



Northeast Nigeria Humanitarian Response

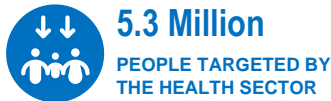
COVID-19 Response



AHI Health workers support health service delivery at the community level

Health Sector Bulletin

September 2021



Highlights - COVID-19 Vaccination So Far

BORNO STATE:

A total of 27,983 persons (Male - 17,601 and Female - 10,345) have so far been vaccinated with the Moderna 1st doses of which only 6,330 persons (Male - 4,026 and Female - 2,304) have so far received the second dose thus accounts for 23% Fully Vaccinated with Moderna Vaccines. On Adverse Effect Following Immunization on Moderna vaccines, 43 non serious cases of AEFIs were reported (26 during 1st dose and 17 during the 2nd dose vaccination) across 8 LGAs (Biu-4, Gwoza-7, Jere-1, Kukawa-3, Maiduguri-8, Mobbar-8, Monguno-9 and Shani-3) as at day today for the Moderna 2nd dose vaccination. For AstraZeneca vaccination 3,290 persons received the second doses from the total 7,732 persons that have received/receiving 1st doses during this 2nd Phase, thus accounts for 48% Fully Immunized with AstraZeneca Vaccines. In addition, a single minor AEFI with AstraZeneca vaccine was reported from Maiduguri LGA during the 2nd dose vaccination.

Also recall that during the 1st phase vaccination, a total of 40,438 came for 1st dose and 23,763 came for 2nd dose. Therefore, the cumulative 1st dose AstraZeneca is (40,438 + 7,732 = 48,170 persons) and cumulative 2nd dose is (23,763+3,290 = 27,053 persons) which thus account for 56.2% Fully vaccinated with AstraZeneca Vaccines.

YOBE STATE:

The Yobe SMOH, with support from partners, continues the 2nd phase of COVID-19 vaccination across 17 LGAs - including the security-compromised LGAs. From 23 August to 10 October 2021, twenty-one thousand, three hundred and thirty-seven (21,337) people have been vaccinated with the 1st dose and eight thousand, five hundred and twenty-nine (8529) people with 2nd dose of Moderna vaccine. Five thousand, seven hundred and twenty-three (5723) people received 1st dose and two thousand, eight hundred and seventeen (2,817) people received the 2nd dose of AstraZeneca vaccine. About one hundred and thirty-two (132) non-serious AEFIs have been reported.

ADAMAWA STATE:

The total 57,246 doses were used for the Moderna 1st and 2nd doses vaccination about 32,929 persons have so far been vaccinated (Male – 20,518 and Female – 12,411) while 2nd doses vaccination 18,505 persons have so far been vaccinated (male - 11,519 and female - 6,986) i.e. a total of 51,434 persons have so far been vaccinated during the 2nd phase vaccination with Moderna vaccines. A total of 103 non serious AEFI were also reported across 11 LGAs (Demsa-4, Fufore-1, Ganye-6, Gombi-15, Jada-9, Maiha-3, Mayo-Belwa-38, Michika-1, Mubi South-1, Shelleng-3, Yola North -3, Yola South- 19) as at 14-10-2021 of the Moderna 1st dose vaccination and during the 2nd dose 10 serious AEFI were reported from (Michika-3 and Mubi South-7) and 13 non-serious AEFI were reported from (Michika-3, Mubi South-3 and Numan - 4). Of the total 19,792 doses of AstraZeneca Vaccine used for the 2nd Phase Vaccination, a total of 12,158 persons came for their 1st dose(male-7,902 and female-4,256) while 6,210 persons came for their 2nd dose vaccination (male-4,190 and female-2,020) (i.e.) a total of 18,368 persons have so far been vaccinated during the 2nd phase vaccination with AstraZeneca Vaccines. During the 1st dose vaccination total of 20 non-serious AEFI were reported across 2 LGAs (Fufore-2 and Michika-16 and Mubi South-2) and 10 serious AEFI was reported from Michika 9 Yola South-1, while 2nd dose vaccination a total of 17 non serious AEFI were also reported across 4 LGAs (Lamurde-6, Mayo-Belwa-1, Michika-6, and Yola North-2) as at 14-10-2021 of the AstraZeneca vaccination.

HEALTH SECTOR



45 HEALTH SECTOR PARTNERS
(HRP & NON HRP)

HEALTH FACILITIES IN BAY STATES**



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

CUMULATIVE CONSULTATIONS



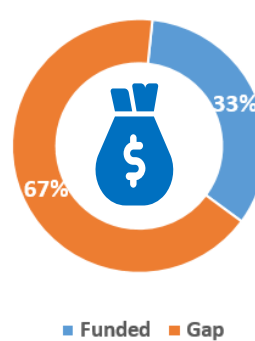
469,199 CONSULTATIONS****
2,615 REFERRALS
408,577 RCCE/HEALTH PROMOTION

EARLY WARNING & ALERT RESPONSE



274 EWARS SENTINEL SITES
193 REPORTING SENTINEL SITE
2,720 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2021



\$83.7

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

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

***Number of health interventions provided by reporting partners as of September 2021.

**** Cumulative number of medical consultations from the Health Sector partners, September 2021.

***** The number of alerts from Week 1 – 40, 2021

Situation Updates

INTERNATIONAL HUMANITARIAN COMMUNITY ISOLATION AND TREATMENT CENTER MAIDUGURI

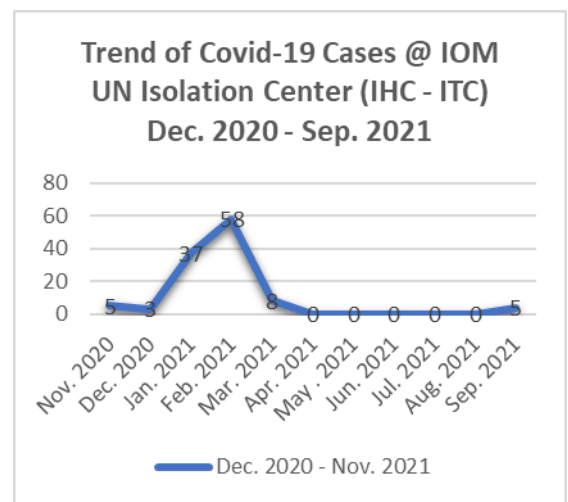
IOM managed the Isolation Center for Humanitarian Community (IHC) in collaboration with the University of Maiduguri Teaching Hospital (UMTH) and the IOM molecular PCR Laboratory for COVID-19 PCR testing at UMTH Maiduguri, as well as supports other health emergencies and serve as resource persons for health-related capacity building.

For the month of September 2021, the IHC medical officers and nurses supported UN/INGOs staff with medical emergency who presented sick and linking others with specialist managing their specific medical condition at UMTH. The IHC team also carried out disinfection of various INGOs guest houses on request.

The National Medical officers of the center also served as resource persons/facilitators of a capacity building for humanitarian staff organized by Shelter unit of IOM for persons with disabilities- Identification and health referrals. The facility also carried out capacity building trainings for her staff on IPC and COVID-19 vaccination.

The isolation center has admitted 6 positive cases this month and have managed them as in-patient admission and home management care. The IOM molecular COVID-19 PCR Laboratory continues to carry out COVID-19 PCR test both for community testing and out bound travel purposes with a certified NCDC verifiable QR-code. Oral and nasopharyngeal samples for the COVID-19 testing are collected daily at the UMTH sample collection site excluding weekends, and the testing is free for now.

The IHC-ITC has also supported in the vaccination of exercise conducted at the Redroof, where 164 persons were vaccinated to complete their second doses of AstraZeneca vaccine in coordination with the UN-Clinic, WHO and NPHCA Borno state.



IHC-ITC Team Supporting Health Capacity Building on PWD Identification and Health referrals.

A REPORT OF MONITORING VISIT ON RESTORATION OF HEALTH CARE SERVICES IN GWOZA GENERAL HOSPITAL

Background:

The Medecins Sans Frontiers (MSF) has been the major partner providing Secondary and referral healthcare services in Gwoza General hospital of Borno State after the devastations that followed the conflict in North East which also led to the displacement of SMOH Health workers from the entire LGA when the town fell to the insurgents sometime in 2014. Subsequently following the recovery of the LGA from the Insurgents and the declaration of Humanitarian Emergency in the North East, MSF has been the Agency providing Health care services at the Gwoza General Hospital which is the only existing secondary and referral centre in the accessible area of Gwoza LGA. Similarly the second largest accessible ward in the LGA which is Pulka has a Primary Health Centre which was optimized by MSF also to provide even secondary services because of lack of access link between Gwoza and Pulka ward due to insecurity. Through these years, MSF had operated in these 2 centers with some contribution of staffing and other resources from the state and had an estimated 400 staff and volunteers working with them at the 2 centres.

Sometime ago, MSF gave notices of planned withdrawal of services from both Gwoza General Hospital and Pulka PHC, however, the scheduled time of withdrawal which was to be November 2021 wasn't possible any longer and the time was brought forward to July 2021 leading to abrupt withdrawal of staff and resources from these Health facilities. This unfortunately has not given the state Ministry of Health and HMB the ample time to deploy Health workers and resources to maintain continuity of Health services at these centres resulting in the interruption of Health care services to the population in these two wards.

Rationale:

WHO is supporting the SMOH to facilitate restoration of secondary and referral Health service provision in Gwoza General Hospital following the withdrawal of Health care services by MSF in July 2021 as they no longer have the requisite funding to continue to operate in the hospital. The Abrupt withdrawal of healthcare services from the MSF had created a serious gap in the delivery of Health services in Gwoza and Pulka wards of Gwoza LGA. In view of the above, the state Ministry of Health and the CMD held several meetings with MSF to ensure continuity of services in these location. WHO, however as the lead partner in Health and following reports of gaps in health service delivery in the LGA schedule a meeting to further discuss with the HMB the plans and action being taken so far to bridge these gaps and what WHO could do to facilitate the process. A team of WHO officers therefore met with the CMD to discuss these issues. The CMD updated the team on how MSF had withdrawn their services at the General Hospital Gwoza much earlier in July 2021 than the November 2021 earlier planned and communicated to the Government. The reason was cited as increasing security challenges in Gwoza. This resulted in abrupt disruption of healthcare service delivery in both Gwoza General Hospital and Pulka.

Meanwhile MSF had an estimated 400 personnel (Health workers) in both Gwoza and Pulka hence leaving a huge challenge of filling up the human resource gaps created by this withdrawal.

As part of the Mitigations, MSF had met with the SMOH and HMB at least 3 times to proffer some solution including committing to support a few staff till November who would be paid based on Government salary scale. This would include 3 doctors, 20 Nurses and some Hospital attendants/assistants. Unfortunately the doctors declined to stay but just 8 Nurses consented to the proposal to stay back and continue service delivery till November.

Measures put in place by the HMB and BoSG

In view of the situation, the Government convened a meeting of stakeholders on the 4th of August to take stock of the Human and Material resources available against what is required to operationalize the health facilities in Pulka and Gwoza and decide the way forward. In the meeting were, the CMD HMB, the Hon. Commissioner, the LGA chairmen of Monguno and Gwoza LGAs, representatives from the Local government service commission and SPHCDA were in attendance. Also the staff from Kerawa and Ngoshe participated in the meeting.

It was noted that the available Human resources for Health in Gwoza presently are 2 Doctors and 2 Nurses.

It was therefore agreed in that meeting that the State would mobilize health staff from other Health facilities such as Ngoshe and Kerawa since they are not currently functional and post them to Gwoza and pulka. The Health workers from these Ngoshe and Kerawa were mandated to resume work in Gwoza on the 11th of August 2021 or face sanctions if they fail to do so.

The LGA chairmen and stakeholders in the meeting also agreed to the following:

- To provide accommodation for some of the health workers in the community since the staff quarters and the security situation would not allow for the use of the staff quarters for now

- 2 doctors are already accommodated by the LGA Authorities

Challenges discussed in that previous meeting were:

- Lack of perimeter fencing for the General Hospital which makes it vulnerable to security incidents
- Lack of accommodation and Military occupation of the existing staff quarters both of which still need further discussions to finalize and achieve solution
- Incentivization of the health workers for which the state has undertaken to pay additional 30% of the workers' salaries as an incentive in the form of rural allowances at least for sustainability

Further Updates from the meeting

12 Nurses are already on their way to Gwoza to resume work today 12th August 2021 in addition to the few staff on ground

As a Follow up to the meeting, there was the need to visit the General Hospital to also assess firsthand the scale of the problems so as to understand what further support would be needed to fully restore Healthcare services at the General Hospital.

Objectives of the Mission

- To facilitate the restoration of Health services to Gwoza General Hospital through review of bottle necks with the view to provide necessary feedback to the state and WHO office for action

FINDINGS:

Leadership and Governance

The Hospital recommenced delivery of Healthcare services again on the 31st July 2021 following the reporting of the PMO (Dr. Wakawa: 07085801882) and other principal officers (CNO – Mr Mohammed Abau-08020861670, Secretary-Yaya Ibrahim-08127689734) etc. All the key units of the hospital are functional and were offering services at the time of visit.

Overhead Cost: The Hospital have been given the overhead cost to take care of the routine activities in the Hospital Electricity- The hospital is currently using the Solar installations which powers most of the Hospital equipment and is functioning fully. However the standby Generator is not functional and would need servicing.

Human resource for Health

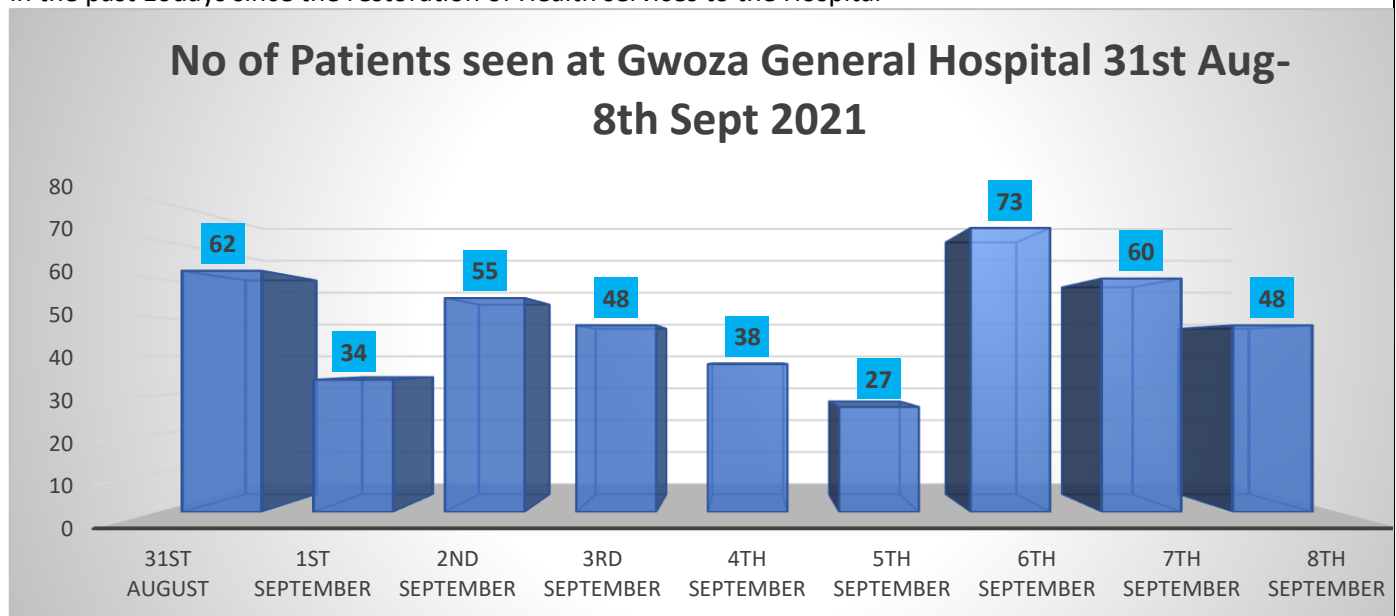
There is strong Collaboration between MSF and the SMoH in the Health facility which depicts a strong nexus between the Humanitarian and the development programming with respect to the HRH. Almost the full complement of workers, Doctors Nurses, Laboratory scientist and other categories of technical and non-technical workers were seen during the visit. Below is the breakdown of the staff seen during the visit

S/NO	CADRE OF HEALTH STAFF	MSF RECRUITED	SMoH HEALTH WORKERS	TOTAL HEALTH WORKERS
1	Doctors	2	2	4
2	Nurses	4	3	7
3	Midwives	6	2	8
4	Lab scientists	2	0	2
5	Laboratory Technicians	3	0	3
6	X ray Technician	0	1	1
7	Health information officers	0	2	2
8	Pharm assistants(SCHEW)	0	1	1
9	Hospital secretary	0	1	1
10	Assistant Secretary	0	1	1
11	Hospital Accountant	0	4	4
12	Hospital Assistants	0	45	45
13	Cook	0	5	5
14	Plant Operator	0	0	0

15	Carpenter	0	0	0
16	Lundry	0	1	1
17	Cleaners	0	0	0
18	Store officers	0	1	1
19	Carpenter	0	0	0
20	Security	10	1	11
21	Plumber	0	0	0
22	Drivers	0	1	0
23	Nutritionist	0	0	0
24	Nurse Anesthetics	1	0	1
25	Peri-op Nurses	0	0	0

Health service delivery:

The General Hospital is now almost fully functional with all the Units -ANC, Immunization, Male medical and surgical wards, female medical and surgical wards, Labor and post-natal wards, Theatre, A&E, Pharmacy, Lab etch were all very active during the visit with good patient flow. A review of the GOPD register shows the trend of patients seen in the past 10days since the restoration of Health services to the Hospital



Ante natal care

This is fully functional with the Nurses and midwives taking shifts at the labour ward with all the minimum equipment required for the ward in place

Laboratory

The laboratory is also very active with 2 laboratory scientists and 3 laboratory technicians working actively in the lab and supporting the relevant basic investigations

Accident and Emergency

The casualty unit and the theatres are fully set up for operations and surgeries, one C/S was conducted even on the morning of the visit. The only seeming limitation is the lack of specialized peri-op Nurse for the theatre. This function is currently being performed by the Anesthetic nurse and the Hospital has put forward a request for a peri-op Nurse or at least for a training of one.

Wards

The hospital has active pediatric ward, Male medical and surgical wards, female medical and surgical wards etc. Patients are being admitted daily in these wards and during the period of Visit, each of the wards had at least 5 patients on admission.

Health Information

The Hospital has a very functional Hospital record Unit with cards and folders filed as expected. There are 2 health information officers at the hospital. The Hospital currently does not have the standard data tools and only improvised some note books for collation of data on OPD and inpatients documentation. The Hospital has not started submitting monthly health service delivery reports to the LGA M& E for entry into the DHIS2 template. So there are no registers for admissions, ANC, etc. These were emphasized during the meetings and WHO officer at the LGA would facilitate the collection of these data tools from the LGA M&E and commence reporting before the next monitoring visit.

Medical Products, Equipment and Health Infrastructure :

The Hospital has near adequacy of the basic equipment needed to make the hospital fully operational. There were however some critical equipment that are lacking like the Ultrasound machine, Xray etc . this was emphasized by the PMO who requested passionately for these equipment to guide prompt investigation of patients. There were also other lists of equipment and consumables required by the hospital for which the PMO was advised to send the formal request to the HMB for action. There are still some drugs supplied by the MSF however most of them would expire in no distant future thereby necessitating that more drugs be supplied to the facility to sustain patient care

Financing

The hospital operates free service healthcare delivery for all categories of patients including surgeries, there is therefore no possibility of generating any funds from the Hospital for its routine maintenance. Patients are treated with the available drugs at the health facility and if there are stock outs, patients are encouraged to buy from a nearby pharmacy stores in town.

Summary of gaps and Challenges:

- Urgent need for imaging equipment such as an ultrasound machine and possibly an x-ray also.
- Accommodation issues are not yet resolved as Nurses and staff sleep in the Hospital wards and offices and this is quite critical
- More health workers especially the Nurses are still needed to fully implement shifts.
- Need to start early to plan on filling the Gaps that would be created if MSF finally pulls out the health workers in their payroll in December.
- Lack of functional standby Generator at the health facility to augment the solar facilities especially for days of poor insolation.
- Lack of standard data tools for OPD, inpatient ANC, Monthly Summary registers etc

Immediate action/Recommendations

Action Points	Responsible persons	Timeline
<ul style="list-style-type: none"> • Supply the Hospital with standard patient care data tools 	<ul style="list-style-type: none"> • WHO team 	<ul style="list-style-type: none"> • 13th September
<ul style="list-style-type: none"> • Follow up with provision of Accommodation for the Health workers by the LGA and possibly seek for partners to support the rehabilitation of the staff quarters 	<ul style="list-style-type: none"> • WHO/HMB 	<ul style="list-style-type: none"> • 16th September
<ul style="list-style-type: none"> • Follow up with the perimeter fencing of the Hospital 	<ul style="list-style-type: none"> • WHO/HMB 	<ul style="list-style-type: none"> • 16th August
<ul style="list-style-type: none"> • Follow up with supply of more drugs and commodities to the Hospital 	<ul style="list-style-type: none"> • HMB 	<ul style="list-style-type: none"> • 23rd September
<ul style="list-style-type: none"> • Continue to explore options for incentivization of the Health workers in view of the difficulties in LGA 		

Annexes:



A cross section with the Principal Officers and other health workers at the Gwoza General Hospital



Reviewing the Health service delivery Data at the Gwoza General Hospital with the HIM Officers



One of the 4 Blocks containing 16 units of staff quarters requiring urgent renovation

Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 39: A total of 193 out of 274 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 40,643 marking a 5.9% decrease in comparison to the previous week (n=43,225).

Leading cause of morbidity and mortality in week 39: Malaria (suspected n= 11,807; confirmed n= 8,422) was the leading cause of morbidity reported through EWARS accounting for 43% of the reported cases; apart from deaths due to other causes (12), malaria associated deaths (5) was the leading cause of mortality reported through EWARS accounting for 25% of the reported deaths.

Number of alerts in week 39: Forty-nine (49) indicator-based alerts were generated with 100% of them verified.

Figure 1 | Trend in consultations

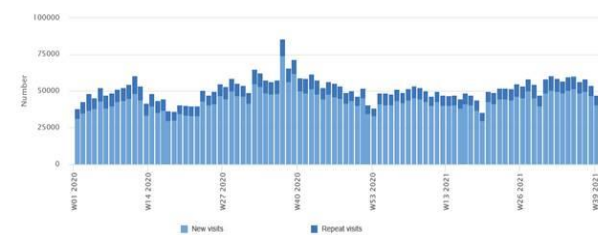
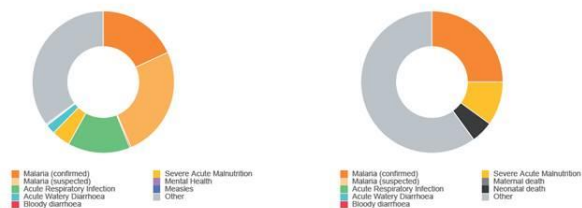


Figure 1a | Proportional morbidity (W39)

Figure 1b | Proportional mortality (W39)



Morbidity Patterns

Malaria: In Epi week 39, 8,422 cases of confirmed malaria were reported through EWARS. Of the reported cases, 530 were from General Hospital Biu, 419 were from Gwange PHC in MMC, 318 were from Hausari IDP camp clinic (MDM) in Damboa, 315 were from Ngaranam PHC in MMC, 267 were from PUI Baga Road PHCC in MMC, 201 were from FHI360 Clinic Banki, 180 were from Uba General Hospital in Askira-Uba and 151 were from Dalori PHC in Jere. Five (5) associated deaths were reported from FHI360 Clinic Banki (3), Koronglim Dispensary in Chibok (1) and Sauki Clinic in Biu (1).

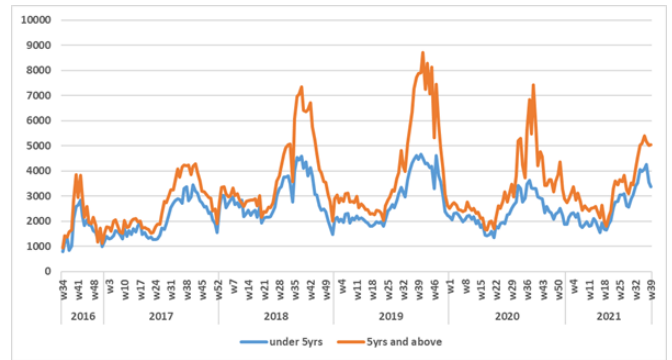


Figure 1: Trend of malaria cases by week, Borno State, week 39 2016 – 39 2021

Acute watery diarrhea: In Epi week 39, 1,021 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 131 were from FHI360 clinic Banki in Bama, 109 were from Custom House IDP Camp Clinic in Jere, 94 were from Ngaranam PHC in MMC, 75 were from Mafa MCH, 67 were from Dalori PHC in Jere, 39 were EYN (CAN Centre) Camp Clinic in MMC, 37 were from Abbaganaram MCH in MMC and 32 were from Town Dispensary in Kwaya Kusar. No associated death was reported.

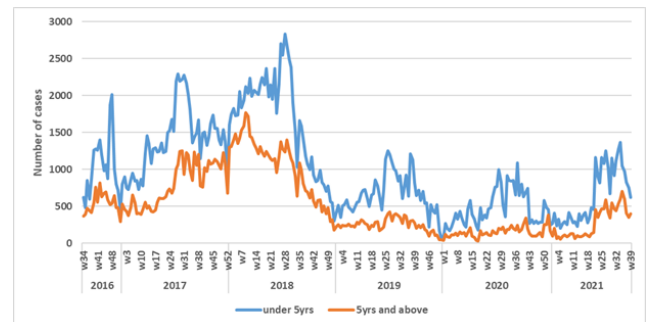


Figure 2: Trend of acute watery diarrhea cases by week, Borno State, week 39 2016 – 39 2021

Acute respiratory infection: In Epi week 39, 6,598 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 252 were from PUI WaterBoard IDP camp clinic in Monguno, 241 were from Ngaranam PHC in MMC, 206 were from Damboa MCH, 202 were from FHI360 Clinic Banki, 193 were from AAH Water Board IDP Camp Clinic in Monguno, 177 were from Algon Clinic in Monguno and 174 PUI Gana Ali IDP camp clinic in Monguno. No associated death was reported.

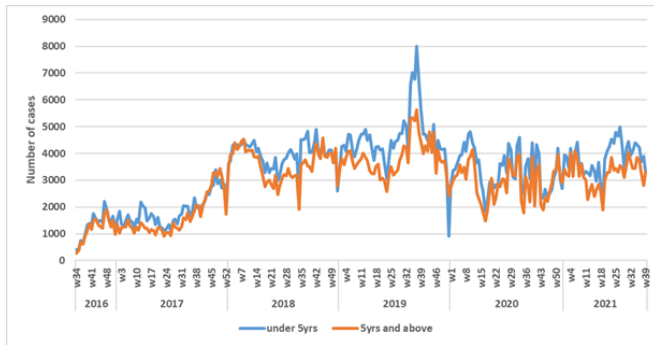


Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 39 2016 - 39 2021

Suspected Measles: Fifty-eight (58) suspected measles cases were reported through EWARS. Of the reported cases, 13 were from GSSSS IDP Camp INTERSOS Health Facility in Bama, 6 cases each from Damboa Town dispensary and Hausari IDP camp clinic (MDM) in Damboa, 5 were from State Specialist Hospital in MMC, 4 were from Ngaranam PHC in MMC, 3 cases each from Gwange PHC and PUI Baga Road PHCC both in MMC and 2 cases each from Abbaganaram MCH in MMC, Muna Garage Camp Clinic A and Umaru Shehu Hospital both in Jere. No associated death was reported.

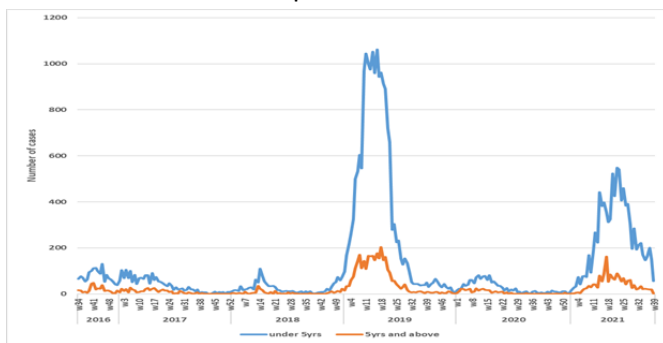


Figure 4: Trend of suspected measles cases by week, Borno State, week 39 2016 – 39 2021

Suspected Yellow Fever: No suspected yellow fever cases was reported through EWARS in week 39.

Suspected Meningitis: No suspected meningitis case was reported in week 39.

Suspected VHF: Two (2) suspected VHF cases were reported through EWARS from State Specialist Hospital in MMC. Samples were collected and sent to the National Reference Laboratory and both samples results returned negative for Lassa Fever.

Suspected COVID-19: No suspected case of COVID-19 was reported through EWARS within the week.

Suspected cholera: Twenty-one (21) suspected cholera cases were reported through EWARS from Ngamdu PHC in Kaga (14), 250 Housing Estate (Kofa) Camp Clinic in Konduga (2), Azare General Hospital in Hawul (2), Fariya IDP camp clinic in Jere (1), Gamadadi PHC in Bayo (1) and Maryam Abacha Women and Children's Hospital in Jere (1). Two (2) associated deaths were reported from Fariya IDP Camp Clinic in Jere and Ngamdu PHC in Kaga.

Malnutrition: 1,957 cases of severe acute malnutrition were reported through EWARS in week 39. Of the reported cases, 222 were from Kuda Lawanti in Nganzai, 82 were from Muna Garage Camp Clinic A in Jere, 67 were from ICRC FSP clinic in Monguno, 63 cases each from Kurbagayi MCH in Kwaya Kusar and Ngaranam PHC in MMC, 54 were from AAH Water Board IDP Camp Clinic in Monguno and 49 were from EYN (CAN Centre) Camp Clinic in MMC. Two (2) associated deaths were reported from State Specialist Hospital in MMC and Wamdeo Dispensary in Askira Uba.

Neonatal death: One (1) neonatal death was reported through EWARS from Gajiram MCH in Nganzai.

Maternal death: No maternal death was reported through EWARS in week 39.

Alerts and Outbreaks: Forty-nine (49) indicator-based alerts were generated from the weekly reports submitted through EWARS in week 39. Hundred percent of the alerts were verified.

Cholera Outbreak: Borno state government officially declared the outbreak of cholera on August 31st, 2021 and thereby called on all stakeholders and partners to support the State in stop the transmission. As at 7th October 2021, a total of One Thousand Nine Hundred and Ninety-four (1,994) suspected cholera cases have been reported with One Hundred and Five (106) associated deaths (CFR:5.3%). The Public Health Emergency Operations Centre is coordinating the response with all pillars on board.

Measles Outbreak: Within the recent weeks, there has been a continuous decline in the number of measles cases reported in the LGAs (cases peaked at week 20, where over 700 cases were reported). This week, no new measles case was laboratory confirmed. So far, a total of 13,878 suspected measles cases have been reported in Borno state (135 Lab confirmed cases) with 123 associated deaths (CFR:0.88%). The State and LGA teams have conducted measles reactive vaccinations in most of the affected locations.

COVID-19 Pandemic: Six (6) new cases of COVID-19 were reported this week. So far, One Thousand Three Hundred and Sixty-two (1,362) confirmed cases of

COVID-19 with 38 associated deaths (CFR: 2.79%) have been reported in Borno State as at 7th October, 2021, 259 from Jere, 954 from MMC, 16 from Gwoza, 3 from Damboa, 19 from Bayo, 74 from Konduga, 1 from Gubio, 1 from Kaga, 1 from Dikwa, 2 from Mafa, 1 from Mobbar, 1 from Monguno, 2 from Nganzai, 2 from Shani, 7 from Hawul, 6 from Ngala and 12 from Biu LGAs. Response activities such as vaccinations, active case search, risk communication, Infection, Prevention and Control (IPC), case management and contact tracing are ongoing in all affected locations. State level coordination meetings are held with SMOH and partners at the Public Health Emergency Operations

Centre (PHEOC) in Maiduguri via Zoom to oversee the outbreak.

**IDSR- Integrated Disease Surveillance and Response*

Health Sector Action



IOM continues to provide MHPSS services and activities to the affected populations in the BAY States – Borno, Adamawa and Yobe. IOM offers direct MHPSS services to conflict-affected populations through the deployment of dedicated psychosocial support mobile teams, community mobilizers and referral teams. The referral teams work in close collaboration with psychiatric nurses from the FNPH in Maiduguri and Specialist Hospital in Yola, to provide specialized mental health services to those identified and in need of such services. A total of 1,520 new beneficiaries, comprising of (145 boys, 219 girls, 494 men and 662 women) were reached through various MHPSS/Protection services and activities in Adamawa, Borno and Yobe States. 388 follow-up sessions were offered to (32 boys, 26 girls, 179 men and 151 women) through secondary referrals for specialized mental health services at the FNPH in Maiduguri, Specialist Hospital in Yola and deployment of 6 psychiatric nurses to the hard-to-reach locations of Bama, Banki, Dikwa, Gwoza, Ngala and Banki in Borno State. The MHPSS Sub-Working Group organized the monthly round table discussion with key partners and stakeholders in Borno States on 10th September 2021 with a total of 32 participants. The discussion was focused on the current issue of camp closure and its impacts to the individual and communities. Several recommendations were proffered as action points that MHPSS partners and stakeholders can do. There was an organized and facilitated two batches of a 3-day training on “Basic Counselling and Basic Psychosocial Skills for Health Partners” from 7th to 9th September 2021 in Maiduguri, with a total of 33 partners and stakeholders from government and humanitarian health actors participated in the training. The second batch was from 21st to 23rd September 2021 in Abuja on “Basic Counselling and Basic Psychosocial Skills for Government Implementing Partners”. A total of 26 partners (9 females and 17 males) participated in the training from Government counterparts from Borno, Adamawa and Yobe States. The participants had learned and developed the knowledge on Basic Counselling and Basic Psychosocial Skills that include modules A) Basic Counselling: a. Ethics and principles in counselling, b. Counselling process and stages, c. Referrals to health or mental health services. B) Basic Psychosocial Skills: a. Context of crisis response in North-East Nigeria, b. Your well-being, c. Supportive communication in everyday interactions, d. Offering practical support, e. Supporting people who are experiencing stress, f. Helping in specific situations. IOM MHPSS unit had organized a 2-day workshop on the roll-out implementation of the Postgraduate Programme for Professional Masters of Counselling and Conflict Transformation (MCCT) on 14th -15th September 2021, a collaboration project of IOM and Centre for Peace, Diplomatic and Development Studies, University of Maiduguri (UNIMAID). The project is supported through funding received from the Bureau for Humanitarian Assistance (BHA) - USAID and the Swiss Agency for Cooperation and Development and Cooperation (SDC), facilitated a collaboration. The MHPSS WG supported the implementation of “Protection from Sexual Exploitation and Abuse (PSEA) Training for MHPSS and Health Partners”. The training was facilitated by Inter Agency PSEA Coordinator Nigeria, from Office of the UN Resident & Humanitarian Coordinator Nigeria and co-facilitated by IOM Protection Officer on 20th – 21st September 2021 in Maiduguri.



SWOGE in the month of September worked at Nasarawo maternity and Nasarawo PHC in Nasarawo Ward, Yola North Local Government Area. Exit Focus Group Discussion was conducted at Demsawo community, Yola North LGA with integrated sensitization and awareness on COVID-19 pandemic into its existing FGD questionnaires and programs. Follow-up visits to the following stakeholders: Facility Manager of Nasarawo Maternity, Facility Manager of Nasarawo PHC and Chairman of Ward Development Committee (WDC) of Nasarawo was done to confirm the effect of the activities of the organization.



Focus Group Discussion and Follow-Up Visit by SWOGE Team



AHSF is working with Borno state government agencies and partners in different sectors to implement lifesaving activities in Jere, Konduga, MMC and Mafa local government of the state. AHSF is been supported by WHO, UNFPA, IOM, UNICEF and IMC in kind. Key activities included a health talk on COVID-19 prevention, risk communication on cholera prevention and mitigation and massive distribution of soap to the beneficiaries. For Sexual and Reproductive Health (SRH) services, conducted 100 ANC consultations, 20 PNC consultations as well as 26 Family planning consultations while 10 deliveries were conducted by skilled birth attendants. Through the support of UNFPA 150 dignity kits were distributed to vulnerable women of reproductive age in GGASS IDP camp, Mafa. Women and girls living with disability, Pregnant and lactating women also benefited.



CBI is contributing to humanitarian response in Borno state by managing some of the sites that AAH no longer manage and provides services ranging from immunization, sexual reproductive health services, conduction of normal labour and health education. A patient complete health history, performing physical examination and recording all in the patient notes. Writing down diagnosis and care plan of the patient, Prescribe and administer drugs to the patients and ask them to comeback for follow-up.



GZDI in partnership with Pro-Heath is implementing a community-based HIV/OVC sensitive intervention geared towards reducing the impact of HIV and other causes of vulnerability among HIV affected households, the project seeks to ensure that OVC and their households are healthy, safe, schooled and economically stable. Project activities includes; HIV care and support services, case finding (HTS), GBV case management, household economic strengthening for retention in care, viral load optimization, and birth registration. The project cut across Mubi South, Hong, Michika and Gombi LGAs of Adamawa State. Through the reporting period-September 2021, services have been provided across project thematic areas, including-HIV prevention and sexual and reproductive health for adolescents, index case finding, nutrition assessment, counseling and support, care and support and community-based HIV risk assessment. Community HIV testing was carried out in LGAs of intervention with the result follows: Mubi South– 79 male 35 female, a total of (114) beneficiaries were tested, all the 114 tested return negative with no positive case. Michika – 33 male and 18 female, a total of (51) beneficiaries were tested, all the (51) beneficiaries return negative with no positive case. Gombi – 33 male and 29 female, a total of (62) beneficiaries were tested, all 62 beneficiaries return negative with no positive case. Hong – 24 male and 19 female, a total of 43 beneficiaries were tested and 43 return negative with no positive case. Nutrition assessment was also carried out, 23 male and 20 female were assessed, there was no malnourished child identified following outcome of assessment. HIV risk assessment was also administered to 7 male and 6 female, HIV testing has been recommended for children at risk. Care and support checklist was also administered to 15 male and 20 female to assess adherence to ART and viral load monitoring. Adolescents peer sessions was conducted for 30 groups of 20 adolescents, 317 boys and 303 girls were engaged in HIV prevention, sexual and reproductive health education and

gender norms sessions. CALHIV (male 18, female 22) were supported with assisted referral to access viral load monitoring and optimization clinical services.

In partnership with Chemonics International, there was implementation of Strategic HIV/AIDS Response Program Task Order 3 (SHARP-TO3) in Fufore local government of Adamawa State, the project focuses on increasing awareness and knowledge about HIV, promoting healthy behaviors-including risk avoidance, HIV Testing and Counselling Services (HTS) and improving referral and linkages to care and treatment. During this period, community testing was conducted, 36(male 13, female 23) adults were tested, 32(male 11, female 21) adults return negative, while 4 (male 2, female 2) adults return positive. 4 positive cases identified have been referred and initiated on ART at Cottage Hospital Fufore, Adamawa State.



In partnership with ACOMIN in malaria advocacy and accountability intervention, the project seeks to monitor malaria and ANC centred activities in Global Fund funded facilities across Mubi South LGA, through advocacy to local government and facility managers, KII and FGD interview and assessment sessions using questionnaires, to clients upon exit at the facility, to evaluate services assessed and create awareness on malaria. FGD exit interview was conducted for 11 clients (5 male and 6 female) at Dirbishi Primary Health Care facility Mubi South LGA, the session was focused on assessing client's knowledge about malaria, causes, prevention and first response where there is no access to health facility and awareness on use of nets and availability in PHCCs.



PUI continued implementing high quality health and nutrition intervention in Borno state in the month of September under the BHA funded projects supporting 4 health facilities in Maiduguri and 4 health facilities in Monguno LGA in addition to 2 stabilization centers, 1 each in MMC and Monguno LGA respectively. The month of September recorded very high number of consultations as expected (in the peak season) as compared to the previous month of August. Total OPD consultations across the facilities was 40,644, an increase of 24.5% when compared to the 32,641 consultations of the previous month. Among these, 16,547 were under-5 consultations contributing 40% of total consultations. The main morbidities recorded were malaria 7641 cases representing 18.8 % of consultations, Acute Watery diarrhoea (AWD) 2,768 cases representing 6.8% of consultations and Acute Respiratory Tract Infections (ARIs), 4,230 cases representing 10.4% of total consultations. No recorded suspected case of cholera within the intervention area. The number of suspected measles cases remained stable at 57 for the month when compared to the 58 in the previous month, these were reported to the DSNO and WHO as it is required. All the cases did not need hospitalization and were treated as outpatients at the facilities. Line listing was also done and submitted to the DSNO. The month recorded 1,709 new SAM cases representing a sharp spike of more than 100% of the previous month and were admitted to PUI OTPs and Stabilization centers respectively. For sexual and reproductive health (SRH) services there was also increase in activities as PUI conducted 5,632 ANC consultations, 1,040 PNC consultations as well as 491 Family planning consultations while 616 deliveries were conducted by skilled birth attendants within the month of September, an increase of about 15% over the previous month. PUI also supported routine immunization in all her supported health facilities. Within the month of September, a total of 6904 children received routine immunization of various antigens at PUI supported health facilities. PUI also made lifesaving referrals to next level of care for 201 patients for more specialized care and management within the month. One hundred and fourteen (114) of the patients were referred to government hospitals while 87 of them (children under 15yrs) were referred to other partners for services not offered by PUI supported health facilities. For patients referred to government health facilities PUI provided transport for them and paid their bills for the services. Majority of the cases referred included severe malaria, severe Broncho-pneumonia, anaemia, Antepartum haemorrhage, postpartum haemorrhage, pre-eclampsia and eclampsia. A total of 121 new beneficiaries also benefitted from psychosocial support (PSS) services.



FHI360 provided 21,533 outpatient curative consultations in her clinic facilities Bama, Banki, Damasak and Ngala in the month of September 2021. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 6,842 cases. It accounts for the highest morbidities in Ngala, Damasak and Banki. Also, malaria (2,412 cumulative cases) was the second major cause of morbidity across the three reported sites. Peptic ulcer disease remains the leading single ethology of non-communicable disease (NCD) morbidity in the month of September. A total of 1,445 persons with peptic ulcer were treated across FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 496 cases. 312 health facility deliveries were conducted by skilled birth attendants and well as provided family planning services to 31 new clients. 11,978 health promotion outreaches were conducted on malaria, non-communicable disease, reproductive health, respiratory tract infection and diarrhoea in Ngala, Bama, Banki and Damasak. 1,445 children were vaccinated against various vaccine-preventable diseases. Ngala continues to have the highest number of recipient children (821 children). Also, 1058 women of reproductive age received tetanus toxoid vaccination across all FHI 360 clinics.



AGUF is currently supporting the ongoing cholera response in Adamawa State in Shelleng and Lamurde LGAs. Conducted awareness and sensitization on cholera and other health related diseases in the cholera hit communities and communities along the rivers Gongola/Kiri Dam. A total of 1,863 persons were reached in nine (9) Communities.



DCR (Ambassadors of Dialogue, Climate and Reintegration) facilitated the formation of Gender Right Early Warning (GREW) Committee in MMC and Jere LGAs respectively, as implemented by our partner, Every Girl Initiative (EGI), on the WPHF/EU-UN Spotlight Initiative funded project titled "Strengthening Institutional and Multi-Sectoral Capacity to Prevent and Respond to SGBV/VAWG in Borno State." The objective of the activity was to establish gender rights early warning and early response committees in the local communities, strengthen capacity of grassroots women on monitoring/reporting women's right violations, Sexual and Gender-Based Violence (SGBV) and Violence Against Women and Girls (VAWG) as well as increased understanding of gender policy/frameworks. The Committees are formed for improved understanding of Gender Rights Early Warning and Early Response, greater understanding of Gender Situation Reporting and Analysis, enhanced capacity on SGBV/VAWG Prevention/Response Action Plan for grassroots women, greater understanding of collaboration and alliance building towards ending SGBV/VAWG. The activity had 17 participants each from MMC and Jere LGAs, totaling 34 participants in attendance, drawn from stakeholders and community members, basically women and girls, for a robust learning and dialogue sessions for timely and effective response and prevention of SGBV and VAWG at grassroots levels. The activity is ongoing as it is meant to cover the five (5) locations of project namely; MMC, Jere, Konduga, Gwoza and Monguno.



FSACI a women led organization conducted series of activities aimed at improving access to quality Sexual Reproductive Health services in 12 Health facilities in the reporting month in Numan, Demsa and Mayo-Belwa LGAs of Adamawa State. A total of 2,722 beneficiaries accessed consultancy services in 12 health facilities, children reached 1,406 (727 girls & 679 boys), 1,316 adults reached (810 women & 506 men) 14 PWDs were among the number reached. 219 women visited health facilities at least four (4) visits for ANC in the 12 health facilities, Mayo-Belwa 87, Demsa 88 and Numan 44 pregnant women. 112 women attended PNC at least 3 visits (Demsa 21, Numan 42 and Mayo-Belwa 49) and were attended to by skilled health workers. 205

Mama Kits were shared to 12 Health Facilities in the reporting month all in Demsa, Numan and Mayo-Belwa LGAs. 260 (138 females & 122 males) deliveries with skilled health workers in the reporting period, Demsa 104, Mayo-Belwa 84 and, Numan 72. 144 participants (all Women) were reached: they were sensitized on sexual reproductive health and the importance of exclusive breast feeding for the first 6 months as well as the breastfeeding positions IEC material card 3, 4 and 6. This activities was conducted during Talafi Women Group meeting in Talifi, Jambutu Ward in Yola North LGA of Adamawa state.



UNICEF reached a total 175,685 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 Borno and Yobe States, out of which 117,004 (67%) were children below five years. During the reporting period 68,761 Out-Patient Department (OPD) consultations were recorded with Malaria – 29,154 being the major cause of consultation, followed by ARI – 12,088; Diarrhoea cases– 7,594 measles cases– 305 and other medical conditions – 19,620. A total of 97,986 prevention services were recorded including 38,456 children vaccinated against measles through RI services; 22,924 children reached with other antigens; Vitamin A capsules – 11,595, Albendazole tablets for deworming – 9,769 and ANC visits – 13,542 and 1,616 LLINs was distributed at the ANC & RI service delivery point in Borno and Yobe States. A total of 2,075 deliveries (skilled delivery – 1,974, unskilled – 101) and 6,863 offered postnatal services (mother and baby) was recorded during this reporting period.



IRC has been a key partner to the governments of Borno, Adamawa and Yobe states, implementing health programs through daily run mobile clinics, and Health system strengthening and support for Primary health facilities spread across the three states in North East Nigeria. With funding from SIDA, BHA, ECHO, FCDO and GAC, the IRC reached a total of 91,604 (M32,048; F59,556) beneficiaries during the month of September. Out of this figure, 53,632 (M21,312; F32,320) received outpatient care; 8,239 (M256; F7,983) and 29,733 (M10,480; F19,253) were reached with sexual & reproductive health services and Health promotion activities to improve health seeking behaviours and awareness on reproductive health as well as demand for services, respectively. The messages during health promotion activities centered on benefits of routine immunization in children, strategies for prevention of COVID-19 infection, acute watery diarrhoea and malaria prevention techniques. To strengthen the referral system in Borno state and save the life of critically ill patients, the IRC donated 4 ambulances to 4 LGA in Borno state. With the support of EuropeAid, the IRC also constructed and handover to the government of Borno state, a new maternity complex in Gwoza General Hospital in Borno state.



Handover of 4 new Ambulance to 4 LGA (Gwoza, Mafa, Konduga and Magumeri) in Borno State



Commissioned Gwoza General Hospital Maternity Complex. Gwoza Borno State



INTERSOS is managing PHC health facilities in Bama (MCH clinic & GSSSS IDP Camp), and Ngala (Gamboru PHC and ISS Camp PHC). INTERSOS is also supporting 5 mobile clinics in Magumeri (Magumeri MCH, Talwari, Kajeri, Gajigana, Kachia), 1 Mobile Clinic in Chabbal and 1 SC in Maiduguri Specialist Hospital. The total number of consultations for the month of September 2021 was 14,754 19,112 (M 6,357 8,371 and F 8,397 10,741) of which U5 cases were 5,822 8,103 (40%). The total number of consultations for the reporting month registered a decrease, compared to the previous month of August, 2021. Also, the number of U5 consultations recorded for the month, was lower than the number of U5 consultations seen in the month of August, 2021. Confirmed Malaria (with a total number of 2,524 cases, was the highest cause of morbidity for the month, closely followed by Acute Respiratory Tract infection (with a total of 1,997 cases). The cases for Acute watery diarrhea recorded a decline with a total case of 1,291. INTERSOS health facilities also registered an increase in the cases for skin infection, and Bloody diarrhea across all sites, compared to the previous month. From the Morbidity breakdown, Bama supported sites registered the highest number of consultations across all INTERSOS sites. INTERSOS is supporting referral Bama, Magumeri, Konduga (Chabal). Referrals from Dikwa and Ngala. Patients were referred to FHI360 supported hospitals in the general hospital. 117 patients were referred, 95 were discharged, and 20 patients still on admission and 2 deaths were recorded. The patients were referred from Magumeri, Chabbal and Bama. .



ALIMA continued with Outpatient consultations for Under 5 years in Karasuwa LGA Yobe State this Month were 3,675 children were consulted. Similarly, ALIMA provided 7,776 outpatient consultations for all ages in Maiduguri, Borno State, which is quite lower as compared to last month (11,032). As usual, the top 3 leading cause of morbidity still remain; Malaria, Acute diarrhea and ARI. 615 deliveries assisted by a skilled attendant. A total of 1,121 PNCs and 3,487 ANC were seen at ALIMA health facilities. 185 pregnant women came for their first ANC visit, and a total of 126 came for their Postnatal care services. 103 deliveries were conducted by the skill attendants. 1,484 OPD consultations were conducted for children under 5 in Muna Clinic with 45 referrals and 3,082 consultations for all ages in TVC Clinic with 88 referrals made. ALIMA supports free primary healthcare services provision in Muna IDPs camp, Chad Basin Development Authority (CBDA), and in Teacher's Village IDP Camp. At the tertiary level, ALIMA is partnering with University of Maiduguri Teaching Hospital (UMTH) to support the provision of free Intensive Therapeutic Feeding management to treat and care acute malnourished 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. 849 ANC and 154 PNC consultations were made in which 356 ANC are first visit and PNC within 72 hours of delivery at Muna Clinic with 4 referrals. 879 pregnant women in total came for ANC (ANC 415) while the total PNC consultations were 304 in TVC. In Dalaram Health Centre, 1,039 pregnant women came for ANC, 510 were for first visit. And 271 for PNC. 174 deliveries were conducted at the facility.

BEMOC activities were conducted at CBDA clinic where 270 pregnant women came for ANCs visit, 170 deliveries were recorded which is higher compared to last month delivery, and 8 referrals were made to secondary/tertiary care. 157 deliveries were conducted at ALIMA 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. A total of 4,412 people was sensitized on different mental health conditions. 178 Individual consultations were conducted and placed on pharmacological therapy under WHO as prescribed by a psychiatrist.



AHI continues to advance the health and wellbeing of vulnerable women, girls and adolescents in the Humanitarian setting through its programmes that strengthen the Health System, Maternal Morbidity and Mortality Reduction, Provision and Supplies of Medical Equipment's, Consumables and Last Mile Live-Saving Drugs. AHI continues to support Ten (10) facilities in Gwoza and Damboa Local Government Areas to provide integrated emergency sexual and reproductive health care services at the facility and in IDP Camps and host communities. Two Hundred and Ninety-Six (296) Adolescent



girls and Young Women in IDP Camps and Host Communities in Gwoza and Damboa LGAs were supported with hygiene kits to promote menstrual and personal hygiene management. This service has further helped to improve behavioural changes amongst the beneficiaries as they now exhibit an improved level of hygiene. One Hundred and Seventy-Eight (178) births were assisted by skilled birth attendants and Sixty-six (66) delivery kits distributed to support safe deliveries at AHI supported facilities in Gwoza and Damboa LGA. Nine Hundred and Twenty-Nine (929) adolescent girls and young women were reached with SRH information in Gwoza and Damboa LGAs. Three thousand and Fifty- Eighty (3,058) persons (Men 190, Women 1,085, Boys 173, Girls 1,610) were reached with medical services



during mobile medical outreaches. The mobile medical team provide medical check-ups, pre and post-natal care, family planning, basic first aid treatment as well as referral services to beneficiaries in IDP camps and host communities Gwoza and Damboa. AHI distributed Eighty – Two (82) dignity kits to returnees, new arrivals vulnerable women, women and girls living with disabilities in the IDP camps and Host Communities across Gwoza and Damboa LGAs. With Support from the United Nations Population Fund, (UNFPA), AHI built the capacity of Sixteen (16) Health workers and Social workers from Yobe and

Adamawa State on GBV Case Management and MPHSS to provide survivor centered responses to survivors of SGBV. The Health workers and Social Workers will be working at the UNFPA constructed Safe Shelter in Daware, Adamawa



State and State lowcost, Damaturu, Yobe State. Working with funding from the United Nations Population Fund (UNFPA), as critical support for the humanitarian response in Yobe State, AHI handed over a Multi-Service Centre and Safe Shelter aimed at advancing the health and wellbeing of women and girls in Yobe State.



RHHF supported by UNFPA is implementing the integrated one stop approaches to GBV prevention, mitigation and response project in Adamawa, Borno and Yobe States through the establishment and management of One Stop Centers (OSC). The OSC provides integrated multidisciplinary services which include case management, medical care, psychosocial support, security services, legal counselling and representation as well as safe shelter services to survivors of GBV in a confidential environment while strictly adhering to all of the guiding principles for service provision and the COVID19 prevention guidelines.

In September, a total of 25 survivors (4 males, 21 females) were provided with comprehensive GBV response services at the OSC in Potiskum, Yobe State. Total of 26 persons (22 males and 4 females) were provided with GBV information and services including referrals via the toll-free hotline in the Yobe State. In Adamawa state, 25 female survivors were provided with comprehensive GBV response services at the OSC and 44 (23 males, 21 females) people were reached with GBV information and services including referrals via the toll free hotline. Forty-six (46) persons (35M and 11F) were reached through sensitization on GBV prevention, mitigation and available response services at the

OSC. In Borno State, 18 female survivors were provided with comprehensive GBV response services at the OSC. A total of 107 persons (33 males and 74 females) were provided with GBV information and services including referrals via the toll-free hotline in the Borno State.



LESGO was able to undertake and sustain its strides responding in the Girei LGA which is one of the LGAs where cholera is active. The communities that were reached includes Girei 1, Girei 2 and Damare political wards of Girei local government area focusing on Hygiene Promotion which comprises of personal and environmental hygiene behaviors with a view of changing the way community members behaves or do things. In addition to the hygiene talk, Hygiene Package (Toilet and bar Soap) were distributed. In addition to the efforts on responding to the cholera outbreak, there was also focus on Psychosocial Support services to host community members as well as IDPs in communities and camps and camps like settlements.



CARE conduct refresher training for SRHR service providers on topics such as post abortion care, family planning, ante-natal care, CMR, HIV and AIDS testing and counselling. The training lasted 5 days, from 13th September to 17th September 2021. The training focused on Basic Emergency Obstetrics and Newborn Care (BEmONC), MISP, and CMR as they are priority interventions intended to address life-threatening complications that arise during pregnancy and childbirth to reduce maternal and child mortality. A total of 20 participants attended the training. Among the participants were 17 clinical service providers (Bama 9: 6F, 3M, Dikwa 8: 4F, 4M), 2 Clinical Management Officers and 1 sector manager (Bama 1: 1F, Dikwa 1: 1F, 1M). Clinical Officers for both Bama and Dikwa ensured supportive supervision and worked with service providers in line with providing much needed capacity building. As at current, clinical officers have worked with the MEAL officer in developing a capacity assessment checklist which has been administered to the SPs to assess areas of capacity building priorities. All and more aspects of the checklist are being touched on as the project progresses.

Building on an assessment of equipment and supply gaps that exist in SRH service provision in Bama and Dikwa coupled with cross-validation with other CARE SRH projects, the GAC 2 project undertook the identification and procurement of a combination of essential medicines, delivery beds, Long and Short Acting Reversible Contraceptives, pediatric drugs, Personal Protective Equipment (PPEs) and other supplies to support quality SRH service provision. The supplies are being provided to the various mobile SRH teams (7) in Bama and Dikwa, over the course of the project with relevant documentation supporting their release. As part of the MISP, a total of 868 persons (168 Men, 345 Women, 167 Boys, 188 Girls) were reach with general health services as out-patients. This service has proven supportive in ensuring the wholesome wellbeing of client and their dependents and has further encouraged revisits and local referral based on client satisfaction.

Bama: 262 (34 Boys, 49 Girls, 1 Boy (PwD), 0 Girl (PwD), 31 Men, 124 Women, 0 Men (PwD), 1 Women (PwD), 11 Elderly Men, 11 Elderly Women).

Dikwa: 606 (130 Boys, 138 Girls, 2 Boys (PwD), 1 Girls (PwD), 93 Men, 174 Women, 0 Men (PwD), 0 Women (PwD), 33 Elderly Men, 35 Elderly Women).

AMAL – Adolescent Mothers Against All Odds project, funded by UNFPA Has 3 major component:

Health Provider Component: Training of 18 health providers (All females) on the Health provider component of AMAL Initiative

Community Component: Within the reporting month AMAL was at the 6th week of implementing, having meetings with community members once a week, a group of 10 (5M,5F) from each of the six health facilities (60) weekly and reflecting with them on the community component of AMAL Initiative aimed at identifying and challenging harmful gender, social and power norms affecting uptake Access of SRH services by adolescent Mothers


Young Mothers Component: Within the reporting month AMAL was at the 6th week of implementing, having sessions with Adolescent mothers (Pregnant or first time mothers) on SRH Information and Live skills, 12 young mothers each from 6 health facilities (72), these meet once a week and facilitators (Health provider and Community engagement facilitator, both females) facilitate using the AMAL Toolkit and flip book which serve as a guide.



AAH continued providing Humanitarian response in the Northeast Nigeria (Borno and Yobe State). AAH currently supporting Health and Nutrition services across 21 LGAs (9 in Borno and 12 in Yobe). Total of

77,755 (Males – 32,257; Females – 45,498) received health care services at the health facilities. Support to Sexual Reproductive Health to enhance Sexual Reproductive Health in humanitarian response through distribution of basic supplies to the health facilities and capacity building of staff. 14,168 and 3,830 women received ANC and PNC services respectively, Also, a total of 1,654 women gave birth across the supported health facilities under the attendance of skilled health workers. 1,650 beneficiaries accessed family planning service, out of which 350 men received condom while 1,300 women opted for different family planning methods. Provision of immunization services continue with a total of 27,900 (Boys – 13,378; Girls –14,522) children and pregnant women vaccinated against vaccine preventable diseases by providing BCG, OPV, PENTA, PCV, IPV. Some 6700 pregnant women received tetanus shots.

In the reporting month, various capacity enhancement activities were carried out through trainings, supportive supervision and on the job training of Ministry of Health staff. A 12 days comprehensive training was conducted in collaboration with NPHCDA and Yobe SPHCMB where a total of 90 CHIPS agents, 18 CEFPs, 18 CHEWs and 8 officers from 2 LGAs in Yobe (Yunusari, Yusufari), participated. In Borno State, similar training was conducted in collaboration with IRC, NPHCDA and Borno SPHCDA where a total of 350 CHIPS agents, 68 CEFPs, 34 CHEWs and 9 M&E officers from 7 LGAs in Borno (Maiduguri, Jere, Mafa, Konduga, Gwoza, Monguno, Bama, Gubio and Nganzai) participated. Furthermore, 60 health workers participated in workshops on Thinking Healthy and Storage/Stock Management. There was also a training of health workers on BEmONC (Basic Emergency Obstetric and Neonatal care) which was jointly organized with IRC in Borno. Also, 50 (10M; 40F) Community Nutrition Mobilizers (CNMs) were trained on IYCF to further support community awareness session and early detection and referral of SAM children in Yobe.

 **NCA** supported PHCs in the area of intervention with SRH items and also build the capacity of MoH staffs. There was formation of Adolescent groups with parent consent for the purpose of introduction of ASR concept and key focus activities. Cases of Gynaecological such as miscarriage, abortion, late amenorrhea, pregnancy related complication were attended to. Health and sexuality education with modern day family planning was also carried out. Adolescents were taught on body changes for both boys and girls, monthly cycles and what it entails. This led to mensural hygiene management education and management of sanitary pads.



WHO through the field volunteers, supported the sensitization on GBV, Identification of GBV cases, provision of first line support and referral services was also conducted in security compromised locations i.e. HTR areas, across the BAY state. Almost 10,000 women were sensitized and more than 60 women received first line support as well as referred to nearby health facilities. In order to increase the level of knowledge on GBV and service utilization in health facilities, the CSOs supported by WHO continues to provide community dialogue with community leaders and chairmen in IDP camps across some selected LGAs in the BAY state. Through the trained Primary Health Care workers in the BAY states, continue the management of patients with mental disorders and a total of 564 patients were treated, comprising of both male and females. The trained healthcare workers continue to provide mental health and psychosocial support in Borno state, in-order to mitigate the impacts of both the humanitarian crisis as well as the COVID-19 pandemic. In Yobe state, the SPHCMB in collaboration with WHO have intensified the delivery of frontline mental health psychosocial support services in both health centers and security compromised LGAs.

Across the under-served populations in hard-to-reach locations of the BAY states, the mobile health teams continue to provide malaria preventive, diagnosis and treatment services to pregnant women. Through the effort of the team, more than 10,500 women received ANC services. WHO supported some functional health facilities in Borno state with 5 malaria modules for the management of Malaria. And through the undaunting support of WHO, Adamawa and Yobe states has concluded the implementation of the 3rd cycle of Seasonal Malaria Chemoprevention campaign.

Risk communication activities continues to play a pivotal role in curtailing disease outbreaks. Across the BAY states, WHO through the community health champions and mobile-health teams (HTR) continued to provide interpersonal risk communication messages to vulnerable persons on COVID-19, Measles, Cholera, Malaria, etc. The teams continue to target the most vulnerable person prone to disease outbreak and these persons, including the IDPs, Almajiris, the elderly, and the underserved in hard-to-reach locations. In addition, the team also visited Churches, Mosques, Tsangayas, schools in order not to leave anyone behind. The team had sensitized more than 120,000 persons cumulatively, across the three states. To inform and educate the populations in order for them to take an informed decision in protecting themselves from disease outbreaks like measles, cholera, COVID-19, etc, the motorized campaign continues to provide those preventive health risk messages across some selected or hotspots IDP camps. Lastly, WHO continues to support airing of radio jingles in Adamawa and Yobe states on Cholera/AWD and COVID-19 preventive messages. Targeting more



than 5m persons with preventive messages. With the notion, not to leave anyone behind irrespective of their locations. WHO through the mobile health/hard-to-reach teams continue to provide essential life-saving intervention across security compromised locations. Estimating 65,000 persons were seen or treated of minor ailments including the vaccination of children with different antigens, provision of vitamin A supplement, MUAC screening of children for malnutrition, provision of iron folate for the prevention of anaemia during pregnancies, deworming of children aged 6-59 months with albendazole.

Nutrition Updates



ALIMA continue to provide lifesaving Nutrition services across all implementing sites, Activities are ongoing smoothly across all OTPs and ITFC facilities putting all COVID measures in place and in alignment with the Nutrition sector guide. Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic a total of 203 new SAM cases were admitted and 272 cases were discharged as cured from the program. 22 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 200 total new SAM cases with complications and discharged 204. 11,722 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 91% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. 317 new SAM cases were admitted for OTP in the Nutrition interventions in Karasuwa LGA, Yobe state.



AAH continue to support nutrition activities with a total of 6710 (Boys -- 3230, girls – 3480) severely acute malnourished (SAM) children of 6-59 months were newly enrolled in the Outpatient therapeutic program (OTP) while 300 (Boys- 125, Girls- 175) U-5 children with medically complicated SAM were admitted in the Stabilization centres supported by AAH. Likewise, 4,185 pregnant and lactating women received skilled IYCF counselling and 20,064 (2,051 Men; 18,013 Women) individuals attended IYCF group sessions in the community & health facilities.



AHSF a total of 107 children are currently admitted in the OTP program.

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 in 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, AGUF, 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 <https://health-sector.org>

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