, 36,908 were provided with comprehensive primary Health care and reproductive health services at mobile clinics and supported static health facilities. During the same period 27,940 (15,966 F, 11,974 M) were reached with health promotion activities. Major focus of health promotion and sensitization carried out at the clinics and in the communities, the IRC's health clinician, community volunteers was on symptoms and signs of COVID 19 , prevention of infection, infection Prevention and Control. Other routine topics like malaria prevention and control, birth preparedness, newborn care, and reproductive health services utilization were also given.

Capacity building sessions were conducted for 239 (148 F, 91M) MOH/LGA nurse, midwives from supported Health facilities, Community Health Volunteers, and some IRC staff. All the training were conducted prior to report of index case in all the 3 state and government imposed lockdown. In order to reduce the risks of COVID-19 infection, a training on infection prevention and control (IPC) and the use of personal protection equipment (PPE) for all members of its staff (49F, 9M). Equally, a training on COVID-19 specific community engagement and risk communication was organized for community volunteers in Monguno, Gwoza and Maiduguri and 174 (91M, 73F). IRC also runs RH Clinic in Bakassi and Stadium Camp (Maiduguri). Six Comprehensive Women's Centres (CWCs), in Konduga, Monguno and Gwoza. SRH services were provided through mobile teams in 5 hard to reach communities of Magumeri LGA, and supports 5 government facilities in Askira Uba LGA. In the course of the month, 1,307 pregnant women were registered for ANC, with 432 deliveries conducted at our facilities. There were 614 new family planning users, and 1,280 (968F, 312M) STI consultations carried out.

On-site Covid-19 training in Kareram PHC.



On-site training of community volunteers in Gwoza L.G.A.



JHF continue to implement the Community DRTB care project in collaboration with the Association for Reproductive and Family Health (ARFH). This project is aimed at ensuring prompt access to high quality, patient-centered DR-TB diagnosis, treatment and follow-up services thus, contributing to improved treatment outcomes and reduction in DR-TB transmission in Nigeria. There were 2 new enrollments into the community during the month of report, contact examination of the index cases were as well carried out. JHF is also implementing Active TB Case Finding and Linkage to Care among Nomads in collaboration with KNCV TB Foundation in Adamawa, Taraba and Gombe States. This project aims to detect TB cases from Nomadic Communities, settlements and grazing reserves in the State and link them to TB treatment facilities. Although the project ended on 31st January, an extension was approved to enable JHF conduct the Operational Research Component.

7,879 persons were verbally screened across 17 LGAs of Adamawa State, 881 presumptive TB cases were detected out of which 666 had their sputum samples transported. 459 samples were analysed using GeneXpert TB diagnosis technology while 205 were analysed using AFB microscopy diagnosis. A total of 72 All Forms of TB cases were detected and enrolled on TB treatment. Of the 881 presumptive TB cases detected, 666 had HCT out of which 5 were found to be HIV+ and were linked to ART sites for Treatment, care and support.



Active TB Case Finding and Linkage to Care in IDP Camps_and Host Communities project aims to actively detect TB (and HIV) cases from IDP Camps and Host Communities in 4 LGAs of Adamawa State (Mubi North, Mubi South, Yola North and Yola South) and link them to TB treatment services. The scale up project started in January 2020, with 15 Volunteers, 5 DOTS staff and laboratory focal persons were oriented on the project in each of the 4 LGAs. 354 IDPs were verbally screened in camps and host communities, 353 presumptive TB cases were detected out of which 269 were tested by GeneXpert. A total of 23 all forms of TB cases were detected. A total of 278 presumptive TB cases had HCT out of which 1 was found to be HIV+. This patient was linked to ART site for Treatment, care and support. All TB cases detected were enrolled on treatment in the 4 LGAs.

Key challenges encountered across these interventions include:

- Limitation of movement of HCWs due to the lockdown as a result of the COVID 19 pandemic
- Accessibility problems to some hard to reach areas
- Shortage of HIV test kits
- Security challenges in some targeted LGAs

The following are recommendations proposed to meet the stated challenges:

- JHF is working in collaboration with other organizations in the fight against COVID 19
- JHF will continue to advocate for the establishment of DOTS sites within (or proximal to) Nomadic Communities
- JHF will advocate to ADSACA for HIV test kits
- JHF will continue to liaise with security agents as communities are reached with TB services



NCA modified the medium of some service provision at its safe spaces into teleconsultation; case management, referrals and the dissemination of SRH information are done over the phone, reducing the exposure for both service provider and beneficiary and has also Purchased and prepositioned delivery and MHM kits in partner health facilities in Pulka and Monguno.



PUI continue to response to the need of the affected population across different sector. Humanitarian situation at different centers managed by PUI are as follows: PUI had initiated Covid-19 screening at all the five health facilities and some temporary isolation/holding rooms identified for suspected cases Meanwhile Malaria cases confirmed by RDT is increasing, and the rehabilitation works across the 5 facilities in MCC-Bolori II is ongoing, with some works already finalized in some of the signs.

In Herwa Peace PHC, 59 cases of Malaria confirmed with RDT and 46 were clinically diagnosed, 3 cases of suspected measles were reported to DSNO and WHO while in Ngarannam PHC, 302 cases of Malaria confirmed with RDT and 20 were clinically diagnosed. 25 cases of suspected measles were reported to DSNO and the EWARS. Outreach Health Teams at Bayan Texaco, Jajeri Kantudu and Bulabulin Alhajiri diagnosed 233 cases of confirmed Malaria and 113 cases were clinically diagnosed malaria were reported. 30 cases of suspected measles were also reported.

2080 OPD consultations were carried out at Herwa Peace PHC, 3025 OPD consultations at Ngarannam PHC and 3476 OPD consultations were done at our outposts (Bayan Texaco, Jajeri Kantudu and Bulabulin Alhajiri).

809 doses of different vaccines were provided to women and children at Herwa Peace PHC, 788 doses to women and children at Ngarannam PHC and 542 doses were provided to pregnant women and children at our outposts (Bayan Texaco, Jajeri Kantudu and Bulabulin Alhajiri).



TdH continue to provide humanitarian assistance in Mafa Central LGA, by organizing Health

Mobile Hub in GGSS IDP Camp, in Mafa Rural LGA, with support to Zanari PHC Clinic and Health Post inside hosting community and IDPs population, and In Rann - Kala Balge LGA, with specialized MNCH and CU5 Health Mobile Hub.

A total of 19,099 beneficiaries, great majority being PLW women, women in reproductive age and children (mainly under 5) benefited from TdH interventions in above listed three areas/projects.

7,209 of these in Mafa LGA (Central and Rural) 11,890 in Rann/Kala Balge LGA) 78% of beneficiaries are IDPs (14,949 people) and 22% from the host community (4,150 people).

As per beneficiary structure, 2,681 are patients from our MNCH and USC TdH Health Mobile Hubs (14%), while rest 16,418 (86%) are PLW, and other family members reached by the net of our Community Health Volunteer and active TBAs from these communities.

Reason for such high number of community awareness visits is due to intensive COVID-19 “door-to-door” community campaign that covered over 2,700 HHs in 3 locations of TdH intervention.

Special attention has been given to reorganization of health services toward COVID-19 recommended preventive and safety measures and training of TdH Office staff, field staff and community volunteers on essential measures to prevent COVID-19 epidemic spreading.

In Rann, training of Community Health Volunteers, TBAs, CHEWs, Community Leaders and AQIC members on COVID-19 (using SMOH curriculum) was completed with 89 people trained so far in two weeks. Health Department organized Orientation Training on COVID-19 epidemic and on SMOH curriculum for the training of Community Volunteers, involving 64 TdH Office Program staff of CP/EiE (40), WASH (7) and Health program (17).

In Mafa, training of community health volunteers, community leaders and registered Beneficiaries of mama group on COVID-19 was completed. So far, 30 Community health Volunteer and community leaders participated in the Training and 90 women trained in the Mama Group. The training was facilitated in groups of 10 persons by the Trained Health workers.



The challenges TdH is facing in implementation of our activities are:

- Reorganization of regular health activities toward COVID-19 recommendations and guidelines from SMOH and WHO/ UN agencies, demanding high human resources engagement and significant material inputs.
- Compromised access to the implementation areas and beneficiaries due to high level of insecurity, to Mafa Central especially, lack of clear communication between Civil and Military Authorities.
- The other factors continue to be present, like difficult access to the implementation areas due to geographical isolation (bad roads), to Rann especially; absence or inadequate structure of the Governmental Health system, in all three areas; in Mafa Rural is very poor, while in Mafa Central and Rann does not function at all, etc.

On the other hand, there are factors that shall be mentioned and are facilitating our activities:

- Intensive and regular coordination on COVID-19 epidemic between SMOH, Health Sector and humanitarian partners.
- Support of all donors (NJR, NHF, FMOFA, etc.) in prioritization of measures to combat COVID-19 epidemic.
- Continuation of good coordination and cooperation with the Governmental Health System, SMOH and PHCLGA (on LGA level).
- High interest and firm involvements of Community Health Volunteers and TBAs.
- Excellent support and cooperation by the affected communities and IDPs in IDP camps settings.



UNFPA continue to support coordination of SRH activities via the SRH Sub Working Group. Adhering to the COVID-19 safety measures, all meetings are currently being held virtually across the BAY states. A guidance note on innovative approaches to deliver SRH activities within

COVID-19 response plan was developed and shared with partners.

UNFPA has Provided Yobe Primary Health Care Board & Ministry of Health with emergency reproductive health kits distributed to six major referral hospitals for Gynaecological care and health response to sexual assault. Estimated to cater for over 6,000 people. Strengthening of service provision to reduce excess maternal morbidity and mortality through lifesaving activities where 147 women attended ANC, 3 deliveries supported by skilled birth attendant, 14 PNC consultation were provided, 79 women of reproductive age received family planning services across the service points and 10 benefited from treatment of STIs at integrated Health facility in Borno state. UNFPA has prioritized adolescents and youths within the COVID-19 response. In its approach youth friendly services including HIV prevention service and FP reached some 331 individuals. The youths were strongly involved in dissemination of IEC materials on awareness on signs and symptoms and on COVID-19 preventive measures.



UNICEF A total 147,713 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 75,797 (51.31%) were children below five years.

During the reporting period, 63,648 Out-Patient Department (OPD) consultations were recorded with Malaria – 16,572 being the major cause of consultation, followed by ARI – 14,531; AWD – 5,601 measles – 254, and other medical conditions – 26,689. A total of 76,889 prevention services were recorded including 3,769 children vaccinated against measles through RI services; 31,529 children and pregnant women reached with various other antigens; Vitamin A capsules – 10,399, Albendazole tablets for deworming – 11,580, and ANC visits – 15,962, and 3,650 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,648 deliveries (skilled delivery – 2,258, unskilled – 390) and 4,528 postnatal/home visits were recorded during the reporting period.

WHO has completed training and capacity building for health workers in 10 high risk and border LGAs in Yobe state (Damaturu, Potiskum, Nguru, Bade, Geidam, Yunusari, Machina, Gujba, Gulani and Fika LGAs). WHO and the State RRT is leveraging on partner presence in high-risk LGAs to scale-up technical and supervisory support to LGA RRTs in high-risk LGAs. WHO currently coordinates the mobilization and distribution of medical commodities to 15 LGAs, health facilities and zonal stores for prepositioning and use in COVID-19 response across the state. The teams continue to advocacy on resource mobilization, and to traditional and community leaders on poor compliance and leakage of interstate border closure in high-risk LGAs.

In Adamawa, WHO has coordinated the 8 pillars to develop standard data collection tools that have been transcribed into ODK to collect information from the ward, LGA and State levels. Daily dashboard analysis of real time data will be used to monitor activities on daily basis. This will strengthen the ward and the LGA level coordination due to the feedback in the form of reports and data sharing.

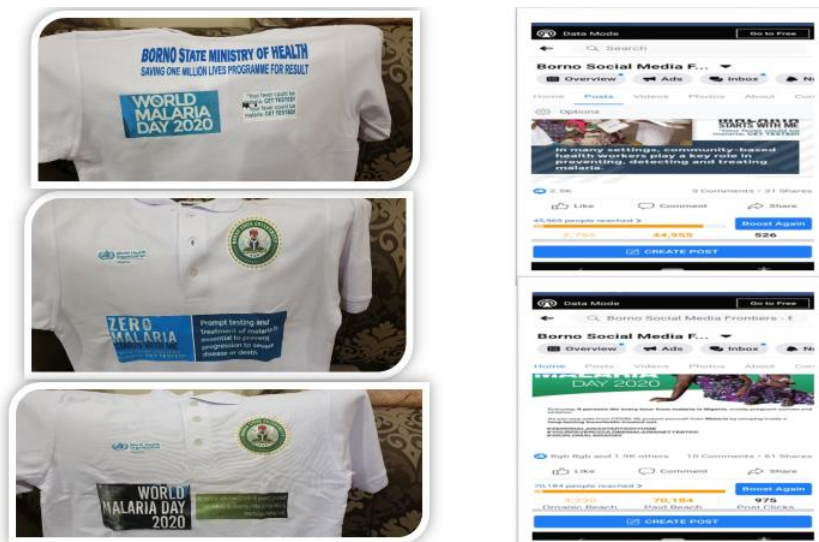
On 9 April, the Hon. Commissioner of Health with members of the IPC, Case Management, and Logistics Team for COVID-19 inspected the Isolation Centre at the University teaching hospital in Maiduguri.

The centre was recently equipped with needed equipment and supplies for the management of cases of coronavirus, this was achieved as part of efforts to strengthen preparedness and readiness to the COVID-19 pandemic. Following the inspection at the centre, the following areas on infection prevention and control (IPC) and case management procedures were discussed by team members of both IPC and case management pillars. Case management guidelines and SOPs to be made available for the isolation center; Identification of partners to support at the isolation center to fill gaps in IPC and case management; Treatment regimen for Covid-19 and transportation plan for patients to the isolation center.



WHO Commemorated the World Malaria Day (WMD) on 25th April

The theme for this year WMD is: “Zero Malaria Starts with Me”, Slogan: “Your Fever Could be Malaria; Get Tested”. Among several activities conducted; WHO staged a Media chat on Peace FM and BRTV, discussing on malaria and the need to continue provision of malaria services, implementation of planned activities especially SMC. SOML supported with 30 T-shirts, while WHO handled the printing on these t-shirts. WHO supported the printing of 500 handbills on WMD with different messages and have distributed to journalists and media houses. WHO supported Borno Social Media frontiers to boost WMD messages and they have so far reached about 110,000 people using Facebook, Twitter, WhatsApp, Instagram etc. WMD Talking point was developed and shared with communication unit. Inserted are some pictures from the activities and materials:

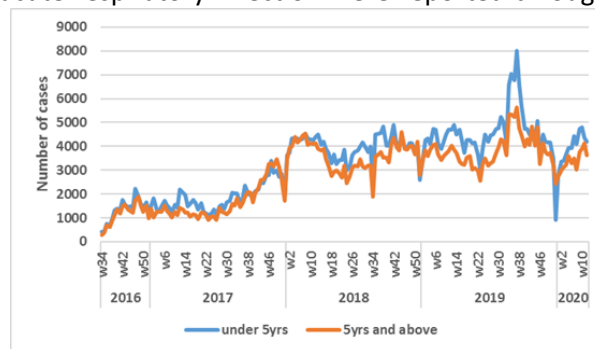


Early Warning Alert and Response System (EWARS):

Acute respiratory infection: In Epi week 14, 3,842 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 790 were from PUI mobile clinics in MMC, 414 were from General Hospital Ngala (FHI360), 229 were from FHI360 clinic Banki in Bama, 191 were from Ngaranam PHC in MMC, 165 cases each from INTERSOS Health Facility Gamboru in Ngala and ISS IDP camp clinic (INTEROS) in Ngala and 152 were from Sabon Gari Lowcost IDP camp clinic (MDM) in Damboa. No associated death was reported.

Suspected Yellow Fever: Three (3) suspected yellow fever cases were reported through EWARS from Farm Centre Camp Clinic (2) in Jere and Gumsuri Clinic (1) in Damboa. Two (2) additional cases were reported through IDSR* from Magumeri (1) and MMC (1) LGAs making a total of 5 suspected yellow cases. No associated death was reported.

Neonatal death: One (1) neonatal death was reported through EWARS from Njingowa Health Clinic in Magumeri.



Hard-to-Reach Intervention in Health Service Delivery and COVID-19 Response in Borno state

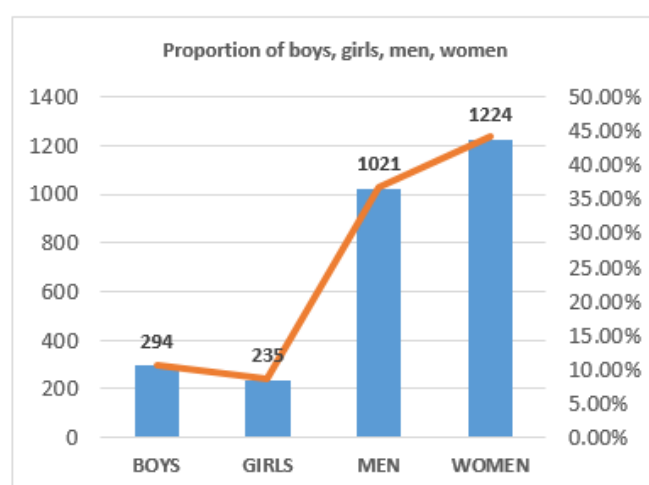
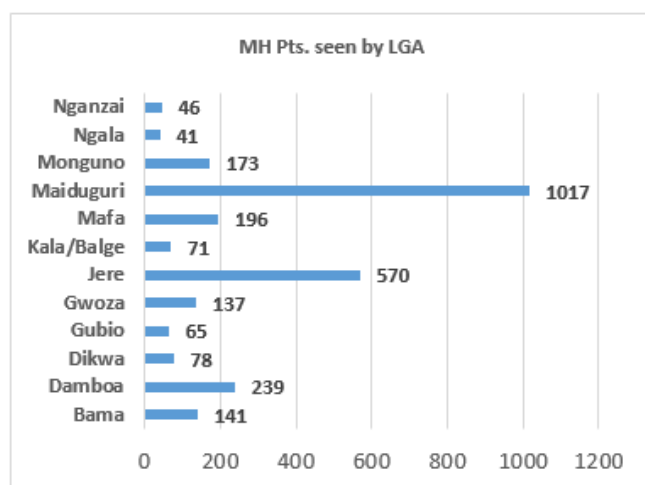
- HTR teams in Borno have intensified Religious Leaders and Communities Sensitization on Social Distancing, use of local Hand Sanitizer and Face Mask on Corona Virus Pandemic done within the week
- HTR teams have intensified Nomadic Focal persons' sensitization on prevention and control measures of Corona Virus during mobile outreach sessions on borders, water point and nomadic route.
- HTR teams continue with Religious Leaders and Communities Sensitization on Social Distancing, Use of local Hand Sanitizer and Face Mask on Corona Virus Pandemic. More than 1345 nomadic were sensitized on COVID 19 within the week, 434 traditional /religious leaders were also sensitized.
- HTR teams are continuing with sensitization and risk communication for nomadic populations in hard to reach and remote areas to prevent the endemic disease currently on going in the state.
- ANC services provided to pregnant women in remote and security compromised areas, where Intermittent Prophylactic Therapy (IPT) for malaria and Iron/folate to prevent malaria in pregnancy were given to 5235 women.
- Pregnant women provided with IPT for malaria using SP were 851 and 1973 others were provided with Iron/folate supplement to prevent anemia in pregnancy.
- HTR teams in Borno are intensifying efforts to provide essential health services and prevent malnutrition in remote and security compromised areas. HTR teams have screened Under-5 children screened for malnutrition were 7613 and referred 23 children with SAM to OTP sites and SCs across the state. Also 4555 children 6-59month were provided with Vitamin A supplementation.
- Women of reproductive age reached with health promotion messages by HTR teams-5235
- Number of settlements visited by the Borno HTR teams within the week was 184 which is equal to number of sessions conducted by 58 HTR teams in Borno state. (representing 100%.as per planned)
- GBV Cases – No case of GBV reported within the week by HTR teams

WHO - Mental Health outreach sessions have continued, and 91 sessions were conducted in 12 LGAs (Bama, Damboa, Dikwa, Gubio, Gwoza, Jere, Kalaberge, Mafa, MMC, Monguno, Ngala, and Nganzai) across 36 health facilities during period of report. A total of 2,774 patients were treated, 8 referred to Federal Neuro Psychiatric Hospital (FNPH) Maiduguri for further management and 9 admitted for inpatient treatment. A two-day meeting was organized by WHO HQ via webex, from 29th to 30th April, 2020 on kick starting a new project that will strengthen mental health interventions for GBV survivors through the development



and piloting of technical guidance and trainings of mental health specialist. This is to address gaps within the health response to GBV.

WHO, in collaboration with SMOH and FNPH proposed to establish a response team towards psycho social support for individuals with COVID-19, their families, general public and front line workers.



Nutrition Updates



ALIMA continue to provide Nutrition services in all implementing sites, however some lyfc activities like cooking demo are put on hold, one on one counselling while maintaining 2m distance still continues in the health facilities, Mtmsg participants reduced to 5 participants per session and same for mother Muac training, however mothers are still consulted on the importance of breastfeeding and IPC in the context of covid 19.

In Muna and Teachers Village Clinics, ALIMA provided a total of 1516 OPD consultations for children under 5 in Muna Clinic with 9 referrals and 2678 consultations for all ages in TVC Clinic 40 with referrals.

Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic, a total of 132 new SAM cases were admitted and 127 cases were discharged from the program. 10 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 70 new SAM cases with complications and discharged 69. Additionally, in Water board Clinic in Monguno, ALIMA provided a total of 691 OPD consultations for all ages at Waterboard Reception Clinic in Monguno.

Nutrition interventions were conducted in the ATFC at Water Board Reception Clinic where 13 new SAM cases were admitted and 22 were discharged from the program. 1 SAM case with complications was transferred from ATFC at ITFC.



PUI continue to provide nutrition services by admitting 21 new SAM cases in OTP at Herwa Peace HPC, 42 new admissions for SAM cases in OTP at Ngarannam PHC and 94 new admissions for SAM cases in OTP at outposts in Bayan Texaco, Jajeri Kantudu and Bulabulin Alhajiri.

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

Federal Ministry of Health and Adamawa, Borno and Yobe State Ministries of Health, UN Agencies: IOM, OCHA, UNFPA, UNICEF, UNDP, WHO, National and International NGOs: ALIMA, Action Against Hunger, Action Health Incorporated, AGUL, CARE International, COOPI, GOAL PRIME, Janna Foundation, MSF (France, Belgium, Spain and Switzerland), ICRC, INTERSOS, Malteser International, Medicines du Monde, Premiere Urgence Internationale, International Rescue Committee, eHealth Africa, FHI-360, International Medical Corps, Catholic Caritas Foundation of Nigeria, Nigerian Red Cross Society, Victims of Violence, Terre des hommes, SIPD, Swift Relief Foundation, Nigeria Centre for Disease Control, RUWASA, BOSEPA, PCNI, BOSACAM; other sectors (WASH, Nutrition, Protection, CCCM, Food Security, Shelter and RRM), Nigerian Armed Forces and Nigerian Air Force.

-Health sector bulletins, updates and reports are now available at <http://health-sector.org>

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