



Northeast Nigeria Humanitarian Response

COVID-19 Response



Sexual Reproductive Health Service on in the health facility supported by UNFPA

Health Sector Bulletin

February 2022



4.99 Million
PEOPLE IN NEED OF
HEALTHCARE



4.54 Million
PEOPLE TARGETED BY
THE HEALTH SECTOR



>2.0 Million*
IDPs IN THE THREE
STATES



0.303 Million***
PEOPLE REACHED IN
2022

Highlights - COVID-19 Vaccination So Far

BORNO STATE:

Total 1st Dose Vaccinated (AstraZeneca, Moderna & Pfizer) = 210,851 which accounts to 6.57% Vaccinated with 1st Dose. Total 2nd Dose Vaccinated (AstraZeneca, Moderna & Pfizer) = 79,090 which accounts to 2.46% fully Vaccinated (Percentage of total 1st doses vaccinated with 2nd doses = 37.51%). Booster Dose Vaccinated (Moderna & Pfizer) = 2,911. **AstraZeneca:** Total 1st Dose Vaccinated with AstraZeneca = 118,740. Total 2nd Dose Vaccinated with AstraZeneca = 51,863 (which accounts to 43.68% of 1st dose vaccinated with 2nd dose AstraZeneca). **Moderna:** Total 1st Dose Vaccinated with Moderna = 49,884. Total 2nd Dose Vaccinated with Moderna = 23,739 (which accounts to 47.59% of 1st dose vaccinated with 2nd dose Moderna). Booster Dose Vaccinated with Moderna = 85. **Pfizer:** Total 1st Dose Vaccinated with Pfizer = 37,940. Total 2nd Dose Vaccinated with Pfizer = 3,488 (which accounts to 9.18% of 1st dose vaccinated with 2nd dose Pfizer). Booster Dose Vaccinated with Pfizer = 2,826 **Johnson & Johnson:** Total 1st Dose Vaccinated with Johnson & Johnson = 4,287. Booster Dose Vaccinated with Johnson & Johnson = 0

YOBE STATE:

Moderna Total = 56,005 (including Booster); AstraZeneca Total = 161,353; Pfizer Total = 72,247 (including Booster); Johnson Total = 401. **Moderna:** From 24th August 2021 to 10th Mar 2022, a total of 36,430 people had received 1st dose of the Moderna vaccine. Of this number 15,709 were Females and 20,721 were Males. While 19,414 people received 2nd dose of Moderna vaccine representing 53% coverage of the 1st dose. These include 9,413 females and 10,001 Males. **Moderna Booster:** 161 were vaccinated (130 Males and 31 Female)

AstraZeneca: From March 2021 to 10th March, 2022 a total of 108,485 people received 1st dose of the AstraZeneca vaccine (39,906 Females, & 68,579 Males), while 52,868 people had received 2nd dose of AstraZeneca vaccine representing 49% coverage of 1st dose. Of the doses received, 18,558 were Female and 34,310 Males. **Pfizer:** A total of 63, 429 had received 1st dose, comprised 38,632 Males and 24,797 Females, and only 5,241 people received 2nd dose (Males and & 119 Females), representing 8% coverage of 1st dose.

Pfizer Booster: Total of 3,577 were vaccinated (2,151 Males & 1,426 Female)

ADAMAWA STATE:

During the Mass Vaccination of 1st phase AstraZeneca, a total number of 39,872 came for the 1st dose and 28,689 came for the second dose, while during the 2nd phase, a total number of 17,430 came for the 1st dose and 11,300 came for the 2nd dose and during the 3rd phase, 86,386 came for the 1st dose and 58,569 came for the 2nd dose. A total number of 382 non-serious AEFI were reported across 20 LGAs (Fufore: 32, Ganye: 44, Girei: 2, Gombi: 6, Guyuk: 9, Hong: 84, Jada: 2, Lamurde: 1, Madagalia: 1, Maiha: 20, Mayo-Belwa: 39, Michika: 8, Mubi North: 8, Mubi south: 23, Numan: 7, Shelleng: 6, Song: 32, Toungo: 12, Yola North: 25, Yola South: 21) of the AstraZeneca 1st dose vaccination and 1 serious-AEFI from Guyuk LGA. During the 2nd dose 344 non-serious AEFI were reported from 17 LGAs (Demsas: 13, Fufore: 46, Ganye: 23, Girei: 8, Guyuk: 3, Hong: 3, Lamurde: 6, Maiha: 7, Mayo-Belwa: 143, Michika: 29, Mubi North: 1, Mubi South: 1, Numan: 3, Shelleng: 2, Song: 12, Yola North: 38 and Yola South: 6). During the Phase 2 Moderna Vaccination a total number of 33,186 came for the 1st dose and 28,946 came for the 2nd dose and during phase 3, 29,420 came for the 1st dose and 5,308 came for the 2nd dose and 317 came for the booster vaccination. A total number of 124 non-serious AEFI were reported across 14 LGAs (Demsas: 4, Fufore: 2, Ganye: 6, Gombi: 15, Hong: 17, Jada: 9, Maiha: 3, Mayo-Belwa: 38, Michika: 1, Mubi South: 1, Numan: 2, Shelleng: 3, Yola North: 4 and Yola South: 19) of the Moderna 1st dose and during the 2nd dose 17 non-serious AEFI were reported from 4 LGAs (Michika: 7, Mubi South: 3, Numan: 4 and Yola North: 3) and the booster vaccination 11 Non-AEFI were reported from Michika: 2, Yola North: 6 and Yola South: 3. During the 3 phase for Pfizer Vaccination a total number of 131,113 came for the 1st dose and 25,983 came for the 2nd dose while 7,974 came for the Booster. A total number of 68 non-serious AEFI were reported across (Fufore: 3, Guyuk: 10, Hong: 16, Mubi South: 1, Song: 1, Yola South: 37) of the 1st dose Pfizer vaccination. During the 2nd dose 25 non-AEFI was reported from (Michika: 9, Yola North: 3 and Yola South: 13) and during the booster vaccination 56 non-AEFI were reported from 9 LGAs (Fufore: 1, Guyuk: 8, Hong: 2, Mayo-Belwa: 3, Michika: 8, Mubi North: 5, Numan: 2, Yola North: 12 and Yola South: 15). During the phase 3 Johnson vaccination a total of 18,152 came for the 1st dose vaccination. A total number of 17 non-serious AEFI were reported across 2 LGAs (Hong: 12 and Mayo-Belwa: 5) of the Johnson 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



720,689 CONSULTATIONS****

EARLY WARNING & ALERT RESPONSE



274 EWARS SENTINEL SITES
202 REPORTING SENTINEL SITE
653 TOTAL ALERTS RAISED****

SECTOR FUNDING, HRP 2022



\$95.3

*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 February 2022.

**** Cumulative number of medical consultations from the Health Sector Partners via various mode of response as of February 2022.

***** The number of alerts from Week 1 – 10, 2022

Situation Updates

CHOLERA OUTBREAK RESPONSE IN BAY STATES

The total number of suspected cholera cases reported in Borno state as of 13th March 2022 stands at 6,422 with 170 associated deaths, (CFR – 2.7%). 1,003 cases from Gwoza, 117 from Damboa, 284 from Hawul, 20 from Magumeri, 72 from Kaga, 1,843 from MMC, 113 from Biu, 1,556 from Jere, 484 from Konduga and 346 from Mafa LGAs. Out of the 111 samples collected and tested in the state using rapid diagnostic test for cholera, 79 (70.6%) were positive, while 40 (57.1%) of which were culture positive. Since Epi-week 05, there has not been any positive cases of Cholera reported in Borno state.

[Nigeria: Borno States - Weekly Cholera Outbreak Situation Report No. 28 as of 14th of March, 2022 | HumanitarianResponse](#)

The last positive case of cholera in Yobe state was before 21st of December, 2021. Adamawa state has not recorded any cholera cases since 19th of January 2022. The necessary discussion are ongoing with the state ministry for declaration of cholera over across the three states while case search and sample collections are still ongoing for any suspected issues on this.

COVID-19 PANDEMIC UPDATE – BAY STATES

Adamawa State: As of 17th March 2022, 28,879 suspected cases have been screened out of which 1,301 were confirmed positive, 27,578 were found negative, 9 were inconclusive. Majority of confirmed cases were from Yola South, while majority of the mortalities were recorded in Yola North. 8 suspected cases were tested from Mubi North & Yola North LGAs with RDT and no positive case was recorded. The total number of confirmed cases so far stands at 1,301 with 39 deaths with CFR stands at 2.9%.

Borno State: As of 13th of March 2022, 25,000 specimens were collected and tested, out of which 1,633 were confirmed positive. No cases is currently active and receiving care. Total associated deaths was 44 with 32 in isolation facilities and 12 within communities. Case fatality remain 2.6%. Distribution of confirmed cases by LGA - 302 from Jere, 1,166 from MMC, 17 from Gwoza, 4 from Damboa, 23 from Bayo, 12 from Biu, 3 from Gubio, 1 from Munguno, 1 from Kaga, 1 from Mobbar, 79 from Konduga, 2 from Nganzai, 3 from Shani, 7 from Hawul and 8 from Ngala LGAs. Cumulative positivity rate is 3.4%.

Yobe State: As of 6th March 2022, the total number of confirmed COVID-19 cases is five hundred and sixty-four (564). One hundred, and four (104) cases from Damaturu, seventy-five (75) cases from Nguru, sixty-eight (68) cases from Potiskum, fifty-five (55) cases from Fika, forty-nine (49) cases from Nangere, forty-two (42) cases from Bade, twenty-nine (29) cases from Gulani, twenty-two (22) cases from Yusufari, twenty-one (21) cases from Gujba, nineteen (19) cases from Jakusko, seventeen (17) cases from Bursari, sixteen (16) cases from Karasuwa, fourteen (14) cases from Tarmuwa, twelve (12) cases from Fune, eight (8) cases from Yunusari, seven (7) cases from Machina, and five (5) cases from Geidam LGAs.

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 February 2022, under case management: there was no positive case for COVID-19.

The IOM molecular COVID-19 PCR Laboratory continues to carry out COVID-19



PCR test for community testing, contact cases and out bound travel purposes with a certified NCDC verifiable QR-code. Oral and nasopharyngeal samples for

the COVID-19 testing are collected on daily basis at the UMTH sample collection site excluding weekends, at no

cost. In the month of February, 2022 the IOM PCR Lab has tested: 100-UN staff; 462-INGOs and 37-Community members.

Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 9: A total of 202 out of 274 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 68% and 74% respectively (target 80%).

Total number of consultations in week 9: Total consultations were 36,965 marking a 7% increase in comparison to the previous week (n=34,272).

Leading cause of morbidity and mortality in week 9: Malaria (suspected n= 7,713; confirmed n= 4,772) was the leading cause of morbidity reported through EWARS accounting for 31% of the reported cases.

COVID-19 in week 9: No new confirmed case of COVID-19 was reported for the week. Total number of confirmed cases as at the end of epi-week 10, 2022 stands at 1,633. No active case receiving care. Total associated deaths – 44 (CFR 2.6%).

Number of alerts in week 9: Seventy-seven (77) indicator-based alerts were generated with 94% of them verified.

Figure 1 | Trend in consultations

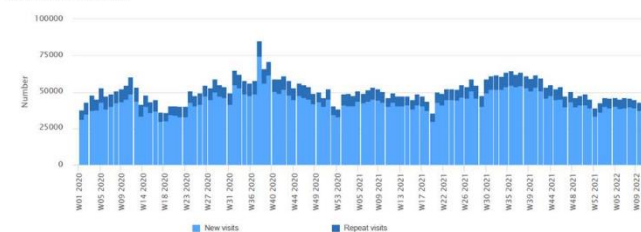


Figure 1a | Proportional morbidity (W9)

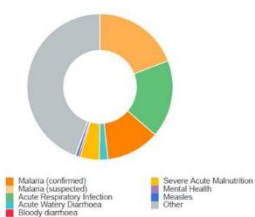
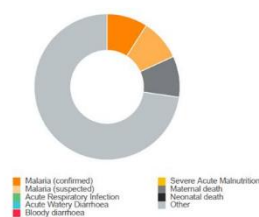
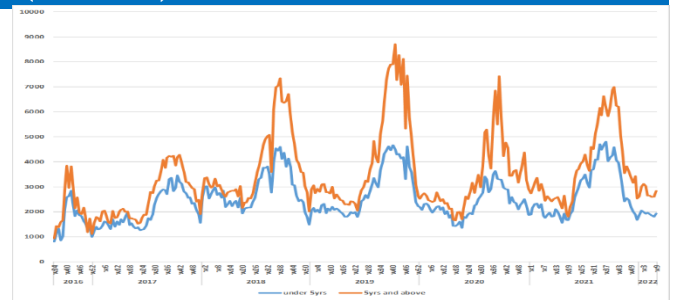


Figure 1b | Proportional mortality (W9)



Morbidity Patterns

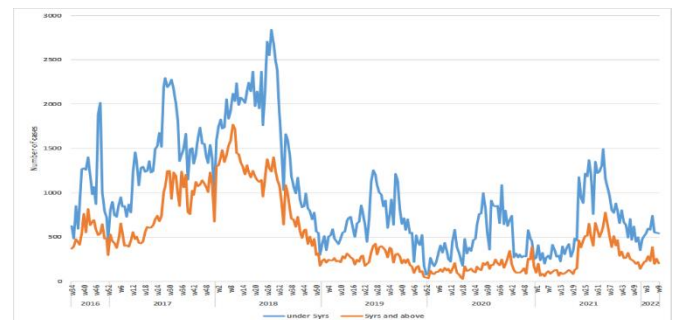
Malaria: In Epi week 9, 4,772 cases of confirmed malaria were reported through EWARS. Of the reported cases, 465 were from General Hospital Biu, 145 were from Uba General Hospital in Askira Uba, 138 were from Kuda Lawanti Health Clinic in Nganzai, 132 were from Hausari IDP camp clinic (MDM) in Damboa, 101 were from Maryam Abacha Women and Children's Hospital in Jere, 100 were from Magumeri MCH Clinic and 99 were



from Biu MCH. One (1) associated death was reported from Peta Model Health Centre in Kwaya Kusar.

Figure 1: Trend of Malaria cases by week, Borno State, week 94 2016 – 09 2022

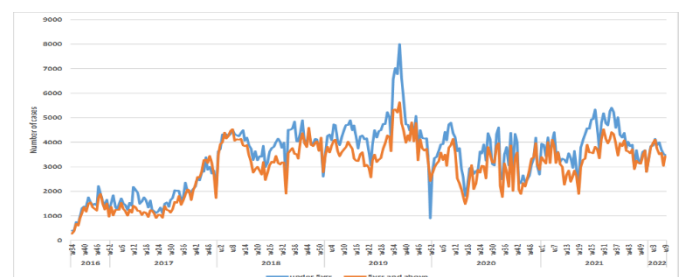
Acute watery diarrhea: In Epi week 9, 744 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 120 were from Ngaranam PHC in MMC, 104 were from Custom House IDP Camp Clinic in Jere, 66 were from Mafa MCH, 59 were from Garba Buzu MDM Clinic in MMC, 45 were from FHI360 Health Facility Bama, 35 were from Herwa Peace PHC in MMC, 28 were from PUI mobile clinics in MMC and 23



were from State Specialist Hospital in MMC. No associated death was reported.

Figure 2: Trend of Acute Watery Diarrhea cases by week, Borno State, week 94 2016 – 09 2022

Acute respiratory infection: In Epi week 9, 6,905 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 273 were from General Hospital Ngala (FHI360), 249 were from Ngaranam PHC in MMC, 235 were from Damboa MCH, 210 were from Hausari IDP camp clinic (MDM) in Damboa, 187 were from AAH Water Board IDP Camp Clinic in Monguno, 161 were from Gumsuri clinic



in Damboa and 152 were from PUI WaterBoard IDP camp clinic in Monguno. No associated death was reported.

Figure 3: Trend of Acute Respiratory Infection cases by week, Borno State, week 94 2016 - 09 2022

Suspected Measles: Two Hundred and Fifty-one (251) suspected measles cases were reported through EWARS. Of the reported cases, 25 were from FHI360 Health Facility Bama, 24 were from INTERSOS Health Facility Bama, 18 were from Dalaram PHC in Jere, 16 were from PUI Baga Road PHCC in MMC, 13 cases each from Garba Buzu MDM Clinic in MMC and Njimtilo Health Clinic in Konduga, 12 were from Dikwa MCH Clinic, 10 were from State Specialist Hospital in MMC and 8 were from INTERSOS Health Facility Fulatarin in Dikwa. Eighty-one (81) additional suspected measles cases were reported through IDSR from Gwoza (1), Jere (20), Kala-Balge (1), Kwaya Kusar (2), Mafa (2), MMC (42), Mobbar (1) and Monguno (12) making a total of 332 suspected measles cases reported. No associated death was reported.

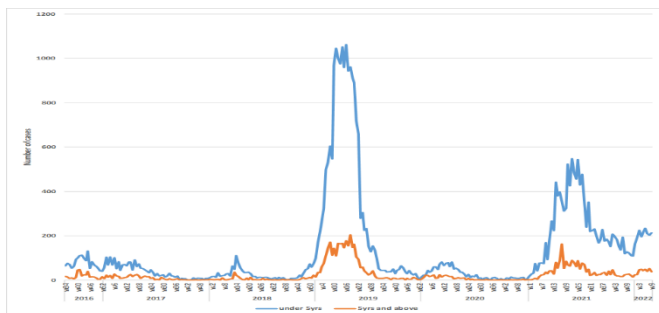


Figure 4: Trend of suspected measles cases by week, Borno State, week 94 2016 – 09 2022

Suspected Yellow Fever: One (1) suspected yellow fever case was reported through EWARS from MCH Miringa in Biu. Two (1) additional suspected Yellow Fever cases were reported through IDSR from Gwoza and Mobbar LGAs making a total of 3 suspected Yellow Fever cases reported within the week. Samples have been collected and sent to the lab. No associated death reported.

Suspected Meningitis: One (1) suspected meningitis case was reported through EWARS from State Specialist Hospital in MMC. Sample has been collected and sent to the lab.

Suspected VHF: No suspected VHF case was reported in week 9.

Suspected cholera: No suspected cholera case was reported in week 9.

Malnutrition: 1,727 cases of severe acute malnutrition were reported through EWARS in week 9. Of the reported cases, 120 were from Kuda Lawanti Health Clinic in Nganzai, 60 were from Kurbagayi MCH,

45 were from Umaru Shehu Hospital in Jere, 43 were from Mashamari PHC in Jere, 42 were from ICRC FSP Clinic in Monguno, 41 were from AAH Water Board IDP Camp Clinic in Monguno and 40 were from Gatamarwa Dispensary in Chibok. No associated death was reported.

Neonatal death: No neonatal death was reported through EWARS in week 9.

Maternal death: One (1) maternal death was reported through EWARS from Njimtilo Health Clinic in Konduga.

Gender-Base Violence (GBV): 5,454 women and girls provided with sensitization and awareness on GBV in the HTR areas and health facilities.

Alerts and Outbreaks: Seventy-seven (77) indicator-based alerts were generated from the weekly reports submitted through EWARS in week 9. Ninety-four 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. No new confirmed cholera case was reported last week (wk10). As at 13th March 2022, a total of Six Thousand Four Hundred and Twenty-two (6,422) suspected cholera cases have been reported with One Hundred and Seventy (170) associated deaths (CFR:2.6%). 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 increase in the number of measles cases reported in the LGAs across the State. This week, no new measles case was laboratory confirmed. As at the end of week 9, a total of 1,939 suspected measles cases have been reported in Borno state this year.

COVID-19 Pandemic: No new case of COVID-19 was reported. So far, One Thousand Six Hundred and Thirty-three (1,633) confirmed cases of COVID-19 with 44 associated deaths (CFR: 2.6%) have been reported in Borno State as at 13th March, 2022, 302 from Jere, 1166 from MMC, 17 from Gwoza, 4 from Damboa, 23 from Bayo, 80 from Konduga, 3 from Gubio, 1 from Kaga, 1 from Dikwa, 2 from Mafa, 1 from Mobbar, 1 from Monguno, 2 from Nganzai, 3 from Shani, 7 from Hawul, 8 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.

**IDSR- Integrated Disease Surveillance and Response*

Health Sector Action



DCR implemented a 'Two-day' training for Women-led CSOs, Peacebuilding Institutions, and Women's Rights groups on "Legal and Policy Frameworks on Gender Equality, Women Empowerment and Ending Violence Against Women and Girls (EVAWG)". The objective of the workshop was to enhance the capacity of women-led organizations and institutions and groups on legal and policy frameworks on GEWE/EVAWG in Borno State. 40 actors now have increased knowledge on policy and legal frameworks on GEWE/EVAWG and can mainstream the provisions of globally accepted legal instruments into their work. Knowledge of international legal frameworks on GEWE and EVAWG is poised to make high impact in designing gender responsive program interventions across all sectors in Borno State. The workshop delivery method included lecture, group work and discussion sessions, and interactive feedback sessions. Participants were drawn from women-led CSOs, women groups and Ministries, Departments and Agencies of government (MDAs), including health departments across five (5) targeted LGAs of project implementation namely; MMC, Jere, Monguno, Gwoza and Konduga.



FHI360 provided 11,566 outpatient curative consultations in her clinic facilities Bama, Banki, Damasak and Ngala in the month of February 2022. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 3,293 cases. It accounts for the highest morbidities in Ngala, Damasak, Bama and Banki. Also, malaria (370 cumulative cases) was the second major cause of morbidity across the four reported sites. Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity in the month of February. This month, a total of 697 persons with peptic ulcer were treated and cases of hypertension was also seen in significant numbers, at 507 cases. FHI360 conducted 294 health facility deliveries by skilled birth attendants and well as provided family planning services to 34 new clients. A total of 5,317 health promotion outreaches on malaria, non-communicable disease, reproductive health, respiratory tract infection and diarrhoea in Ngala, Bama, Banki and Damasak. 2,570 children were vaccinated against various vaccine-preventable diseases. Ngala continues to have the highest number of recipient children (907 children). Also, 1,331 women of reproductive age received tetanus toxoid vaccination.



INTERSOS is managing PHC health facilities in Bama (MCH clinic & GSSSS IDP Camp), and Ngala (Gamboru PHC and ISS Camp PHC) and also supporting 5 mobile clinics in Magumeri (Magumeri MCH, Talwari, Kajeri, Gajigana, Kachia), 1 Mobile Clinic in Chabbal, an outreach post in Gubio IDP Camp and 1 SC in Maiduguri Specialist Hospital. The total number of consultations for the month of February 2022 was 13,357 (M 5,964 and F 7,393) of which U5 cases were 5,453 (40.8%) of the total consultations. The total number of consultations for the reporting month registered slightly increased by 1%, compared to the previous month. Also, the number of U5 consultations recorded for the month, was 20% higher than the number of U5 consultations seen in the month of January 2021. This is a normal seasonal observation as activities pickup after festivities. Acute Respiratory Infections with a total number of 2,919 cases, was the highest recorded morbidity for the month, closely followed by acute diarrhea disease with a total of 1,784 cases. The other top 5 morbidities include peptic ulcer disease, skin infection and Malaria at 1,317, 1,191 and 1,999 respectively. INTERSOS health facilities also registered some cases of Measles across various sites with Bama recording the highest number of cases amongst new arrivals. From the Morbidity breakdown per facility, Magumeri supported sites registered the highest number of consultations across all INTERSOS supported LGA's. Patient referral in Bama, Magumeri and Konduga (Chabal) is also been supported. In Ngala INTERSOS refers patients to FHI and MSF supported health facilities and in Dikwa referrals are to the general hospital managed by the state ministry of health. In the month of February, 40 patients were referred, while 29 discharged, and 11 patients still on admission and no deaths were recorded. The patients were referred from Magumeri, Chabbal, Gubio camp and Bama respectively.



ALIMA continued with Outpatient consultations for Under 5 years in Karasuwa LGA Yobe State this Month were 2,875 children were consulted. Similarly, ALIMA provided 2,741 outpatient consultations for all ages in Maiduguri, Borno State. Furthermore, the top 3 leading cause of morbidity still remain; Acute diarrhea, Malaria, and ARI. 477 deliveries assisted by a skilled attendant. A total of 767 PNCs and 2,534 ANC were seen at ALIMA health facilities. In Karasuwa LGA of Yobe State, ALIMA supported 5 facilities with SRH activities. In the reporting month, 450 pregnant women came for their first ANC visit, and a total of 169 came for their Postnatal care services. 125 deliveries were conducted by the skill attendants. 1,423 OPD consultations were conducted for children under 5 in Muna Clinic with 24 referrals made at the reporting month. Free primary healthcare services provision

was supported in Muna IDPs camp, and Chad Basin Development Authority (CBDA). 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. ALIMA provided 1,756 ANC and 600 PNC consultations in which 849 ANC are first visit and 485 PNC visits within 72 hours of delivery at Muna Clinic. BemONC activities were conducted at CBDA clinic where 248 pregnant women came for ANCs visit, 236 deliveries were recorded which is higher compared to last month delivery, and 3 referrals were made to secondary/tertiary care. A total of 2,648 people was sensitized on different mental health conditions. 236 Individual consultations (213 MMC and 23 Karasuwa), and were placed on pharmacological therapy under WHO as prescribed by a psychiatrist. Continuation of routine activities in all ALIMA area of operation and other facilities with emphasis on the importance of mental health, quality of service delivery and engagement with beneficiaries.



FSACI with funding support of NHF is supporting 12 health facilities; in 2 implementing LGAs (Mubi-North and Lamurde) of Adamawa state aimed at improving access to quality reproductive health services in host communities, IDPs and returnees. The direct target

groups are pregnant women, lactating mothers and women of reproductive age. A day three days Training of Trainers was conducted for doctors and Midwives. A total of 16 (6 M and 10 F) doctors, nurses and midwives were trained. The purpose was to improve their skills in providing sexual and reproductive health services in emergency among IDP, Host communities, and returnees including persons with disabilities while coaching and mentoring community health workers on clean and safe deliveries. Two separate step-down trainings of CHEWs were conducted over a period of five days simultaneously in Mubi North and Lamurde LGAs. A total of 16 (6 males and 10 females) CHEWs were trained by midwives and nurses to conduct clean and safe delivery. The purpose of the training was to improve the skills of CHEWs to provide safe and standard reproductive health services in emergency to host communities, IDPs and returnees including persons with disability (PWD). A total of 1,652 beneficiaries accessed consultancy services in 12 health facilities supported by First Step in the 2 LGAs. Children reached were 675 (306 boys and 369 girls) and 977 adults (432 men and 545 women). A total of 253 pregnant women visited health facilities at least four (4) visits for ANC in the 12 health facilities, Mubi-North 40 and Lamurde 213 pregnant women. 100 women attended PNC at least 3 visits in the 12 health facilities, Mubi-North 15 and Lamurde 85 and were attended to by skilled health workers. 244 deliveries with skilled health workers in the reporting period, Mubi-North 80 (30 boys & 50 girls) and Lamurde 164 (70 boys & 94 girls). 4,524 community members (533 boys and 1,091 girls) (418 males and 2,482 females) were sensitized on sexual reproductive health topics and exclusive breastfeeding in the two implementing LGAs.



AAH continued providing Humanitarian response in the Northeast Nigeria (Borno and Yobe State). AAH continues to support Health and Nutrition services across 18 LGAs (8 in Borno and 10 in Yobe). Total of 70,281 (boys – 32,000; girls – 38,281) received health care services at the health facilities, of which 31.2% were children below the ages of Five. AAH continued to enhance Sexual Reproductive Health in humanitarian response through distribution of basic supplies to the health

facilities and capacity building of staff. 15,967 women received (12,090 ANC and 3,877 PNC) services respectively, Also, a total 1,738 gave birth across the supported health facilities under the attendance of skilled health workers. 1,865 beneficiaries accessed family planning service, out of which 301 received condom while 1,486 women opted for different family planning methods. Immunization services was provided to a total of 25,846 (boys – 13,655; girls –12,191) children and pregnant women were vaccinated against vaccine preventable diseases by providing BCG, OPV, PENTA, PCV, IPV. Some 7,910 pregnant women received tetanus shots. There was an activation of LGA LMCU through a 5-day workshop held in



Damaturu for the first batch where 18 (12M: 6F) participants from Fune and Tarmuwa LGAs of Yobe state attended and second batch held in Bade where 27 (20M;7 F) participants from Yunusari, Yusufari and Geidam attended. In addition, training of health workers from some 25 supported health facilities on family planning and post abortion care was carried out with 25 (4F; 21M) participants in attendance. The main aim was to strengthen the delivery of quality health care services and LGA commodity management. COVID-19 preventive measures were put in place and adhered to in all the supported health facilities, including the distribution of hand sanitizers, infra-red thermometer, hand washing soap, surgical gloves and Nose mask. A functioning hand washing stations placed at strategic location in the health facilities are been utilized properly.



RHFF with support from the Nigerian Humanitarian Fund (NHF) and United Nations Population Fund (UNFPA), Royal Heritage Health Foundation (RHFF) is implementing the “Strengthening GBV Prevention and Quality Integrated response services project in Borno, Adamawa, and Yobe States through quality and appropriate GBV protection, response, and prevention services to the most vulnerable population through the increase of awareness of IDPs, and high-risk communities on available services for GBV survivors as a form of prevention, risk mitigation and response. The OSC provides GBV response services such as 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 the GBV guiding principles for service provision and the COVID-19 prevention measures. **Borno State:** A total number of 93 female GBV survivors were provided with comprehensive GBV response services. 68 calls were received through the mobile toll free line where GBV information and services as well as referrals were made. Likewise, 808 persons (208 males, 600 females) were reached through community awareness on GBV prevention, mitigation and response services across 3 LGAs in the state. **Adamawa State:** At the OSC in Mubi, Adamawa state, a total number of 16 survivors (all females) were provided with comprehensive GBV response services, 18 persons (4 males and 14 females) were provided with GBV information and services including referrals via the toll-free hotline and 100 women were reached with information on GBV and the services provided at the OSC. **Yobe State:** Comprehensive GBV response services were provided to 32 survivors (2 males, 30 females) at the OSC in Potiskum, Yobe State. Lastly, total of 12 persons (10 males and 2 females) accessed GBV information and services via the toll-free hotline in Yobe State.



The Mentor Initiative hired/rehired staffs for Monguno LGA activities while staff hiring/rehiring for other target locations (Maiduguri and Jere) are in progress. Refresher trainings on (IRS), IEC/BCC are planned in March for the rehired staff. Full training on Safeguarding and Whistle blowing to all the MENTOR staff carried out for all the staff. The coordination meetings are ongoing with the MoH, SMEP and other relevant agencies and stakeholders. MoU from the National Ministry of planning and budget has been received during the month of February. MoU with Borno state Ministry of Health is in progress and almost at the final stage. Planning meeting with Honorable Health Commissioner, MoH, Malaria Technical Working Group, RBM and other relevant agencies and organizations is planned in March. Development of IEC/BCC materials for malaria awareness and hygiene practices are in progress. Baseline-KAP survey is planned in all the target locations in the month of March.



IOM continues to provide MHPSS services and activities to the affected populations in the BAY States. a total of 771 new beneficiaries, comprising of (53 boys, 87 girls, 168 men and 463 women) were reached through the provision of various MHPSS/Protection services and activities in Adamawa, Borno and Yobe States. 595 sessions of 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 and Ngala in Borno State were offered to 17 boys, 37 girls, 278 men and 263 women as a follow-up beneficiaries reached within the reporting period. The following were the main issues analysed to be affecting the mental health and psychosocial



wellbeing of the conflict-affected populations in different operational areas where the IOM-MHPSS staff provide direct MHPSS/Protection services and activities:

- Manifestation of skin disease on some of their children's head couple with inadequate medical care is affecting the mental health and psychosocial wellbeing of the beneficiaries.
- Poor condition of toilet and bathroom facilities is causing fear and lack of privacy among some affected vulnerable populations.
- IDPs in host communities are tensed due eviction notices they were served with for failing to pay their house rental fee on the agreed time.
- Returnees are disturbed by the way they are discriminated through calling them with all sorts of names and using unpleasant words against them.
- IDPs are worried by the act of sneaking out of young girls and boys outside the camp and wander around the nearest marketplace as there is risk of them being harassed or molested or even rape.
- There is fear in the area because some women said they saw Boko haram are passing in the bush as they go to fetch firewood in the bush, that they are gathering in the bush which no one knows where they are going to be attacked.
- Boko haram's attack, ongoing kidnapping and lack of sufficient food is affecting the mental health and psychosocial wellbeing of the beneficiaries.
- Return, recovery, and resettlement as some localities are still not accessible.
- There is scarcity of water in some camps and this situation of water scarcity causes more ethnic conflict around the water points in the camps especially girls and women and this really affected their psychosocial wellbeing.
- Tension in some camps due to scope registration related issues which causes some to miss out of GFD.



UNFPA in collaboration with State Ministry of Health, Women Affairs and Social development in Borno, Adamawa and Yobe (BAY) States, has continued to strengthened implementation of the integrated SRH services, mainly by prioritizing implementation of the Minimum Initiative Service Package (MISP) framework and services which include Delivery, PNC, ANC, Labor, STIs, CMR, Family Planning and lifesaving key SRH information sharing through sensitizations and awareness. Service provision has been in strict compliance with the NCDC/WHO COVID-19 guidelines and standard practices. Across the BAY states, UNFPA through its partners reached out to



10,516 individuals on SRH/COVID – 19 by constantly sensitizing them on the best practice to keep safe and live a healthy lifestyle in their environment. For maternal health: 1,953 women attended ANC, 89 deliveries were supported by skilled birth attendants, 217 PNC consultation were provided, 560 women of reproductive age received family planning services across the service points, 113 individuals benefited from treatment of STIs, 156 clean delivery kits were provided to visible pregnant women at the integrated health facilities

located at Madinatu, Gubio and Muna camp. UNFPA supported the GBV/SRH frontline workers through Borno State ministry of Health to commemorate the international day of zero tolerance to Female Genital Mutilation (FGM) on 15th February 2022 with the theme: "Accelerating investment to end Female Genital Mutilation with community leaders, women and girls". The team sensitized and raised the awareness of the people in Madinatu camp located in Jere LGA on FGM/harmful practices, forced and child marriage and its health consequences to the girl child. The SRH/GBV frontline workers trained 12 female volunteers on different method of family planning aimed at mobilizing other women for uptake and utilization of this critical services to reduce maternal mortality and morbidity across the BAY States.



LESGO conducted training/orientation for the three cadre of its field staff; Community Health Extension Workers (CHEWs), Community Health Volunteer (CHVs) and Traditional Birth Attendants (TBAs) for the project “Strengthening the Provision of Health Services in Madagali and Michika LGAs for IDPs, Returnees and Host Communities” at Abati Guest Inn, Mubi, Mubi South LGA, Adamawa State. The orientation was conducted for 12 CHEWs, 12 CHVs and 38 TBAs drawn from Michika and Madagali LGAs respectively. The training of CHEWs was conducted for two days, aimed at providing refresher on the provision of quality SRH services, Integrated Management of Childhood Illnesses, Ante-Natal Care, and Postnatal Care which includes Basic Emergency Obstetric and Newborn Care (BEmONC); training of CHVs was conducted for two days also aimed at providing orientation for participants on active case search and community sensitization on prevention of



communicable diseases (e.g., diarrhea, measles, cholera, and Malaria) and GBV sensitization, provision of first-line support and referrals in the targeted locations/communities of project intervention, and the training of TBAs, conducted for one day, was aimed to familiarize TBAs with modern system of child delivery and new born care. The training emphasized that TBAs are only allowed to conduct child delivery in cases where health facilities are not available, inaccessible and or are absent and the patient cannot make it to the closest health facilities. It was well emphasized that TBAs under normal circumstance are not to undertake child delivery, they will serve as first responders in cases of

emergency and hard-to-reach areas while delivery patient will be moved to a health facility as soon as possible.

The orientation also featured an overview of the entire project, target beneficiaries, expected results, reporting procedures, as well as reporting channels. Participants were also exposed to the need for local collaborations at the grassroots level to facilitate easy sensitization and mobilization of host community members, IDPs and returnees alike, to access the free services the intervention offers and benefit maximally from it.

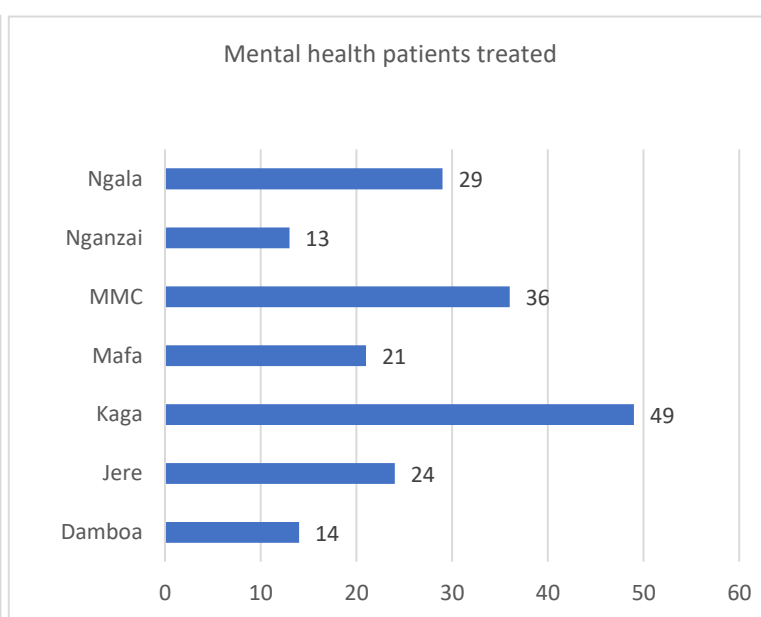
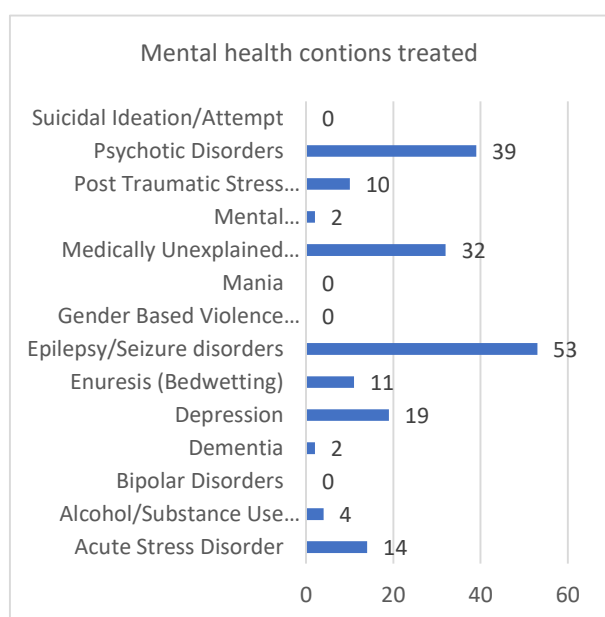


WHO conducted 1-day training on mental health data and ODK with GBV first line support integrated, this was conducted for 25 health workers providing mental health care at PHCs in Borno State.

Across Borno, Adamawa and Yobe states, the World Health Organization through its supported-field volunteers, continue to create awareness on GBV, Identification of GBV cases, provision of first line support and referral services. Through the support of WHO, health workers across the BAY states who have had their capacities built on first line support and CMR services have provided GBV services to 48 survivors and sensitized 1020 women and girls in the health facilities. The mobile health teams continue to carry-out GBV activities across both securities compromised (hard-to-reach) and uncompromised locations. Estimated 17,000 women were sensitized and almost 35 women received first line support as well as referred to nearby health facilities. WHO supported the Ministries of Health across the BAY states to conduct CMR review meetings with 55 focal points of Clinical Management of Rape working across 45 health facilities to ensure data strengthening and peer to peer learning. To ensure mental health patients with underlying GBV complaints receive holistic care, 30 Mental health nurses had their capacity built on identification of GBV survivors and provision of first line support services. In addition, to ensure increase the level of knowledge on GBV and service utilization in health facilities, 66 CSOs across the BAY were supported by WHO to provide community dialogue with community leaders and chairmen in IDP camps across some selected LGAs in the BAY state. Primary Health Care Workers supported by WHO, estimated 190 patients comprising of both male and female were managed and treated in the BAY states. The healthcare workers continue to provide both mental health outreaches and psychosocial support in Borno state, in-order to mitigate the impacts of both the humanitarian crisis and the Covid-19 pandemic. In Borno state, the SPHCMB in collaboration with WHO has trained almost 30 health workers on mental health and psychosocial support. WHO continue to provide technical guide on malaria prevention, diagnosis and case management through service provision to the underserved population in the BAY states. The mobile health teams continue to provide essential health services including malaria services to pregnant women,

through the effort of the team, estimating 6000 women received ANC services including PMTCT and IPTp to about 2000 women. WHO in collaboration with UNICEF, SMOH & SPHCDA conducted supportive supervision to 148 health facilities, provided mentoring on documentation and adherence to test result for treatment.

Lastly, WHO supported in facilitating the development of micro-plan for seasonal malaria chemoprevention (SMC) in Adamawa & Yobe States for 2022 implementation. Estimating to reach and protect an average of 2million children from malaria within the next five months. 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. The team also visited Churches, Mosques, Tsangayas, schools in order not to leave anyone behind. The team had sensitized more than 27,500 persons cumulatively, across the three states in the month of February, 2022. And 12 radio spots per day on cholera and Lassa fever preventive messages are aired across almost 4 radio stations in Borno state. 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, IDPs. Estimating 22,573 persons were seen and treated of minor ailments including the vaccination of children with different antigens, 11,654 MUAC screening of children for malnutrition and provision of vitamin A supplement, provision of iron folate to pregnant mothers for the prevention of anaemia during pregnancies, deworming of children aged 6-59 months with albendazole. Trained PHC workers on mhGAP treated a total of 186 patients with mental disorders comprising of 20 boys, 23 girls, 61 men, and 82 women across 7 LGAs (Damboa, Jere, Kaga, Mafa, MMC, Ngala, and Nganzai).



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-19 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 188 new SAM cases were admitted and 204 children were discharged as cured from the program. 58 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 139 total new SAM cases with complications and discharged 136. 310 new cases of SAM were admitted across 15 ALIMA OTP sites for the Nutrition interventions in Karasuwa LGA, Yobe state (Jajeri PHC, Boridodi HP, Jajimaji PHC, Bardedi HP, K Galu PHCC, Bularafi HP, Ladandi HP, K. Garun Guna PHC, Kafituwa HP, Muttafari HP, Waro PHC, Karau Kaku HP). 6,705 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 84.3% have shown mastery in the use of the MUAC tapes during the training post-test evaluations.



AAH continue to support nutrition activities with a total of 2,845 (Boys 1,265, girls – 1,580) severely acute malnourished (SAM) children of 6-59 months were newly enrolled in the Outpatient therapeutic program (OTP), while 118 (Boys- 60, Girls- 58) were U-5 children with medically complicated SAM were admitted in the Stabilization centers supported by AAH; of which 36 (Girls- 8, Boys 28) were children below 6 months. Likewise, 3798, pregnant and lactating women received skilled IYCF individual counselling.

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, 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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