



## Northeast Nigeria Humanitarian Response

### COVID-19 Response



A pre-eclampsia patient delivered of twin babies following the IRC Facilitated referral to UMTH

# Health Sector Bulletin

July 2021



**5.8 Million**

PEOPLE IN NEED OF  
HEALTHCARE



**5.3 Million**

PEOPLE TARGETED BY  
THE HEALTH SECTOR



**1.9 Million\***

IDPs IN THE THREE  
STATES



**> 1.6 Million\*\*\***

PEOPLE REACHED IN  
2021

## Highlights

The Nigerian government on 2nd of August received four million and eighty doses of the Moderna COVID-19 vaccine donated by the Biden-Harris administration of the United States of America. The vaccines, which were delivered through the COVAX facility, a vaccine alliance aimed at ensuring equitable distribution of vaccines globally, had earlier arrived in Abuja, Nigeria's capital city, around 2:15 a.m. on Sunday (1st August, 2021). The vaccines were received and stored at the country's National Strategic Cold Store near the Nnamdi Azikiwe International Airport in Abuja. <https://www.premiumtimesng.com/news/headlines/477073-nigeria-receives-4-million-doses-of-vaccine-from-u-s.html>

Nigeria has taken delivery of 117,600 Janssen (Johnson & Johnson) vaccine on 12 August 2021 in Abuja. The delivery marks the first wave of arrivals of COVID-19 vaccines procured through the African Union. "The arrival of these vaccines will be yet another step in the battle against the COVID-19 pandemic," says Dr Faisal Shuaib, Executive Director of the National Primary Health Care Development Agency (NPHCDA). He adds that the shipment, is the first batch of the vaccine from the African Union which would be received in segments monthly until total 29.8 million doses are completed. Speaking on the advantage of the Janssen COVID-19 vaccine, ED said, "The single dose vaccine will be a viable tool to interrupt the spread of the pandemic especially in the rural areas, riverine and hard to reach places. It would be more beneficial for Nigeria, given its huge difficult terrains, coupled with weak systems for keeping track of people and logistics involved for delivering the second doses." The Janssen COVID-19 vaccine is stored between 2°C and 8°C (36°F and 46°F): Storage unit temperatures must be monitored regularly and checked and recorded at the beginning of each workday to determine if any excursions have occurred since the last temperature check. Taking partners and journalists round the National Strategic Cold Store where the vaccines are kept, Dr. Shuaib said that, the country has proven with the storage of the AstraZeneca vaccine that it has the right equipment to adequately store the Janssen vaccine which requires same storage temperature. In his remark, the WHO country Representative, Dr Walter Kazadi Mulombo commended the effort of the Nigerian government in containing the spread of the COVID-19 pandemic and making available vaccine for the populace. Dr Mulombo said that the arrival of the is a symbolic landmark in Nigeria's widely acclaimed successful response to COVID-19 pandemic. Pledging WHO's continuous commitment to supporting the country in reaching its targeted population with safe and effective vaccines, Dr Mulombo said that as the only single dose COVID-19 vaccine approved for use to date, the Janssen is an important tool for accessing hard-to-reach populations, thus playing a key role in preventing infections and reducing deaths across Nigeria. <https://reliefweb.int/report/nigeria/nigeria-receives-117600-doses-johnson-johnson-vaccines-next-phase-covid-19>

## 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



**113,499 CONSULTATIONS\*\*\*\***

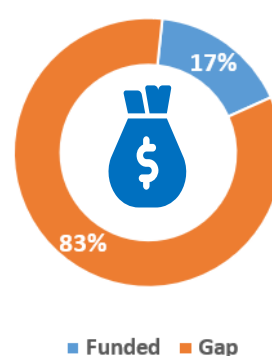
**1,849 REFERRALS**

### EARLY WARNING & ALERT RESPONSE



**278 EWARS SENTINEL SITES**  
**203 REPORTING SENTINEL SITE**  
**2,101 TOTAL ALERTS RAISED\*\*\*\*\***

## SECTOR FUNDING, HRP 2021



**\$83.7**

\*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 July 2021.

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

\*\*\*\*\* The number of alerts from Week 1 – 31, 2021

## Situation Updates

### MISSION SUMMARY OF RESIDENT COORDINATOR: NORTH-EAST NIGERIA (BAY STATES) - FOOD SECURITY AND NUTRITION CRISIS

1. As the Resident Coordinator and Humanitarian Coordinator to Nigeria, I conducted a field mission on 2-6 August to the three states in north-east Nigeria most affected by the food security and nutrition crisis in the lean season. I visited remote locations in Borno, Adamawa, and Yobe (BAY) states. My delegation included World Food Programme (WFP) Regional Director for West Africa, Mr. Chris Nikoi, WFP Country Director to Nigeria, Mr. Paul Howe, and OCHA Head of Office for Nigeria, Mr. Trond Jensen. During the mission, the delegation visited Gwoza and Maiduguri in Borno, Gulak and Madagali in Adamawa, and Kuka Rita and Damaturu in Yobe. This included visits to IDP camps, meetings with affected people, humanitarian partners and local and state authorities.
2. The combination of conflict, COVID-19, increased food prices, climate change are decimating livelihoods and people's access to food. Without sustained humanitarian assistance in Borno, Adamawa and Yobe states, millions will struggle to feed themselves. According to the March 2021 Cadre Harmonisé food security assessment, an estimated 4.4 million people, including internally displaced people, are expected to face critical food shortages. Some 775,000 people are at extreme risk of catastrophic food insecurity—the worst outlook in 4 years. The insecurity plaguing north-east Nigeria prevents many farmers from accessing their fields and growing crops. They are doubly impacted by the food insecurity, not only losing their ability to grow food they need to feed their families, but also suffering the loss of income from not being able to yield a harvest.
3. Solving food insecurity must be approached as a long-term effort that requires enabling people to have livelihoods through agriculture and supporting them through capital and agricultural inputs. This was reflected in my dialogue with the Borno Governor, on the need for thinking longer-term, ensuring that efforts are made to build resilience and preventing future deterioration in food security and nutrition status.
4. The worst affected are women and children, sharing stories of sleepless children who cry through the night due to hunger. The conditions for some households are so desperate that families are living on nutritional supplements meant to ensure the survival of their children. A considerable percentage of the affected people are female headed households, who depend on farming to provide for their families. They are facing an impossible dilemma to earn a living at the same time facing the risk of violence, including sexual violence, by collecting firewood or going to farm outside the relative safety of their community. We learned of parents taking their children out of school to beg in order to survive. This exposes children, especially girls, to the risk of trafficking, rape, and sexual harassment. Domestic and sexual violence is on the rise, as men struggle to provide for their families, taking their frustrations out on the family. Women and young girls are also forced into child labour, child marriage and transactional sex for food and survival.
5. The impact of the COVID-19 pandemic and inflation has also deepened vulnerabilities. In addition to losing livelihoods, people have had to cope with decimation of their incomes and increased food prices – food prices have increased by 20 percent since last year. For many people across the Borno, Adamawa and Yobe states, they can no longer afford to buy food. Women in one of the camps in Maiduguri shared that they resort to eating grass, illustrating the levels of desperation early in the lean season.
6. There is a risk of the nutrition situation deteriorating to critical levels due to persistent poor underlying conditions, including inadequate water, sanitation and hygiene and access to health care. The situation may likely worsen during the rainy season, if outbreaks and incidence of diseases like cholera and malaria are not prevented or controlled. According to the Integrated Food Security Phase Classification (IPC) Acute Malnutrition Analysis (IPC AMN) of March 2021, the number of acutely malnourished children and women is expected to significantly increase during the 2021 lean season, with some 1.15 million children and over 124,000 women projected to be acutely malnourished. This will be the highest levels of women and children at risk since 2017, when the crisis was at its peak.

7. The United Nations and non-governmental organization partners have formed an in-country taskforce to respond to the crisis and prevent catastrophic food insecurity that would push the north-east over the edge. The Task Force is coordinating and working with the Government to implement a comprehensive and robust operational plan, guided by an intersectoral response involving Food Security, Nutrition, Health, Protection and Water Sanitation and Hygiene (WASH). The implementation of the plan leverages existing mechanisms and teams to ensure communities that are hardest-to-reach receive the immediate food and nutrition assistance they need. The Task Force will ensure that preventative actions are taken to increase awareness and reduce the opportunities for the exploitation and abuse of children and vulnerable families.

8. Our operational plan sets out the requirement of USD\$250 million for immediate action. We are grateful to our donors and partners for their generous support. We desperately need the funding now to urgently save lives. The humanitarian community, the United Nations and non-governmental organisations, have joined efforts to address the rapidly deteriorating food insecurity situation in the north-east, working closely with and coordinating with the Government at federal and state levels. We have been able to avert catastrophic food insecurity in the past by working together, and we can do it again given the resources required.

### **IOM International Humanitarian Community Isolation and Treatment Center – July 2021**

The international humanitarian isolation and treatment facility under the steering strength of IOM continues to provide tremendous support to the humanitarian community in northeast Nigeria through her various activities. The center during the months under review coordinated the COVID-19 vaccination of many humanitarian aid workers and dependents. The NCDC accreditation of the IOM molecular laboratory at the center has avail humanitarians the opportunity to screen for COVID-19 with less stress and provided certified COVID-19 PCR test for travel purpose at the North-East without having to travel to Abuja for a test.

Currently, the center has no active COVID-19 case on admission.

#### **First Dose:**

Across the months of June – July, a total of 412 humanitarian aid workers and dependents were vaccinated by the international humanitarian community isolation and treatment center team at Red roof for first dose.

#### **Second Dose:**

553 humanitarian aid workers were vaccinated for second dose.

#### **IOM Laboratory Services**

The IHC – ITC laboratory has continued its support through PCR testing for COVID-19, both for surveillance and travel purpose. Nasopharyngeal and oropharyngeal samples were collected. Testing turnaround time now less than 12hours, testing booking, and results dissemination done electronically to staff or dependent. Total samples tested at the IOM lab since accreditation by NCDC is 2,146, of which 1,765 are from Yobe state. The international humanitarian isolation and treatment center laboratory is currently the only laboratory testing for travel purpose within the state. The Laboratory team also scored excellent in the United Nations Laboratory competency test.

As the number of new cases begins to rise in the third wave of COVID-19, the center is committed to providing all necessary support to humanitarian aid workers and dependent while maintaining essential health services delivery mechanism. The center is planning to conduct a refresher training to humanitarian guest-house Janitors and housekeepers on infection prevention, control methods and strategies in the line of duty. To commence the third phase of COVID-19 vaccination, for those who took their first dose in June and for staffs who are yet to get vaccinated.

## Cycle 1 Seasonal Malaria Chemoprevention Campaign in Adamawa and Yobe State 2021

Seasonal Malaria Chemoprevention (SMC) Cycle 1 implementation in Adamawa and Yobe States held between 10th - 16th July and on 13th – 18th July 2021 respectively. Three (3) strategies were deployed in Cycle 1 due to operating environment: House-to-house (H2H); Reaching Every Settlement (RES); Nomadic Strategy (NS)

17 accessible LGAs were planned for the implementation, within these LGAs are fully accessible, partially accessible and nomadic settlements. In order to reach and protect all eligible children from malaria, 3 strategies were used as follows: the fully accessible- (H2H) and partially accessible areas – (RES), while nomadic settlements were reached through NS. The campaign had three phases: Pre-implementation (planning, state and stakeholders engagement, microplan development, activation of SMC committee, personnel selection, trainings, social mobilization, drugs, tools and stationaries logistics), Implementation Phase (active drugs administration to eligible children, supervision, monitoring, daily evening review meetings at all levels , data collation) and Post-implementation phase(LQAs, consumption data tracking analysis, reverse logistics, data collation and validation, report writing, payment).

### Adamawa State

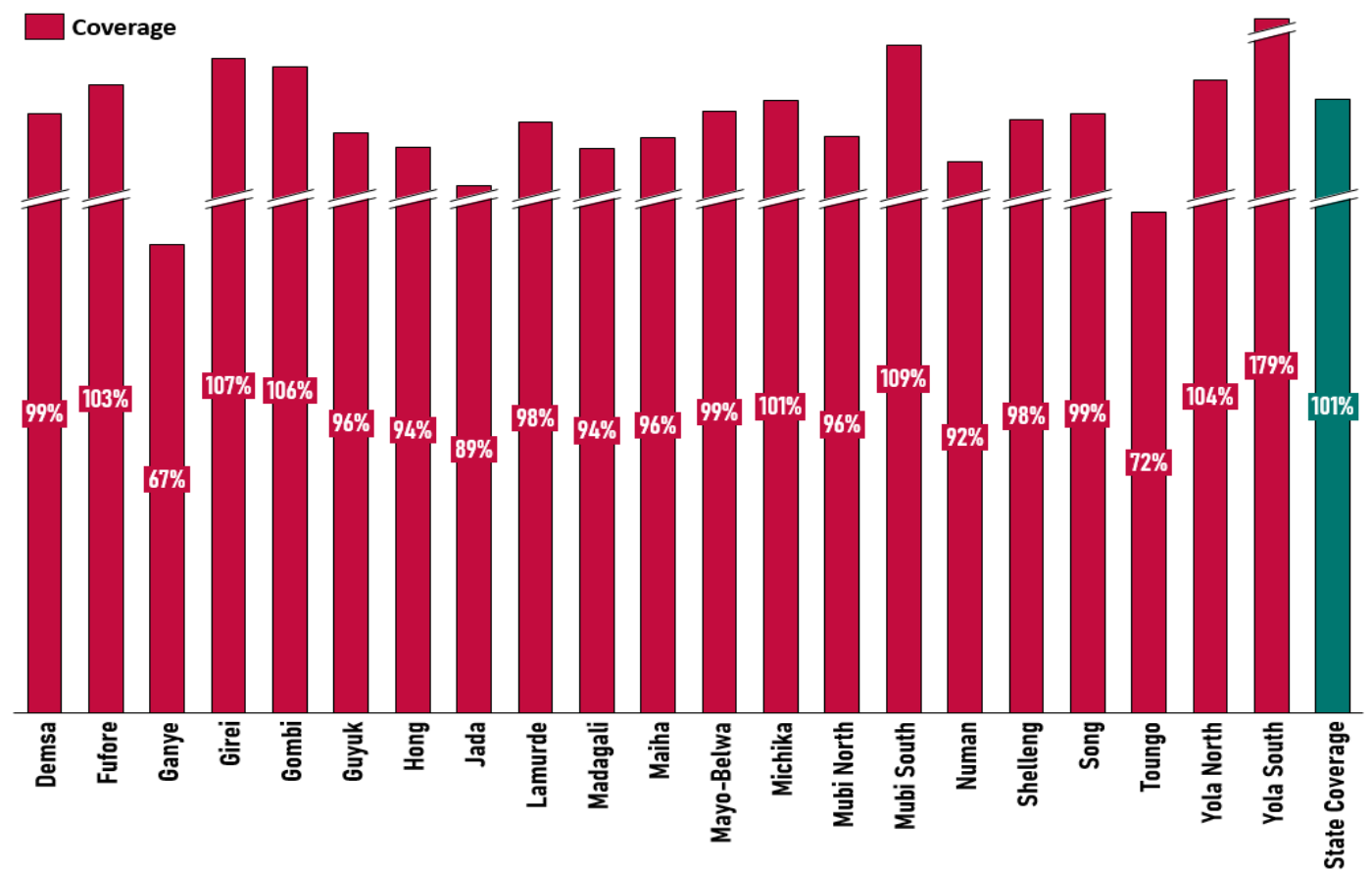
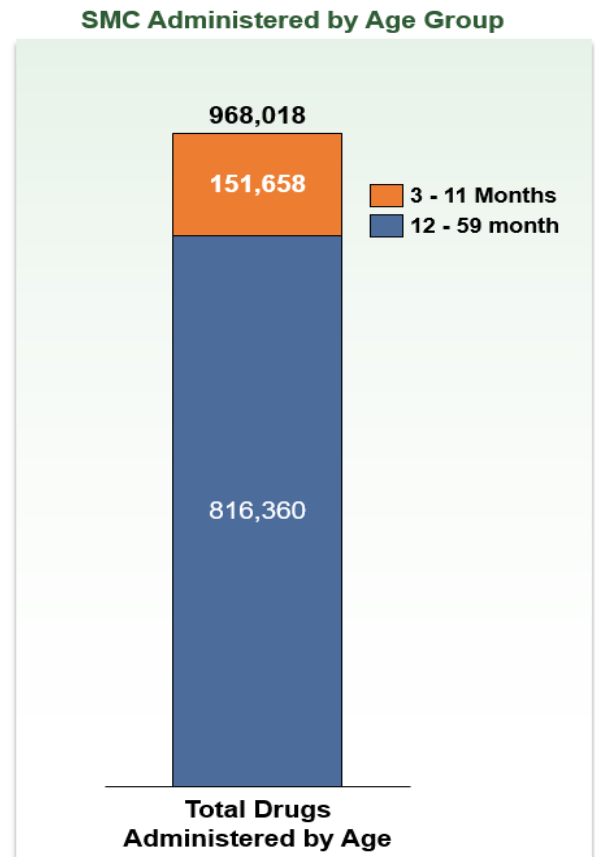
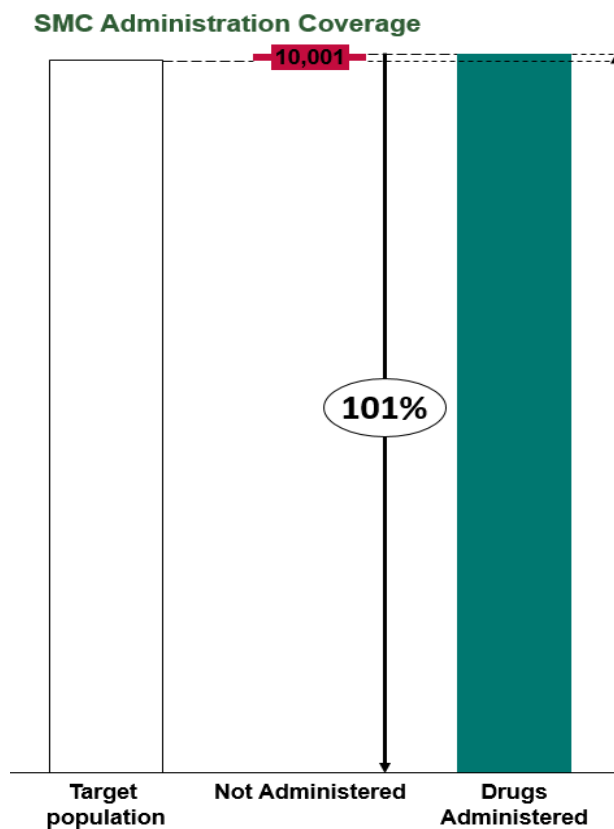
H2H strategy in accessible and partially accessible settlements across 21 LGAs, NS strategy in nomadic settlements across 10 LGAs.

At the end of the 6days activities, 101% coverage was achieved. Indicating 968,018 children under 5 reached and protected from malaria in the state. This is expected to translate to 75% reduction in malaria cases and severe malaria amongst under 5 children. A total of 2,747 children were referred to health facility for management of fever, out of which 1,745 tested positive to malaria and were treated, accounting for 63% positivity based on the number referred. 6,402 children vomited their first dose of the medication within 30 minutes of administration and were redosed. IDPs were amongst the children reached, these IDPs were displaced for various reasons (92%-insurgency, 7% - communal clashes, 1% - Natural disaster). 141,330 IDP children were reached from across the 21 LGAs. It is good to note that only 8% of the IDPs are in the camps/camp-like settings while 92% are in the host community. A number of Adverse drugs reaction (ADR) 353 were reported and documented. Mostly vomiting and weakness, which were managed and discharged same day. None of the ADRs was admitted and after careful analysis and investigation of the cases, they were dismissed as not meeting the case definition of ADRs to be tracked.

## Adamawa State Map with Target Population by LGA



S/No	LGA	Target Population
1	Demsa	52,585
2	Fufore	60,472
3	Ganye	67,113
4	Girei	38,874
5	Gombi	42,718
6	Guyuk	51,866
7	Hong	50,167
8	Jada	49,147
9	Lamurde	32,922
10	Madagali	39,353
11	Maiha	36,744
12	Mayo-Belwa	44,675
13	Michika	45,307
14	Mubi North	44,072
15	Mubi South	37,615
16	Numan	26,467
17	Shelleng	43,489
18	Song	56,216
19	Toungo	24,656
20	Yola North	53,749
21	Yola South	59,810
	<b>TOTAL</b>	<b>958,017</b>



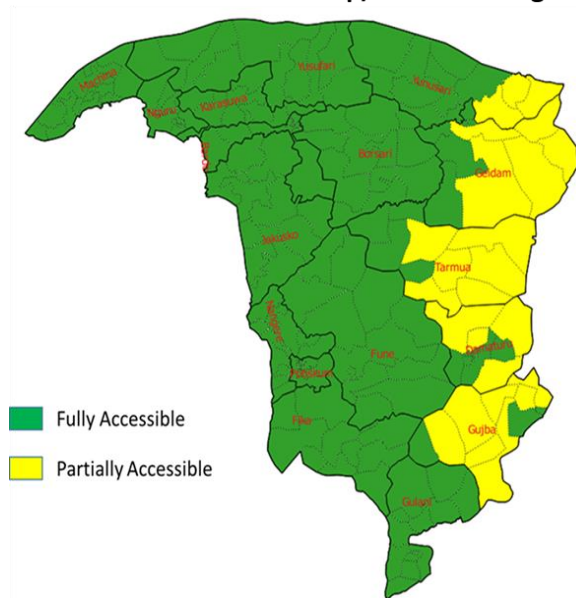


## Yobe State

H2H strategy in accessible cross 17 LGAs, Partially accessible settlements across 5 LGAs, NS strategy in nomadic settlements across 13 LGAs.

1,014,865 eligible children were reached and protected from malaria in the state which is equivalent to 106% at the end of cycle 1, after 6days of implementation including mop-up. This is expected to translate to 75% reduction in malaria cases and severe malaria amongst under 5 children. In other to follow-up on children with fever and adverse effect, health facilities within the wards were selected as referral points. 1204 children were referred to the Health facilities for further investigation and management out of which 783 children tested positive after RDT test was done. This showed 65% positivity based on the number referred. IDPs were amongst the children reached, these IDPs were displaced for various reasons (92%- insurgency, 7% - communal clashes, 1% - Natural disaster). 58,870 IDP children were reached from across the 17LGAs. It is good to note that only 8% of the IDPs are in the camps/camp-like settings while 92% are in the host community. Only 9 cases of all reported events met the criteria of adverse drug reaction; which is 0.1% of the eligible children reached in cycle.

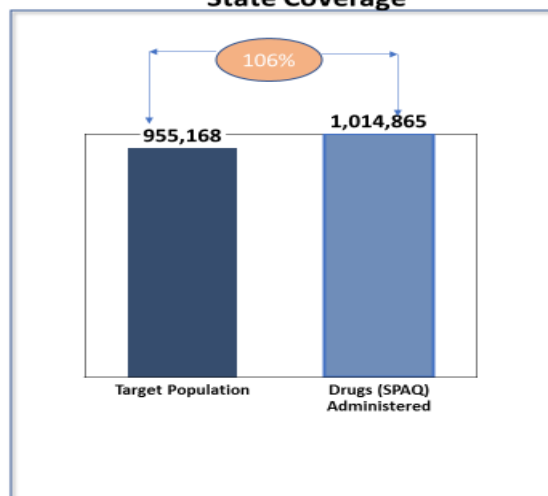
**Yobe State Map/Table showing Target populations and different Strategies used in Cycle 1**



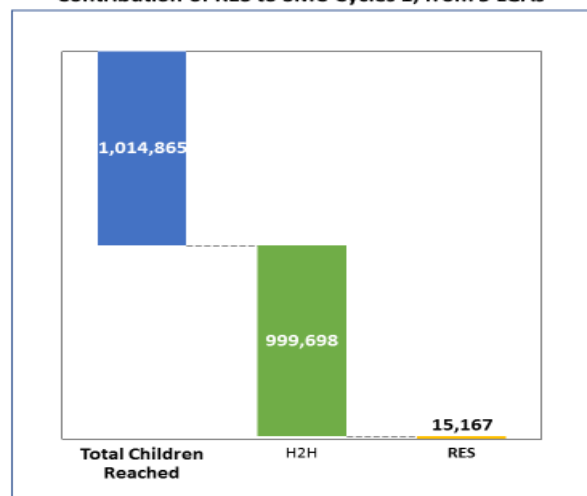
S/No	LGA	Target Population	Nos. of Wards Implementing
1	Bade	57,693	10
2	Bursari	39,372	10
3	Damaturu	71,552	11
4	Fika	47,351	10
5	Fune	97,811	13
6	Geidam	74,911	11
7	Gujba	44,488	10
8	Gulani	52,352	12
9	Jakusko	73,311	10
10	Karasuwa	34,071	10
11	Machina	24,524	10
12	Nangere	41,244	11
13	Nguru	47,949	10
14	Potiskum	136,893	10
15	Tarmuwa	30,332	10
16	Yunusari	37,388	10
17	Yusufari	43,926	10
18	Total	955,168	178

- Fully Accessible LGAs = H2H Strategy
- Partially Accessible LGAs = H2H and RES Strategy

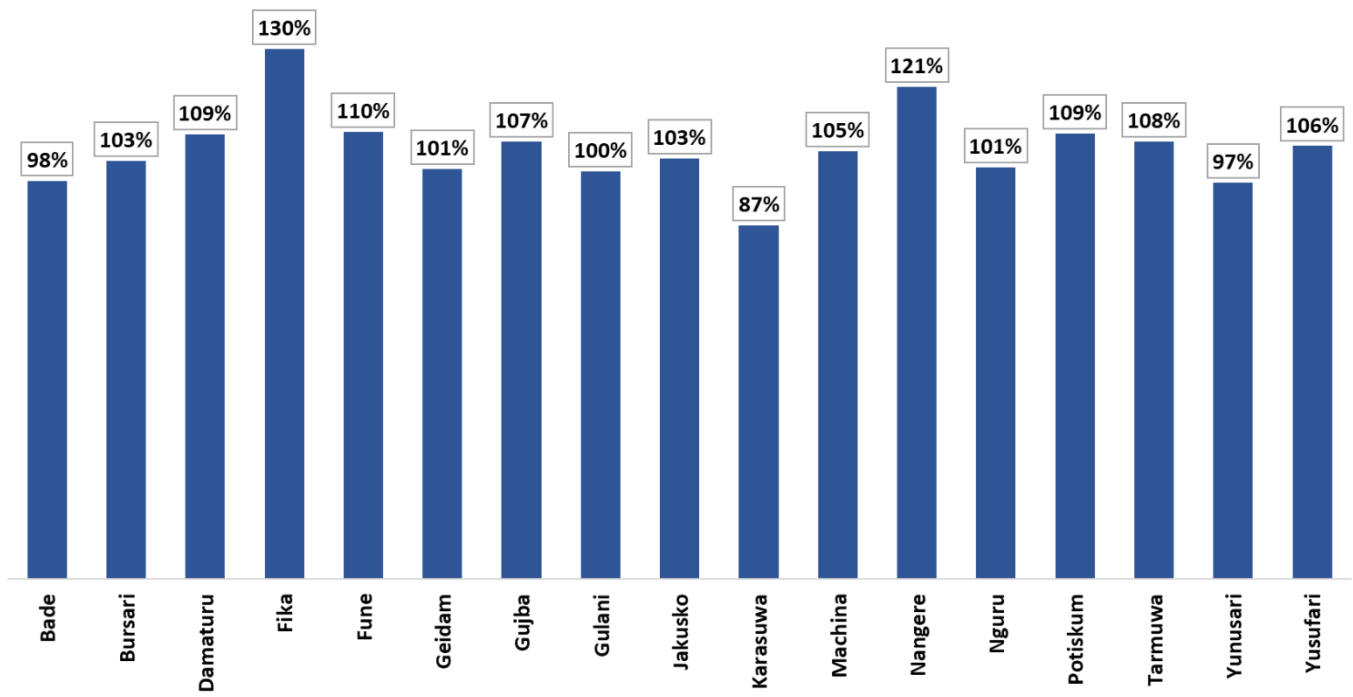
**State Coverage**



**Contribution of RES to SMC Cycles 1; from 5 LGAs**



Damaturu, Geidam, Gujba, Tarmuwa Yunusari





# Early Warning Alert and Response System (EWARS)

**Number of reporting sites in week 31:** A total of 203 out of 278 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 70% and 72% respectively (target 80%).

**Total number of consultations in week 31:** Total consultations were 41,665 marking a 5% increase in comparison to the previous week (n=39,537).

**Leading cause of morbidity and mortality in week 31:** Malaria (suspected n= 10,520; confirmed n= 6,253) was the leading cause of morbidity reported through EWARS accounting for 37% of the reported cases. Apart from deaths due to other causes (27), severe acute malnutrition deaths (3) was the leading cause of mortality reported through EWARS accounting for 57% of the reported deaths.

**Number of alerts in week 31:** Fifty-eight (58) indicator-based alerts were generated with 95% of them verified.

Figure 1 | Trend in consultations

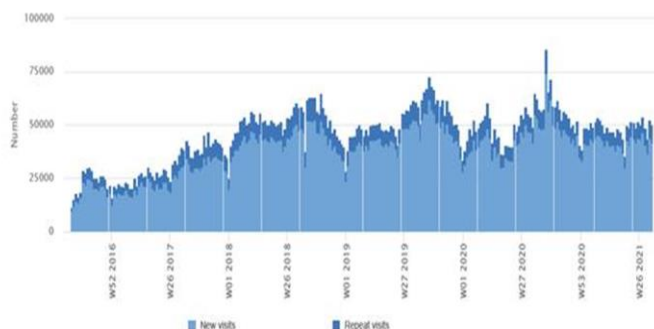


Figure 1a | Proportional morbidity (W31)

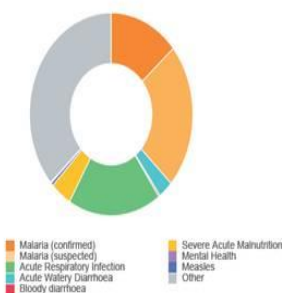
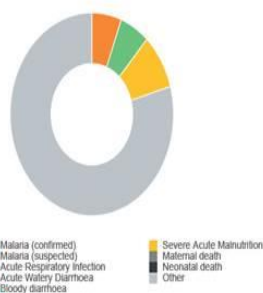


Figure 1b | Proportional mortality (W31)

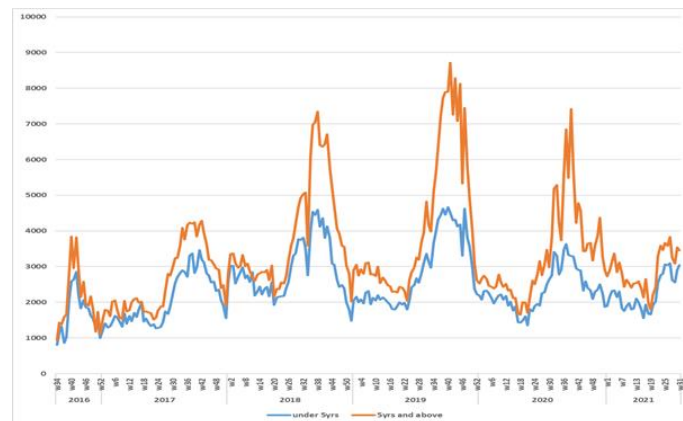


## Morbidity Patterns

**Malaria:** In Epi week 31, 6,253 cases of confirmed malaria were reported through EWARS. Of the reported cases, 345 were from General Hospital Biu, 286 were from Hausari IDP Camp Clinic (MDM) in Damboa, 170 were from Uba General Hospital in Askira Uba, 163 were from Damboa MCH, 160 cases each from Banki Health Clinic in Bama and Muna Garage Camp Clinic B in Jere, 159 were from Gwange 3 PHC (MSF-F) in MMC, 139 were from Azir Health

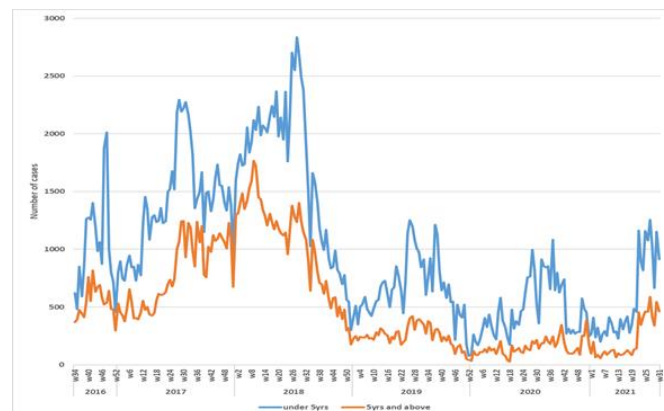
Clinic in Damboa, 119 were from Fatima Ali Sheriff PHC in MMC and 112 were from Gwange PHC in MMC. Two (2) associated deaths were reported from Gwange 3 PHC (MSF-F) in MMC (1) and MCH Miringa in Biu (1).

Figure 1: Trend of malaria cases by week, Borno State, week 34 2016 – 31 2021



**Acute watery diarrhea:** In Epi week 31, 1,306 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 129 were from Custom House IDP Camp Clinic in Jere, 80 were from Dalori PHC in Jere, 62 were from Mafa MCH, 47 were from Gwange 3 PHC (MSF-F) in MMC, 41 were from PUI Waterboard Extension IDP Camp Clinic in Monguno, 40 cases each from Abbaganaram MCH, EYN (CAN Centre) Camp Clinic and State Specialist Hospital all in MMC, 39 were from ACF NRC IDP Camp Clinic in Monguno and 38 cases each from FHI360 clinic Banki in Bama and ICRC GGSS IDP Camp Clinic in Monguno. No associated death was reported.

Figure 2: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016 – 31 2021

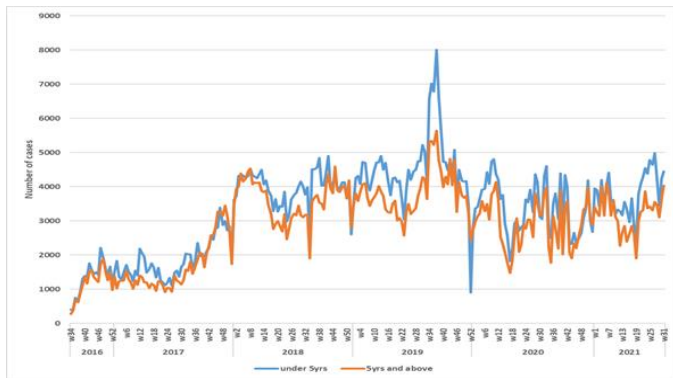


**Acute respiratory infection:** In Epi week 31, 8,374 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 364 were from Hausari IDP Camp Clinic (MDM) in Damboa, 352 were from FHI360 Clinic Banki, 317 were from General Hospital Ngala (FHI360), 274 were from ICRC GGSS IDP Camp Clinic in Monguno, 257 were from AAH Water Board IDP Camp Clinic in Monguno, 236 were from PUI



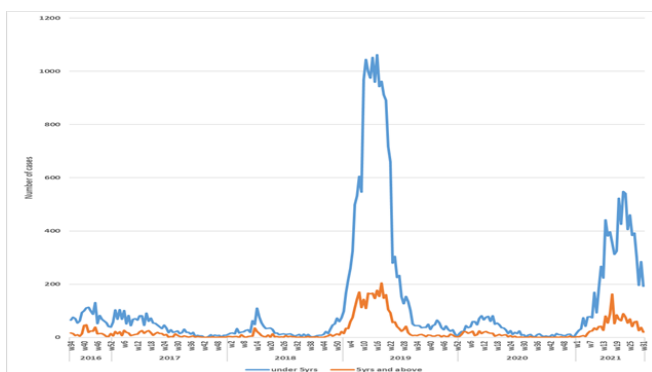
Waterboard Extension IDP Camp Clinic in Monguno, 228 were from ACF NRC IDP Camp Clinic in Monguno and 214 were from Damboa MCH. Two (2) associated deaths were reported from Gwange 3 PHC (MSF-F) in MMC.

**Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 31 2021**



**Suspected Measles:** Two Hundred and Twelve (212) suspected measles cases were reported through EWARS. Of the reported cases, 116 were from Gwange 3 PHC (MSF-F) in MMC, 12 were from State Specialist Hospital in MMC, 11 were from Dalaram PHC in Jere, 9 were from Damboa Town Dispensary, 6 cases each from Dala Clinic in Jere and MCH Clinic Konduga and 3 cases each from AAH Veterinary IDP Camp Clinic in Monguno, Algon clinic in Monguno, Dalori PHC in Jere, Gwange PHC in MMC, Muna Garage Camp Clinic A in Jere, Njimtilo Health Clinic in Konduga, Umaru Shehu Hospital in Jere and Zabarmari PHC in Jere. Fifty-one (51) additional suspected measles cases were reported through IDSR\* from Biu (1), Gubio (2), Gwoza (1), Jere (41), Kaga (1), Mafa (3) and Ngala (2) LGAs making a total of 263 suspected measles cases. Two (2) associated deaths were reported within the week from Gwange 3 PHC (MSF-F) in MMC.

**Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016 – 31 2021**



**Suspected Yellow Fever:** Two (2) suspected yellow fever cases were reported through EWARS from Kuburbula Dispensary in Chibok (1) and Zanari PHC in Mafa (1). Two (2) additional suspected yellow fever cases were reported through IDSR from Biu LGA (2). No associated death was reported.

**Suspected Meningitis:** No suspected meningitis case was reported in week 31.

**Suspected VHF:** No suspected VHF case was reported in week 31.

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

**Suspected cholera:** No suspected cholera case was reported in week 31.

**Malnutrition:** 1,888 cases of severe acute malnutrition were reported through EWARS in week 31. Of the reported cases, 68 were from ICRC FSP Clinic in Monguno, 63 were from General Hospital Ngala (FHI360), 61 cases each from AAH Waterboard Extension IDP Camp Clinic in Monguno and Kurbagayi MCH in Kwaya Kusar, 59 were from Gajiram FSP in Nganzai, 54 were from ISS IDP Camp Clinic in Ngala, 52 cases each from AAH Water Board IDP Camp Clinic and ACF NRC IDP Camp Clinic both in Monguno, 45 cases from Banki Health Clinic in Bama LGA and 42 Dikwa MCH Clinic. Three (3) associated deaths were reported from Gwange 3 PHC (MSF-F) in MMC (1), Madlau Dispensary in Biu (1) and Gumsuri Clinic in Damboa (1).

**Neonatal death:** No neonatal death was reported through EWARS in week 31.

**Maternal death:** No maternal death was reported through EWARS in week 31.

**Alerts and Outbreaks:** Fifty-eight (58) indicator-based alerts were generated from the weekly reports submitted through EWARS in week 31. Ninety-five percent of the alerts were verified. Within the recent weeks, there has been a continuous decline in the number of measles cases reported in the LGAs (cases peaked at week 22, where over 600 cases were reported). This week, three (3) new measles case were laboratory confirmed. So far, a total of 11,761 suspected measles cases have been reported in Borno state (123 Lab confirmed cases) with 118 associated deaths. The State and LGA teams have conducted measles reactive vaccinations in most of the affected locations.

*\*IDSR- Integrated Disease Surveillance and Response*

## Health Sector Action



**MI** continue to implement IRS campaigns, Indoor Residual Spray (IRS) is one of the important components for malaria control. IRS is very effective in the highly endemic locations and epidemic/outbreak proven areas once implemented before the rainy season. IRS can reduce 40-50% malaria case load when the shelters coverage rate is at least 85% (WHO). The MENTOR completed the intervention of IRS and IEC/BCC campaigns in the 19 IDPs camps in Jere/Maiduguri and 12 IDPs camps in Monguno and nearby host community in Monguno.

### IRS and IEC/BCC in Jere and Maiduguri LGAs:

- ✓ Since 27 May, a total of 336 IRS workers were trained on WHO procedures of IRS that included 33 IRS supervisors, 165 Spray Operators and 165 Mobilizers. The IRS workers were recruited from the same community.
- ✓ IRS is completed successfully in a total of 19 IDP camps that included El-Maskin1 & 2, Madinatu, Madinatu extension, Kessa Kura, Shuwari-5, El-Yakub, Bakasi camp, Stadium, Teacher village, Doro, EYN Can Centre, Farm centre, Farya camp, Finil Bal Camp, Wupchama camp, Garba buzu 1 and Garbabuzu 2 IDP Camps. The same households also received malaria prevention and proper hygiene messages through door-to-door mobilization.
- ✓ Data shows that a total of 34,944 houses out of 34,930 were sprayed in all the 19 camps where IRS is completed. A total of 230,351 Population were covered that composed of 106,246 males and 124,105 females. The excellent acceptance and coverage rates each of 99.9% achieved.
- ✓ The high coverage and acceptance rates were due to the effective advocacy and mobilization by the national and state ministries of health who were actively involved in the sensitization and monitoring of the community. Also, NEMA, SEMA, Camp management, Local government authorities at LGA and Ward level also provided support.



### IRS in Monguno LGA:

- ✓ Since 24 May, a total of 132 IRS workers that included 12 IRS supervisors, 60 Spray Operators and 60 Mobilizers were effectively trained on WHO procedures IRS in Monguno. The IRS workers were recruited from the same community.
- ✓ These trained IRS workers were quite acceptable to the IDP community in all the 3 phases of IRS campaigns to complete the successful spray campaigns in all the 12 IDP camps and in the host community.
- ✓ Since 27th May to 6th July, the IRS and IEC/BCC activities completed in the 12 camps namely; NRC 1&2, Stadium, Kuya Primary School, Government Day Secondary, Fulatari, Vertinary, Gana Ali, Ngurno, Gardner Lowcost, GGSS, Water Board and GSSSS IDP camps and in the nearby Host community. The same households also received malaria prevention and proper hygiene messages.
- ✓ Data shows that a total of 36,206 out of 35,244 houses were sprayed in the 12 camps of Monguno and in the host community, a total of 123,433 IDPs population was covered that comprised of 54,097 males and 69,336 females with excellent rate of acceptance and coverage rates of 97%.
- ✓ 59,316 Host community population was covered that includes 27,630 males and 31,686 Females with an excellent and coverage of 99.5%.
- ✓ The host community door to door indoor residual spray was conducted separately in six communities of the town namely: Abbari, Kuya, Ajari, Gana Ali, Gumsuri and Malinna Bololo communities.



**GHIV AFRICA** continues to sensitise learners and teachers on prevention of COVID-19 and also distribute facemasks. Installation of 500L hand washing station was done with the support of IOM.

Hygiene promotion and sensitization was also done in school premises to both students and teachers with menstrual hygiene management with the adolescent girls. Hygiene kits were distributed to 48 boys, 23 girls, 24 men and 19 women. Distributed menstrual hygiene kits to 34 adolescent girls and MHPSS Session with 23 girls, 48 boys, 24 men and 19 women.





**IMC** continued to provide lifesaving support to health facilities, host communities, and IDP camps in Damboa, MMC, Jere, and Konduga LGAs, Borno State, Nigeria through its health, nutrition, GBV, WASH and FSL interventions. As a continuation of the strategic support to the Borno state government, the IMC health project aims at reducing morbidity and mortality from COVID-19 and other communicable diseases through strengthening IPC measures and practices, RCCE, capacity building, and community surveillance in host communities, IDP camps, and health facilities. IMC interventions span across Gumsuri, Mulaharam, Kachallaburarin Kura & Gana, Nzuda Mairi, Azir, and Damboa central (including all six informal IDP camps) of Damboa LGA, Borno State. Each of these six locations has a PHC which is being supported with capacity building of health staff, community members and IDPs on infection prevention and control (IPC) measures, RCCE and community disease surveillance with the aim of improving awareness of preventive measures of COVID-19 and other communicable diseases. Working collaboratively with the state ministry of health, and other partners, IMC's health project seek to strengthen the health system's preparedness and response to disease outbreak. The health project works collaboratively with the WASH, GBV and shelter working groups in Damboa LGA, to identify gaps and needs in communities within the areas of reach. Community awareness and dialogue sessions discusses with groups in the communities of intervention to assess gaps and practices that will inform future programming. During the reporting month, IMC continued community-wide health education and hygiene promotion activities through mass motorized campaigns using jingles, banners and fliers containing messages adapted to local dialect to promote COVID-19 vaccine acceptance, in Damboa LGA. To strengthen IPC in health facilities and communities/IDP camps, IMC distributed personal protective equipment (PPE) and medical waste disposal materials to six health facilities in Damboa LGA. Furthermore, a surveillance committee meets monthly to strengthen integrated disease surveillance and response.



**Health Resilience of North-East Nigeria (HeRoN)** project is a three-year accountable grant, financed by the Foreign Commonwealth and Development Office (FCDO) and the United States Agency for International Development (USAID). HeRoN is implemented through a consortium comprised of International Rescue Committee (IRC) as the consortium lead, Action Against Hunger (AAH) and Society for Family Health (SFH). The HeRoN Consortium is currently being implemented in Borno and Yobe States across 23 LGAs (13 in Borno and 10 in Yobe), the IRC is implementing in 6 LGAs in Borno and 3 in Damaturu, AAH supporting 5 LGAs in Borno and 7 LGAs in Yobe and SFH supporting 5 LGAs, 2 in Damaturu and 3 in Maiduguri. Field monitoring visit was conducted at HeRoN supported health facilities to ensure provision of quality services that satisfied the health needs of the target communities. It was Observed appropriate use of data entry into the health facility HMIS tools at the service delivery points. There was 4days LMIS /HMIS training was conducted across Fika,

Fune, Geidam, Tarmuwa, Potiskum, Yunusari and Yusufari. A total 31 (28M; 3F) health workers were on data management and audit. Data validation using HeRoN data tool was carried out in collaboration with LGA M&E officer. The exercise was carried out across 8 Health facilities at Bayo, Biu and Kwayar Kusar LGA of Borno State. It was observed that appropriate use of data entry into the health facility HMIS tools at the service delivery points was performed correctly. To contain the outbreak of cholera and other communicable disease, 107 households were sensitized at Potiskum, 72 Fune and 34 in Fika supported HeRoN facilities. An average of 4-8 individuals were reached per household during the awareness raising and sensitization session carried out by CHIPs agent. Topics discussed include, the cause of the disease, the preventive measures and the need for immediate reporting and treatment. On the job mentoring and coaching was rendered to health workers on appropriate case management, risk communication and community engagement and referral. Community referral system was strengthened using volunteer emergency transport persons through the supervision of CHIPs agents to ensure unimpeded access to secondary healthcare by beneficiaries. A total of 29 clients (10M; 19F) were referred in Badejo PHC, Danchua, Potiskum in Damaturu and 18 (7M; 11F) Biryel, Wuyo, Galtimari, Mandara in Borno state. Capacity building of 34 healthcare workers (10M; 24F) on drug distribution practices with provision of data tools was carried out at the Kukareta PHC, Maisandari PHC, Mutai PHC Mutai, Kukar Gado, Gadaka PHC in Fika LGA, Jajere, Daura and Kolere PHC and 33 (11M; 22F)



**IOM** continues to provide MHPSS services and activities to the affected populations in the BAY States – Borno, Adamawa and Yobe. IOM offers direct MHPSS services to conflict-affected populations through the deployment of dedicated psychosocial support mobile teams, community mobilizers and referral teams. The referral teams work in close collaboration with psychiatric nurses from the FNPH in Maiduguri and Specialist Hospital in Yola, to provide specialized mental health services to those identified and in need of such services. A total of 1,332 new beneficiaries, comprising of (67 boys, 187 girls, 392 men and 686 women) were reached through various MHPSS/Protection services and activities in Adamawa, Borno and Yobe States. 292 follow up sessions were offered to – (7 boys, 1 girl, 150 men and 134 women) through secondary referrals for specialized mental health services at the Federal Neuropsychiatric Hospital in Maiduguri, Specialist Hospital in Yola, and deployment of six (6) psychiatric nurses to the hard-to-reach locations of Bama, Banki, Dikwa, Gwoza, Ngala and Banki in Borno State. MHPSS Working Group organized and facilitated a round table discussion on 8th July 2021 in Maiduguri, Borno State with the key MHPSS partners and stakeholders on “Key Considerations, Challenges and Current MHPSS Responses Following Covid-19 Pandemic”. A total of 20 participants from 18 organizations from national NGOs, INGOs, UN agencies and Government institutions were fully engaged during the discussion. Several key considerations and challenges are highlighted and actions strategy to support the MHPSS partners and stakeholders to improve their quality MHPSS interventions. Some of the action’s strategy included: standardized the MHPSS implementation programme on community based MHPSS and on the specialized services, strengthening the capacity of national actors with the focus to select national staff to be trained in various trainings, improving the staff well-being through appropriate staff-care programme. Two trainings were conducted in Yola for national humanitarian partners, a total of 50 individuals from 25 government ministries, NGOs, INGOs, CSOs and CBOs participated. Topics discussed in the two trainings were “*Overview of Essential Knowledge on MHPSS in Emergency Settings and Basic Psychosocial Skills for National Humanitarian Actors*”, and “*Mainstreaming of MHPSS Approaches and Psychological First Aid for Government Officials and National Humanitarian Actors*” in Yola, Adamawa State.



**IRC** continues to partner with the governments of Borno, Adamawa and Yobe (BAY) states, implementing health programs through mobile clinics, health system strengthening and support for primary health facilities spread across the three states. With funding from SIDA, BHA, NHF, ECHO, FCDO and GAC, IRC reached a total of 101,695 (36,757 M; 64,938 F) clients during the reporting month. Out of the figure 59,786 (26,873 M; 32, 913 F) received outpatient care; 8,374 (207M; 8,167F) and 33,535 (9,677M, 23,858F) were reached with sexual and reproductive health services and Health promotion activities respectively. The health promotion messages were centered on common signs and symptoms of measles, benefits of routine immunization in children, and malaria prevention strategies. In an effort to support the preparedness and



response capacity of the Borno state government for the seasonal cholera epidemic, the IRC has commenced series of capacity building sessions for health staff, as well as widespread health education and promotion activities through our community mobilization and engagement structures, on the case definition of the disease, the common symptoms and signs and the roles of personal and environmental hygiene in preventing it.



**GZDI** in partnership with Pro-Heath working to reduce the impact of HIV and other causes of vulnerability among HIV affected children and families, the project is implemented in 4 thematic areas; Healthy, Safe, Schooled and Stable, through community based HIV care and support services, case finding, GBV case management, household economic strengthening, for retention in care, viral load optimization and economic stability. The project cut across Mubi South, Hong, Michika and Gombi LGAs of Adamawa State. Services was provided across project thematic areas, including-HIV prevention and sexual and reproductive health for adolescents, Gender Norms sessions for caregivers, referral for viral load optimization, index case finding, nutrition assessment, counseling and support, and mobilization of savings in groups for economic strengthening. Community HIV testing was carried out in four (4) LGAs which are Gombi, Mubi South, Michika and Hong. Mubi South: 56 male 58 female, a total of (114) beneficiaries were tested, all the 114 tested return negative with no positive case. Michika: 26 male and 13 female, a total of (39) beneficiaries were tested, one (1) female child returned positive and has been linked to ART at General Hospital Michika, and 38 returned negatives. Gombi: 19 male and 19 female, a total of (38) beneficiaries were tested, one (1) female child returned positive and has been linked to ART at LCCN Nursing Home and Maternity Gombi, and 37 returned negatives. Hong: 17 male and 20 female, a total of 37 beneficiaries were tested and 37 returned negative with no positive case.

In partnership with Chemonics International, the was implementation of Strategic HIV/AIDS Response Program Task Order 3 (SHARP-TO3) in Fufore local government of Adamawa State, the project focuses on increasing awareness and knowledge about HIV, promoting healthy behaviors-including risk avoidance, HIV Testing and Counselling Services (HTS) and improving referral and linkages to care and treatment. Community testing was conducted, 77 (male 25, female 52) adults were tested, 69(male 23, female 46) adults return negative, while 8 (male 2, female 6) adults return positive. 8 positive cases identified have been referred for care and treatment and were initiated on ART at Cottage Hospital Fufore.



**PUI** continued its implementation of health and nutrition intervention in Borno state in the month of July supporting 5 health facilities in Maiduguri and 4 health facilities in Monguno LGA in addition to 2 stabilization centers, 1 each in MMC and Monguno LGA respectively. The month recorded a higher number of consultations as compared to the previous month of June. Total OPD consultations across the facilities increased by 18.8% to 22103 compared to the previous month. This increase is notably from the increase in acute watery diarrhoea and malaria cases in the peak season. The main morbidities recorded were malaria 2344 cases representing 10.6% of total consultation, diarrhoea, 2379 cases representing 10.7% of total consultations and acute respiratory infections (ARIs), 4071 cases representing 18.4% of total consultations most of which were cases of common cold. Similarly, 280 suspected measles cases (representing 1.2% of total consultations) were recorded across PUI facilities within the month and were reported to the DSNO and WHO as it is required. Most of the cases did not need hospitalization and were treated as outpatients at the facilities. Line listing was also done and submitted to the DSNO while 563 new SAM cases recorded within the month were admitted to PUI OTPs and SC. As part of preventive measures for malaria, PUI distributed 321 LLINs to vulnerable individuals including mothers of U-5 and pregnant women for the month of July. A total of 18487 individuals also benefited from health awareness sessions carried out by PUI supported community health workers in MMC and Monguno LGAs within the month, 199 of them benefitted from hygiene kits while 4099 also benefitted from toilet soap. For sexual and reproductive health (SRH) services, PUI conducted 3843 ANC consultations, 818 PNC consultations as well as 385 Family planning consultations while 366 deliveries were conducted by skilled birth attendants within the month of July, a decrease of about 15% over the previous month. PUI also supported routine immunization in all her supported health facilities. Within the month of July, a total of 8994 doses of various antigens were administered to children and pregnant women in PUI supported health facilities. PUI also made lifesaving referrals for 72 patients (most of whom were pregnant women and children) to Secondary and tertiary health facilities for more specialized care and management within the month. Sixty-three (63) of the patients were referred to government hospitals while 9 of them (children under 15yrs) were referred to other partners for services not offered by PUI supported health facilities. For patients referred to government health facilities PUI provided transport for them and paid their

bills for the services. Majority of the cases referred included severe malaria, severe Broncho-pneumonia, anaemia, Antepartum haemorrhage, postpartum haemorrhage, pre-eclampsia and eclampsia. A total of 80 new beneficiaries also benefitted from psychosocial support (PSS) services. Through support to primary healthcare and health system strengthening, PUI made some rehabilitations within Baga road And Herwa Peace PHCC which include post-natal ward, construction of a standard incinerator, extension of OTP room, Borehole for the facility and PSS room in Baga Road PHCC. In addition to the above, the maternity area at Herwa Peace was fully interlocked while Baga road PHCC was completely interlocked to provide a comfortable working environment. Similarly 60 Waste bins in three colours were purchased for all the four PHCCs supported by PUI in MMC to improve the waste management system of the health facilities.



**DCR** (Ambassadors of Dialogue, Climate and Reintegration) implemented a 'Three-day' Dialogue Workshop for Multi-sectors and Institutions, including MDAs, CSOs and

Women Rights Groups in Borno State on "Enhancing Inter-Agency Capacity to Increase Women/Girls Access to Health, Psychosocial and Legal Support in Borno State. The workshop was designed to impact knowledge and enhance Inter-Agency capacity to increase women/girl's access to health, psychosocial and legal support services in Borno state. The activity had 43 participants in attendance, drawn from stakeholders, Ministries, Departments and Agencies of government(MDAs), women-led CSOs, right groups, traditional and religious institutions, media and security agencies, as well as educational institutions, for a robust and impactful dialogue workshop session that further enhanced Inter-Agency capacity towards improved and effective coordination, increased knowledge of women/girls health and reproductive rights, increased knowledge of



psychosocial tools and mechanisms to respond to SGBV/VAWG survivors, increased knowledge of justice path ways and referral structures for addressing SGBV concerns, and at the end, a Joint communique on increasing women/girls access to health, psychosocial and legal support services in Borno state was issued and signed by participants. Participating institutions and agencies were again, motivated to renew their commitment towards taking action to prevent and respond to SGBV and VAWG in the Borno state.

The workshop further highlighted the importance of inter-agency collaborations and partnerships among sectors,



institutions and organizations/groups to explore and deliver gender responsive services, as well as improved service delivery for survivors of SGBV/VAWG in Borno State.



**DRC** distributed personal protective equipment (PPE) and medical waste disposal materials to ten health facilities in Borno state. The locations where DRC distributed PPE were; Askira-Uba LGA (General hospital uba, Uba PHC, Muffa PHC, Wamdeo Model PHC, Rumirgo Model PHC, Yimir Ali PHC, General Hopital Askira, Family support Program PHC, Sabon Gari PHC, Genaral Hopital Lassa). In Adamawa two hospitals received PPE replenishment in Mubi South LGA (Gella PHCC) and Michika LGA (Michika maternity hospital). The PPE materials distributed include surgical masks, rubber boots, isolation gowns, disposable hand gloves, and face shields.

- ✚ In Borno, DRC distributed hygiene kits comprised of 15 bars of soap to 1,951 households (HHs); reaching 10,046 (3981 girls, 1,738 women, 3,320 boys, 1,007 men) individuals in Borno. In Adamawa, DRC distributed hygiene kits to 8,492 HHs reaching 55,587 (girls 17,048, women 10,716, boys 18,441, men 9,382) individuals in 6 LGAs of Adamawa (Madagali, Michika, Mubi North, Mubi South, Yola North, Yola South).
- ✚ DRC distributed 78,840 pieces of soap to 292 handwashing stations installed by DRC and other partners in the six LGAs of Adamawa stae (Madagali, Michika, Mubi North, Mubi South, Yola North, and Yola South). In Borno, DRC distributed a total of 10,800 pieces of soap to 120 handwashing stations in Gwoza LGA (Pulka).



- In Adamawa, DRC completed the rehabilitation of seven additional mechanized water points in Madagali (2), Michika (4), and Mubi North (1) LGAs reaching the following people (8,013 Madagali, 14314 Michika, 4103 Mubi North). In Borno, Gwoza LGA, DRC repaired eight handpump water points through local technicians and disinfected the rehabilitated water points via bucket chlorination. The average FRC reading at the household level of beneficiary water was  $\geq 0.2 - 0.5\text{mg/litre}$ .
- 40,330 (13,439 girls, 8,104 women, 12,892 boys, 5,895 men) individuals was reached with door-to-door hygiene promotion sessions in Adamawa (24,833), and Borno (15,497).
- In Borno (Gwoza LGA), community-based carpenters supported by DRC conducted repairs of 98 household latrines in Gwoza host community. The repairs included replacement of zinc walls, plastering of some broken floors, repairs of some doors and door handles, and replacement of broken wood frames.



**FSACI** a women led organization conducted series of activities aimed at improving access to quality Sexual Reproductive Health services in 15 Health facilities (14 PHCs and 1 Cottage Hospital) in the reporting month in Numan, Demsa and Mayo-Belwa LGAs of Adamawa State. A total of 2,766 beneficiaries

accessed consultancy services in 13 health facilities, children reached 1,282 (600 boys and 682 girls), 1,484 adults (496 men and 988 women). A total of 324 women visited health facilities at least four (4) visits for ANC in the 13 facilities, Mayo-Belwa 181, Demsa 97 and Numan 46 pregnant women. 101 women attended PNC at least 3 visits (Dems 28 and Mayo-Belwa 73) and were attended to by skilled health workers.



351 deliveries with skilled

health workers in the reporting period, Mayo-Belwa 178, Numan 74, and Demsa 99. There was monitoring visit to validate data from 6 health facilities in Mayo-Belwa LGA, and mentoring on proper documentation; this is aim at improving data capturing process at the health facilities to improve data quality for intending users. The findings of this visit was: the health worker need mentoring and coaching on documentation of data and this is capital intensive beyond the resources of the organization; there is low participation of lactating mother for PNC third visits and above, the women feel they are fine and don't need to be visit

the health center for PNC after the second visit.

First Step in collaboration with ACOMIN is also empowering community members around treatment in health facility to know and claim their right on the utilization of malaria commodities supply by Global fund in the PHCs in Ganye LGA, and holding Government accountable through advocacy and effective stakeholder's engagement that will influence change. A total of 64 lactating mothers and pregnant women access one health facilities for malaria treatment in the reporting month. This shows an increase in the previous month from 34 to 64.

An exit interview was conducted for 12 persons (11 females and 1 male) in Sankom community to find out whether they know about the free Malaria drugs and how the services are offered at the PHC in the community. All them responded that the do receives the commodities free of charge. In Timkaka community, Focus Group Discussion (FGD) was conducted to 13 (7 males and 6 females) community leader. The purpose is to know their level of understanding on Malaria infection, prevention, treatment and care. The outcome revealed that they have an understanding of what causes malaria and how they conduct treatment using traditional practices, malaria drugs and LLIN for prevention. But the community leaders were not fully aware that these malaria commodities provided it is their right to have it free and meant for them in the facilities.





## GPON on the “Strengthening 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 project through the NHF reached 83 male children and adolescent boys, 155 male adults, 120 female children and adolescent girls and 174 female adults with MHPSS services in Damboa LGA. In Kala-Balge, 58 male children and adolescent boys, 129 male adults, 114 female children and adolescent girls and 224 female adults were reached with MHPSS services by GOALPrime. In continuation of the distribution of 2,000 solar-powered transistor radios for Cholera risk communication, 240 solar-powered transistor radios were distributed in Damboa and 240 in Kala/Balge. In addition, mass speaker campaign on Cholera risk preparedness was conducted in Damboa LGA.



**UNFPA** continues to provide Sexual Reproductive Healthcare services in collaboration with State Ministry of Health, Women Affairs and Social development. The integrated SRH services are mainly provided through 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. 7,281 individuals was reached on SRH/COVID-19 by constantly sensitizing them on the best practice to keep safe and live a healthy lifestyle. 748 women attended ANC, 41 deliveries were supported by skilled birth attendance, 123 PNC consultation were provided, 91 women of reproductive age received family planning services across the service points and 105 individuals benefited from treatment of STIs at UNFPA integrated health facilities. 49 clean delivery kits were provided to visibly pregnant women at integrated health facilities located in Madinatu, Gubio and Muna camp. UNFPA supported GBV/SRH front liners on prevention and response services, capacity building for Volunteer Community Mobilizer (VCM) and referral mechanism at the integrated health facilities in Jere. Borno State Government handed over lifesavings consumables drugs and medical equipment to 22 health facility include Primary Health and integrated health facility in Borno State with the support of UNFPA.



**UNICEF** reached a total 167,023 of children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 95,993 (57%) were children below five years. During the reporting period 55,215 Out-Patient Department (OPD) consultations were recorded with Malaria – 19,932 being the major cause of consultation, followed by ARI – 8,536; Diarrhoea cases– 7,359 measles cases– 746 and other medical conditions – 18,642. A total of 102,199 prevention services were recorded including 29,955 children vaccinated against measles



through RI services; 22,594 children reached with other antigens; Vitamin A capsules – 10,933, Albendazole tablets for deworming – 23,624 and ANC visits – 15,093 and 2,053 LLINs was distributed at the ANC service delivery point in Adamawa, Borno and Yobe States. A total of 2,242 deliveries (skilled delivery – 2,142, unskilled – 100) and 7,367 offered postnatal services (mother and baby) was recorded.



**INTERSOS** is managing PHC health facilities in Bama (MCH clinic & GSSSS IDP Camp), and Ngala (Gamboru PHC and ISS Camp PHC). INTERSOS is also supporting 5 mobile clinics in Magumeri (Magumeri MCH, Talwari, Kajeri, Gajigana, Kachia) and 1 SC in Maiduguri Specialist Hospital. Through task shifting strategy, INTERSOS was able to resume activities in Dikwa LGA. The total number of consultations for the month of July 2021 was 23,942 (M 10,385 and F 13,557) of which U5 cases were 11,163 (42%). The total number of consultations for the reporting month registered a slight increase, compared to the previous month of June, 2021. Also, the number of U5 consultations recorded for the month, was slightly higher than the number of U5 consultations seen in the month of June 2021. Acute Diarrheal Disease without dehydration (with a total number of 3,205 cases, was the highest cause of morbidity for the month, closely followed by Acute Respiratory tract Infection (with a total of 2,871 cases). The cases for Malaria recorded a decline with a total case of 1,244. INTERSOS health facilities also registered an increase in the cases of skin infection and ear infection across 3 sites, compared to the previous month. From the Morbidity breakdown, Magumeri supported sites registered the highest number of consultations across all INTERSOS sites. INTERSOS is supporting referral Bama, Magumeri and Konduga (Chabal) LGAs. These referrals are to ALIMA SC, UMTH, State Specialist Hospital and MSF gwange Clinic. In Ngala INTERSOS refers patients to FHI supported Hospitals. This month 124 patients were referred, 92 were discharged, and 32 patients still on admission. The patients were referred from Magumeri, Chabbal and Bama.



**ALIMA** in collaboration with the MoH, continued the endowment of lifesaving medical and Nutrition services to the disaster affected communities as well as provision of support to the Borno State Government in Health Systems Strengthening through provision of service delivery, essential medicines, training and infrastructure improvement initiatives. 1,383 children were consulted during outpatient consultations for Under 5 years in Karasuwa LGA Yobe State. 7,516 outpatient consultations for all ages in Maiduguri, Borno State, which is quite lower as compared to last month (8,418). As usual, the top 3 leading cause of morbidity still remain; Acute diarrhea, Malaria, and ARI. 487 deliveries assisted by a skilled attendant. A total of 810 PNCs and 3,253 ANC were seen at ALIMA health facilities. In Karasuwa Yobe State, ALIMA supported 5 facilities with SRH activities. 165 pregnant women came for their first ANC visit, and a total of 87 came for their Postnatal care services. 83 deliveries were conducted by the skill attendants. 1,647 OPD consultations were conducted for children under 5 in Muna Clinic with 48 referrals and 2,195 consultations for all ages in TVC Clinic with 88 referrals.

In Maiduguri and Jere LGAs, ALIMA supports free primary healthcare services provision in Muna IDPs camp, Chad Basin Development Authority (CBDA), and in Teacher's Village IDP Camp. At the tertiary level, ALIMA is partnering with University of Maiduguri Teaching Hospital (UMTH) to support the provision of free Intensive Therapeutic Feeding management to treat and care acute malnourished children under five years with medical complications as well as a Training center to improve the capacity of MoH staffs in the management of acute malnutrition. BEmONC activities were conducted at CBDA clinic where 246 deliveries were recorded which is higher compared to last month delivery, and 4 referrals was made to secondary/tertiary care and 203 deliveries were conducted at TVC Clinic, the total number of deliveries is higher compared to last month deliveries. Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic. In Dalaram Health Centre, 1,240 pregnant women came for ANC, 675 were for first visit and 198 for PNC. 161 deliveries were conducted at the facility. There was supports for free primary healthcare services provision in Muna IDPs camp, Chad Basin Development Authority (CBDA), and in Teacher's Village IDP Camp. At the tertiary level, ALIMA is partnering with University of Maiduguri Teaching Hospital (UMTH) to support the provision of free Intensive Therapeutic Feeding management to treat and care acute malnourished children under five years with medical complications as well as a Training center to improve the capacity of MoH staffs in the management of acute malnutrition.

A total of 2,548 people was sensitized on different mental health conditions and 65 Individual consultations were conducted.



**FHI360** provided 13,297 outpatient curative consultations in her clinic facilities Banki, Damasak and Ngala in the month of July 2021. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 3,494 cases. It accounts for the highest morbidities in Ngala, Damasak and Banki. Also, malaria (206 cumulative cases) was the second major cause of morbidity across the three reported sites. Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity in the month of July. This month, a total of 836 persons with peptic ulcer were treated across FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 499 cases. 264 health facility deliveries was conducted by skilled birth attendants and provided family planning services to 77 new clients. 1,667 children was vaccinated against various vaccine-preventable diseases. Ngala continues to have the highest number of recipient children (870 children). Also, 763 women of reproductive age received tetanus toxoid vaccination across all FHI 360 clinics.



**AHI** continues to advance the health and wellbeing of vulnerable women, girls and adolescents in the Humanitarian setting through its programmes that strengthen the Health System, Maternal Morbidity and Mortality Reduction, Provision and Supplies of Medical Equipment's, Consumables and Last Mile Life-Saving Drugs. AHI continues to support Ten (10) facilities in Gwoza and Damboa Local Government Areas to provide integrated emergency sexual and reproductive health care services at the facility and in IDP Camps and host communities. Five Hundred and Twenty (520) Adolescent girls and young women in IDP Camps and Host Communities in Gwoza and Damboa LGAs were supported with hygiene kits to promote menstrual and personal hygiene management. This action has further help to stimulate behavioural changes amongst the beneficiaries as they now exhibit an improved level of hygiene.

Women and girls of reproductive age were supported with delivery kits as a strategy to reduce maternal and neonatal mortality in the LGAs. One Hundred and Ninety-Eight (198) births were assisted by skilled birth attendants and Ninety-Five (95) delivery kits were distributed to support safe deliveries at



AHI supported facilities. Each delivery kit contains: Sanitary pad 3 pieces x 10, Dettol liquid 1, Methylated spirit, 1 Goya olive oil, Johnson baby soap, Baby diaper 1 x 10pieces, Gynecological hand glove, 2 Baby covering blanket, Cord clamp 2 Sterilized surgical blade, Misoprostol tabs 1 pack x 4, Chlorhexidine gel 1, Sterilized gauze 1, Mucus extractor 1, Placenta disposing bag 1, Absorbent delivery mat 2, Disposable apron 1 and Cotton wool 1 roll. Four thousand three hundred sixty-nine (4,369) persons (200 men, 1,974 women, 85 boys, 2,108 girls) were reached with medical services during mobile medical outreaches. The mobile medical team provide medical check-ups, pre and post-natal care, family planning, basic first aid treatment as well as referral services to beneficiaries in IDP camps and host



communities Gwoza and Damboa. Forty-nine (49) dignity kits was distributed to returnees, vulnerable women, women and girls with disability in the IDP camps and Host Communities across Gwoza and Damboa LGAs. Each dignity kit contains 2 set of sanitary pad, blanket, bathing soap, 4 pairs of underwear, bucket flashlight, toothpaste, toothbrush, comb, 2pieces of bathing soaps, T-shirt, slippers 2pieces of washing soap, big Vaseline gel, body roll-on, toothpaste, nail cutter and toothbrush all enclosed in a potable bag pack. AHI with funding support from UNFPA built the capacity of Eight (8) Nurses and Midwives from Yobe and Adamawa State on Clinical Management of Rape to help improve their skills and knowledge on appropriate Clinical response to SGBV, provide survivor centred responses to survivors of SGBV as well as guiding principles. The services providers will be working in UNFPA constructed Safe Shelter in Daware, Adamawa State and Damaturu, Yobe State.

With support from UNFPA also built the capacity of Twenty-Two (22) Staff of Women-Led Community-Based organization- Hope And Rural Aid Foundation (HARAF) in Adamawa State to be able to carry out targeted messages on the Rights and Conduct expected of Humanitarian workers among the IDPs and the community members. The organization will create awareness and sensitization in IDPs and Host communities on the Rights and Conduct of Humanitarian workers and Protection from Sexual Exploitation, Abuse and Sexual Harassment (PSEAH).



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

In July, a total of 25 survivors (3 males, 22 females) were provided with comprehensive GBV response services at the OSC in General Hospital Potiskum, Yobe State and 54 persons (33 males and 21 females) were provided with GBV information and services including referrals via the toll free hotline.

In Adamawa state, 17 survivors (1 male, 16 females) were provided with GBV response services at the OSC in General Hospital, Mubi and 66 (19 males, 47 females) people were reached with GBV information and services including referrals via the toll free hotline. In Borno State, a total of 7 survivors (all females) were provided with comprehensive GBV response services (including clinical Management of Rape) at the OSC in Budum, Maiduguri. A total of 45 people (38 females, 7 males) were reached with SRH, GBV and COVID-19 prevention information. Additionally, a total of 100 Adolescent girls were sensitized on GBV prevention and menstrual hygiene management in Gamboru ward, Maiduguri, Borno State.



**AGUF** is presently implementing one projects with funding from Nigerian Humanitarian Fund (NHF). The project title: *"Strengthening the provision of primary health care services and bridging the gaps in cholera response to IDPs and Host communities in Guyuk and Lamurde LGAs"*. AGUF conducted awareness and sensitization on cholera, malaria and COVID-19, and other health related diseases in 69 locations across Guyuk and Lamurde LGAs (34 points in Guyuk and 35 points in Lamurde LGA). A total of 2,817 person were reached during the outreach. Drugs were dispensed to 40 MPHSS client on mental case treatment, 20 clients from each LGA.



**LESGO** concentrated on the sensitization and awareness campaign in Wuro Dole, Girei 1 and 2 wards. A total of 18 outings were carried out in 18 Communities. Usually to ensure successful conduct of the activities, advocacy to Community leaders proceeds the actual day of the activities. This Activity is supported by WHO. Similarly, outreach activities were also carried out in wards of Mubi North and South LGAs under the social mobilization activities..



**AAH** continued providing Humanitarian response in the Northeast Nigeria (Borno and Yobe State) in the Month of July 2021. AAH currently supporting Health and

Nutrition services across 22 LGAs (9 in Borno and 13 in Yobe). 84,098 (Males: 36,181; Females: 47,917) received health care services at the health facilities covered by AAH during the outpatient consultations. Sexual Reproductive Health was enhanced through distribution of basic supplies to the health facilities and capacity building of staff. 12,188 and 3,159 women received ANC and PNC services respectively. Also, a total of 1,515 women give birth across the supported health facilities under the attendance of skilled health workers. 1,865 people





accessed family planning service, out of which 74 men received condom while 1,791 women opted for different family planning methods. Provision of immunization services covers a total 22,870 (boys: 10,961; girls: 11,909) children and pregnant women against vaccine preventable diseases by providing BCG, OPV, PENTA, PCV, IPV. Some 5,288 pregnant women received tetanus shots. In the reporting month, various capacity enhancement was carried out through trainings, supportive supervision and on the job training of Ministry of Health staffs. A total of 31 (M:28; F:3) health workers from Fune, Potiskum, Fika, Tarmuwa, Yusufari, Yunusari and Geidam received on HIMS & LIMS. BEmONC training was also provided for 30 Health workers (27M, 3F) from Gujba LGA. Likewise, 100 (28 males, 71 females) Community health volunteers in different catchment areas in Bade and Nguru LGAs were trained on COVID-19 definitions and surveillance.

A total of 6,658 (boys: 3,222, girls: 3,436) severely acute malnourished (SAM) children of 6-59 months were newly enrolled in the Outpatient Therapeutic Program (OTP) while 456 (boys: 256, girls: 200) children of under-five years were admitted in the Stabilization Centres supported by AAH to receive inpatient treatment of SAM with medical complications. Likewise, 9,426 pregnant and lactating women received skilled IYCF counselling and 42,971 individuals attended IYCF group sessions in the community and health facilities.



**TFT** conducted a 2-hour HIV, SHR and personal development session for People Living with Disabilities (PLWD) their community secretariat at Nassarawo, Jimeta. In attendance were 15 men and women who openly discussed about their sexual rights and health, human rights and things that affect them as a community. During the course of the interaction, the participants expressed their views on HIV testing and its importance. At the end of the program, participants showed interest in getting HIV test kits and testing available for their community. Marie Stopes International agreed to offer support to the PLWD with HIV testing facilities in their community. Twenty-five women were mobilized at the Youth center by Plan International for a survey and support group session for PLHIV which was to provide assess and provide support for PLHIV in the wake of COVID-19.



The Society for Family Health (SFH) project concluded with TFT being able to reach of 103 youths across Yola through the capacities of six (6) in-house trained peer educators from TFT. The sessions held in six different locations within communities like Bachure, Sabon Pegi and in schools like Government Day Luggere and College of Legal Studies. TFT was able to provide information and discuss on HIV, SRH, capacity building and basic life skills. and the peer educators were able to interact with their peers on issues that affects them. There was mobilization of 217 IDPs at Damare IDP Camp for a program spearheaded by Key Stone bank. Menstrual sanitary kits were provided to the women and girls in Damare IDP camp and with a brief health talk on hygienic and safe menstrual health practices.

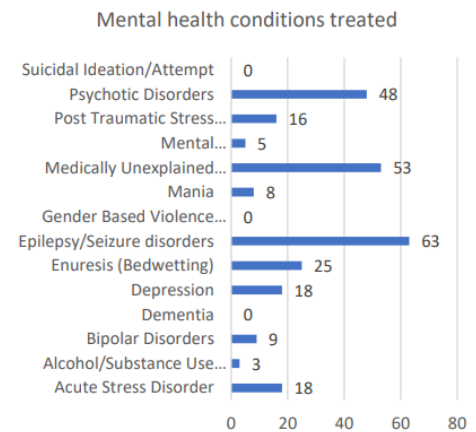


**NCA** continue to carry out Adolescent Sexual Reproductive Health and Right services in Monguno and Pulka, Borno state. 23 Pregnant adolescents have access to safe delivery in the support clinics of NCA. Awareness and sensitization on adolescent sexual reproductive health with the community members in Pulka and Monguno with a total of 75 individual reached through focus group discussion within community. Capacity building on Clinical Management of Rape (CMR) was conducted in Maiduguri with a total of 23 participant under NHF project, this was facilitated by the Director of Medical Services Borno State. Dr. Buba Saidu.





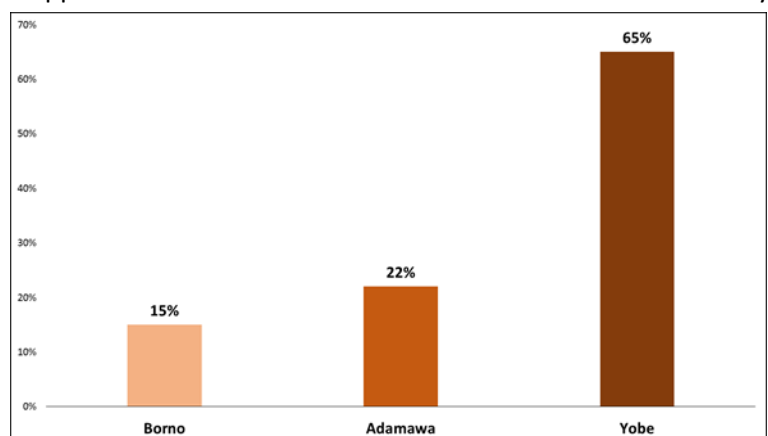
WHO through the trained Primary Health Care workers in Borno state, continues the management of patients with mental disorders and a total of 266 patients were treated, comprising 111 males and 155 females. Chart indicates the mental health conditions that were treated. The trained healthcare workers continue to provide mental health and psychosocial support in Borno state, in-order to mitigate the impacts of both the humanitarian crisis as well as the Covid-19 pandemic. In Yobe state, the SPHCMB in collaboration with WHO have intensified the delivery of frontline mental health psychosocial support services in both health centers and security compromised LGAs. While in Adamawa state, more than 3,000 individuals were reached with both MHPSS and GBV services across 10 wards in 7 LGAs where the services are being provided. **Risk communication** activities is very vital in curtailing disease outbreaks.



Across the BAY states, WHO through the community health champions and mobile-health teams (HTR) continued to provide interpersonal risk communication messages to vulnerable persons on COVID-19, Measles, Cholera, Malaria, etc. The teams continue to target the most vulnerable person prone to disease outbreak and these persons, including the IDPs, Almajiris, the elderly, and the underserved in hard-to-reach locations. In addition, the team also visited Churches, Mosques, Tsangayas, schools in order not to leave anyone behind. The team had sensitized almost 1,000,000

persons cumulatively, across the three states. To inform and educate the populations in order for them to take an informed decisions in protecting themselves from disease outbreaks like measles, cholera, Covid-19, etc, the motorized campaign continues to provide those preventive health risk messages across some selected or hotspots IDP camps.

Across the under-served populations in hard-to-reach locations of the BAY states, the mobile health teams continue to provide malaria preventive, diagnosis and treatment services to pregnant women. Through the effort of the team, 28% of the pregnant women who received ANC services were administered IPTp for the prevention of malaria in pregnancy. Through the support of WHO, Adamawa and Yobe states has concluded the implementation of the 1st cycle of Seasonal Malaria Chemoprevention campaign. And preparation/refresher training for implementation of 2nd cycle intervention is currently ongoing. Through the field volunteers, WHO supported the sensitization on GBV, Identification of GBV cases, provision of first line support and referral services was also conducted in security compromised locations i.e. HTR areas, across the BAY state. Almost 5,000 women were sensitized and 17 women received first line support while 14 of those women were referred to health facilities. Secondly, in Yobe state, the team also provided the services Clinical Management of Rape (CMR) through the referral health facilities across the BAY states: 65% of survivors offered CMR services which is the highest no of survivors seen in the state. And in order to increase the level of knowledge on GBV and service utilization in health facilities, 80 CSOs have been supported by WHO



to provide community dialogue with community leaders and chairmen in IDP camps across some selected LGAs in the BAY state. Lastly, 31 healthcare workers including doctors and Nurses had their capacity built on reducing GBV in nutrition as well as PSEA awareness during the 6-day Severe Acute Malnutrition training in Borno state.

15,683 clients were seen by WHO supported 10 H2R teams providing services in 10 LGAs of Adamawa state. The teams treated 15,124 persons with minor ailments and dewormed a total of 2,750 children during the month.

Pregnant women were provided FANC services with 719 of them receiving Iron folate to boost their haemoglobin concentration while 329 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

## Nutrition Updates



**WHO** supported 10 HTR teams to screened 7,632 children for Malnutrition using MUAC. Of this number, 70 (0.9 %) children had MAM and their caregivers were counselled on proper nutrition, while 10 (0.1%) 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.



**ALIMA** continue to provide lifesaving Nutrition services across all implementing sites, Activities are ongoing smoothly across all OTPs and ITFC facilities putting all covid measures in place and in alignment with the Nutrition sector guide. Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic a total of 300 new SAM cases were admitted and 245 cases were discharged as cured from the program. 42 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 239 new SAM cases with complications and discharged 239. 5,542 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 84% have shown mastery in the use of the MUAC tapes during the training post-test evaluations.

## 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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