



## Northeast Nigeria Humanitarian Response

### COVID-19 Response



Hand washing—COVID 19 response (COWACDI)

## Health Sector Bulletin

December 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



**>3.0 Million\*\*\***

PEOPLE REACHED IN  
2020

### Highlights

- As of 1st January 2021, a total of 1,374 confirmed COVID-19 cases have been recorded including 69 deaths.
- The SMOH and Multi-Sectoral Crisis Recovery Project (MCRP), in collaboration with WHO and partners, conducted capacity building sessions for 30 Laboratory Scientists and Technicians on COVID-19 sample collection and analysis.
- Yobe SMOH team, in collaboration with WHO HTR teams and AVADAR informants, UNICEF VCMs, and CGPP volunteers, conducted mass community sensitization, reaching 8,971 people with COVID-19 prevention messages.
- DRC distributed a 3-month supply of hygiene kits comprising of 15 bars of soap to 632 HHs in Mubi South, 877 HHs in Mubi North, and 4,857 HHs in Gwoza.
- Sensitization on GBV and available services at referral centers was conducted in the HTR areas in Adamawa and Yobe state by WHO with 1,920 women were sensitized.
- PHC workers trained on mhGAP response, treated a total of 161 patients with mental health disorders made up of 84 males and 77 females, in 7 PHCs across Bama, Mafa, Maiduguri, Ngala and Nganzai LGA.

### 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



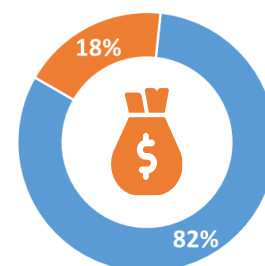
**4.9M Consultations\*\*\*\***  
**1,490 Referrals**  
**0.97M Consultations Through HTR Teams**  
**1.1M Children Immunized**

#### EARLY WARNING & ALERT RESPONSE



**275 EWARS SENTINEL SITES**  
**201 REPORTING SENTINEL SITE**  
**2,297 TOTAL ALERTS RAISED\*\*\*\*\***

#### SECTOR FUNDING, HRP 2020 (COVID & NON-COVID)



■ Required ■ Funded

\*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 – 53, 2020

## Situation Updates

### Hard to Reach Mobile Health Intervention:

WHO supported HTR teams provided HIV Testing Services (HTS) to pregnant women in remote and security-compromised communities in the BAY states, the teams have also intensified efforts to identify and provide first-line services to the survivors of Gender-Based Violence (GBV) in remote and security-compromised LGAs of the state. In this Week, 0 GBV cases were reported in areas covered by the HTR teams. There has also been intensified sensitization of community members on the prevention of GBV in conflict-affected communities of Yobe state. 1850 women have been sensitized on GBV in remote and security compromised LGAs.

In Yobe state, the HTR teams provided ANC services to 381 pregnant women in remote and security compromised areas, where Intermittent Prophylactic Therapy (IPT) for malaria and Iron/folate to prevent malaria in pregnancy were given. 81 pregnant women were provided IPT for malaria using SP, and 211 others were provided with Iron/folate supplement to prevent anaemia in pregnancy. The teams provided life-saving health services to women and under-5 children in security-compromised communities. 1235 children were provided with Vitamin A supplement, 1000 were dewormed and 10 critically ill or malnourished children were referred to health facilities to receive secondary care.

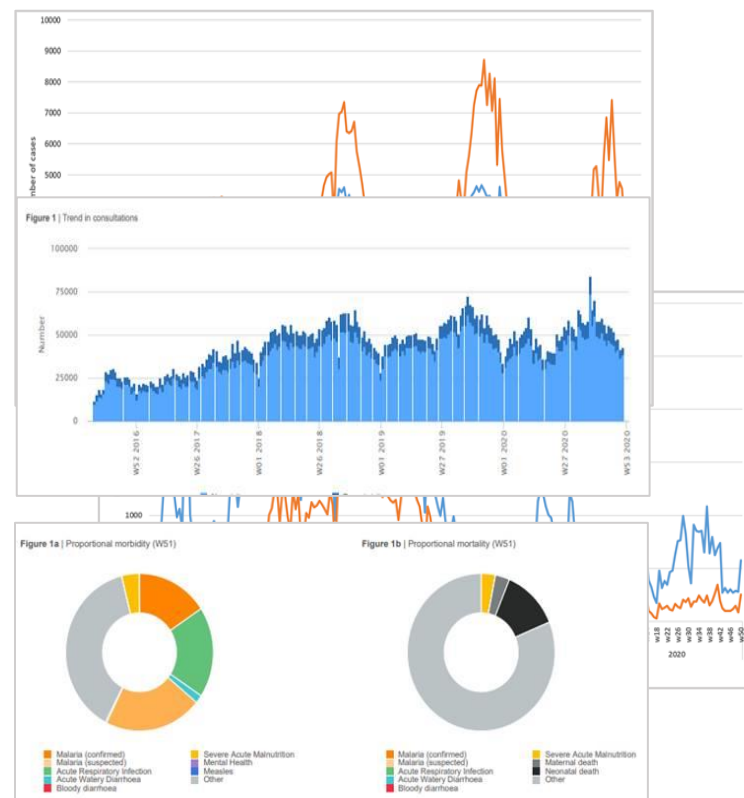
HTR teams also conducted health promotion sessions on sexual and reproductive health, hygiene, and IYCF practices. At the end of week, 1876 women of reproductive age were reached with health promotion messages.

### Early Warning Alert and Response System (EWARS)

**Number of reporting sites in week 51:** A total of 172 out of 271 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 46% and 61% respectively (target 80%). \*\*Low reporting due to ongoing migration to the new EWARS mobile version by reporting sites\*\*

**Total number of consultations in week 51:** Total consultations were 38,133 marking a 11% increase in comparison to the previous week (n=34,268).

**Leading cause of morbidity and mortality in week 51:** Malaria (suspected n= 9,372; confirmed n= 6,877) was the leading cause of morbidity reported through EWARS accounting for 37% of the reported cases, apart from deaths due to others causes, neonatal deaths (4) was the leading cause of mortality reported through EWARS accounting for 12.5% of the reported deaths.



**Number of alerts in week 51:** Thirty-one (31) indicator-based alerts were generated with 100% of them verified.

*Morbidity Patterns*

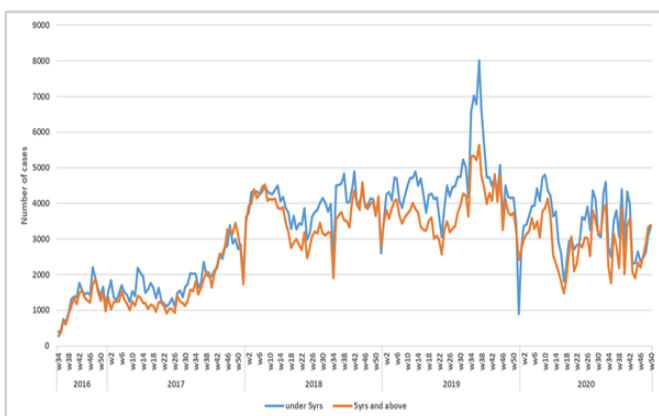
**Malaria:** In Epi week 51, 6,877 cases of confirmed malaria were reported through EWARS. Of the reported cases, 430 were from General Hospital Biu, 295 were from Hausari IDP Camp Clinic (MDM) in Damboa, 221 were from Ngaranam PHC in MMC, 203 were from PUI Mobile Clinics in MMC, 201 were from Algon Clinic in Monguno, 188 were from PUI Gana Ali IDP Camp Clinic in Monguno, 185 were from ICRC FSP Clinic in Monguno and 179 were from PUI Waterboard Extension IDP Camp Clinic in Monguno. No associated death was reported.

*Figure 2: Trend of malaria cases by week, Borno State, Week 34 2016 – 51 2020*

**Acute Watery Diarrhoea:** In Epi week 51, 732 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 107 were from FHI360 Clinic in Banki, 81 were from PUI Mobile Clinics in MMC, 62 were from Ngaranam PHC in MMC, 42 were from Herwa Peace PHC in MMC, 41 were from AAH Veterinary IDP Camp Clinic in Monguno and 37 were from AAH GGSS IDP Camp Clinic in Monguno. No associated death was reported.

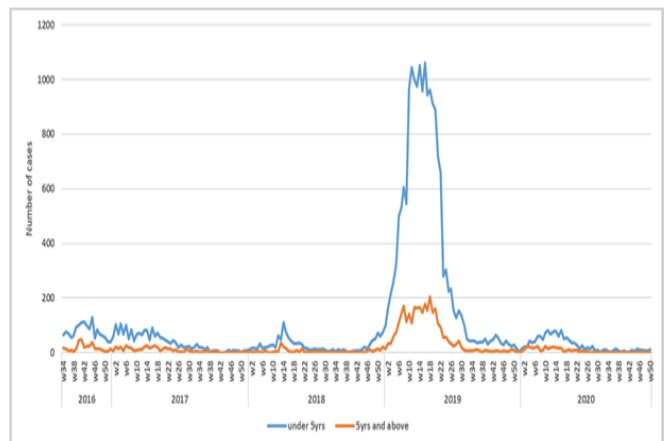
*Figure 3: Trend of acute watery diarrhoea cases by week, Borno State, week 34 2016 - 51 2020*

**Acute Respiratory Infection:** In Epi week 51, 8,168 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 430 were from PUI Mobile Clinics in MMC, 349 were from FHI360 Clinic Banki, in Bama LGA, 318 were from Hausari IDP Camp Clinic in Damboa, 309 were from PUI Waterboard IDP Camp Clinic in Monguno, 304 were from Ngaranam PHC in MMC, 273 were from Damboa MCH and 238 were from AAH Gana Ali IDP Camp Clinic in Monguno. No associated death was reported.



*Figure 4: Trend of acute respiratory infection cases by Week, Borno State, week 34 2016- 51 2020*

**Suspected Measles:** Seventeen (17) suspected measles cases were reported through EWARS. Of the reported cases, 4 cases each were from Herwa Peace PHC and PUI Mobile Clinics both in MMC, 3 were from Goni Abatchari Health Clinic in Gubio, 2 were from Mandafuma Dispensary in Biu and one case each from Mafa MCH, Ngaranam PHC in MMC, Ngetra PHC in Gubio and Njimtilo PHC in Konduga. Twelve (12) additional cases were reported through IDSR\* from Biu (1), Hawul (2), Konduga (1), Magumeri (2) and MMC (6) LGAs making a total of 29 suspected measles cases. No associated death was reported.



*Figure 5: Trend of suspected measles cases by week, Borno State, Week 34 2016- 51 2020*

**Suspected Yellow Fever:** Two (2) suspected yellow fever cases were reported through EWARS from Kukurupu Dispensary in Hawul and Zanari PHC in Mafa. Ten (10) additional cases were reported through IDSR from Biu (4), Jere (3) and MMC (3) LGAs making a total of 12 suspected Yellow fever cases. No associated death was reported.

**Suspected Meningitis:** No suspected meningitis case was reported in week 51.

**Suspected VHF:** One suspected VHF case was reported through EWARS from University of Maiduguri Teaching Hospital in Jere with one (1) associated death. One (1) additional suspected VHF case was reported through IDSR from MMC.

**Suspected COVID-19:** Two (2) suspected cases of COVID-19 were reported through EWARS from Gamadadi PHC in Bayo and samples were collected.

**Suspected cholera:** No suspected cholera case was reported in week 51.

**Malnutrition:** 1,652 cases of severe acute malnutrition were reported through EWARS in week 51. Of the reported cases, 162 were from AAH Waterboard IDP Camp Clinic in Monguno, 157 were from ACF NRC IDP Camp Clinic in Monguno, 149 were

from ICRC FSP Clinic in Monguno, 100 were from Fori PHC in Jere, 58 were from Kurbagayi MCH in Kwaya Kusar, 45 were from Umaru Shehu Hospital in Jere, 42 were from Dalori PHC in Jere and 40 PUI Mobile Clinics in MMC. One associated death was reported from Biriye General Hospital in Bayo.

**Neonatal death:** Four (4) neonatal deaths were reported through EWARS from UMTH in Jere in week 51.

**Maternal death:** One (1) maternal death was reported through EWARS from UMTH in Jere.

*\*IDSR- Integrated Disease Surveillance and Response*

## Health Sector Action



**AGUF** carried out planned activities of the intervention in Girei and Song local government areas, 15 clients of Mental Health Illnesses were supported. While each of the clients received assorted drugs depending on his/her case severity from August to December 2020. At the climax of the support services, each client got assorted food supported combining 50 kg of bags of beans, rice, and 2gallons of palm oil, ground nut oil and 4pkts of Maggi cubes delivered to their door steps.

Mobile outreach services continued in Guyuk and Lamurde local government areas under the health intervention there. In a deliberate plan to ensure strict observance of the Covid-19 protocols, the project was well mainstreamed such that sensitization and awareness are carried out to reflect present realities.



**AHI** has been actively involved in shelter to shelter outreaches in Damoba, Dikwa Gwoza & Monguno LGAs. Pregnant women and nursing mothers

were sensitized during the shelter to shelter outreaches in both LGAs. The need to carry out anti-natal care, postnatal care and immunization was emphasized to them in the course of the outreach. Pregnant women were referred to facilities where AHI supports with delivery kits and also follow-up on women who have delivered in facilities supported by AHI to encourage on immunization and post-natal services. Volunteers were also involved in outreaches with adolescent girls. They were sensitized on sexual violence such as rape. The general modes of transmission, preventive measures and general precautionary measures. The need for general body hygiene and menstrual hygiene was emphasized to adolescent girls. They were told on the need to plait hair, wash inner wears, and proper disposal method of sanitary pad.



SSS



**COWACDI** has continue to reach out to the vulnerable affected communities in Jere LGA of Borno State, In December 2020 with collaboration with the Street Child, an International organization base here in Maiduguri Borno state, Nigeria. COWACDI was able to install two of hand washing facility in ajilari and Bale Galtimari IDP camps in Jere LGA of Borno state.

Beneficiaries most chiddren were taught how to use and maintain the hand washing facilities in other to avoid contacting the most popular virus (COVID-19).

Beneficiareis in their hundreds where able to demonstrate a high level knowledge of the pandemic virus and ways to prevent contacting the virus and further more, the proactive response in case of any systoms that dipicts contact behaviours of the virus in the targeted communities.



**DRC** delivering critical COVID-19 interventions to conflict affected persons in the Northeast Nigeria.

Through the support of the Bureau for Humanitarian Assistance, DRC is delivering an integrated multisectoral response to address the spread of COVID-19 in Borno and Adamawa states; specifically, in Dikwa, Gwoza and Pulka and Mubi North and South, Yola North and South, Michika and Madagali, respectively. The project aims to immediately respond to the needs of the affected population in the areas of health, protection, and WASH

and facilitate the prevention of COVID-19 transmission among IDP and host communities as well as health and humanitarian workers, while ensuring that those infected and affected receive psychosocial support, do not suffer stigma, and are well integrated within their communities. The project runs from July 2020 to June 2021. The following are highlights from December 2020:

**Water and Sanitation:** DRC distributed a 3-month supply of hygiene kits, comprising of 15 bars of soap, to 632 HHs in Mubi South, 877 HHs in Mubi North, and 4,857 HHs in Gwoza. The hygiene kits benefit 47,233 individuals (16,113 girls, 8,039 women, 16,966 boys, 6,115 men). Since the onset of the project, DRC has distributed 70,476 kits to 23,492 households.

- DRC distributed 171 handwashing stations to sanitation facilities in camps, public town halls, motor parks, and religious centers in Dikwa (55), Pulka (58), and Gwoza (58) LGAs, Borno state. Memorandums of Understanding were signed with community caretakers who will ensure that the handwashing stations are maintained. A total of 10,286 bars of soap for the 171 handwashing stations were also provided - Pulka (5,220), Dikwa (4,950), and Gwoza (116). In Adamawa, 30 handwashing stations accompanied by 8,100 bars of soap were distributed to public schools in Madagali to aid effective handwashing.
- DRC reached 71,564 individuals with door-to-door hygiene promotion sessions on COVID-19 prevention, stigma and management of patients in Adamawa (43,650) and Borno (27,914) states.
- To facilitate access to safe water for handwashing, a key prevention measure for COVID-19, and complement health promotion efforts, DRC is rehabilitating water points. In Borno, DRC rehabilitated 25 hand pumps in Dikwa (14), Gwoza (7), and Pulka (4). In Adamawa, out of an initial target of 24 hand pumps for rehabilitation, eight are at 75%% completion in Madagali, while work is in progress on the remaining in Michika (5), Yola North (2), Yola South (2), Mubi North (5), and Mubi South (2). DRC handed over 12 mechanized water points to the selected vendor for rehabilitation in Madagali (5), Michika (2), Yola South (2), Mubi North (2), and Mubi South (1).



## Health

- In Borno, DRC delivered PPE and medical waste material to 12 health facilities supported by IRC in Gwoza; while in Dikwa, PPE was distributed to MCH Clinic and Fulatari INTERSOS IDP clinic, managed by UNICEF and INTERSOS, respectively.
- In Adamawa state, DRC delivered materials to 13 health facilities in Yola, Madagali and Michika. The PPE and medical waste disposal materials included scrubs, water proof disposable aprons, face masks, disposable gloves, sterile gloves, rainboots, 1000-liter bins, body corpse bags, rubber gloves and other materials to enhance hand washing and general hygiene.



## Protection

- DRC established six protection clinics and 23 protection desks in Borno and Adamawa states to facilitate access to psychosocial support in response to the increased stressors as a result of the COVID-19 pandemic. Since the project started, 3,045 (1,481 women, 1,047 men) persons have received support through individual and group counselling.
- As a component of psychosocial support activities, DRC is delivering life skills training in Dikwa and Gwoza. In December, 458 (144 girls, 309 women, 4 boys, 1 man) individuals participated in the training and have gained skills in making local fans as well as sewing caps and masks.



**FSACI** reached 24,201 beneficiaries with humanitarian assistance ranging from the supply of drugs, distribution of delivery kits and sensitization on sexual reproductive health and hygiene promotion. FSACI distributed 13 different types of essential drugs to 17 health care facilities and a total of 642 births across the health facilities with 6 stillbirths. A total of 636 delivery kits were shared to women who gave birth in the health facilities.

During FSACI medical outreach, a total of 14,197 beneficiaries were reached. A total of 7,275 children were reached comprising of 2869 boys and 4406 girls. Furthermore, a total of 6,922 adults were reached comprising of 1909 males and 5013 females. The mobile medical outreach conducted in 3 hard to reach areas. This was because the people had little or no access to reproductive health services in their locality due to long distance to health facilities. The three communities are Yolde-Bolde community at Mayo Belwa, Kikan Pare community in Numan LGA and Ngbekadawe Dong community in Demsa LGA. During the outreach the community members were sensitized on sexual reproductive health topics and they were diagnosed and treated with different ailments such as malaria, diarrhea, deworming etc. with support from skilled medical doctors, nurses and CHEWs.

In the case of antenatal care services, a total of 2,082 women attended antenatal care across all the 17 health facilities in the three selected LGAs. Out of these number only 511 women attended at least four visits for antenatal care services with Numan having 39, Demsa having 262 and Mayo-Belwa having 210 women respectively. Again 120 pregnant women were reached with ANC care services during mobile medical outreach. 548 women attended postnatal care services across the three LGAs. Out of these, 286 women attended at least 3 visits for PNC with Numan having 80, Demsa having 115 and Mayo-Belwa having 91 women respectively. 38 women were also reached with PNC services during medical outreach.

7,067 community members and AQIC were sensitized on sexual reproductive health topics. The breakdown is as follows 714 boys and 1224 girls were sensitized whereas the adults comprise of 762 males and 4,367 females. Also, a total of 6,507 beneficiaries attended consultations with the various health professionals across the 17 facilities. The patients were diagnosed and treated on different types of ailments ranging from acute respiratory syndrome, malaria, typhoid fever etc.



**INTERSOS** provided a total of 40,234 consultations (M 17,870 and F 22,364) of which U5 cases were 12,424 (31%). The total number of consultations for the reporting month registered a decrease, compared to the previous month of November. Also, the number of U5 consultations recorded for the month, was a little lower than the number of U5 consultations seen in the month of November. Acute Respiratory Infection (with a total number of 9,131 cases, was the highest cause of morbidity for the month, closely followed by Malaria (with a total of 8,238 cases). The cases for Malaria and ARI cases, are lower than the number of cases seen in the previous reporting month. INTERSOS health facilities also registered an increase in the cases for Acute Watery Diarrhea, and a decrease in the cases of Bloody diarrhea across all sites, compared to the previous month, with 71 cases for Acute Watery Diarrhea, and 278 for Bloody diarrhea respectively. From the Morbidity breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites.

INTERSOS is supporting referral of patients in need of secondary or tertiary care from Bama and Magumeri to Maiduguri, 50 patients were referred, 44 were discharged, and 5 are still on admission. The patients were from Magumeri and Bama. 3 deaths were registered among the referrals from Magumeri in the month of December.



**MDM** provided a total of 2185 outpatient consultations for all ages in Garba-Buzu clinic Maiduguri with 1 adult medical life-saving referral case. Kawar-Maila clinic in Maiduguri also had a total of 2067 OPD consultations for all ages with 5 life-saving referrals. 3 out of the 5 referrals were paediatric medical cases while the remaining 2 were gynaecological cases. Elmiskin clinic in Jere had a total of 2293 consultations. In Damboa, Hausari clinic provided 2306 consultations while GTS clinic provided 2335 consultations. Top morbidities for the month were Acute respiratory tract infection, malaria, Gastritis, High blood pressure and Acute watery diarrhoea. 30 community mobilizers were trained on infection prevention and control. For Sexual and Reproductive Health activities, Mdm provided 1966 ANC consultations across clinics in Maiduguri with 684 as first visits while Damboa provided 1008 ANC consultations with 408 as first visit. A total of 438 PNC consultations were provided across clinics in Maiduguri with 324 consultation within first three days of delivery while Damboa provided 208 PNC consultation with 89 consultations within first three days of delivery. 383 beneficiaries received Family planning consultations in Maiduguri while 80 Family planning consultations were provided in Damboa. For MHPSS activities, Mdm in

collaboration with WHO provided a total of 409 (M-189, F-220) mental health consultation with 71 (M-30, F-41) referrals to WHO and Federal Neuro Psychiatric Hospital. 433 (M-200, F-233) beneficiaries had Individual counselling out of which 90 were new cases. 1429 (M-301, F-1128) beneficiaries benefited in MHPSS group sessions across MDM clinics. 15 MHPSS staff were trained on clinical supervision while 20 MDM registrars and crowd controllers were also trained on effective and respectful communication. For GBV services, MdM provided a total of 62 GBV consultations. 5 out of the 62 were clinical management of rape. 2 out of the 5 CMR cases came in less than 72 hours while the other 3 came in more than 120 hours. 75 (M-1, F-74) survivors received follow-up services while 21 GBV kits were distributed. 10 608 individuals were reached with GBV sensitization at the community level.



**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 (OSCs). The project also strengthens the provision of sexual and reproductive health (SRH) information and services at health facilities supported by RHHF/UNFPA across the intervention sites as parts of efforts to ensure continuous access and utilization of comprehensive SRH and GBV (health care, GBV Case management, access to police and legal support, shelter, as well as culturally and age appropriate counseling and psychosocial support) services by people who have experienced GBV or are at risk of GBV across the intervention sites at this critical time.

A total of 457 {153 Male, 304 Female} persons were sensitized on SRH/ GBV prevention, Mitigation and Response, COVID19 prevention and Hygiene. COVID19 PPEs (Re-useable face masks, liquid hand wash and alcohol based hand sanitizers were distributed to 1,252 people in Adamawa and Yobe states. The supported health facilities in the intervention sites (General Hospital Potiskum and General Hospital Mubi) were supported to provide SRH services to people and the facilities were also supplied with COVID19 prevention materials such as Hazmat suits, sterile face masks, N95 face masks, family planning commodities and consumables, test kits and sterile hand gloves to support service provision and reduce the rate of transmission of COVID19. Comprehensive GBV response services including medical care and psychosocial support were provided to 56 (3 males, 53 females) survivors of GBV in the BAY states. Additionally, a total of 12,709 (Male - 433 Female- 12,276) persons were reached with obstetric fistula prevention messages while 28 persons were referred for obstetric fistula medical services in Borno state. 1200 dignity kits containing Tooth Brush, Tooth Paste, Pants, Whistle, Bucket with lids, Shaving Sticks, Packaging Bag, Comb, Re-washable Face Masks, Bar Soap, Liquid Soap, Vaseline, Reusable sanitary pads, Alcohol based Hand Sanitizer (100mls), and IPC info Sheet were distributed to vulnerable women and girls in Adamawa and Yobe states to enable them meet their essential physical, safety and hygiene needs in the context of COVID-19 pandemic and three (3) keke ambulances were procured to facilitate prompt access of survivors to SRH/ GBV services in Mubi, Adamawa state.



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

A total of 2,734 women and children were reached through medical consultations in both locations. In addition, TdH continues to create awareness on COVID 19 to all beneficiaries accessing the health facilities and in the community. IPC measures are in place for the prevention of COVID 19 transmission at the point of service delivery.



**UNFPA** in collaboration with Borno state Ministry of Health continue to strengthen preparedness, prevention and response to covid19 pandemic, and also continued to strengthen SRH partners' coordination and technical support intermittently through a virtual means to ensure partners continue to deliver qualitative and timely service in compliance with WHO and NCDC COVID-19 guidelines. In our effort to ensure uptake and increase access to sexual reproductive health delivery points across IDP Camps and host community, we had reached 7,783 individuals with Sexual Reproductive Health/Covid-19 Prevention guidelines through sensitization and awareness rising.

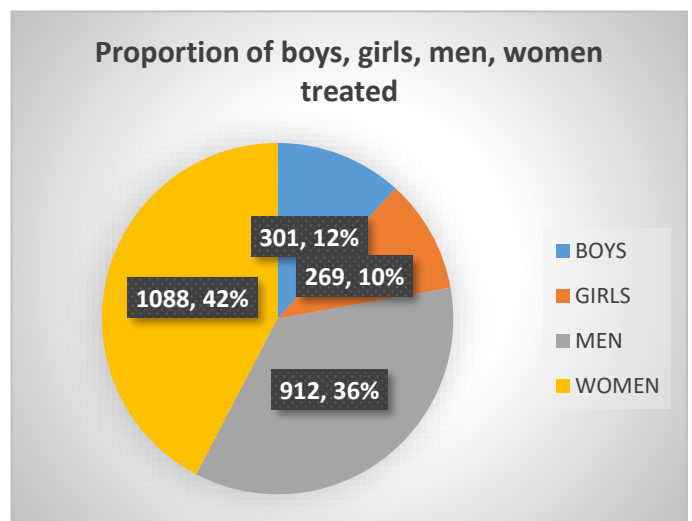
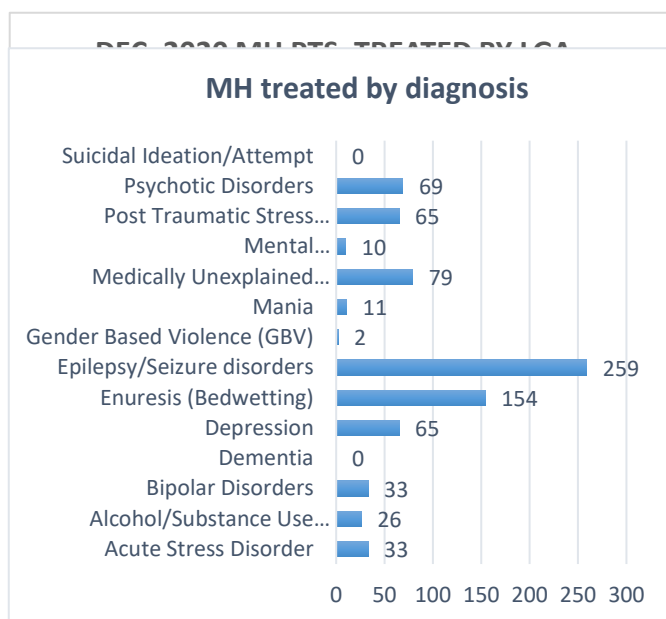
Service delivery and other community effort is continued and sustained, making it accessible enough to contribute in the reduction of maternal and neonatal morbidity and mortality. Some 440 women attended ANC, 27 deliveries were supported by skilled birth attendance, 58 PNC consultation were provided, 266 women of reproductive age received (FP) family planning services across the service points and 81 individuals benefitted from treatment of STIs at UNFPA integrated Health facility.



**UNICEF** reached a total 153,994 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 82,065 (53%) were children below five years. During the reporting period, 65,790 Out-Patient Department (OPD) consultations were recorded with Malaria – 21,101 being the major cause of consultation, followed by ARI – 14,336; AWD – 5,695 measles – 91, and other medical conditions – 24,567. A total of 81,613 prevention services were recorded including 7,091 children vaccinated against measles through RI services; 37,419 children and pregnant women reached with various other antigens; Vitamin A capsules – 10,033, Albendazole tablets for deworming – 9,230, and ANC visits – 15,323 and 2,517 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,302 deliveries (skilled delivery – 2,146, unskilled – 156) and 4,289 postnatal/home visits were recorded during the reporting period. Essential drugs were supplied to camps and health facilities based on need and request in order to support the provision of PHC services in camps and host communities.



**WHO** in collaboration with FNPH, a total of 94 MH sessions were conducted in 13 LGAs across 45 clinics in host communities and IDP Camps. 2,570 patients were treated, and 20 patients were treated as inpatients at the Federal Neuro Psychiatric Hospital (FNPH) Maiduguri.



#### COVID-19 MHPSS RESPONSE:

COVID-19 MHPSS response to patients and their care givers was conducted during mental health outreach sessions in host community clinics and IDP Camps. Sensitization and counselling focused on providing psychoeducation on realities of COVID-19, the need to continue with IPC standard precaution, and what to do if symptoms occur.

#### INTEGRATED BASIC MENTAL HEALTH CARE SERVICES INTO PHC LEVELS IN BAY STATES:

A total of 806 patients with mental health disorders were treated from Damboa, Jere, Mafa, MMC, and Ngala LGA by trained PHC workers on mhGAP in Borno State represented by the chart at the right-hand side.

WHO trained frontline healthcare workers on Cholera Case Management and IPC in 4 LGAs of Adamawa state. 130 Personnel were trained from Mubi North, Mubi South, Song and Girei LGAs. These LGAs are mapped as hotspot LGAs. These HCWs are expected to cascade the training to other workers in their facilities.

#### HTR

21,642 clients were seen by WHO supported 10 H2R teams providing services in 10 LGAs of Adamawa state. The teams treated 20735 persons with minor ailments and dewormed a total of 1869 children during the month. Pregnant women were provided FANC services with 952 of them receiving Iron folate to boost their haemoglobin concentration while 512 received Sulphadoxine Pyrimethamine (SP) as IPTP for prevention of malaria in Pregnancy.



## ICCM

1,327 children were treated for malaria, diarrhoea and Pneumonia by 58/63 CoRPs in 8 LGAs of the state. 1054 of the children were screened for malnutrition using MUAC. 62 (5.8%) of the children screened had MAM and were counselled 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.

## Nutrition Updates



**MDM** had 45 new SAM cases admissions in Garba Buzu clinic, 52 discharges and 52 exit kits distributed. 919 (M-314, F-605) children 6 – 59 months were screened using MUAC tape at the clinic (Green-4, yellow-506, orange- 361 and red-46). 729 individuals benefited from IYCF counselling at the IYCF corner. Kawar-Maila OTP had 39 new SAM cases admissions, 37 discharges and 37 exit kits distributed. 908 (M- 459, F- 449) children 6 – 59 months were screened using MUAC tape at the clinic (Green-337, yellow- 503, orange- 26 and red 42). 1538 individuals benefited from IYCF counselling at the IYCF corner while 689 (M-307, F-382) individuals received IYCF behaviour change communications. 16 lead mothers were trained on IYCF support group and cooking demonstrations.



**WHO** screened 12,078 children for Malnutrition using MUAC with the help of 10 H2R teams. Of this number, 145 (1.2%) children had MAM and their caregivers were counselled on proper nutrition, while 14 (0.11%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centres, while the SAM cases with medical complications were referred to the stabilization centres 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.

## Health Sector Partners and Presence

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

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

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