



# Northeast Nigeria Humanitarian Response

## COVID-19 Response

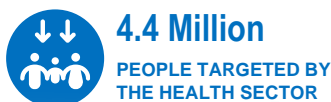


Nurses supporting recuperating VVF survivor

@Alvin Photography

# Health Sector Bulletin

September 2020



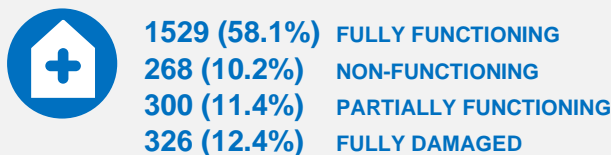
## Highlights

- As of 30th September 2020, a total of 1,051 confirmed COVID-19 cases have been recorded, including 60 deaths, 28 active cases and 963 (92%) recoveries in Borno, Adamawa and Yobe states. A total of 10,771 COVID-19 tests have been conducted in Borno State, initial test stands at 10,420 while follow up test stands at 328. In Adamawa State, 2,223 samples have been tested, 248 are positive and 214 results are pending.
- For the Seasonal Malaria Campaign (SMC) Cycle-3, 25 accessible LGAs were targeted, within these LGAs are fully accessible, partially accessible and inaccessible areas. As such, the fully accessible areas were reached by H2H teams, partially accessible areas were reached using the RES teams, while inaccessible areas were reached through CIAs to ensure that all eligible children within the 25 LGAs are protected from malaria.
- Health and WASH partners are jointly responding to an increasing number of AWD cases across different LGAs, although no suspected cholera case has been reported so far. Health and WASH partners are working through robust preparedness and readiness mechanism under the joint Cholera Preparedness and Response Plan to mitigate the risk of outbreak and to timely respond in case of an outbreak in the three states. Both sectors follow the Joint Operational Framework (JOF) developed for an integrated and coordinated response to AWD/cholera outbreaks in the humanitarian settings.
- There is an observed gradual deterioration in the nutrition status of under-fives in Gubio, Magumeri, Nganzai LGAs and other compromised locations. This is because of the suspension of CMAM activities by partners in these locations due to the worsening insecurity and access challenges.

## HEALTH SECTOR



### HEALTH FACILITIES IN BAY STATES\*\*



### CUMULATIVE CONSULTATIONS



### EARLY WARNING & ALERT RESPONSE



## SECTOR FUNDING, HRP 2020



\*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 August 2020.

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

\*\*\*\*\* The number of alerts from Week 1 – 38, 2020

## Situation Updates

### Seasonal Malaria Chemoprevention (Cycle 3)

SMC Cycle 3 implementation in Borno State Started on 10th September 2020. Three (3) strategies were used in Cycle 3 due to complex operating environment:

- House-to-house (H2H);
- Reaching every settlement (RES); and
- Community informants from inaccessible areas (CIAs)

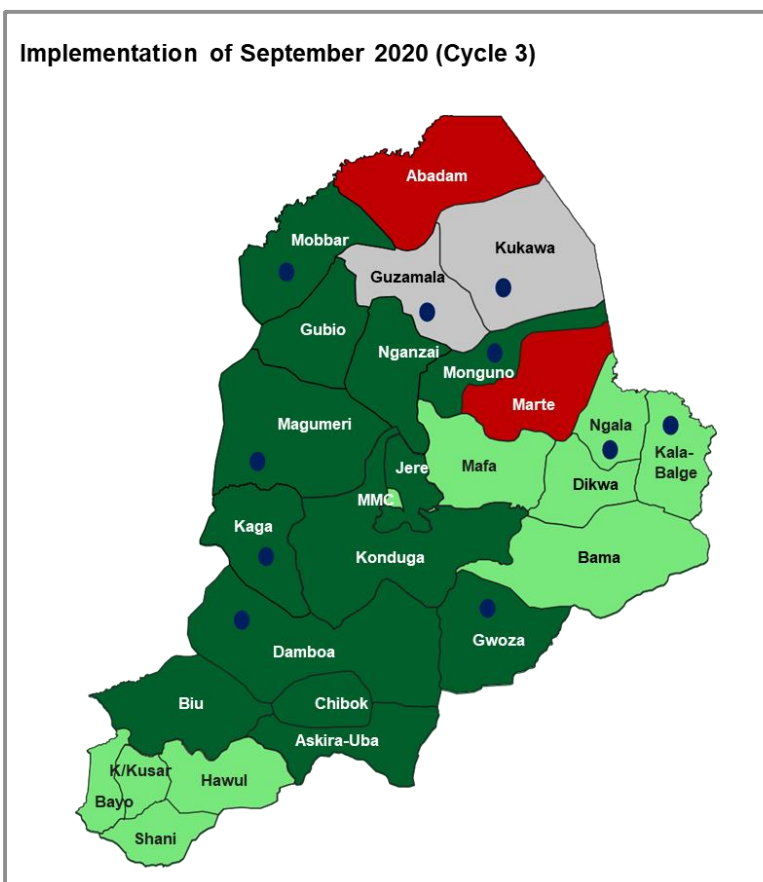
25 accessible LGAs were planned for the implementation, within these LGAs are fully accessible, partially accessible and inaccessible areas. As such, the fully accessible areas were reached by H2H teams, partially accessible areas were reached using the RES teams, while inaccessible areas were reached through CIAs. This was to ensure that all eligible children within the 25 LGAs were protected from malaria.

- H2H strategy in accessible settlements across 23 LGAs,
- RES strategy in partially accessible settlements across 13 LGAs, and
- CIA support in inaccessible settlements across 9 LGAs

Several levels of monitoring and supervision took place during implementation and daily review meetings at all levels held throughout the period of activity, as well as e-Tracking of the teams using GIS.

### Borno State Map showing implementing LGAs with strategies used

■ Not Accessible   
 ■ H2H only   
 ● RES & CIAs   
 ■ RES & H2H   
 ● CIAs



LGA	Target Population
Askira/Uba	79,871
Bama	54,083
Bayo	59,259
Biu	102,219
Chibok	31,482
Damboa	69,279
Dikwa	51,544
Gubio	25,919
Guzamala	3,796
Gwoza	65,686
Hawul	50,374
Jere	348,222
Kaga	22,316
Kala/Balge	8,674
Konduga	119,598
Kukawa	1,495
Kwaya Kusar	44,970
Mafa	59,877
Magumeri	21,135
Maiduguri	552,031
Mobbar	21,967
Monguno	183,782
Ngala	61,153
Nnganzai	17,051
Shani	59,368
TOTAL	2,115,151

**1,818,356 children were reached with SMC Drugs in Cycle 3 as at 26<sup>th</sup> Sept.**

LGA	Target Population	Total Reached (H2H)	Total Reached (RES)	Total Reached (CIA)	Cumulative Reach	Coverage
Askira/Uba	79,871	77,991	1,302		79,293	99%
Bama	54,083	53,575			53,575	99%
Bayo	59,259	59,097			59,097	100%
Biu	102,219	100,382	1,622	1003	103,007	101%
Chibok	31,482	29,709	1,773		31,482	100%
Damboa	69,279	62,206	3,639	1,417	67,262	97%
Dikwa	51,544	51,422			51,422	100%
Gubio	25,919	22,170	3,757		25,927	100%
Guzamala	3,796	0	603	927	1,530	40%
Gwoza	65,686	61,679	2,693	1,838	66,210	101%
Hawul	50,374	50,355			50,355	100%
Jere	348,222	225,070	441		225,511	65%
Kaga	22,316	18,548	1,572	2,170	22,290	100%
Kala/Balge	8,674	8,442			8,442	97%
Konduga	119,598	113,035	5,559		118,594	99%
Kukawa	1,495	0	529	966	1,495	100%
Kwaya Kusar	44,970	44,920			44,920	100%
Mafa	59,877	60,309			60,309	101%
Magumeri	21,135	17,281	356	563	18,200	86%
Maiduguri	552,031	400,588			400,588	73%
Mobbar	21,967	15,685	1,960		17,645	80%
Monguno	183,782	175,107	150		175,257	95%
Ngala	61,153	59,653			59,653	98%
Nganzai	17,051	15,261	1,700		16,961	99%
Shani	59,368	59,331			59,331	100%
TOTAL	2,115,151	1,781,816	27,656	8,884	1,818,356	86%

- State coverage was 86%.
- The low coverage was due to inadequate SMC drugs supply and security issues in LGAs like Magumeri and Mobbar.

Legend	
Not Applicable	
>= 100%	
90% - 99%	
51% - 89%	
< 50%	

| 6

**Challenges:**

- Increased cases of insurgency attacks, affected implementation in some in some LGAs leading to suspension of implementation for about a week, thereby leading to an extra day implementation in the affected LGAs.
- Staggered implementation due to several factors namely: shortfall of drugs, security advise on movement of drugs and commodities and insurgent attack in some areas.
- Due to shortfall of drugs, we had to prioritize IDP camps and host communities for coverage in MMC & Jere.
- A member of CJTF from from Guzamala was attacked and injured by insurgent during RES activity but was rescued by the military.
- Delay in retrieving data from some LGAs due to late arrival of the teams working in security compromised areas (RES & CIAs), as can be seen we are still awaiting some data.

**COVID-19 UPDATES:**

As of 27th September 2020, a total of 1,051 confirmed cases have been recorded including 60 deaths, 28 active cases and 963 (92%) recoveries in the three states. In Borno, 1 confirmed case was reported for week 39 and there was no death recorded. 2 patients were discharged. 23 samples were collected in week 39. Total initial samples tested so far stands at 10,764.

In Adamawa, 6 new confirmed cases were reported for week 39. 227 samples were tested as against 10 in week 38, a 96% increase in samples tested. Weekly positivity rate of 3% was reported as against 40% reported in the preceding week. 1 mortality reported within the week and 9 recoveries from home care were made.

In Yobe 1 new confirmed case was reported for week 39. Eleven (11) contacts have completed 14 days of monitoring without symptoms. 67 samples were collected in week 39, and the positivity rate for the week is 2.4%.

**Weekly COVID-19 Summary situation for the BAY states:**

States	Cases			Deaths			Days since last report
	New cases in last 7 days	% change in new cases	Cumulative Cases	New deaths in last 7 days	% change in new deaths	Cumulative deaths	
Borno	1		742	-		36	1
Adamawa	6	▲ 50%	240	1	0%	17	1
Yobe	1	▼ 67%	76	-		8	3

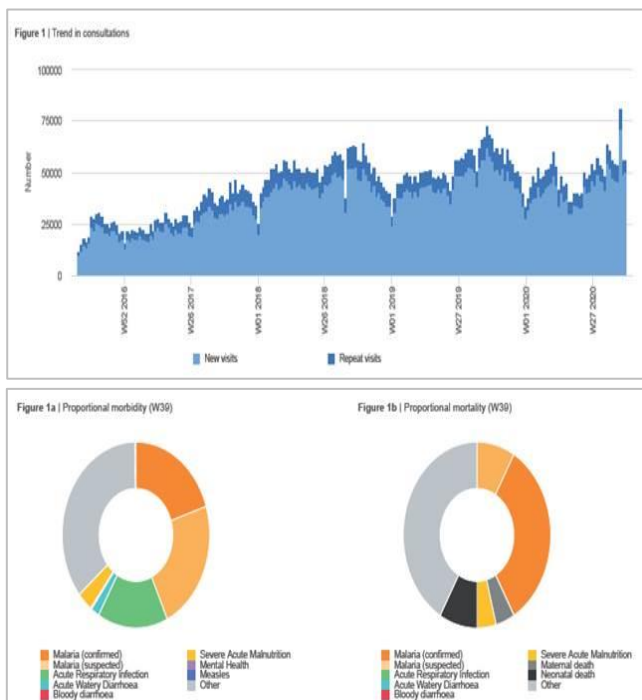
## Early Warning Alert and Response System (EWARS)

**Number of reporting sites in week 39:** A total of 200 out of 276 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 70% respectively (target 80%).

**Total number of consultations in week 39:** Total consultations were 49,899 marking a 28% increase in comparison to the previous week (n=38,883).

**Leading cause of morbidity and mortality in week 39:** Malaria (suspected n= 12,308; confirmed n= 10,718) was the leading cause of morbidity and mortality reported through EWARS accounting for 43% and 33% of the reported cases and deaths respectively.

**Number of alerts in week 39:** Thirty-one (31) indicator-based alerts were generated with 100% of them verified.



### Morbidity Patterns

**Malaria:** In Epi week 39, 10,718 cases of confirmed malaria were reported through EWARS. Of the reported cases, 904 were from PUI Mobile Clinics in MMC, 489 were from Gwange PHC in MMC, 400 were from General Hospital Biu, 368 were from Ngaranam PHC in MMC, 364 were from Herwa Peace PHC in MMC, 316 were from Damboa MCH and 309 were from Furram Dispensary in Magumeri. Eight (8) associated deaths were reported from Gwange PHC in MMC.

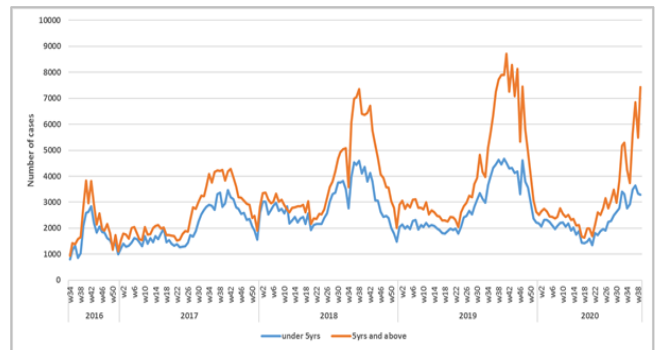


Figure 2: Trend of malaria cases by week, Borno State, Week 35 2016 – 39 2020

**Acute Watery Diarrhea:** In Epi week 39, 987 cases of acute watery diarrhoea were reported through EWARS. Of the reported cases, 204 were from Ngaranam PHC in MMC, 165 were PUI Mobile Clinics in MMC, 147 were from Herwa Peace PHC in MMC, 73 were from FHI360 SNEPCO PHC in Dikwa, 52 were Gwoza Camp Clinic in MMC and 46 were Gwoza Wakane IDP Clinic in Gwoza. No associated death was reported.

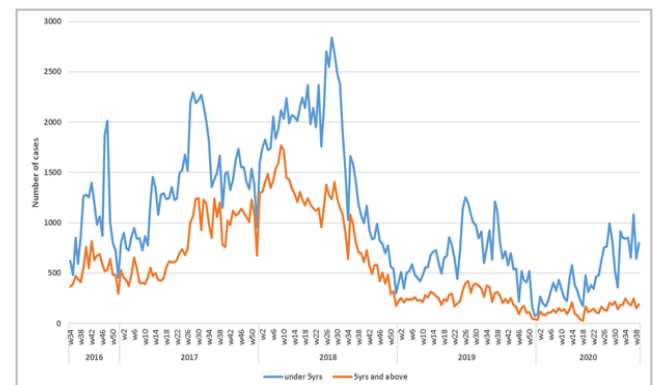


Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 35 2016- 39 2020

**Acute Respiratory Infection:** In Epi week 39, 8,261 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 954 were from PUI Mobile Clinics in MMC, 472 were from Ngaranam PHC in MMC, 314 were from Herwa Peace PHC in MMC, 313 were from AAH Waterboard Extension IDP Camp Clinic in Monguno, 299 were from PUI Waterboard Extension IDP Camp Clinic in Monguno and 273 were from Algon Clinic in Monguno. No associated death was reported.



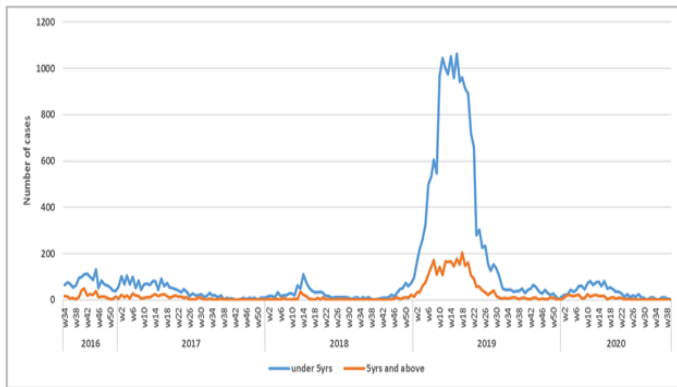


Figure 4: Trend of acute respiratory infection cases by Week, Borno State, week 35 2016- 39 2020

**Suspected Measles:** Three (3) suspected measles cases were reported through EWARS from Gwange PHC in MMC (2) and Dalaram PHC in Jere (1). Three (3) additional cases were reported through IDSR\* from Biu (1) and MMC (2) LGAs making a total of 6 suspected measles cases. No associated death was reported.

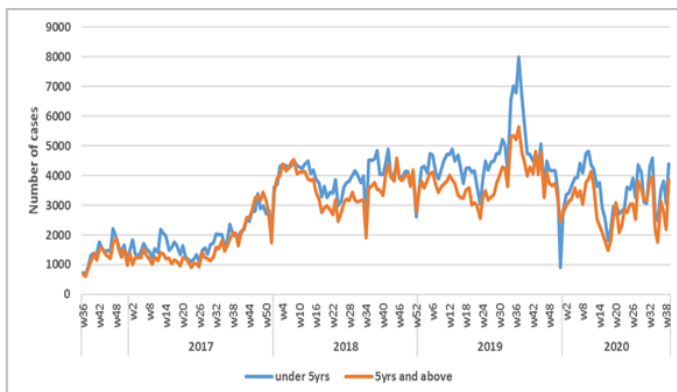


Figure 5: Trend of suspected measles cases by week, Borno State, Week 35 2016- 39 2020

**Suspected Yellow Fever:** Four (4) suspected yellow fever cases were reported through IDSR from Bayo (1), Magumeri (1) and Mobbar (2) LGAs. No associated death was reported.

**Suspected Meningitis:** Three (3) suspected meningitis cases were reported through EWARS from University of Maiduguri Teaching Hospital in Jere (2) and Chibok General Hospital (1). No associated death was reported.

**Suspected VHF:** One (1) suspected VHF case was reported through EWARS from Gwange PHC in MMC.

**Suspected COVID-19:** No suspected case of COVID-19 was reported through EWARS in week 39.

**Suspected cholera:** No suspected cholera case was reported in week 39.

**Malnutrition:** 1,808 cases of severe acute malnutrition were reported through EWARS in week 39. Of the reported cases, 132 were from Ngaranam PHC in MMC, 124 were from ICRC FSP Clinic in Monguno, 105 were from General Hospital in Ngala (FHI360), 103 were AAH Waterboard IDP Camp Clinic in Monguno, 79 were from Fori PHC in Jere, 64 cases each from Kurbagayi MCH in Kwaya Kusar and PUI Mobile Clinics in MMC. One (1) associated death was reported from Titiwas Dispensary in Magumeri.

**Neonatal death:** Two (2) neonatal deaths were reported through EWARS from University of Maiduguri Teaching Hospital in Jere.

**Maternal death:** One (1) maternal death was reported through EWARS from Gunda CHC in Biu LGA of Borno State.

\*IDSR- Integrated Disease Surveillance and Response

## Health Sector Action



**AAH** continue to support and enhance sexual reproductive health in humanitarian response in northeast Nigeria by providing 10,940 women with ANC and PNC services (9,487 – ANC and 1,453 – PNC). Appropriate maternal counselling, and provision of access to quality basic health care services that support women to have fit pregnancy, deliver safely and have healthy babies are still being provided.

With regards to outpatient consultations, 77,444 (Male – 32,681, Female – 44,763) received health care services at the health facilities. 33,987 were children under the age of five while 43,457 children were five years and above. The major consultations were malaria (21,180) followed by Respiratory tract Infections (10,687) Acute watery diarrhoea (9,004), Skin infection (2,365), Peptic Ulcer Disease (989), eye infection (640) and other medical conditions (32,579). Through mother-to-mother support groups and Community Health Mobilizers, a total of 19,344 (Male 2,119 Female – 17,225) population 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 prevention and control measures, availability of STIs care at health clinics and COVID-19 preventive measures.

Routine immunization services were also provided. BCG, OPV, PENTA, PCV, IPV as well as TT vaccines were provided and a total of 13,354 (Male – 6,338, Female – 7,016) children and pregnant women were vaccinated against vaccine preventable diseases.

Capacity building sessions were also conducted at different administrative level such as States, LGAs, health facilities and communities. Managers, health professional of different cadres and community workers benefited from the capacity enhancement sessions.

In Yobe state, Action Against Hunger, conducted State level ToT for Community Health Influencers Promoters and Services in Collaboration with Yobe state Ministry of Health. Similarly, 39 (0 Male, 39 Females) Community health Mobilizers were trained on Active Case Finding and referral of sick persons to Hospital, as well as 23 (5 Female, 18 Male) health workers were trained on the BEMONC data management and NHMIS. In Borno State, Action against Hunger in collaboration with Borno State Primary Health Care Development agency trained 15 (14 males, 1 female) health workers on thinking healthy, another batch of Health workers 25 (14 males, 11 females) where trained on Medical Waste Management, Monthly step down lesson to 19 Female health promoters In Kaga and Nganzai LGAs.



**AGUF** carried out community integrated health care services within Song and Girei Local Government Areas under the health-wash intervention as supported by NHF. Key amongst these activities include: Mobile outreach to communities which included Damare, Dakri, Vonuklang, Sangere, Girei, Loko, Song Gari, Gwalantabal, Holma, Zumo and Bolki. Essential drugs were procured and distributed as well as hospital equipment to selected health facilities within the target locations of Song and Girei Local Government Areas. This was witnessed by key partners/agencies of government. The team also conducted advocacy visits relating to the implementation of health intervention in Guyuk and Lamurde Local Government areas. Stakeholders visited included health partners, the Bachama and Lunguda traditional councils, Guyuk and Lamurde local government councils among others.



**ALIMA** provided a total of 15,084 outpatient consultations with Acute diarrhoea, Malaria, ARI and skin infection being the leading cause of morbidity. 561 patients managed in the Inpatient Department with 637 deliveries assisted by a skilled attendant and 1125 PNCs and 3899 ANC consultations were conducted. A total of 11 C-sections were performed at Monguno General Hospital.

At Muna and Teachers Village Clinics, 2,155 persons were provided with OPD consultations for children under 5 in Muna clinic with 27 referrals and 3,672 consultation for all ages in TVC Clinic with 40 referrals.

A total of 1,509 OPD consultations for all ages at Waterboard Reception Clinic in Monguno were provided and also 3,701 OPD consultations for children under 5 were conducted in Askira and Hawul LGAs in southern Borno.

For SRH activities in MMC/Jere LGAs, 1119 ANC and 182 PNC consultations were provided in which 421 ANC are first visit and PNC within 72 hours of delivery 182 at Muna Clinic with 3 referrals. At the Teachers Village Clinic, 1,055 pregnant women in total came for ANC (ANC 1,438) while the total PNC consultations were around 228 (PNC within 72 hours 179). BEmOC activities were conducted at CBDA clinic where 169 deliveries were recorded which is higher compared to the preceding month's delivery, a total of 8 referrals was made to secondary/tertiary care and 163 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, 196 deliveries were recorded and 1,057 ANC consultations were conducted.



**CARE** has three projects under the SRHR program docket in Borno State. The Supporting Access to Family Planning and Post Abortion Care (SAFPAC) project supports 20 health facilities in three Local Government Areas (MMC, Jere and Konduga). The UNPFA-funded by KIOCA for Emergency Sexual and Reproductive, Maternal, New-born, Child Health and Integrated with referral (MMC, Jere and Konduga) and Global Affairs Canada project, which focuses on lifesaving activities for communities in Bama and Dikwa LGAs.

The project teams reached 11,598 (2,590G, 5,628W, 1,147B, 2,233M) through door-to-door awareness raising and sensitization sessions at the community level and in facilities on family planning, safe abortion and post abortion care services available at the health facilities, and Covid-19 prevention and social distancing procedures.

Family planning activities reached 2,116 persons, 47 PAC, and 15 SAC across the 20 health facilities namely Abbaganaram, Jakana, Auno, Chabbal, Mairi, Fori, 505 Housing Estate, Dalori, Gamboru, CBDA Housing Estate, Gongolong, Njimtilo, Bulabulin, Dalaram, 777 Housing Estate, 1000 Housing Estate, Gwange, Jiddari, Pompomari, Dusuman, and mobile clinics in Dikwa and Bama. CARE also conducted its quarterly joint supportive supervisions of health facilities in MMC, Jere and Konduga and carried out training of service providers on clinical management of rape, family planning and post abortion care. Additionally, there was a one-week refresher training for service providers, case management officers, and GBV officers on family planning and clinical management of rape. Other SRHR activities implemented in the month under review includes participation in coordination meeting organized by SALIENT Humanitarian organization (SHO), midline surveys in Bama and Dikwa, facilitation of referrals for paediatric health cases to MSF and receipt of referrals for health management from SHO.



SRH Activities in Dikwa LGA of Borno State.



**COWACDI** conducted awareness and sensitization campaigns on the prevention of the spread of COVID-19 and other health related diseases in IDP camps in Borno state. Free medical check-up for adults and children with safe referrals were conducted, as well as provision of healthcare services. The aim of the activities is to mitigate the risk and dangers associated with COVID-19 and other related diseases.

Beneficiaries were reached with medications and those with complicated issues were referred to bigger health facilities for a proper health attention. 300 direct beneficiaries comprising of adults and children were targeted, out of which 30 beneficiaries were reached. Some of the risks and issues encountered include an overwhelming number of people in need of health attention as well as inadequate medications and resources to go round all the beneficiaries targeted.



**FHI 360** provided 21,198 outpatient curative consultations in Dikwa, Banki, Ngala and Damasak. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with cases. It accounts for the highest morbidities in three sites (Dikwa, Ngala, and Banki). Also, malaria (7,895 cumulative cases) was the second major cause of morbidity across the four sites.

Suspected Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity. A total of 1,200 persons with peptic ulcer were treated across all FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 545 cases. As part of our outbreak preparedness plan, FHI 360 has set up cholera treatment units CTUs in all her areas of program implementation namely Dikwa, Ngala, Banki and Damasak. With the support from the BSMOH, FHI received donations of 20 cholera beds and buckets for the setup of CTU in Damasak in preparedness for the cholera outbreak response.

The continuous influx of 'new arrivals' of IDPs (most of whom need health care services) from the Niger border into Damasak, has increased the demand for health care services. To meet this healthcare needs, FHI 360 has commenced health outreach services in the new arrival IDP camp in Damasak twice weekly, while still maintaining routine PHC and RH services at the FHI 360's static facility in Damasak.



**FSACI** conducted Focus Group Discussion (FGD) in Sakato Health Facility in Dwam Ward, Demsa LGA. The activities were aimed at restoring proper services from the community leaders and health workers to the community members especially on the accessibility to the facility and malaria commodities. The Purpose of the FGD is to have friendly accessible facilities with transparency and accountability so as to have sustainable services to community members especially pregnant women and lactating mothers and children between the ages of 0-5 years old. Ten people attended the FGD, below is the disaggregation of the participants.

COVID-19 sensitization was held in Sakato Health Facility in Dwam Ward during the focus group discussion (FGD), Demsa LGA. The activities were aimed at restoring proper services from the community leaders and health workers to the community members especially on the accessibility to the facility and malaria commodities. The Purpose of the FGD is to have friendly accessible facilities with transparency and accountability so as to have sustainable services to community member's especially pregnant women and lactating mothers and children between the ages of 0-5

years old and also to encourage participants to follow the NCDC guidelines on the prevention of covid-19 in the community. Ten people attended the FGD, below is the disaggregation of the participants.



**GOALPRIME** conducted assessment and sensitization visits to Kala-Balge and Damboa. The MHPSS team had meetings with the acting district heads and other five camp leaders where the project will be implemented. The team explained to the district head and other village heads that were present at the meeting the purpose of our visit to Kala-Balge and Damboa LGA, what they stand to expect through the project duration. The GOALPrime team took time to sensitize the community in Kala-Balge and Damboa LGAs on risk communication with messages of prevention and control of malaria and cholera across camps.

A group discussion with women on sexual assault and survivor were conducted in the LGAs. They were sensitized on how to report suspected or sexual assault in the community to the MHPSS/Counselling facilitator in Kala-Balge (Rann) facility and Damboa. Furthermore, GOALPrime MHPSS team consulted with partners in both LGAs on availability of MHPSS activities, and will train some partners and community leaders on reporting of survivor of sexual assault case and also risk communication on the prevention, control and treatment of cholera and malaria.



**INTERSOS** carried out a total of 23,693 (Male – 10,430 and Female – 13,263) of which U5 was 8,832 (37%). The total number of consultations for the reporting month recorded an increase, compared to the preceding month. Also, the number of U5 consultations recorded for the month, was higher than the number of U5 consultations seen in the previous month. Malaria (with a total number of 5,431 cases, was the highest cause of morbidity for the month, closely followed by Acute Respiratory Infection (with a total of 4,414 cases). This number for Malaria, is by far higher than the number of Malaria cases seen in the previous reporting month. However, it is lower than the number of ARI cases seen in the month of August. INTERSOS health facilities also registered an increase in the cases for Acute Watery Diarrhoea, and Bloody diarrhoea across all sites, compared to the previous month, with 93 cases for Acute Watery Diarrhoea, and 169 for Bloody diarrhoea respectively. From the Morbidity breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites.

A total of 1,914 beneficiaries were provided with sexual and reproductive health services in Bama, Ngala, Dikwa, and Magumeri respectively. Out of those numbers, 757 were first time attendees while 1,157 were follow-up attendees. There was a total of 281 PNC attendance at Bama Clinic, Ngala Clinic and Magumeri PHCs and 224 new deliveries at Bama Clinic and Ngala Clinic. Ngala clinic recorded the highest number of new deliveries with 143 new deliveries. With regards to patient referrals, 33 patients were referred, 24 were discharged, and 8 are still on admission. All patients were from Magumeri. 1 death was registered among the referrals.



**MDM** provided a total of 2,937 outpatient consultations for all ages in Kawar-Maila clinic Maiduguri with 13 life-saving referrals. 11 out of the 13 referrals were paediatric medical cases and were referred to MSF Gwange while the other 2 referrals were adult medical cases, and were referred to UMTH. Garba-Buzu clinic in Maiduguri also had a total of 2,503 OPD consultations for all ages with 6 life-saving referrals. 2 out of the 6 referrals were gynaecological cases, and were referred to IRC Bakasi while the other 4 were paediatric medical cases and were referred to MSF Gwange. El-Miskin clinic in Jere had a total of 2596 consultations with 15 life-saving referrals. 6 out of the 15 referrals were paediatric medical cases and were referred to MSF Gwange, 4 were paediatric surgical cases and were referred to UMTH while 5 were gynaecological cases and were referred to IRC Bakasi. In Damboa, Hausari clinic provided 3,398 consultations while GTS clinic provided 3,099 consultations. Top morbidities for the month were malaria, Acute respiratory tract infection, skin diseases, gastritis and diarrhoea. MDM provided training on Basic Life Skills to 25 Health care providers. For Sexual and Reproductive Health activities, MDM provided 3,801 ANC consultations across all clinics with 1,205 as first visits. A total of 658 PNC consultations were provided with 307 consultation within first three days of delivery. 437 Family planning consultations were also provided to beneficiaries across MDM clinics. 17 MDM staff were trained on Focused Ante-natal care. For MHPSS activities, MDM in collaboration with WHO provided a total of 223 (M-115, F-108) mental health consultation with 40 (M-25, F-15) referrals to WHO and Federal Neuro Psychiatric Hospital. 268 (M-25, F-144) beneficiaries had Individual counselling out of which 78 were first visit. 1500 (M-359, F-1141) beneficiaries benefited in MHPSS group sessions across MDM clinics. 13 MHPSS counsellors had training on clinical supervision while 22 MDM staff were trained on assertiveness. For GBV services, MDM provided a total of 92 GBV consultations. 12 out of the 92 were clinical management of rape. Only 1 survivor out of the 12 CMR cases came in less than 72 hours. 5,446 community members were sensitized on



human rights, PSEA, GBV response and Community-based Safety Planning and Audits. 36 community mobilizers were trained on Legal practices and GBV specific Conflict resolution, 13 MdM staff were trained on Basic GBV and Communication Skills, 15 MdM Staff were also trained on Clinical Management of Rape, and 29 MdM staff similarly were trained on GBV response and prevention training.



**TdH** continue to provide humanitarian assistance in Mafa Central LGA by organizing Health Mobile Hub in GGSS IDP Camp, Mafa Rural LGA with support to Zanari PHC Clinic and Health post in Host Community and IDPs population and in Rann, Kala Balge LGA, with specialized MNCH and CU5 Health Mobile Hub. A total of 42,714 beneficiaries were reached through sensitization on both reproductive Health and general health topics, and 33,350 beneficiaries were reached through risk communication on COVID-19 benefitted from TdH interventions in the aforementioned locations. 28,627 of these beneficiaries in Mafa LGA (Central and Rural) benefitted from the awareness and sensitization on reproductive health topics while 27,409 benefitted from COVID-19 while in Rann/Kala Balge LGA, 14,087 benefitted from awareness and sensitization on reproductive health and general health topics whereas 5,941 benefitted from COVID-19.

4,673 patients were also reached through reproductive health services in TdH Health Mobile Hubs in all three locations. Some of the challenges TdH is facing in implementation of its activities include lack of funding to support the reorganization of regular health activities toward COVID-19 recommendations and guidelines from SMOH and WHO/ UN agencies. This demands high human resources engagement and significant material inputs. Other factors include 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.



**UNFPA** continue to enhance access to lifesaving Sexual & Reproductive Health (SRH) services, in collaboration with Federal Ministry of Health and the SMOH for Borno, Adamawa, and Yobe states. 568 individuals were reached through the integrated sexual and reproductive health services, mainly through the MISP framework. Some 3,719 individuals were reached with key lifesaving sexual reproductive health/COVID-19 information through community sensitization and awareness raising.

Some 17 key secondary/tertiary health facilities were supported with PPE and COVID-19 prevention and screening equipment that include, 25-foot operated hand wash stations, 4 flash thermometers, 150 cartons of face masks comprising of 50 units of clinical face masks, 300 dignity kits including hand sanitizers and washable face masks. 170 cartons comprising of 20 units of clinical surgical gloves and about 1,750 doses of Sulphadoxine/pyrimethamine to support ANC prophylaxis for malaria.

A free Obstetric Fistula pool campaign was conducted across the three BAY states where 152 survivors of fistula were treated. UNFPA has supported and increased capacity to respond to Obstetric Fistula by supporting 6 clinical teams (24 core health care workers) surgeons and nurses through 30 days competency based obstetric fistula training.



**UNICEF** reached a total of 616,705 children, women and men with OPD consultations for integrated PHC services in all UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 295,803 (48%) were children below five years. During the reporting period, 464,997 Out-Patient Department (OPD) consultations for curative services were recorded, with Malaria – 132,118 being the major cause of consultations, followed by ARI – 186,262; AWD – 8,976; measles – 88, and other medical conditions – 137,553. A total of 144,940 consultations for prevention services were recorded, including 4,648 children vaccinated against measles through RI sessions; 38,192 children and pregnant women reached with various other antigens (Penta, OPV, TT, Hepatitis, PCV, Meningitis, Yellow Fever); Vitamin A capsules – 32,325, Albendazole tablets for deworming – 42,103, ANC visits – 16,992 and 3,912 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,463 deliveries (skilled delivery – 2,241 unskilled – 222) and 4,305 postnatal/home visits were recorded during the reporting period.

In Adamawa State, a total of 8,621 Persons, including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities. A total of 5,297 (Under 5 years: 1,972 and Other age: 3,325) consultations were reported, with malaria 2,912 (Others: 1815 and Under 5 years: 1097); ARI with 867 (Others: 517 and Under 5 years 350) being the major cause of morbidity; AWD with 233 (Others: 123 and Under 5 years 110); other medical conditions 1285 (Other age group: 870 and Under 5 years: 415). A total of 1,830

prevention services were recorded, out of which 103 children 6 months to 15 years vaccinated against measles, 436 children and pregnant women were reached with various other antigens; Vitamin A supplementation is 1325, Children given Albendazole tablets for deworming 857 and ANC visits 475 in Adamawa State. A total of 28 deliveries and 100 postnatal visits were recorded during the reporting period.



**WHO** continue to provide support to States Ministries of Health in Borno, Adamawa and Yobe. With regards to GBV intervention, 3,485 individuals were sensitized on GBV in the HTR areas in Borno, Adamawa and Yobe States. Training of 46 PHC workers from 29 health facilities across 14 LGAs in Borno State on mhGAP with GBV integrated was also conducted.

In Borno State, pregnant women provided ANC services in remote and security compromised areas by HTR teams were 5,209, where Intermittent Prophylactic Therapy (IPT) for malaria and Iron/folate to prevent malaria in pregnancy were given. 786 pregnant women were provided IPT for malaria using SP, and others were provided with Iron/folate supplement to prevent anaemia in pregnancy. HTR teams provided life-saving health services to women and under-5 children in security- compromised communities.

In Yobe State, WHO and SPHCMB are working to scale-up mental health, psychosocial support and GBV services in remote and security-compromised LGAs. In week 39, WHO and SPHCMB conducted 5-day training for 34 PHC workers selected from 11 PHC Centres in high-risk LGAs- including Gujba, Gulani, Geidam, Machina, Yusufari and Yunusari, where insecurity and AOG activities impeding access to essential health services.

The Hard-to-Reach (HTR) teams provided HIV Testing Services (HTS) to pregnant women in remote and security-compromised communities in Yobe state. 6 pregnant women were Counselling, Tested, and Issued Results (CTRR). The 6 pregnant women tested negative and none is positive. The negative pregnant women were provided with post-test counselling to prevent HIV infection. HTR teams have also intensified efforts to identify cases of GBV and provide first-line services to the survivors of Gender-Based Violence (GBV) in remote and security- compromised LGAs of the state. No GBV cases was reported in areas covered by the HTR teams. HTR teams have also intensified sensitization of community members on the prevention of GBV in conflict-affected communities of Yobe state and 2,110 women have been sensitized on GBV in remote and security compromised LGAs. The HTR teams also provided ANC services to 485 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. 209 pregnant women were provided IPT for malaria using SP, and 288 others were provided with Iron/folate supplement to prevent anaemia in pregnancy.

In Adamawa State, 1,642 children were treated for malaria, diarrhoea and Pneumonia by 52/63 CoRPs in 8 LGAs of the state. 1,292 of the children were screened for malnutrition using MUAC. 83(6.4%) of the children screened had MAM and were counselled on proper nutrition, while 1(0.07%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management. A total of 74 (CoRPS and Supervisors) individuals were trained on malaria management with the help of SMOH and WHO.

## HTR

16,034 clients were seen by WHO supported 8 H2R teams providing services in 8 LGAs of Adamawa state. The teams treated 15438 persons with minor ailments and dewormed a total of 1202 children during the month. Pregnant women were provided FANC services with 879 of them receiving Iron folate to boost their haemoglobin concentration while 545 received Sulphadoxine Pyrimethamine (SP) as IPTP for prevention of malaria in Pregnancy. WHO is supporting regular State COVID-19 response coordination meetings include HTR teams in collaboration with partners, on coordination and monitoring of response activities at LGA level as well as community engagement and risk communication messages

**WHO - Mental Health:** 96 MH sessions were conducted in 13 LGAs (Bama, Damboa, Dikwa, Gubio, Gwoza, Jere, Kaga, Kala/Balge, Konduga, Mafa, MMC, Monguno, and Nanzai LGA) across 43 health facilities. A total of 3,161 patients were treated (made up of 789 new patients and 2,372 follow ups), with 9 referrals to Federal Neuro Psychiatric Hospital (FNPH) Maiduguri for further management. 3 patients were provided with transport to FNPH, and 13 admitted for inpatient treatment.

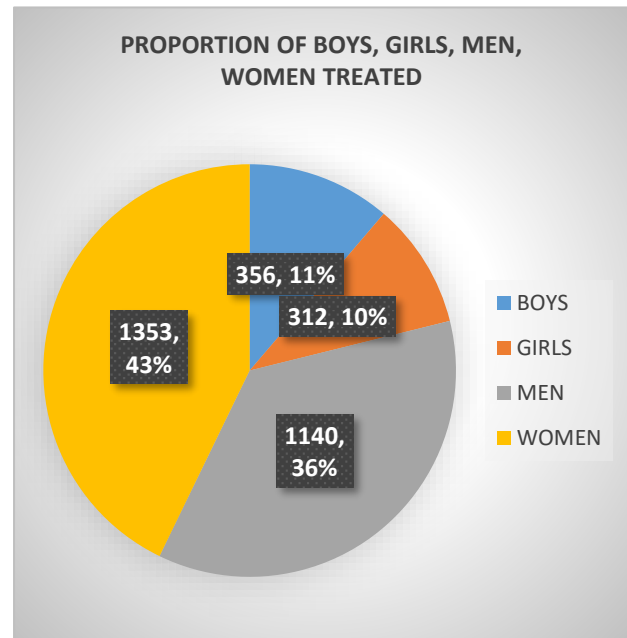
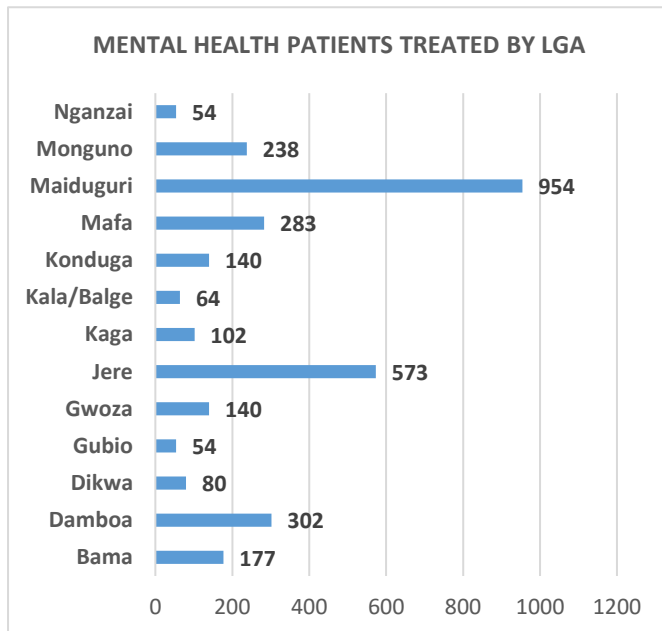
## COVID-19 MHPSS Response:

Integrated COVID-19 MHPSS response into routine mental health care outreaches has continued. Response centers on providing group psychoeducation to foster acceptance of the reality of COVID-19, and adhere to standard precautions as stipulated by NCDC and WHO; Screening for COVID-19 symptoms, and history of contact with patients

suspected or confirmed for COVID-19 or travel to high risk areas are also conducted, with counselling on steps to take should findings be positive.

### Integrating Basic Mental Health Care Services into PHC Levels in Borno, Adamawa and Yobe States:

WHO, in its effort to support BAY states integrate mental health care services into PHC levels, trained 125 PHC workers on mhGAP with GBV integrated in October 2020. 68 selected HFs across the BAY states (Borno: 29, sAdamawa: 26 Yobe: 13) will be supported with psychotropic drug supplies by October 2020 for MH care.



## Nutrition Updates



**AAH** through OFDA Funded project, conducted facility-based MUAC screenings for children 6-59 months old across 14 health facilities, in three LGAs of Borno State. As a result, a total of 11,822 (5,262 males, 6,560 females) children were screened. Out of these, 1,583 (712 males, 871 females) children were severely acutely malnourished (SAM) among whom 1 (girl) had bilateral pedal oedema; 4,682 (1,993 males, 2,689 females) had moderate acute malnutrition, and the rest 5,556 (2,557 males, 2,999 females) children were found normal.

More so, 1,624 (712 boys, 912 girls) with severe acutely malnourished children were newly admitted for treatment and 1,315 (551 boys, 764 girls) children exited the program. Likewise, 1,205 (502 boys, 703 girls) children were discharged as cured, 16 (5 boys, 11 girls) were non-recovered, 0 death, 10 (4 boys, 6 girls) defaulters were recorded; the defaulted children were traced by the community-based health mobilizers and volunteers, main findings were linked to relocation with some having travelled for a prolonged period. More so, 51 (27 boys, 24 girls) children were transferred to stabilization centres for inpatient care and 33 (13 boys, 20 girls) to other OTP sites. For the micronutrient supplementation, 1,249 children (642 boys, 607 girls) received micronutrient supplementation powder, and their caregivers consistently received messages promoting optimal IYCF practices at the OTP facility levels. Under same grant, Action Against Hunger sensitized 40,287 (16,690 males, 23,597 females) clients on COVID-19 Infection prevention and control measures across facility sites.

Through Foreign Commonwealth & Development Office (FCDO) formerly known as DFID funded (SUNNY) project, Action Against Hunger conducted facility-based MUAC screenings for children 6-59 months old in Gujiba, Tarmuwa and Nangere LGAs of Yobe State. As a result, a total of 3,365 children were screened. Out of those, 237 children were found severely acutely malnourished (SAM), 1,250 were moderate acutely malnourished, and the rest 1,878 children were found normal. 237 severely malnourished children were enrolled for treatment in Action Against Hunger supported health facilities. Also, 336 children were successfully treated, cured and discharged from OTP while 25 children with SAM and medical complication were treated, cured and discharged back to community from ACF

supported stabilization centre. Caregivers received messages on complementary feeding, improved hygiene practices, COVID-19 preventive measures, and other essential IYCF practices



**ALIMA** continue to provide lifesaving Nutrition services across all implementing sites. Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic a total of 314 new SAM cases were admitted and 287 cases were discharged from the program. 39 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 168 new SAM cases with complications and discharged 159.

Nutrition interventions were also conducted in ATFC at Waterboard Reception Clinic where 58 new SAM cases were admitted and 50 were discharged from the program. In Askira and Hawul LGAs, 155 children suffering from SAM were admitted in ATFC and 12 complicated SAM cases were treated at the ITFC in Askira General Hospital.

14,359 caretakers completed the ALIMA facilitated MUAC – Mother training sessions; and 92% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. The number of participants has been reduced in order to maintain social distancing during the training session.



**MDM** had 42 new SAM cases admissions in Garba Buzu clinic, 47 discharges and 47 exit kits distributed. A total of 737 children (6 months – 59 months) were screened using MUAC tape at the clinic while 729 (Green-386, yellow-213, orange- 89 and red-39) were screened in the communities. Kawar maila OTP had 65 new SAM cases admissions, 28 discharges and 10 exit kits. 3 SAM cases with complications were referred to MSF Fori stabilization center. 843 children (6 months – 59 months) were screened using MUAC tape at the clinic while 892 (Green-402, yellow- 341, orange- 115 and red 34) children were screened in the communities. El-Miskin clinic in Jere screened 896 (Green-489, yellow- 310, orange- 83 and red-14) children in the PHC clinic. The 14 SAM cases without complications were referred to ACF OTP while 4 SAM cases with complications were referred to stabilization centre. Mdm in collaboration with the State Nutrition department conducted a three days intensive CMAM refresher training to 30 staff of the organization.



**WHO** screened 9,406 children for Malnutrition using MUAC by 8 WHO supported H2R teams in Adamawa State. Of this number, 60 (0.64%) children had MAM and their caregivers were counseled on proper nutrition, while 22 (0.2%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers, while the SAM cases with medical complications were referred to the stabilization centers across the state for proper management.

Indicators	Adamawa	Borno	Yobe
# children screened (MUAC)	1,870	7,572	2,429
No. of MAM cases	14 (0.7%)	52 (0.7%)	135 (4.7%)
No. of SAM cases	2 (0.2%)	19 (0.1%)	20 (0.7%)

There is an observed gradual deterioration in the nutrition status of under-fives in Gubio, Magumeri, Nganzai LGAs and other compromised locations. This is because of the suspension of CMAM activities by partners in these locations due to the worsening insecurity. WHO is now the only health care provider in these locations but the TOR of the WHO HTR MHTs remains to screen and refer (as may be necessary). Referred clients are only left with the option of coming to the Metropolitan LGAs (MMC/Jere) but they fail to do so either due to fear of insurgency along the routes or simply because they lack the means to embark on such trip. While WHO is seeking options of implementing modified CMAM package using the LGA personnel, a differential approach in delivery of Nutrition service packages to the security compromised locations as been agreed and drafted by the CMAM technical working group.



## Public Health Risks and Gaps

- High risk of COVID-19 spread due to various factors including population living in congested IDP camps, weak surveillance due to insecurity issues, porous international borders, poor compliance in the use of facemask, social distancing, and good hygiene practices by the general public.
- 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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