



# Northeast Nigeria Humanitarian Response

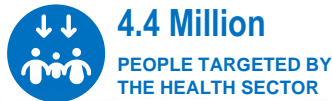
## COVID-19 Response



TdH's Teams conducting community sensitization sessions

# Health Sector Bulletin

November 2020



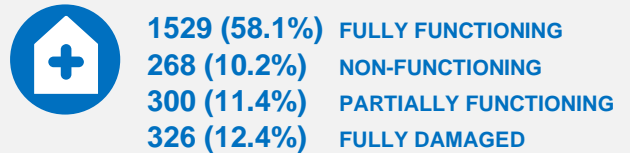
## Highlights

- As of 30<sup>th</sup> November, a total of 1,154 confirmed COVID-19 cases have been recorded, including 63 deaths, 55 active cases, and 1,036 recoveries in the three states. 154 corps members and 131 staff were screened using rapid test kits at the NYSC Orientation Camp. Of these, two staff and 16 corps members tested positive and moved to the isolation centre and for the confirmatory test by PCR.
- WHO and partners have completed the SMC cycle four and finalized data collation and validation in the state. Regarding the coverage end-process monitoring shows 98% coverage and 98% completion of doses.
- Projects development and upload process for the HRP-2021 into the Project Module is ongoing. Presently Health Sector has more than 15 projects submitted by national, international NGOs and UN partners across the BAY states.
- Plan International has completed the expansion and renovation of Guya Primary Healthcare Centre in Guya ward of Yusufari LGA and that of Dapchi Primary Healthcare Centre in Bursari LGA of Yobe State as part of the organizational commitment to improve Maternal and Child Health in Yobe state.
- WHO's Hard to Reach Teams in collaboration with other partners are continuing with community sensitization on COVID 19 to commemorate the 16 days of activism to Religious Leaders and Nomadic populations and intensify efforts to provide essential health services and prevent malnutrition in remote and security compromised areas even in this critical situation of COVID-19 pandemic in the state.

## HEALTH SECTOR



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



### CUMULATIVE CONSULTATIONS



### EARLY WARNING & ALERT RESPONSE



## SECTOR FUNDING, HRP 2020



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

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

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

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

\*\*\*\*\* The number of alerts from Week 1 – 26, 2020

## Situation Updates

### Seasonal Malaria Chemoprevention – Cycle 4:

WHO successfully completed the SMC cycle 4 and finalized data collation and validation in the state. Coverage for SMC cycle 4 is 100%. End-process monitoring also show 98% coverage and 98% completion of doses. Reverse logistics was completed within the week. For the first time SMC was implemented in Marte reaching 82 children in 13 settlements.

SMC Cycle 4 implementation in Borno State Started on 17th September 2020.

Three (3) strategies were used in Cycle 4 due to complex operating environment:

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

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

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

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

### 2,114,086 children were reached with SMC Drugs in Cycle 4

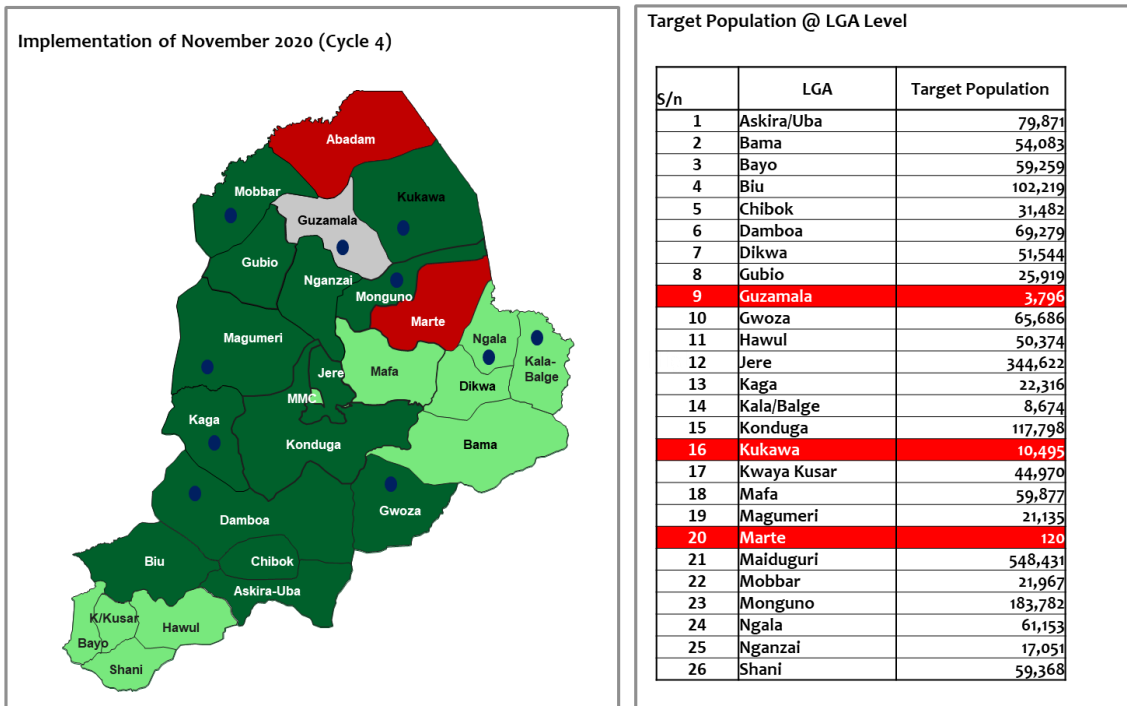
LGA	Target Population	Total Reached (H2H)	Total Reached (RES)	Total Reached (CIA)	Cumulative Reach	Coverage
Askira/Uba	79,871	77,843	890		78,733	99%
Bama	54,083	57,815		619	58,434	108%
Bayo	59,259	59,259			59,259	100%
Biu	102,219	99,964	2,255		102,219	100%
Chibok	31,482	30,501	1,782		32,283	103%
Dambo	69,279	63,632	3,765	1,545	68,942	100%
Dikwa	51,544	51,338			51,338	100%
Gubio	25,919	22,162	3,757		25,919	100%
Guzamala	3,796	0	728	804	1,532	40%
Gwoza	65,686	62,294	1,544	1,659	65,497	100%
Hawul	50,374	50,309			50,309	100%
Jere	344,622	351,295	541		351,836	102%
Kaga	22,316	18,558	1,536	2,168	22,262	100%
Kala/Balge	8,674	8,186		352	8,538	98%
Konduga	117,798	111,153	5,526	598	117,277	100%
Kukawa	10,495	8917	554	1024	10,495	100%
Kwaya Kusar	44,970	44,939			44,939	100%
Mafa	59,877	59,848			59,848	100%
Magumeri	21,135	18,959	780	691	20,430	97%
Marte	120			82	82	68%
Maiduguri	548,431	545,187			545,187	99%
Mobbar	21,967	19,573	2,394		21,967	100%
Monguno	183,782	180,529	146	369	181,044	99%
Ngala	61,153	59,044		578	59,622	97%
Nganzai	17,051	15,497	1,554		17,051	100%
Shani	59,368	59,043			59,043	99%
TOTAL	2,115,151	2,075,845	27,752	10,489	2,114,086	100%

- State coverage was 100%.
- The low coverage in Guzamala and Marte was due to security issues.

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

### Borno State Map Showing Implementing LGAs

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



### Plan International Renovate Primary Healthcare Centres

In line with Plan International Commitment to improve maternal and child health in Yobe State, the organization have completed the expansion, renovation and fetching of Guya Primary Healthcare Centre in Guya Ward-Yusufari LGA and that of Dapchi Primary Healthcare Centre in Bursari LGA of Yobe State.



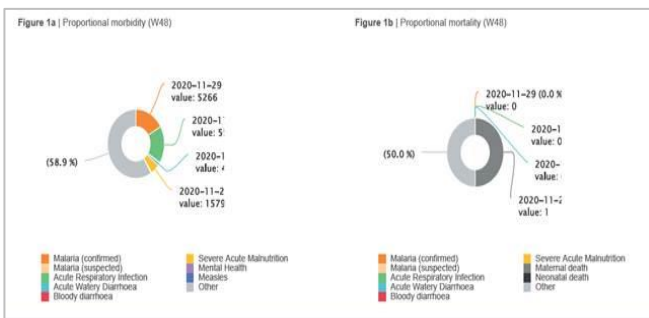
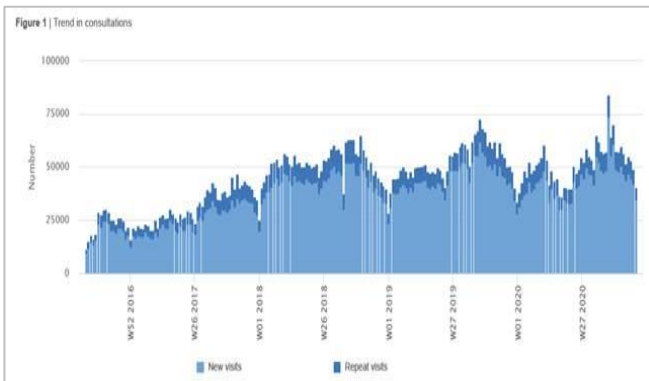
## Early Warning Alert and Response System (EWARS)

**Number of reporting sites in week 48:** A total of 177 out of 272 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 44% and 63% respectively (target 80%). *\*\*Low reporting due to ongoing migration to the new EWARS mobile version by reporting sites\*\**

**Total number of consultations in week 48:** Total consultations were 34,584 marking a 12% increase in comparison to the previous week (n=30,849).

**Leading cause of morbidity and mortality in week 48:** Malaria (suspected n= 8,761; confirmed n= 5,266) was the leading cause of morbidity reported through EWARS accounting for 34% of the reported cases, while Suspected Malaria deaths (2) and Maternal death (1) were the leading cause of mortality reported through EWARS accounting for 60% and 20% of the reported deaths respectively.

**Number of alerts in week 48:** Twenty-two (22) indicator-based alerts were generated with 100% of them verified.



### Morbidity Patterns

**Malaria:** In Epi week 48, 5,266 cases of confirmed malaria were reported through EWARS. Of the reported cases, 450 were from General Hospital Biu, 335 were from Hausari IDP Camp Clinic (MDM) in Damboa, 194 were from Mamman Shuwa Hospital in MMC, 173 were ICRC FSP Clinic in Monguno, 167 were from Uba General Hospital in Askira Uba, 161 were from Farm Centre Camp Clinic in Jere, 142 were from

AAH GGSS IDP Camp Clinic in Monguno and 141 were from AAH Gana Ali IDP Camp Clinic in Monguno. No associated death was reported.

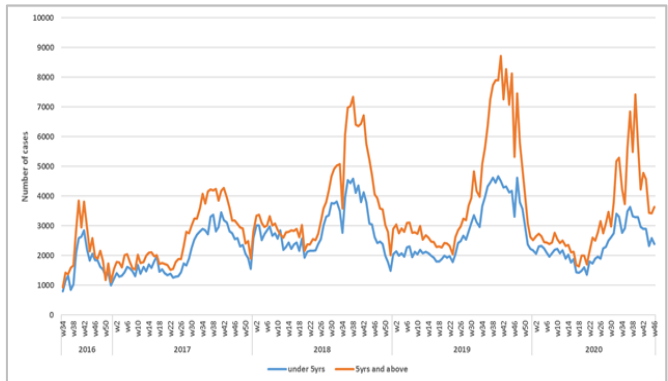


Figure 2: Trend of malaria cases by week, Borno State, Week 34 2016 – 48 2020

**Acute Watery Diarrhoea:** In Epi week 48, 434 cases of acute watery diarrhoea were reported through EWARS. Of the reported cases, 68 were from AAH Waterboard Extension IDP Camp Clinic in Monguno, 66 were from PUI Waterboard Extension IDP Camp Clinic in Monguno, 49 were from AAH Fulatari IDP Camp Clinic in Monguno, 31 were from Gamadadi PHC in Bayo and 23 cases each from Garba Buzu MDM Clinic in MMC and Muna Garage Camp Clinic B in Jere. No associated death was reported.

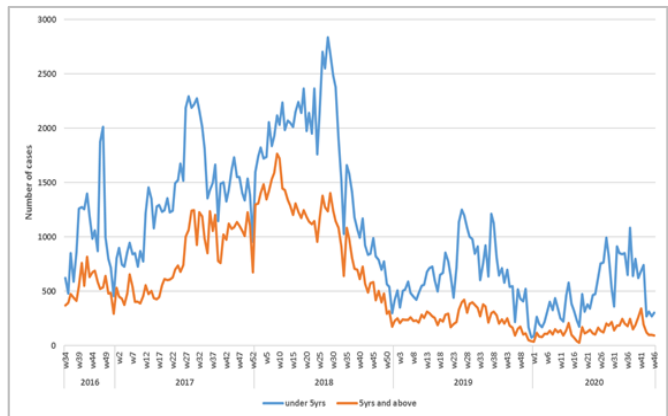


Figure 3: Trend of acute watery diarrhoea cases by week, Borno State, week 34 2016- 48 2020

**Acute Respiratory Infection:** In Epi week 48, 5,507 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 397 were from FHI360 Clinic Banki in Bama, 381 were from ICRC FSP Clinic in Monguno, 295 were from Hausari IDP Camp Clinic (MDM) in Damboa, 221 were from ICRC GGSS IDP Camp Clinic in Monguno, 183 were from ACF NRC IDP Camp Clinic in Monguno, 174 were from AAH Waterboard IDP Camp Clinic in Monguno and 168 cases each from Dikwa General Hospital and Fori PHC in Jere. No associated death was reported.

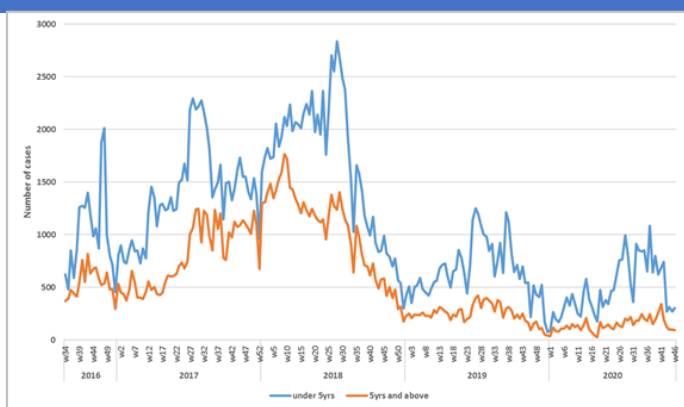


Figure 4: Trend of acute respiratory infection cases by Week, Borno State, week 34 2016- 48 2020

**Suspected Measles:** Seven (7) suspected measles cases were reported through EWARS. Of the reported cases, 3 cases were from Ghumma Family Support Clinic in Hawul and one case each from Maman Shuwa Hospital in MMC, Njimtilo Health Clinic in Konduga, State Specialist Hospital in MMC and Zanari PHC in Mafa. Fifteen (15) additional cases were reported through IDSR\* from Gubio (3), Magumeri (10) and MMC (2) LGAs making a total of 22 suspected measles cases. No associated death was reported.

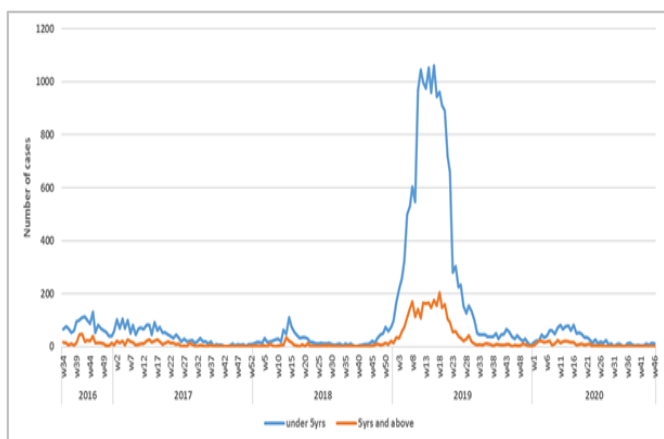


Figure 5: Trend of suspected measles cases by week, Borno State, Week 34 2016- 48 2020

**Suspected Yellow Fever:** One (1) suspected yellow fever case was reported through EWARS from Marama (Aho) General Hospital in Hawul. Eleven (11) additional cases were reported through IDSR from Biu (2), Damboa (1), Jere (2), MMC (3), Mobbar (2) and Shani (1) LGAs making a total of 12 suspected Yellow fever cases. No associated death was reported.

**Suspected Meningitis:** No suspected meningitis case was reported in week 48.

**Suspected VHF:** One (1) suspected VHF case was reported through IDSR from MMC.

**Suspected COVID-19:** No suspected case of COVID-19 was reported through EWARS in week 48.

**Suspected cholera:** No suspected cholera case was reported in week 48.

**Malnutrition:** 1,579 cases of severe acute malnutrition were reported through EWARS in week 48. Of the reported cases, 154 were from ICRC FSP Clinic in Monguno, 152 were from AAH Waterboard IDP Camp Clinic in Monguno, 143 were from ACF NRC IDP Camp Clinic in Monguno, and 140 were from Fori PHC in Jere, 60 were from Fariya IDP Camp Clinic in Jere, 59 cases each from Farm Centre Camp Clinic in Jere and Kurbagayi MCH in Kwaya Kusar, 45 cases were from Muna Garage Camp Clinic B in Jere and 39 were from Umaru Shehu Hospital in Jere. No associated death was reported.

**Neonatal death:** No neonatal deaths was reported through EWARS in week 48.

**Maternal death:** One (1) maternal death was reported through EWARS from Maryam Abacha Women and Children's Hospital in Jere.

\*IDSR- Integrated Disease Surveillance and Response

## Health Sector Action



**AGUF** carried out procurement and distribution of essential drugs and equipment to 12 selected health facilities in Guyuk and Lamurde Local Government Areas (six facilities in each LGA). Project and field staff were also able to conduct mobile health services in Girei, Song, Guyuk and Lamurde LGA. Project staff were able to conduct successful unscheduled visits to health facilities that benefited from the distribution of essential drugs and hospital equipment to ascertain the level of compliance in the administration of these consumables to the target population in Girei, Song, Guyuk and Lamurde LGA. AGUF was also able to sustain the support for Mental Health and Psychosocial Support Services to 15 clients in Girei and Song Local Government Areas.



**ALIMA** provided a total of 6,285 outpatient consultations with Acute Diarrhoea, Malaria, ARI and skin infection being the leading cause of morbidity. There is a decrease in outpatient consultations and inpatient admissions and deliveries as compared to the preceding month due to the closure of Monguno activities. 187 patients were managed in the Inpatient Department with 507 deliveries assisted by a skilled attendant. During the reporting period, ALIMA saw a total of 1212 PNCs and 3,040 ANC. A total of 6 C-Sections was performed at Askira General Hospital. In Muna and Teachers Village Clinics, 1,063 OPD consultations for children under 5 in Muna Clinic with 21 referrals and 1,803 consultations for all ages in TVC Clinic with 36 referrals. In Askira and Hawul LGAs in southern Borno, a total of 3,419 OPD consultations for children under 5 were conducted, the cumulative number of patients see has decreased as compared to last.

For SRH activities in MMC/Jere, ALIMA provided 927 ANC and 200 PNC consultations, in which 347 ANC are first visit and PNC within 72 hours of delivery at Muna Clinic with 12 referrals. The Teachers Village Clinic, 789 pregnant women in total came for ANC (ANC 1,338) while the total PNC consultations were around 258 (PNC within 72 hours 177). BEmOC activities were conducted at CBDA clinic where 152 deliveries were recorded which is higher compared to last month delivery, a total of 6 referrals was made to secondary/tertiary care and 154 deliveries were conducted at TVC Clinic, the total number of deliveries is lower 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. 201 deliveries were recorded, and 1,071 ANC consultations were conducted.

In the case of Mental Health and Psychosocial support, a total of 2,459 people were sensitized on different mental health conditions, 101 people with mental problems were identified and referred for clinical consultations and 62 individual consultations were conducted. 5 SGBV cases were reported with 4 reported in less than 72 hours and 1 in more than 72 hours. Also, on the job training of SGBV focal persons on GBV is ongoing as well as strengthening referral synergy with DRC in terms of referral pathway especially GBV and other SRH concerns for adolescent girls in their protection programs. 7 referrals of MHPSS related cases from WHO focal person in TVC camp and DRC adolescent protection centre in Muna.



**FHI 360** provided 15,537 outpatient curative consultations in her clinic facilities in Dikwa, Banki, Ngala and Damasak. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 5,057 cases. It accounts for the highest morbidities in four sites (Dikwa, Ngala, and Banki). Also, malaria (801 cumulative cases) was the second major cause of morbidity across the four sites. Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity in the month of November. A total of 1,027 persons with peptic ulcer were treated across all FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 643 cases.

FHI 360 also managed 1 case of sexual violence at the health facility in Dikwa. The case was managed accordingly while maintaining confidentiality. The patient was referred appropriately to Protection for psychosocial support.



**FSACI** with funding support from NHF trained 18 Community Health Workers (3 Males, 15 Females) and 60 female Traditional Birth Attendants on clean and safe delivery.

A total of 6,654 consultations were conducted, out of which 1,875 women attended ANC services and were provided with ferrous sulphate and folic acid after ANC. 223 beneficiaries were from Numan, 607 in Demsa and 1,253 in Mayo Belwa. The increase in the number of pregnant women who attended ANC this month is almost 100%. 447 women attended PNC in the reporting month, with Numan having 103, Demsa 163 and Mayo-Belwa 211. Thirteen (13) different types of essential drugs to 17 healthcare facilities were distributed as well as 558 delivery kits to pregnant women who gave birth in health facilities attended by skilled workers.

FSACI Mobile teams reached a total of 707 (280 males, 385 females) through the mobile medical outreach in Binkola in Mayo Belwa, Lure in Numan and Mugarrang Village in Demsa. A total of 255 children (128 males, 127 females) were dewormed across the three communities. Preventive consultations were used during the outreach

which includes ANC, PNC, health promotion and counselling, and diseases treated were malaria, ulcer and acute water diarrhoea.

Sensitizations on reproductive health were also conducted where 2,030 pregnant women, women of reproductive age, men, traditional/opinion leaders were sensitized on family planning and the benefit of ANC in three selected LGAs. A total of 350 copies of 24 cards of IEC materials of integrated children and young feeding (IYCF) were produced.



**GOALPrime** through the NHF fund to Strengthen resilience of survivors of sexual assault and other conflict affected people through MHPSS and Cholera Risk Communication in Kala-Balge and Damboa Local Government Areas, Borno State provided a 3-day training for 50 Community Health Volunteers on Cholera and Sexual Abuse, Malaria Risk Communication including PSEA in Kala-Balge and Damboa. The training was to serve as a fresh training for newly onboarded Community Health Volunteers (CHVs) and partners in the protection (Health) sector in the humanitarian setting. The training focused on what MHPSS entails and how to carryout effective referrals for beneficiaries of Mental Health.

Also, GOALPrime has started providing Mental health and psychosocial support services after the training of the community volunteers, hence within the month of November, 35 men, women and children were reached with counselling and psychosocial support, and four (4) girls with sexual assault cases are being treated for trauma.



**GZDI** in partnership with Pro-Health International is implementing ICHSSA4 Orphans and Vulnerable Children (OVC) project. The project is mainly focused in OVC/HIV sensitive services to vulnerable households affected by HIV in Mubi South, Michika, Gombi and Hong LGAs in Adamawa State.

Index Case Finding to enhance enrolment of CLHIV was carried out through partnership with Private Clinics, Laboratories, Treatment partners and Hospitals. Service was provided to enrolled beneficiaries, Community Case Workers supported by GZDI staff reached out to various households in their respective communities, and provided services directly and through referral network with relevant partners. These services include; Health Education, Water Sanitation and Hygiene Messaging (WaSH), COVID-19 sensitive WaSH Messages, accompanied/escort referrals for Viral Load Optimization and ART refill, Nutrition Services, HIV prevention and sexual and reproductive health for Kids Club and peer education sessions; treatment of minor illness, HIV prevention and Sexual and Reproductive health sessions.

GZDI also collaborates with ACOMIN on Malaria Accountability, Advocacy Intervention, activities include monitoring, and service delivery assessment to ensure accountability and quality delivery of malaria services across Global Fund supported facilities in Mubi North LGA Adamawa State. For the month of November 2020, Kolere Primary Health Care in Kolere Ward of Mubi North LGA was targeted, to ensure appropriate utilization and application of free Malaria commodities supplied, these include Long Lasting Insecticide Net (LLIN), Malaria drugs at facilities and Malaria awareness on prevention and treatment. The facility was assessed on how it copes with service delivery amidst COVID-19. Focus Group Discussion (FGD) was conducted for patients who visited the facility, where respondents were grouped and discussion held in respect of treatment and utilization of Malaria commodities supplied.

Clients exit interviews (CEI) were conducted to 15 persons who are residents of Kolere ward or patients that have accessed treatment at the facility. Findings from the activity include; RDT is out of stock and not all patients have test kits. Supply of drugs has ceased; no Malaria drugs have been supplied for several months.

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**GZDI Conducting Sensitization on HIV Prevention**



**MDM** provided a total of 2,073 outpatient consultations for all ages in Garba-Buzu clinic Maiduguri with 16 life-saving referrals. 10 out of the 16 referrals were paediatric medical cases, 1 adult medical case, and 5 gynaecological cases. Kawar-Maila clinic in Maiduguri also had a total of 2034 OPD consultations for all ages with 19 life-saving referrals. 13 out of the 19 referrals were paediatric medical cases while the other 6 were adult medical cases. Elmiskin clinic in Jere had a total of 1,968 consultations with 10 life-saving referrals. 8 out of the 10 referrals were paediatric medical cases, 1 paediatric surgical and 1 adult medical case. In Damboa, Hausari

clinic provided 2,060 consultations while GTS clinic provided 2,279 consultations. Top morbidities for the month were malaria, Acute respiratory tract infection, URTI and Gastritis. For Sexual and Reproductive Health activities, MDM provided 1,844 ANC consultations across clinics in Maiduguri with 638 as first visits while Damboa provided 1,097 ANC consultations with 375 as first visit. A total of 414 PNC consultations were provided across clinics in Maiduguri with 312 consultations within first three days of delivery while Damboa provided 212 PNC consultation with 120 consultations within first three days of delivery. 347 Family planning consultations were provided to beneficiaries across MDM clinics in Maiduguri while 73 beneficiaries benefited from Family planning services in Damboa.

For MHPSS activities, MDM in collaboration with WHO provided a total of 475 (M-212, F-263) mental health consultation with 102 (M-53, F-49) referrals to WHO and Federal Neuro Psychiatric Hospital. 598 (M-249, F-349) beneficiaries had Individual counselling out of which 136 were first visit. 1,986 (M-411, F-1575) beneficiaries benefited in MHPSS group sessions across MDM clinics. 46 MDM staff were trained on self-care and emotional intelligence while 20 humanitarian staff from IMC, Mercy corps, Goal prime and Gisco were trained on effective and respectful communication by MDM team. For GBV services, MDM provided a total of 47 GBV consultations. 5 out of the 47 were clinical management of rape. 1 out of the 5 CMR cases came in less than 72 hours while the other 4 came in more than 120 hours.



**TdH** continue to provide humanitarian assistance in Mafa Central LGA, by organizing Mobile Health Hub with specialized MNCH and CU5 Health in GGSS IDP Camp, and Rann - Kala Balge LGA, with specialized MNCH via a Mobile Health Hub.

A total of 2,861 women and children were reached through medical consultations in both locations, while 2,795 individuals were reached via health promotion on topics covering Nutrition, STI and Maternal health.

In addition, TdH continues to create awareness on COVID 19 to all beneficiaries accessing the health facilities and in the community. IPC measures are in place for the prevention of COVID 19 transmission at the point of service delivery. A total of 2,825 persons were sensitized on COVID 19 within TDH areas of intervention.



**UNFPA** in collaboration with Borno state Ministry of Health continued to strengthen and enhance Sexual and reproductive health services and coordination, through intermittently virtual means to ensure partners continue to deliver qualitative and timely service in compliance with WHO and NCDC COVID-19 guidelines. Some 4,400 individuals reached with a key lifesaving Sexual reproductive health/Covid-19 information through community sensitization and awareness raising.

UNFPA have Sustained access to sexual and reproductive health services and reached 659 women with ANC; 28 deliveries supported by skilled birth attendance; 67 PNC consultation were provided; 44 clean delivery kits were distributed to visibly Pregnant women. Whereas 267 women of reproductive age received (FP) family planning services across the service points. 175 benefited from treatment of STIs in direct UNFPA integrated Health facilities across IDP Camps.

UNFPA have also distributed Lifesaving drugs and commodities to 16 health facilities across MMC Jere Mafa and Konduga to support the management of eclampsia and haemorrhage.

UNFPA Supported capacity building of 80 Nurses/Midwives and Doctors on Clinical management of rape. (CMR) and BEmONC (40 each course) to enhance their skills and competencies. Likewise, 80 Traditional birth attendant (TBA) and Mini Ambulance riders trained on Basic Emergency support and danger signs in pregnancies to strengthen maternal health referral Mechanism.

Some 60 Youths trained on Overview of adolescent sexual reproductive health services (ASRH)/Gender based Violence Response and Covid-19 Infection Prevention and Control. The youths have been engaged to create awareness and sensitization for prevention and response to Covid-19, Adolescent sexual reproductive health, Gender based violence and harmful traditional practices across IDP and Host communities of Borno State.



**UNICEF** reached a total 141,668 of children, women and men with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 68,641 (48%) were children below five years.

During the reporting period, 65,509 Out-Patient Department (OPD) consultations were recorded with Malaria – 23,424 being the major cause of consultation, followed by ARI – 14,315; AWD – 5,426 measles – 58, and other medical conditions – 22,286. A total of 69,854 person were reached with prevention services including 4,248 children vaccinated against measles through RI services; 34,855 children and pregnant women reached with various



other antigens; Vitamin A capsules – 7,798, Albendazole tablets for deworming – 4,940, and ANC visits – 14,635 and 3,378 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,154 deliveries (skilled delivery – 1,977, unskilled – 177) and 4,151 postnatal/home visits were recorded during the reporting period.



**WHO** HTR teams are continuing with community sensitization on COVID 19/ GBV to commemorate the 16 days of activism to Religious Leaders and Nomadic population and also intensifying efforts to provide essential health services and prevent malnutrition in remote and security compromised areas even in this critical situation of COVID-19 Pandemic in the state.

On the delivery of essential health services, about 3,200 children <5years were screened for malnutrition in 25 LGAs of Borno within the month under review, of these about 10% were referred for treatment for MAM and SAM to OTP sites and Stabilization Centres across the state. Women of reproductive age reached with health promotion messages and COVID-19 protocol/GBV were 6010 while Ante Natal care were provided to 1442 pregnant women in remote and security compromised Areas of 25 accessible LGAs in Borno state. Pregnant women were provided with Intermittent Prophylactic Therapy (IPT) for malaria prevention in their 2nd and 3rd trimesters, a total of 2,570 women were reached while 213 Patients were referred to secondary health facilities for further managements out of 11190 clients seen.



*GBV Sensitization at Gamboru Clinic during ANC*

WHO in collaboration with SMOH, ADPHCDA, UNFPA & Ministry of Women Affairs have trained 40 HCWs from 20 selected health facilities rendering GBV services in the state. The two days training comprised of face-to-face meeting with demonstrations and role plays. There were sessions on the general overview of GBV, CMR, Mental health as it relates to GBV, Data management and role of risk communication and community engagement and integration. The training also coincided with the 16 days of activism. Participants were offered t-shirts to commemorate and kick start the 16 days. Major stakeholders on GBV support in the state were handy to kick start the campaign.

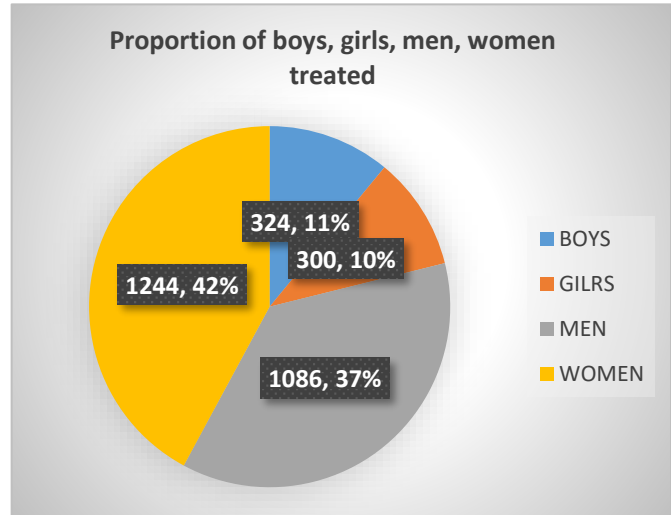
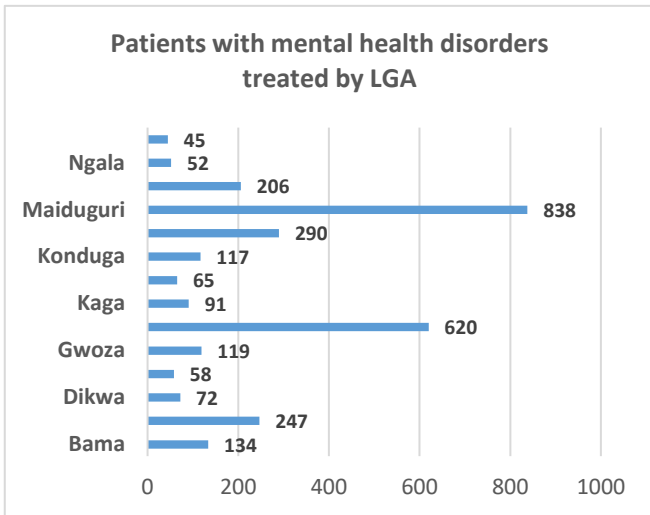
#### **ICCM**

1,382 children were treated for malaria, diarrhoea and Pneumonia by 50/63 CoRPs in 8 LGAs of the state. 1,063 of the children were screened for malnutrition using MUAC. 55(4%) of the children screened had MAM and were counselled on proper nutrition, while 3 (0.2%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

#### **HTR**

19,786 clients were seen by WHO supported 10 H2R teams providing services in 10 LGAs of Adamawa state. The teams treated 18,770 persons with minor ailments and dewormed a total of 2,216 children during the month. Pregnant women were provided FANC services with 849 of them receiving Iron folate to boost their haemoglobin concentration while 478 received Sulphadoxine Pyrimethamine (SP) as IPTP for prevention of malaria in Pregnancy.

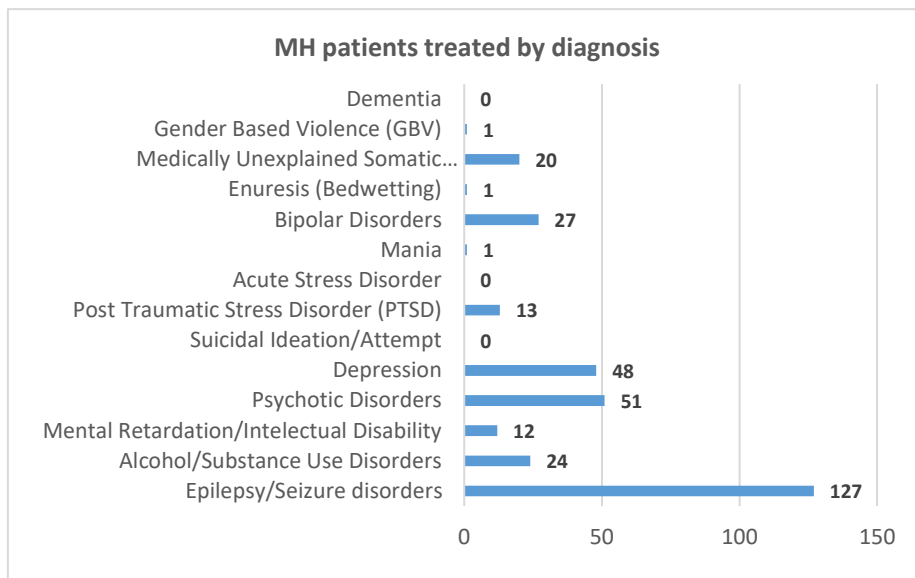
**Mental Health:** In collaboration with FNPH, a total of 100 MH sessions were conducted in 14 LGAs across 49 clinics in host communities and IDP Camps. 2,954 patients were treated. 14 patients were treated on admission at the Federal Neuro Psychiatric Hospital (FNPH) Maiduguri.



**COVID-19 MHPSS RESPONSE:**

COVID-19 MHPSS response to patients and their care givers has continued, during routine outreach sessions in host community clinics and IDP Camps. Sensitization and counselling are aimed at providing psychoeducation on realities of COVID-19, the need to continue with IPC standard precaution and what to do should symptoms occur.

**INTEGRATING BASIC MENTAL HEALTH CARE SERVICES INTO PHC LEVELS IN BAY STATES:** A total of 325 patients with mental health disorders were treated by trained PHC workers on mhGAP in Borno State represented by the chart below:



**Nutrition Updates**



**ALIMA** continue to provide lifesaving nutrition services by conducting interventions in all ALIMA ATFC. At Muna Clinic, a total of 144 new SAM cases were admitted and 345 cases were discharged from the program. 11 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 95 new SAM cases with complications and discharged 91.

In Askira and Hawul LGAs, 149 children suffering from SAM in ATFC were admitted and treated 6 complicated SAM cases at the ITFC in Askira General Hospital. 7,078 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 85% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. The number has of the reduction of participants in order to maintain social distance during the training session.



**MDM** had 40 new SAM cases admissions in Garba Buzu clinic, 48 discharges and 47 exit kits distributed. 1 SAM cases with complications was referred to stabilization centre. 834 children 6 months – 59 months were screened using MUAC tape at the clinic. The result of the screening showed Green – 7, yellow – 483, Orange – 303, red – 40. 822 caregivers/mothers benefitted from IYCF counselling in Garba Buzu IYCF corner.

Kawar Maila OTP had 34 new SAM cases admissions, 56 discharges and 54 exit kits. 1605 children 6 months – 59 months were screened using MUAC tape at the clinic. The result of the screening showed green – 325, yellow – 453, orange – 13, red – 34. 1605 caregivers/mothers benefitted from IYCF counselling in Kawar Maila IYCF corner. Elmiskin clinic in Jere screened 690 children 6 months – 59 months with Green – 105, yellow – 280, orange – 243 and red 62. 3 SAM cases with complications were referred to stabilization center while other SAM cases without complications were referred to ACF OTP center Elmiskin camp. Hausari clinic in Damboa screened 751 children using MUAC tape at the clinic. The result of the screening showed Green – 406, Yellow – 193, orange – 134, red 18. All SAM cases were referred to IMC OTP centre.



**WHO** screened 11,591 children for Malnutrition using MUAC by WHO supported 10 H2R teams. Of this number, 86 (0.75%) children had MAM and their caregivers were counseled on proper nutrition, while 20 (0.17%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers, while the SAM cases with medical complications were referred to the stabilization centers across the state for proper management.

## 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, AGUL, CARE International, COOPI, GOAL PRIME, Janna Foundation, MSF (France, Belgium, Spain and Switzerland), ICRC, INTERSOS, Malteser International, Medicines du Monde, Premiere Urgence Internationale, International Rescue Committee, eHealth Africa, FHI-360, International Medical Corps, Catholic Caritas Foundation of Nigeria, Nigerian Red Cross Society, Victims of Violence, Terre des hommes, SIPD, Swift Relief Foundation, Nigeria Centre for Disease Control, RUWASA, BOSEPA, PCNI, BOSACAM; other sectors (WASH, Nutrition, Protection, CCCM, Food Security, Shelter and RRM), Nigerian Armed Forces and Nigerian Air Force.*

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

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