



## Northeast Nigeria Humanitarian Response

### COVID-19 Response



COVID-19 sensitization in Borno State

## Health Sector Bulletin August 2020



**5.6 Million**

PEOPLE IN NEED OF  
HEALTHCARE



**4.4 Million**

PEOPLE TARGETED BY  
THE HEALTH SECTOR



**1.9 Million\***

IDPs IN THE THREE  
STATES



**>2.0 Million\*\*\***

PEOPLE REACHED IN  
2020

### Highlights

- For the seasonal malaria campaign, 25 accessible LGAs were targeted, within these LGAs are fully accessible, partially accessible and inaccessible areas. As such, the fully accessible areas were reached by H2H teams, partially accessible areas were reached using the RES teams, while inaccessible areas were reached through CIAs to ensure that all eligible children within the 25 LGAs are protected from malaria.
- As of 31st August, a total of 1036 confirmed COVID-19 cases had been reported, including 59 deaths, 67 active cases and 910 recoveries (88%) in the three states. A total of 10,443 COVID-19 tests has been conducted in Borno State. In Borno State, fumigation exercise in Primary and Junior Secondary Schools has commenced in Kwaya Bura, Hawul Local Government Area by BOSEPA. In Yobe State, SPHCMB, in collaboration with WHO and partners, have conducted sensitization training for 720 community leaders and members on COVID-19 IPC in remote and high-risk LGAs.
- Some communities in Borno state face the challenge of lack of health services due to an increased incidence of NSAGs attacks on hospitals and health centres, with supplies being looted and facilities burnt down. The Health Sector requests all interlocutors for robust advocacy with all concerned actors and security agencies to protect health facilities.
- The EWARS data shows an increasing trend of AWD across different LGAs, although no suspected cholera case has been reported so far. Health and WASH partners are working through robust preparedness and readiness mechanism under the joint Cholera Preparedness and Response Plan to mitigate the risk of outbreak and to timely respond in case of an outbreak in the three states. Both sectors follow the Joint Operational Framework (JOF) for an integrated and coordinated response to AWD/cholera outbreaks in humanitarian settings. The JOF aims to guide those working on cholera preparedness and response in humanitarian contexts to provide them with the right critical enabling environment to facilitate a timely and effective response to cholera. The JOF outlines how organizations can best organize and work together in the humanitarian community to provide the most effective support to a national response.

### 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



**4.9 Million CONSULTATIONS\*\*\*\***  
**1,490 REFERRALS**  
**72,566 CONSULTATIONS THROUGH HARD TO REACH TEAMS**

#### EARLY WARNING & ALERT RESPONSE



**275 EWARS SENTINEL SITES**  
**201 REPORTING SENTINEL SITE**  
**1,477 TOTAL ALERTS RAISED\*\*\*\*\***

### 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 – 32, 2020

## Situation Updates

### Seasonal Malaria Chemoprevention in Borno

SMC Cycle 2 implementation in Borno State Started on 10th August 2020. Three (3) strategies were used in Cycle 2 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.

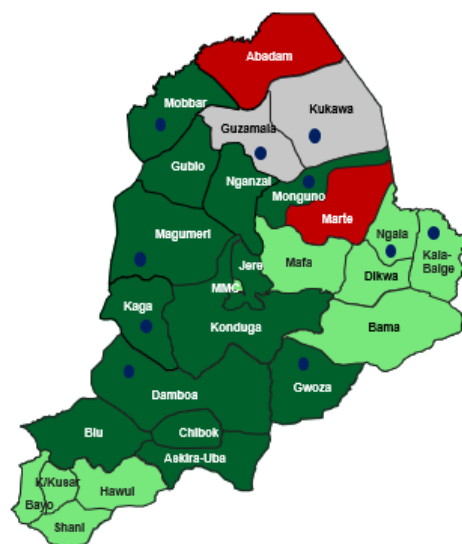
- H2H strategy was implemented in accessible settlements across 23 LGAs,
- RES strategy was carried out in partially accessible settlements across 13 LGAs, and
- While CIA support was deployed in inaccessible settlements across 9 LGAs

This was to ensure that all eligible children within the 25 LGAs were protected from malaria.

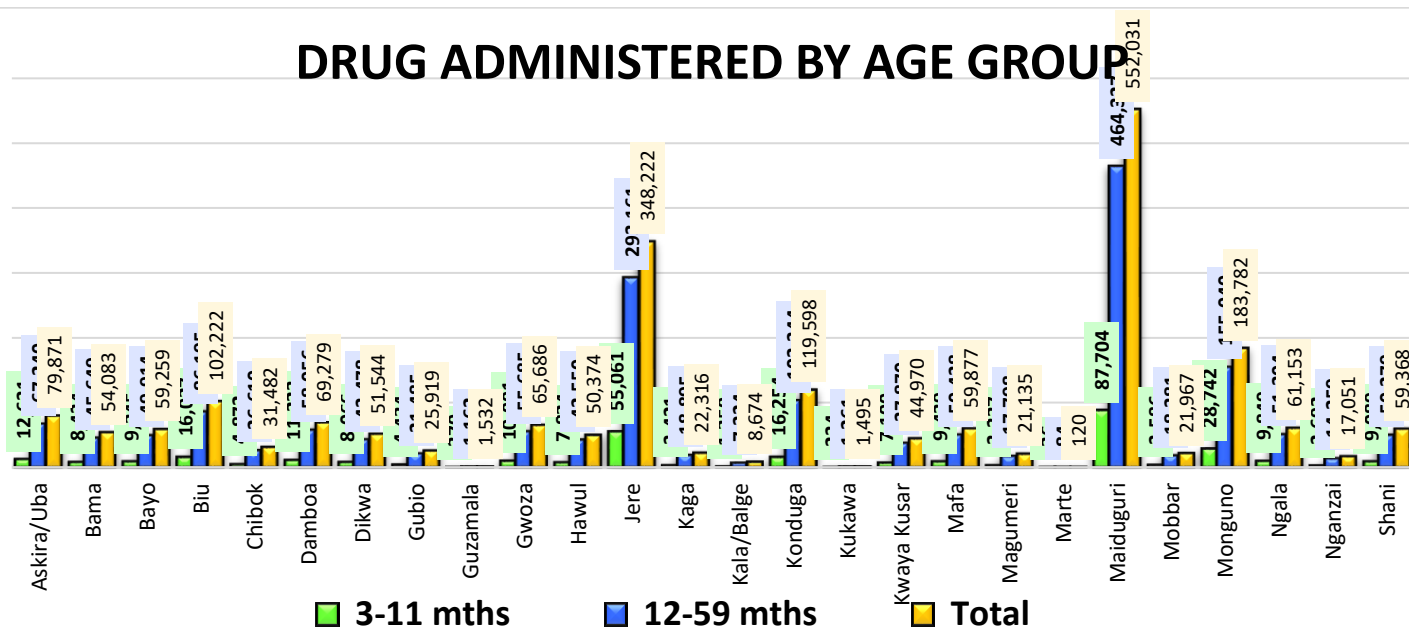
Several levels of monitoring and supervision took place during implementation and daily review meetings at all levels held throughout the period of activity, as well as e-Tracking of the teams using GIS. The 3rd cycle is scheduled to commence on 9th of September 2020.

Not Accessible H2H only RES & CIAs RES & H2H CIAs

Implementation of August 2020 (Cycle 2)



### DRUG ADMINISTERED BY AGE GROUP



## Challenges:

- Increased cases of insurgency attacks, affected implementation in some wards in some LGA, leading to the suspension of implementation for a day, thereby leading to an extra day implementation in the affected wards.
- Insurgency attack on LGA teams, leading to lose of 15 mobile phones used for tracking and laptop. This was reported to the police.
- A lot of new arrivals occurred during the cycle, especially from Niger and Abadam to Mobbar and Cameroun to Kala/Balge and Ngala. While there was internal migration from Magumeri to Konduga and from Gujiba & Geidam to Konduga as well.
- Delay in retrieving data from some LGAs due to the late arrival of the teams working in security compromised areas (RES & CIAs), as can be seen, we are still awaiting some data.
- Delay in data analysis due to late submission of data from e-tracking.

## COVID-19 situation:

In the past weeks, there has been significant decline in the number of confirmed cases reported across the 3 affected states. The table below shows decline in number of reported cases in Borno state.

Metrics	Epi weeks				REMARKS
	32	33	34	35	
# new cases detected	75	21	34	1	Compared to previous week, significant reduction in confirmed cases was observed in week 35
# positive HCW staff	0	0	0	0	No cases were reported among health workers
# new cases on admission	17	23	24	3	3 cases on admission at isolation center
# new cases in ICU	0	0	0	0	No patient in ICU
# of COVID-19 deaths	1	0	0	0	No death was recorded in week 35
Rate of positivity	12.2%	3.4%	3.7%	0.1%	Decrease in positivity rate, given that 714 samples was tested in week 35.

The decline in the number of COVID-19 cases in the three affected states is welcomed and points to the efficacy of the integrated response that have been ongoing in the past 5 months. However, the following challenges that must be addressed if cases are to remain low;

- Stigma among confirmed cases in communities contributes to challenges in effective contact tracing (especially cases detected at POE)
- Inadequate follow-up of cases on self-isolation, this challenge limits the objective assessment of adherence to treatment protocol for such patients.
- There is also widespread low risk perception among general populations, this is observed in reluctance to comply with prevention practices such as the use of face mask and social distancing measure in public gathering

As regards these challenges, MoH, WHO and other health partners seek to address these by scaling up risk communication targeting high risk hotspot locations, there is also the engagement of COVID 19 heroes (survivors) to help demystify perceptions about COVID-19. There is also continued advocacy to government to step up measure to ensure compliance to public health and social measures (PHSM).

## Capacity Building of Health Sector Partner on Information Management

Health Sector Information Management Officer with the support of WHO carried out information management training of 107 Health Sector actors comprising of 62 Males and 45 Females from various organizations (UN Agencies, National & International NGOs, and Government) in Adawama. The training covered topics which includes data preparation, consolidation, validation, and verification. The information developed from these exercises were then used to train participants on data visualization by the development of dashboards. Samples of the dynamic dashboards developed by participants during the 4-days training using PowerBI can be seen below. The Health Sector has targeted 35 actors in Yobe State for a second round of this training in the month of September.



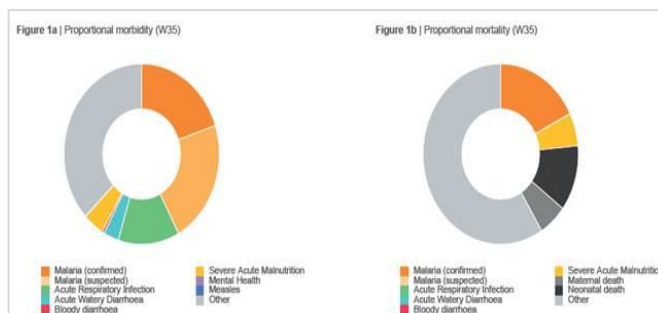
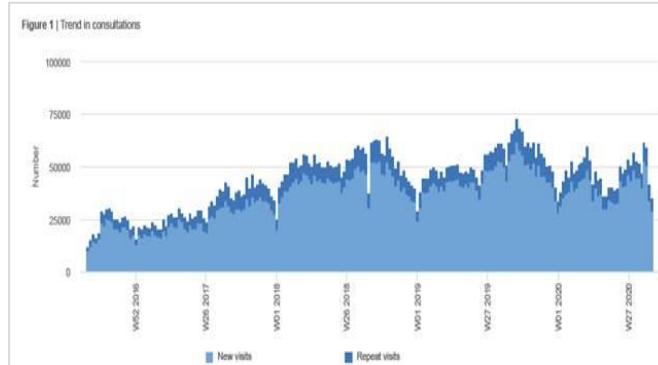
## Early Warning Alert and Response System (EWARS)

**Number of reporting sites in week 35:** A total of 197 out of 276 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 70% respectively (target 80%)

**Total number of consultations in week 35:** Total consultations were 28,715 marking a 6% decrease in comparison to the previous week (n=30,590)

**Leading cause of morbidity and mortality in week 35:** Malaria (suspected n= 7,454; confirmed n= 6,654) was the leading cause of morbidity reported through EWARS accounting for 42% of the reported cases, apart from deaths (10) due to other causes, confirmed malaria deaths (3) was the leading cause of mortality reported through EWARS accounting for 17% of the reported deaths.

**Number of alerts in week 35:** Thirteen (13) indicator-based alerts were generated with 92% of them verified.



### Morbidity Patterns

**Malaria:** In Epi week 35, 6,654 cases of confirmed malaria were reported through EWARS. Of the reported cases, 383 were from PUI Mobile Clinics in MMC, 365 were from General Hospital Biu, 250 were from Gwange PHC in MMC, 190 were from Ngaranam PHC in MMC, 187 were from Uba General Hospital in Askira-Uba, 184 were from Peta Model Health Centre in Kwaya Kusar and 180 were from Magumeri MCH Clinic. Three (3) associated deaths were reported from



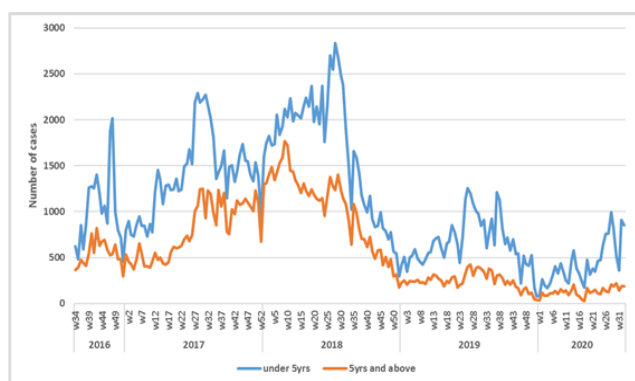
Chibok General Hospital, Gwange PHC in MMC and Sauki Clinic in Biu

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

**Acute watery diarrhea:** In Epi week 35, 1,057 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 266 were PUI Mobile Clinics in MMC, 190 were from Ngaranam PHC in MMC, 65 were Gwoza Wakane IDP Clinic in Gwoza, 58 were from Dikwa MCH Clinic in Dikwa and 37 were from State Specialist Hospital in MMC. No associated death was reported.

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

**Acute respiratory infection:** In Epi week 35, 4,262 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 573 were from PUI Mobile Clinics in MMC, 376 were from Hausari IDP Camp Clinic (MDM) in Damboa, 246 were from FHI360 Clinic Banki in Bama, 204 were from Ngaranam PHC in MMC, 155 were from Fori PHC in Jere, 151 were from Zuwa EYN Clinic in Biu and 140 were from Gwoza Wakane IDP Clinic in Gwoza. No associated death was reported.

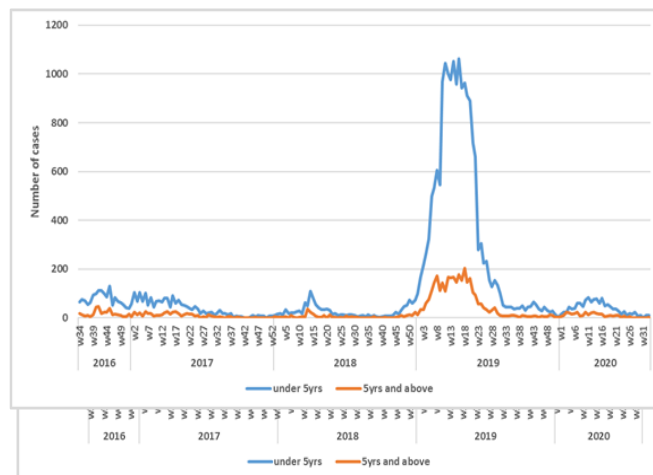


*Figure 4: Trend of acute respiratory infection cases by week, Borno State, week 35 2016- 35 2020*

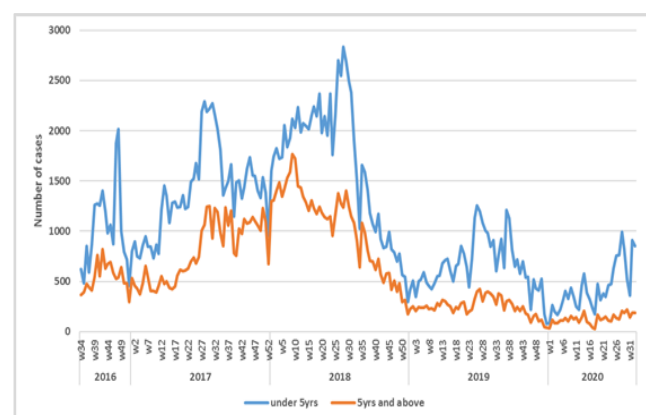
**Suspected Measles:** Two (2) suspected measles cases were reported through EWARS from Hausari IDP Camp Clinic (MDM) (1) in Damboa and MCH Miringa in Biu. Nine (9) additional cases were reported through IDSR\* from Askira-Uba (2), Bayo (2), Hawul (1), Konduga (1) and MMC (3) LGAs making a total of 11 suspected measles cases. No associated death was reported.

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

**Suspected Yellow Fever:** Three (3) suspected yellow



fever cases were reported through EWARS from



Ghumma Family Support Clinic (1) in Hawul and Chibok General Hospital (2). Four (4) additional cases were reported through IDSR from Jere (2), MMC (1) and Ngala (1) LGAs making a total 7 suspected cases. No associated death was reported.

**Suspected Meningitis:** No suspected meningitis case was reported in week 35.

**Suspected VHF:** No suspected VHF case was reported in week 35.

**Suspected COVID-19:** Four (4) suspected COVID-19 cases were reported through EWARS from Chibok General Hospital (1) and University of Maiduguri Teaching Hospital in Jere (3).

**Suspected cholera:** No suspected cholera case was reported in week 35.

**Malnutrition:** 1,461 cases of severe acute malnutrition were reported through EWARS in week 35. Of the reported cases, 105 were PUI Mobile Clinics in MMC, 72 were from Ngaranam PHC in MMC, 65 were from Fori PHC in Jere, 44 were from Umaru Shehu Hospital in Jere, 39 were from Farm Centre IDP Camp Clinic in Jere and 37 were from ISS IDP Camp Clinic in Ngala. One (1) associated death was reported from Whitambaya Dispensary in Hawul.

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

**Maternal death:** One (1) maternal death was reported through EWARS from University of Maiduguri Teaching Hospital in Jere

*\*IDSR- Integrated Disease Surveillance and Response*

## Health Sector Action



**AAH** continue to enhance Sexual and Reproductive Health in humanitarian response in Borno and Yobe State through dissemination of appropriate maternal counselling, and providing access to quality basic health care services that support women have a fit pregnancy, deliver safely and have a healthy baby. Hence, 8,239 women (5,628 – ANC and 3,611 – PNC) women received support for Sexual Reproductive health services. 49,357 (Male – 22,234, Female – 27, 123) received health care services at the health facilities. Among those 14,622 are under five children and 34,735 are five years old and above. The major consultations were malaria (14365) being the major cause of consultation, followed by AWD (8,157), RTI (6,638), and other medical conditions (17,753).

Through mother-to-mother support groups and Community Health Mobilizers, a total of 17,054 (Male – 1,629 Female – 15,425) population were reached with six key hygiene messages, childhood illness danger signs and early referral to health facilities, MIYCN including balance diet with the use of locally available nutritious foods. In addition, importance of ANC services, institutional delivery, immunization, malaria prevention through environmental sanitation and appropriate use of insecticide treated mosquito nets, cholera preventive and control measures, availability of STIs care at health clinics and COVID-19 preventive measures.

AAH continued to provide immunization services in the month of August. A total 8,195 (Male – 3,861, Female-4,334) children and pregnant women were vaccinated against vaccine preventable diseases by providing BCG, OPV, PENTA, PCV, IPV as well as TT vaccines.

Borno State Primary Health Care Development Agency (SPHCDA) supported by Action against Hunger (AAH) organized the world breastfeeding week celebration and nutrition on implementing partners in the state with the support from IYCF team, the slogan for this year was support breastfeeding for a healthier planet and highlights the links between breastfeeding and planetary health. The following are the activities carried out within the week.

AAH supported media activities through airing of jingles on BRTV for 7 days and well as produced visibilities and IECs materials such as 27 banners, 50 hijabs and 50 T-shirts.

A total of 6 AAH IYCF team organized baby show in all implementing sites in MMC and Jere LGAs targeting exclusive breastfeeding mothers and caregivers.

In the case of capacity enhancement, 13 (M-6; F-7) Enumerators were trained on the use of ODK for registration of LLIN, 20 (M-18; F-2) Nangere and Gujba Local Government Committee on Food and Nutrition Capacity were built on Nutrition Sensitive intervention and it need for it incorporated into routine nutrition management of malnutrition whereas 124 (53- males, 71-females) Community Health Mobilisers were trained on Health Promotion, Identification and Referral of Sick Patients. Furthermore, 23 (5 Female, 18 Male) health

workers were trained on the Medical Waste Management and Hospital Facility Maintenance (a refreshers' training). Meanwhile, in Borno state, refresher training on Medical Waste Management was conducted for 30 (13 males, 17 females) health workers: these included 1 Medical Doctor, 6 Nurses/Midwives, 23 community health extension workers (CHEWs). The training took place between 17th and 21st of August, 2020. In addition, 30 (14 males, 16 females) health workers received refresher training on Community Based Management of Acute Malnutrition on 24th to 28th of August, 2020.

38,747 (Male – 15,755, Female – 22,992) clients were also sensitized on COVID -19 Infection prevention and control measures across facility sites.



*Participants of Community Based Management of Acute Malnutrition training in Maiduguri, Borno State*



**AHI** health workers were actively involved in shelter to shelter outreaches. Pregnant women were sensitized on the need for anti-natal care and those that haven't registered in any anti-natal services were referred to facilities where AHI supported them with delivery kits. Nursing mothers were also sensitized on hygiene during menstruation and post-natal care. They were also referred to facilities where immunization care and

services are being rendered to ensure well-being of mother and child. During the shelter to shelter outreach, vulnerable women (widows, physically-challenged, orphans) and returnees were supported with dignity kits. Outreaches to adolescent girls and women were also conducted by volunteers. The beneficiaries were sensitized on menstrual hygiene and general body hygiene, general preventive and security measures against sexual violence, HIV/AIDS and preventive and hygienic measures against COVID-19 pandemic. At the end of each session, adolescent girls were given hygiene kits and refreshments.



**ALIMA** provided a total of 13,284 outpatient consultations, with Acute diarrhea, ARI and Malaria being the leading cause of morbidity. 389 patients were managed in the Inpatient Department with 547 deliveries assisted by skilled attendants, and 816 PNCs and 3,985 ANC consultations were conducted. 8 C-sections were also performed at Monguno General Hospital.

The trend of admission in all ALIMA area of operations has increased compared to last month. In Muna and Teachers Village Clinics, a total of 1,849 OPD consultations for children under 5 in Muna Clinic with 24 referrals were provided and 2,935 consultations were carried out for all ages in TVC Clinic with 33 referrals. In Water board Clinic in Monguno, 1,341 OPD consultations were provided for all ages while in Askira and Hawul LGAs, a total of 3,389 OPD consultations for children under 5 were conducted. 1 case of measles was treated at our health facility in Monguno. The case was from Fulatari IDP. Several cases of laceration wound secondary to machete cut and gunshots were received, stabilized and referred to Maiduguri for further management. For SRH activities in MMC and Jere, 1,174 ANC and 122 PNC consultations were provided in which (435 ANC are first visit and PNC within 72 hours of delivery 122) at Muna Clinic with 1 referral. At the Teachers Village clinic, 994 pregnant women in total came for ANC (ANC 1, 413) while the total PNC consultations were around 193 (PNC within 72hours 172).

BEmOC activities were conducted at CBDA clinic where 131 deliveries were recorded which is higher compared to the previous month delivery. A total of 6 referrals was made to secondary/tertiary care and 148 deliveries were conducted at TVC. 10 Traditional Birth Attendants in Muna Clinic and 8 in TVC were engaged to refer patients from the community for delivery at CBDA and TVC Clinics. In Askira, 178 deliveries were recorded and 1,063 ANC consultations were conducted.



**FHI 360** provided 16,232 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 3,868 cases. It accounts for the highest morbidities in three sites (Dikwa, Ngala, and Banki). Also, malaria (2,393 cumulative cases) was the second major cause of morbidity across the four sites. A total of 886 persons with peptic ulcer were treated across all FHI 360's clinics. Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity in the previous month. Cases of hypertension was also seen in its significant numbers with 499 cases. FHI 360 also facilitated a training on the Clinical Management of Rape CMR in collaboration with UNFPA for 25 participants comprising of FHI 360's Doctors, midwives, nurses, pharmacist and lab scientists as well as health staff from the Borno State Ministry of Health (BMSOH).



**FSACI** with support from the Civil Society on Malaria Control, Immunization and Nutrition (ACOMIN) carried out discussions and enlightenment in Sakato and Dowaya Primary Health Care Centre at Dwam Ward of Demsa LGA of Adamawa State. The purpose was to involve community members on Risk Communication and Community Engagement on Malaria and COVID-19. Clients Exit Interviews, Key informant interviews at the PHC and Focus Group Discussion with Community leaders and members were also conducted to evaluate the accessibility of health facility and services to pregnant women and children from 0-5 years. FSACI team created awareness on COVID-19 to children in Sakato community. The NCDC guidelines on prevention was taught and the mode of prevention which include washing of hands regularly, maintaining social distancing etc. FSACI also carried out advocacies visit to relevant stakeholders at the State House of Assembly to gain support on the program Saving One Million Lives to support the implementation of the project by increasing supply of malaria commodities and recruitment of more health workers so as to have sustainability on malaria services at the grassroot to the state level.





**GZDI** continue to enrol new beneficiaries in the HIV/OVC centred project in partnership with Pro-Health International (PHI). The enrolment includes and is limited to the following streams; Children Living with HIV (CLHIV), Children Living with HIV Positive Adults (PLHIV), Children at risk of Transactional Sex, Children of Female Sex Workers (CFSW), Children of Men who have Sex with Men (MSM) and Children of Injection Drug Users (PWID). Newly enrolled beneficiaries were served alongside existing caseloads, Community Case Workers (CCW) / Volunteers supported by CSO staff reached out to various households in their respective communities, provided services directly and through referral synergy with relevant partners. These services includes; Health Education, Water Sanitation and Hygiene Messaging (WaSH), COVID-19 sensitive WaSH Messages, Nutrition services, Gender Norm Sessions, Adolescents group Sessions, distribution of Agric-inputs (seeds), facilitation and sponsorship of discretionary and accompanied referral services for ART Refill, PMTCT, Viral Load optimization, treatment of minor illness, GBV services, Referral for HIV services (HTS, EID, ART, PMTCT and VL) and HIV Adherence Support. A total of 516 new beneficiaries were enrolled in 4 LGAs, with Mubi South having the highest number of new enrolment with 267 beneficiaries (Caregiver givers enrolled: 7 Males and 43 Females, OVC enrolled: 111 Males and 107 Females), 138 beneficiaries in Michika (Caregiver givers enrolled: 19 Males and 18 Females, OVC enrolled: 53 Males and 48 Females), 27 beneficiaries in Hong (Caregiver givers enrolled: 4 Males and 5 Females, OVC enrolled: 7 Males and 11 Females) and 84 beneficiaries in Gombi (Caregiver givers enrolled: 7 Males and 14 Females, OVC enrolled: 29 Males and 34 Females).



*Gender Norms Session with Caregivers*

11,399 beneficiaries were reached with services across 4 LGAs; Mubi South, Michika, Hong and Gombi. Out of these beneficiaries, 6,120 were females while 5,279 were males.

GZDI in partnership with ACOMIN conducted Malaria awareness on prevention and treatment, monitoring and ensuring contraband drugs were not used for Malaria treatment in Sabonlayi Primary Health Care in Sabonlayi Ward of Mubi North LGA. The facility was also assessed on how it copes with service delivery amidst COVID-19. The assessment was conducted to ascertain measure the facility has put in place to protect staff and clients from contracting and spreading the disease as well as the availability and usage of PPEs in the facility. It was found out that there was an inadequate PPEs in the facility.



**INTER SOS** carried out a total of 22, 167 outpatient consultations (10,318 Males and 11,849 Females) of which 8,902 (40%) were under 5. The total number of consultations for the reporting month recorded a decrease compared to the previous month of July which is attributable to the security context in Magumeri which changed significantly, affecting the discharge of health and nutrition services. Also, the number of U5 consultations recorded for the month, was lower than the number of U5 consultations seen in the month of July, due to the aforementioned reason.

Acute Respiratory Infection (with a total number of 4,576 cases continues to be the highest cause of morbidity, closely followed by Malaria (with a total of 3,683 cases). This number is lower than the number of ARI cases, but just slightly higher than the Malaria cases seen in the reporting month. INTERSOS health facilities also registered a decrease in the cases for Acute Watery Diarrhea, and Bloody diarrhea across all sites, compared to the previous month, with 15 cases for Acute Watery Diarrhea, and 159 for Bloody diarrhea respectively. From the Morbidity breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites.

Sexual and Reproductive Health services were provided to a total of 2,315 ANC attendees, out of which 924 were first time attendees whereas 1,391 were follow-up attendees. Magumeri Hospital recorded the highest number of attendees with 269. A total of 318 PNC attendance were recorded and 173 new deliveries across 5 health facilities; Bama Clinic, Ngala Clinic, Dikwa Clinic, Magumeri Hospital and Magumeri mobile clinics. Magumeri Hospital recorded the highest number of PNC attendance with 106, while the highest number of new deliveries was recorded in Bama Clinic with 70 new deliveries. 67 hospitalizations were recorded, out of which 31 were SAM cases with complications, 13 non-SAM cases under 5 years, with life threatening conditions, 18 non-SAM above 5 years, with



life threatening conditions as well as 10 admissions for cases of Gynecology/Obstetric cases (complicated cases admitted for more than 24hrs). 2 patients were hospitalized for other reasons. A total of 11 referrals were made. 7 were discharged, 3 are still on admission and 1 death was registered.



**MDM** provided a total of 2,078 outpatient consultations for all ages in Garba Buzu Clinic Maiduguri with 4 referrals. 2, 295 OPD consultations for all ages in Kavar Maila Clinic with 3 life-saving referrals. El-Miskin Clinic in Jere had a total of 2,203 consultations with 8 referrals. In Damboa, Hausari Clinic provided 2,646 consultations while GTS Clinic had 2,955 consultations with 1 referral. Top morbidities

for the month included malaria, skin diseases, upper respiratory tract infections and Acute Watery Diarrhoea.

For Sexual and Reproductive Health activities, 3,295 were provided with ANC consultations across MdM clinics with 1,551 as first visit. A total of 550 PNC consultations were provided in across MdM clinics with 378 within first three days. 425 Family planning consultations were provided to beneficiaries across MdM clinics.

For MHPSS activities, MdM in collaboration with WHO provided a total of 131 mental health consultations with 43 referrals to WHO and Federal Neuro Psychiatric Hospital. 257 beneficiaries had Individual Counselling out of which 98 were first visit. 3,195 beneficiaries benefited in MHPSS group sessions across MdM clinics. For GBV services, MdM provided a total of 83 GBV consultations with 3 within 72 hours.



**TdH** continue to provide humanitarian assistance in Mafa Central LGA by organizing Health Mobile Hub in GGSS IDP Camp, Mafa Rural LGA with support to Zanari PHC Clinic and Health post in Host Community and IDPs population and in Rann, Kala Balge LGA, with specialized

MNCH and CU5 Health Mobile Hub. A total of 3,865 medical consultations (women and children) were provided in the 3 locations, 4,126 PLW received RH services (ANC, delivery and PNC). TdH continue to create awareness on COVID-19 to all beneficiaries accessing the TdH supported health facilities. IPC measures are in place for the prevention of COVID-19 transmission at the point of service delivery. A total of 23,462 persons were sensitized on COVID-19 within TdH areas of intervention.



**UNFPA** in collaboration with Nigerian Government continue to strengthen and enhance access to Sexual Reproductive Health, Maternal, Child and Adolescent Healthcare Services across Nigeria, most especially Northeast States. UNFPA service provision in direct supported facilities reached

3,336 population with direct SRH services (ANC, clean deliveries, PNC, FP and treatment of STI/HIV) in Borno state.

About 8,578 persons have been reached with key lifesaving SRH information, including customized COVID-19 infection prevention and control messages by the mobile medical outreach teams.

In the effort to strengthen referral mechanism, UNFPA has procured 14 mini ambulance, riders have been trained on basic sexual reproductive health service to support maternal and child healthcare intervention, through enhancing access and supporting other SRH/GBV referrals within hard-to-reach and scattered settlements across Borno state.

UNFPA in collaboration with Borno State Government supported the DHIS2 data management strengthening through routine supportive supervision including data collection, review and uploading on the DHIS2. 192 medical record officers are undergoing refresher training on MPDRS reporting and uploading on the platform. 7 computers procured and deployed integrated facilities to support streamline last mile distribution of SRH Kits, drugs, and commodities and data collection. 20 staff have been trained on last mile distribution of commodities and data collection and reporting. 60 iPad Tablets have been bought; software is being installed to support reporting from Medical records officers from all health facilities.

UNFPA supported training of 30 health workers, on clinical management of rape and sexual response support through coordination platform. The training was initiated and funded by FHI360 in Borno State.

UNFPA continue to support Integrated medical outreaches ongoing in the LGAs hosting to returnees, recent displacements and host communities in Yobe State. Yobe MoWA and MoH were supported with PPEs. These include foot operated hand wash stations, flash thermometers, face masks, gloves and others for the 2 safe spaces in the state and 17 secondary and tertiary health facilities respectively.

Also, UNFPA supported the Yobe State Ministry of Women Affairs to build the skills and livelihoods of 100 community women on sewing, production of hygiene materials for COVID-19 prevention. The items produced were immediately supplied to the Yobe state Ministry of Education ahead of resumption of schools.

UNFPA supported Yobe State to complete the training of Facility MPDSR focal points and LGA DSNOs on MPDSR and integration of maternal death for surveillance. MPDSR tools have similarly been shared to 17 tertiary/secondary health facilities in Borno and Yobe States. Similarly, Yobe State Integrated medical outreaches are ongoing in the LGAs hosting returnees and displaced persons namely Nguru, Geidam, Gujba, Damaturu, & Bade.

UNFPA is also increasing local capacity to respond to Obstetric Fistula by supporting 2 Clinical teams (8 core health care workers) on Obstetric Fistula training and 10 Obstetric Fistula Survivors to take part in the training



**UNICEF** reached a total of 155, 730 children, women and men were reached with OPD consultations for integrated PHC services in all UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 76,416 (49%) were children below five years. 74,172 Out-Patient Department (OPD) consultations for curative services were recorded, with Malaria – 25,365 being the major cause of consultations, followed by ARI – 11,228; AWD – 8,540; measles – 87, and other medical conditions – 28,952. A total of 75,379 consultations for prevention services were recorded, including 4,209 children vaccinated against measles through RI sessions; 35,366 children and pregnant women reached with various other antigens (Penta, OPV, TT, Hepatitis, PCV, Meningitis, Yellow Fever); Vitamin A capsules – 9,424, Albendazole tablets for deworming – 5,830, ANC visits – 16,361, and 4,189 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,165 deliveries (skilled delivery – 2,019, unskilled – 146) and 4,014 postnatal/home visits were recorded during the reporting period.

In Adamawa State, UNICEF continued to support provision of integrated PHC service delivery in 4 IDP camps through the engagement of 25 Community Health Workers, 4 Nurse Midwives and 5 other support staff. The number of workers is still being maintained at the reduced number in all the camps through the state is still requesting for increase in the number of staff to meet the current number of IDPs in the camps. A total of 6,240 women and children were reached with integrated PHC services in UNICEF supported health facilities in IDP camps and host communities. 4,410 (under 5 years: 1,764 and above 5: 2,646) consultations were reported, with malaria 2,059 (above 5: 1,160 and under 5 years: 899); ARI with 865 (above 5: 497 and Under 5 years 368) being the major cause of morbidity; AWD with 193 (above 5: 98 and Under 5 years 95); other medical conditions 1,293 (Other age group: 891 and Under 5 years: 402). A total of 1,830 prevention services were recorded, out of which 61 children 6 months -15 years vaccinated against measles, 255 children and pregnant women were reached with various other antigens; Vitamin A supplementation is 677, Children given Albendazole tablets for deworming 508 and ANC visits were 252 in Adamawa State. A total of 16 deliveries and 61 postnatal visits were recorded during the reporting period.

Also, essential drugs were supplied to the 4 IDPs camp clinics based on need and request in order to support the provision of PHC services in the camps and host communities in Adamawa State.



*Essential Medicines from MFO*



**WHO** continue to provide support to States Ministries of Health in Borno, Adamawa and Yobe in the fight against COVID-19 pandemic. A total of 1,024 confirmed cases have been recorded including 59 deaths, 90 active cases and 864 (84%) recoveries in the BAY states. With 741 confirmed cases in Borno State, MMC LGA has the highest burden of the disease 74.8% of total confirmed cases. Community case search is ongoing in all locations reporting cases in Borno State, in all high-burden LGAs in Yobe State as well as in Adamawa State.

Event	States	Start of reporting period	End of reporting Period	New cases: (Wk 35)	Total Confirmed Cases	Total Deaths	CFR
COVID-19	Borno	18 Apr-20	31 August- 20	1	741	36	4.9%
	In week 35 (week ending 31 August 2020), 01 new confirmed case was reported giving a cumulative of 741 confirmed cases and 36 deaths (CFR= 4.9%).						
	Adamawa	21 Apr-20	31 August - 20	0	217	15	6.5%

No new confirmed case was reported in the week; Total confirmed cases still stands at 217 with 15 deaths. CFR=6.9%.						
<b>Yobe</b>	<b>21 Apr-20</b>	<b>31 August - 20</b>	<b>0</b>	<b>67</b>	<b>8</b>	<b>11.9 %</b>
No new confirmed case was reported in week 34. The total number of confirmed COVID-19 case(s) remains at sixty-seven (67). The total number of deaths due to COVID-19 in the state remains eight (8).						

In Adamawa State, WHO has trained 50 frontline case workers, healthcare workers and relevant officers from SMHO ADPHCDA, FMCY, SSHY, partners from both OHSWG & HSWG on PSS for Covid-19 patient support in the treatment centers, health facilities and the communities. The training has changed a lot of wrong perception towards covid-19 patient care. Weekly reporting of PSS activities for covid-19 has commenced in the state to monitor PSS services especially for suspected and confirmed cases. WHO facilitated the assessment of the PHEOC by the 3-man team from the DG NCDC office in the State. Familiarization visit was carried out to the Hon. Commissioner of Health, DPH and other high-ranking staff of the ministry by the team.

#### ICCM

1,335 children were treated for malaria, diarrhea and Pneumonia by 48/63 CoRPs in 8 LGAs of the state. 1085 of the children were screened for malnutrition using MUAC. 40 (3.7%) of the children screened had MAM and were counseled on proper nutrition, while 1 (0.09%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

#### HTR

17,928 clients were seen by WHO supported 8 H2R teams providing services in 8 LGAs of Adamawa state. The teams treated 11003 persons with minor ailments and dewormed a total of 2574 children during the month. Pregnant women were provided FANC services with 631 of them receiving Iron folate to boost their hemoglobin concentration while 570 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

**WHO – Mental:** In Host Communities, Individualized Education and Counselling on COVID-19 was provided to 34 new Mental Health patients and care givers during one-on-one consultation, while 162 received group counselling and education in Jere, Mafa, and MMC LGA. Counselling and education centered on COVID-19 mode of transmission, signs and symptoms, standard precaution and steps to take when symptoms occur

## Nutrition Updates



**ALIMA** continue to provide lifesaving Nutrition services across all implementing sites. Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic a total of 307 new SAM cases were admitted and 252 cases were discharged from the program. 67 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 166 new SAM cases with complications and discharged 161. At Water board ATFC in Monguno, 56 SAM cases were admitted and 55 were discharged from the program. In Askira and Hawul LGAs, 124 children suffering from SAM were admitted in ATFC and treated 13 complicated SAM cases at the ITFC in Askira General Hospital.

15,721 caretakers completed MUAC-Mother training sessions; and 90% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. The number has drastically increased because of the reduction of participants in order to maintain social distancing during the training session.



**MDM** provided outpatient therapeutic services in Garba Buzu and Kwar Maila Clinics in Maiduguri. In Garba Buzu OTP, there were 55 children in the programme with 40 new admissions for SAM cases and 28 discharges. A total of 683 children were screened for malnutrition using MUAC tape in the clinic while 234 in the communities around Garba Buzu. Kwar Maila OTP has 74 children in the programme with 35 new admissions for SAM cases, 1 referral to stabilization center and 164 discharges. A total of 644 children were screened for malnutrition using MUAC tapes in the clinic while 219 in the communities. Mdm celebrated World Breastfeeding week from 1st to 7th August, 2020.



**WHO** screened 7,064 children for malnutrition using MUAC by WHO supported 8 H2R teams. Of this number, 46 (0.65%) children had MAM and their caregivers were counseled on proper nutrition, while 19 (0.3%) 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 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.

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## Health Sector Partners and Presence

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

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

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