Northeast Nigeria Humanitarian Response

COVID-19 Response

Safe Delivery at Bama GH by INTERSOS medical team

Health Sector Bulletin

February 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

> 4 Million***
PEOPLE REACHED IN 2020

Highlights

Below are key highlights on COVID-19 across the BAY state as of 7th of March, 2021

ADAMAWA STATE:

- 127 new confirmed cases were reported within the week from a backlog of samples in the laboratory as against 48 cases reported in the preceding week.
- No death was reported within the week.
- The total number of confirmed cases as of 7th March 2021 stands at 942 with 31 deaths.
- 18 samples were collected within the week as against 299 samples collected in the preceding week.

BORNO STATE:

- 32 new cases were confirmed for the reported week.
- The total number of Confirmed Cases as at end of epi-week 9 stands at 1,308.
- 55 active cases receiving care.
- No death recorded in week 9.
- Total associated deaths - 38.

YOBE STATE:

- Five (5) new confirmed cases were reported in week 09, 2021.
- The total number of confirmed COVID-19 cases is now two hundred and ninety-three (293).
- The total number of deaths from COVID-19 is nine (9).
- Eight (8) patients have recovered and got discharged.
- Fifty-eight (58) samples were collected in week 09. This is a significant (37%) decrease in sample collection and testing compared to the preceding week.
- Five (5) samples tested positive, forty-eight (48) are negative, and the results of the remaining five (5) samples are pending.

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

XXX Million CONSULTATIONS****
XXX REFERRALS
XXX CONSULTATIONS THROUGH HARD TO REACH TEAMS

EARLY WARNING & ALERT RESPONSE

273 EWARS SENTINEL SITES
180 REPORTING SENTINEL SITE
345 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2021

**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 January 2021.*
***** Cumulative number of medical consultations from Hard-To-Reach Teams.*
****** The number of alerts from Week 1 – 8, 2021*

Situation Updates

COVID-19 Strategic Preparedness and Response Plan:

Goal: End the COVID-19 pandemic, and build resilience and readiness for the future.

Strategic objectives

We collectively know much more now than we did one year ago. We have developed operational and scientific solutions, but the majority of countries have not yet applied that knowledge and those solutions comprehensively or consistently. In 2021 we must redouble our efforts and adapt our response and capacities to achieve six key strategic public health objectives:

- **Suppress transmission** through the implementation of effective and evidence-based public health and social measures, and infection prevention and control measures, including detecting and testing suspected cases; investigating clusters of cases; tracing contacts; supported quarantine of contacts; isolating probable and confirmed cases; measures to protect high-risk groups; and vaccination.

- **Reduce exposure** by enabling communities to adopt risk-reducing behaviours and practice infection prevention and control, including avoiding crowds and maintaining physical distance from others; practicing proper hand hygiene; through the use of masks; and improving indoor ventilation.

- **Counter misinformation** and disinformation by building resilience through managing the infodemic, communicating with, engaging, and empowering communities, enriching the information eco-system online and offline through high-quality health guidance, and by communicate risk and distilling science in a way that is accessible and appropriate to every community.

- **Protect the vulnerable** through vaccination, ensuring vaccine deployment readiness in all countries and all populations, by communicating, implementing, and monitoring COVID-19 vaccination campaigns, by engaging health workers, and by building vaccine acceptance and demand based on priority groups, taking into account gender and equity perspectives to leave no one behind.

- **Reduce mortality and morbidity from all causes** by ensuring that patients with COVID-19 are diagnosed early and given quality care; that health systems can surge to maintain and meet the increasing demand for both COVID-19 care and other essential health services; that core health systems are strengthened; that demand-side barriers to care are addressed; and by ensuring that all priority groups in every country are vaccinated.

- **Accelerate equitable access to new COVID-19 tools** including vaccines, diagnostics and therapeutics, and support safe and rational allocation and implementation in all countries.

National-Level Preparedness and Response:

For the purposes of national level planning and coordination, the high-level COVID-19 SPRP 2021 retains the same core structure and rationale as the SPRP for 2020, with a number of key additions and adaptations in response to lessons learned over the past 12 months, and to address new challenges in the year ahead. These adaptations include the addition of vaccination as a vital tool to reduce morbidity and mortality; an emphasis on ensuring the capacities are in place in all countries to equitably deploy COVID-19 vaccines, novel diagnostic and therapeutic; a risk-management framework for SARS-CoV-2 variants; and an increased recognition that mental health and psychosocial support is an integral component in public health emergency response that must be addressed across a range of response pillars, including case management, risk communication and community engagement, and the

maintenance of safe and accessible essential health services. We must adapt our collective response to face new threats, and we must do so with a renewed sense of urgency.

The inevitable evolution and emergence of new SARS-CoV-2 variants poses a significant risk of undermining the effectiveness of new vaccines even before they become widely available. The key to ending the pandemic lies in achieving the strategic public health objectives of this updated COVID-19 SPRP 2021 in every community in every country. The only effective response is a comprehensive response implemented by all countries with every tool at their disposal, backed by a global support system that ensures every country has every tool at their disposal, including vaccines.

COVID-19 has exposed systemic weaknesses in global and national health systems and health security mechanisms. We are now faced with a generational opportunity, and a moral obligation, to make investments in health systems and health security that will not only have immediate benefits in terms of COVID-19, but also lasting benefits in terms of our collective global health security, and an enduring improvement in the health and prosperity of societies.

Ending the COVID-19 pandemic means controlling transmission in every country and in every context, no matter how challenging. Ultimately we will bring about that control through an evolving combination of vaccination, other new technologies, and public health interventions, all of which have and will require investments in health system capacities that are foundational not only for health security, but also for universal health coverage and primary health care.

The key actions required to enable all necessary national preparedness and response interventions and capacities are set out in the Operational planning guidelines to support country preparedness and response. The updated guidelines, including the addition of the tenth pillar covering COVID-19 vaccination, are included in the Operational plan that complements this document.

The updated guidelines are also available on the COVID-19 Partners Platform. As of January 2021, more than 170 countries have national COVID-19 preparedness and response plans, and more than 125 countries are using the COVID-19 Partners Platform to do the following:

- update plans and progress pillar by pillar in line with the most recent guidance;
- collaborate with UN agencies and implementing partners to plan and coordinate key actions at national and subnational levels;
- engage with community-based and civil society organizations, including strengthening community-led research, response and inclusive participation in decision-making, planning, monitoring, and accountability processes;
- work collaboratively and transparently with donors to share plans and resource needs (in terms of finances, supplies, and personnel), and report key areas of progress and challenges.

For further reading, kindly use this ***link***.

COVAX and COVID-19 Vaccine

COVAX and equitable access:

- **This pandemic still has a long a way to run**: Intense transmission is ongoing and is putting enormous pressure on hospitals, intensive care units and health workers. Decisions made by leaders and citizens in the coming weeks will determine when the acute phase of the pandemic will end.
- **Vaccines will be a critical new tool in the battle against COVID-19**: It is encouraging to see so many vaccines in development. Working as quickly as they can, scientists from across the world are collaborating and innovating to bring us tests, treatments and vaccines that will collectively save lives and end this pandemic.
- **Safe and effective vaccines will be a gamechanger:** but for the foreseeable future we must continue wearing masks, physically distance and avoid crowds. Being vaccinated doesn't mean that we can throw caution to the wind and put ourselves and others at risk, particularly because it is still not clear the degree to which the vaccines can protect not only against disease but also against infection and transmission.
- **COVID-19 cannot be beaten one country at a time:** The epidemiology shows that no country will be safe from the fallout of the pandemic until all countries are protected. The fact that numerous countries have had measles outbreaks and even lost their measles elimination status in the recent past, despite having extremely high vaccination rates shows that national coverage is not enough – it has to be achieved in every community and every family.
- **The global economy cannot recover if there are disparities in global coverage**: Not only will vaccines help save lives and stabilize health systems, but they can help to drive a global economic recovery. That recovery cannot take place if half of the world is hamstrung from the economic fallout of COVID-19.
- **Producing sufficient doses of the vaccines depends on international cooperation:** If the world comes together through investments in research, manufacturing capacity, procurement, and investment in delivery; unprecedented speed can be achieved.
- **Safe and effective vaccines alone cannot solve the pandemic:** Rapid diagnostics and life-saving therapeutics are also vital to end the pandemic and accelerate global recovery. These life-saving tools will only be effective if they are available for the most vulnerable equitably and simultaneously in all countries, and if strong health systems and services are in place to deliver them.
- **Significant political and financial commitments are needed urgently from governments:** Without them, COVAX cannot deliver the vaccines to everyone, everywhere, needed to end this pandemic.
- **Variants are concerning and demonstrate the importance of collective action:** Suppressing the virus through existing public health measures, as well as scaling up vaccine manufacturing and rolling out the vaccine as quickly as possible will be critical. Coordinated action on strain surveillance, collaboration among vaccine development, research and vaccine manufactures along with access to vaccines by all countries are essential for getting ahead of the virus.

Vaccine Quality and Safety:

- **Ensuring the quality, safety and efficacy of vaccines is one of WHO's highest priorities:** WHO works closely with national authorities to ensure that global norms and standards are developed and implemented to assess the quality, safety and efficacy of vaccines.
- **The process to develop COVID vaccines is fast-tracked while maintaining the highest standards:** The same steps are used for COVID vaccine development as are used for other vaccines. Given the urgent need to stop the pandemic, pauses between steps, often needed to secure funding, have been shortened, or eliminated, and in some cases, steps are being carried out in parallel to accelerate the process, wherever that is safe to do.

Vaccine distribution

- **Fairer is wiser:** WHO guidance on vaccine allocation across countries will ensure all countries can immunize their highest priority, most at-risk groups AND in so doing maximize the impact of the limited initial supply.
- **The priority is to protect the health system and those at highest risk of serious disease:** This is the best approach to maximize the impact of the limited supply of vaccines that will be available in the initial phase and to start addressing the societal and economic impacts of COVID-19.
- **WHO is engaging with partners at all levels to ensure countries are ready for rapid deployment of vaccines:** Countries are being asked to rapidly carry out a country readiness assessment that will form the basis of national deployment and vaccination plans (NDVPs). This will help to identify bottlenecks that need be addressed in the country plan and secure the resources, technical assistance and training.
- **Rapid scale-up of manufacturing capacity and cooperation is needed**: the mechanisms to share knowledge and data to expedite the end of the pandemic exist. The investment in the development of vaccines needs to be matched by increased manufacturing - vaccine manufacturers can share know-how with C-TAP to scale up vaccine manufacturing and substantially increase the global supply of vaccines.

Country & Technical Guidance - Coronavirus disease (COVID-19)

[Technical guidance publications (who.int)]

Tips for community engagement during COVID-19 vaccine introduction:

- **Define:** Define and prioritize your key objectives and review them regularly to ensure they are responding to your priorities as the COVID-19 response evolves and vaccine availability and protocols evolve.
- **Coordinate:** Use existing coordination mechanisms to sensitize communities about the phased introduction, plans for prioritization, effects of the vaccines, and experiences of those who are vaccinated. Examples of such entities include local community- and faith-based organizations; fathers and mothers' groups; schools; management of old age homes; and youth groups. In addition, it is essential to coordinate among partners under the leadership of national and subnational governments to avoid duplication, fill gaps and make the best use of resources. Develop and maintain an up-to-date contact list of all partners and their focal points and of local level actors.
- **Assess and collect:** If data from RCCE assessments or rapid community assessments are available, countries should analyse these first to find out if there is enough information or whether there is an information gap. In cases where there is a social data gap, work with health facilities, social workforce, community volunteers and civil society to conduct community mapping to identify:
  - social profile of the community, including the knowledge, perceptions and practices of communities about COVID-19 and the vaccines;
  - main communication patterns, channels and language(s) used to share information within the community;
  - religion, cultural traditions and practices;
  - key audiences and influencers; and
  - target populations for phased vaccine rollout, including numbers of health workers, social workers and persons who are at higher risk (e.g. older people and those with comorbidities).
- **Advocacy at local level:** Communicate with and provide orientation to local level influencers, such as community leaders, religious leaders and local celebrities about COVID-19 vaccines and get their support for creating an enabling environment for vaccine introduction. Work with local media to promote positive messaging around COVID-19 vaccines. Advocate with local governments to garner support for

vaccinators and health workers. Advocacy with organizations that manage homes for older people will also need to be done to get their support for getting access to older people.

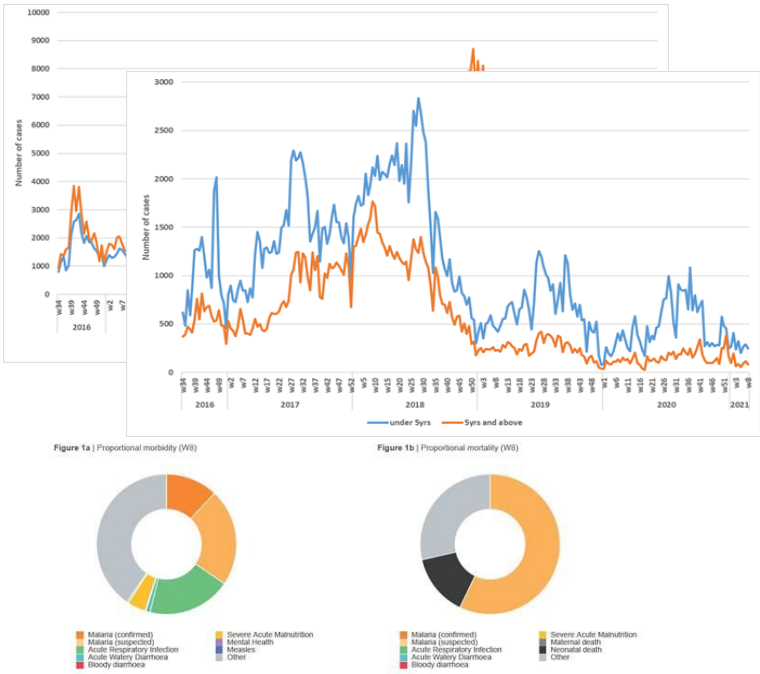
- **Develop a community action plan:** Based on the available social data and profile, develop an action plan. The community plan could be part of the overall micro plan. It will be important to engage communities in planning social mobilization and communication activities. The national and subnational plans can be adapted to fit the local context. Messages and materials should be tailored to reflect audience perceptions and knowledge at the local level.
- **Implement, monitor and evaluate, and adapt:** Implement the community action plan with relevant partners to engage with identified audiences and community. This should include capacity building and ensuring participation and accountability mechanisms. Make sure to identify human, material and financial resource needs. Define staff and partners who will do the work (number of people required) and budget accordingly. Establish an adapted monitoring and evaluation framework, ensuring strong and regular supervision and coordination mechanisms. Close monitoring of field work is essential, and mechanisms should be defined before starting implementation.
- **Feedback mechanism:** Set up and implement a feedback and rumour tracking system to closely monitor community feedback, concerns, perceptions and misinformation and report to relevant technical partners and sectors. Make sure to respond to rumours and misinformation with evidence-based guidance. Adapt materials, information, methodologies and vaccination strategies based on feedback from communities and evolving perceptions and concerns.

Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 8: A total of 180 out of 273 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 65% respectively (target 80%). **Low reporting due to ongoing migration to the new EWARS mobile version by reporting sites**

Total number of consultations in week 8: Total consultations were 32,313 marking an 8% decrease in comparison to the previous week (n=35,302).

Leading cause of morbidity and mortality in week 8: Malaria (suspected n= 7,821; confirmed n= 4,189) was the leading cause of morbidity reported through EWARS accounting for 34% of the reported cases and suspected malaria deaths (4) was the leading cause of mortality reported through EWARS accounting for 57% of the reported deaths.



Number of alerts in week 8: Twenty-eight (28) indicator-based alerts were generated with 96% of them verified.

Morbidity Patterns

Malaria: In Epi week 8, 4,189 cases of confirmed malaria were reported through EWARS. Of the reported cases, 405 were from General Hospital Biu, 172 were from Uba General Hospital in Askira-Uba, 164 were from Hausari IDP Camp Clinic (MDM) in Damboa, 135 were from Gwange PHC in MMC, 99 were from Gajiram MCH in Nganzai and 97 were from Sabon Gari Lowcost IDP Camp Clinic (MDM) in Damboa. No associated death was reported.

Figure 2: Trend of malaria cases by week, Borno State, week 84 2016 – 08 2021

Acute watery diarrhoea: In Epi week 8, 334 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 76 were from INTERSOS Health Facility in Bama, 38 were from FHI360 Clinic Banki, 23 cases each were from Muna Garage Camp Clinic B in Jere and State Specialist Hospital in MMC, 21 were from Mashamari PHC in Jere and 15 were from Sabon Gari Lowcost IDP Camp Clinic (MDM) in Damboa. No associated death was reported.

Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 84 2016- 08 2021

Acute respiratory infection: In Epi week 8, 6,713 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 346 were from Hausari IDP Camp Clinic in Damboa, 281 were from Damboa MCH, 272 were from INTERSOS Health Facility Gamboru in Ngala, 197 were from PUI Waterboard Extension IDP Camp Clinic in Monguno, 179 were from ICRC GGSS IDP Camp Clinic in Monguno and 170 were from ISS IDP Camp Clinic (INTERSOS) in Ngala. No associated death was reported.

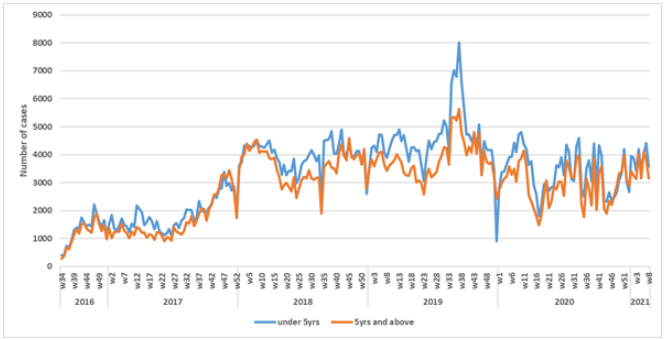


Figure 3: Weekly Trend of acute respiratory infection, Borno State, week 84 2016 - 08 2021

Suspected Measles: Ninety-eight (98) suspected measles cases were reported through EWARS. Of the reported cases, 42 were from General Hospital Magumeri, 14 were from Furram Dispensary in Magumeri, 8 were from Gubio MCH, 6 were from Gwange PHC in MMC, 5 cases were from State Specialist Hospital in MMC, 3 cases each from INTERSOS Health Facility in Bama and Molai General Hospital in Jere. Twenty (20) additional cases were reported through IDSR* from Bayo (1), Gwoza (2), Mafa (1), Mobbar (15) and Monguno (1) and Mobbar (13) LGAs making a total of 118 suspected measles cases. One associated death was reported from Gubio.

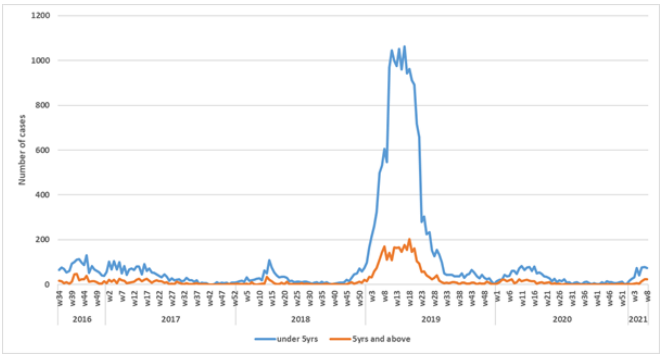


Figure 4: Trend of suspected measles cases by week, Borno State, week 84 2016-08 2021

Suspected Yellow Fever: One (1) suspected Yellow fever case was reported through EWARS from Damboa MCH. One (1) additional suspected case was reported through IDSR from Gwoza. No associated death was reported.

Suspected Meningitis: One (1) suspected meningitis case was reported through EWARS from Askira General Hospital. No associated death was reported.

Suspected VHF: No suspected VHF case was reported in week 8.

Suspected COVID-19: 356 suspected cases were reported through IDSR out which 57 were lab confirmed.

Suspected cholera: No suspected cholera case was reported in week 8.

Malnutrition: 1,469 cases of severe acute malnutrition were reported through EWARS in week 8. Of the reported cases, 143 were from ICRC FSP Clinic in Monguno, 139 were from AAH Waterboard IDP Camp Clinic in Monguno, 132 were from ACF NRC IDP Camp Clinic in Monguno, 124 were from AAH Waterboard Extension IDP Camp Clinic in Monguno, 84 were from General Hospital Ngala (FHI360), 54 were from Gajiram MCH in Nganzai, 53 were from Banki Health Clinic in Bama, 51 were from Fariya IDP

Camp in Jere, 31 were from Gatamarwa Dispensary in Chibok, 30 were from Muna Garage Camp Clinic B in Jere , 29 were from Farm Centre Camp Clinic in Jere and 24 were from Umaru Shehu Hospital in Jere. No associated death was reported.

Neonatal death: One (1) neonatal death was reported through EWARS from Biriyel MCH in Bayo.

Maternal death: No maternal death was reported through EWARS in week 8.

IDSR- Integrated Disease Surveillance and Response

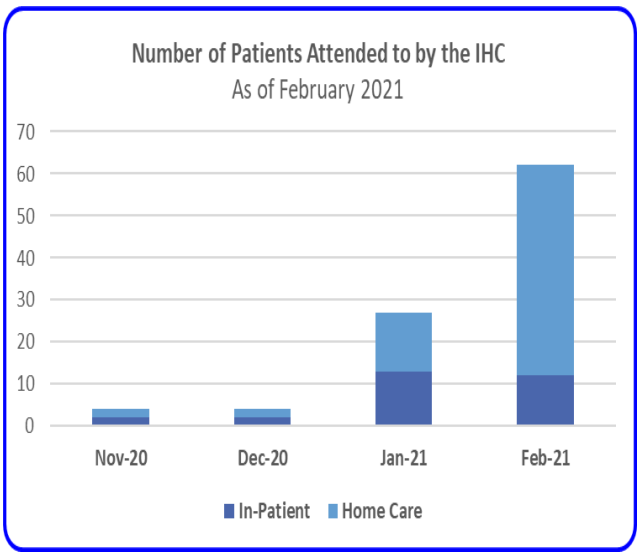
Health Sector Action

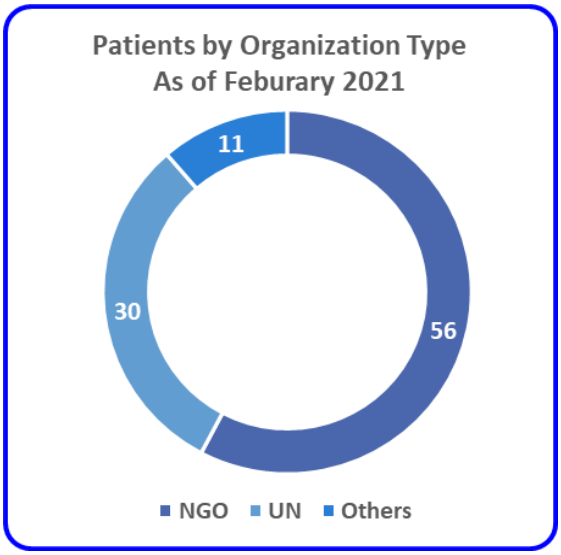
IOM provides direct MHPSS services to conflict-affected populations through the deployment of dedicated PSS mobile teams, community mobilizers and referral teams, working in collaboration with psychiatric nurses from the FNPH in Maiduguri, to provide specialized mental health services to those identified and in need of such services. Total of 4000 individuals, comprising of (676 boys, 726 girls, 1291 men and 1307 women) were reached through various MHPSS/Protection services and activities within the month of February 2021. Total of 282 follow up sessions were offered to beneficiaries in need of specialized mental health services, comprising of (12 boys, 3 girls, 144 men and 123 women). Based on the evaluation assessment conducted across field locations in Borno, Adamawa and Yobe States, findings of the evaluation exercise revealed evidence of improved psychosocial wellbeing and capacities for individuals and families to manage daily stressors, strengthened positive interaction, family bonding and reduced stigma and discrimination because of the positive link between beneficiaries' psychosocial wellbeing and specific MHPSS services and or, activities provided. However, the assessment also revealed that conflict-affected populations across the BAY States continue to face some challenges that may affect their psychosocial wellbeing if left unattended. Total of 73 FGD sessions were conducted during the evaluation exercise, engaging 874 individuals, comprising of (366 women, 293 men, 111 adolescent girls and 104 adolescent boys). Areas covered by the assessment included MMC, Jere, Kaga, Konduga, Gujba, Gulani, Mubi North, Mubi South, Ngala, Dikwa, Monguno, Pulka, Gwoza, Chibok, Banki, Bama, Yola North, Yola South, Girei and Fufore LGAs. The evaluation assessment included IDPs, returnees and host community members as part of the respondents. IOM, through the MHPSS Unit, the Isolation Centre for Humanitarian Community and the MHPSS SWG, will continue to provide innovative community-based approach in providing a more integrated services to the conflict-affected populations affected by both humanitarian emergencies and COVID-19 pandemic.

UNHAS helicopter crew worked with IHC team, UN Clinic and WHO Surveillance Team to medivac a humanitarian worker from Pulka to the IHC on 6 February 2021

Isolation Center for Humanitarian Community (IHC): IOM manages the Isolation Center for Humanitarian Community (IHC) in collaboration with the UMTH. For the month of February 2021, the IHC attended to 62 humanitarian workers who tested positive for COVID-19. Twelve of the humanitarian workers who tested positive were confined at the IHC while the rest opted for home care treatment. The IOM medical officers assigned to the IHC conducted regular home visits of those who opted to avail of the home care treatment to monitor the progress of their recovery. The IHC team also carried out disinfection of some humanitarian guesthouses that had some residents who tested positive of the virus. Of the twelve who were confined at the IHC, 9 fully recovered and checked-out of the IHC while the 3 remaining patients who were admitted on 26 February 2021 are still confined at the IHC. The IHC also worked with the UN clinic, WHO Surveillance Team and UNHAS in organizing the medivac of a humanitarian worker who

contracted the virus from Pulka on 5 February 2021. The patient was stabilized at the IHC and had shown significant progress. However, his organization made prior medivac arrangements for him to be brought to Lagos before his admission to the IHC. Thus, after he was stabilized, he was further brought to Lagos 6 days after he was admitted to the IHC where he underwent further check-up and treatment. Since the IHC started operating on 16 November 2020, the center has attended to a total of 106 humanitarian workers who contracted the virus. Twenty-seven percent of the humanitarian workers who contracted the virus were confined at the IHC. While waiting for the full operation of the IOM COVID-19 laboratory, the IOM COVID-19 Laboratory Team is working very closely with the UMTH COVID-19 team in the collection of oral and nasopharyngeal samples for COVID-19 testing. IOM, through the MHPSS Unit, the Isolation Centre and the MHPSS SWG, will continue to provide innovative community-based approach in providing a more integrated services to the conflict-affected populations affected by both humanitarian emergencies and Covid-19 pandemic.





PUI continued its intervention in health providing basic primary healthcare services to 5 health facilities in Maiduguri and 4 in Monguno offering OPD consultations, SRH services and health promotion and referrals to secondary health facilities respectively.

In Maiduguri 10,560 consultations were recorded a little less than that recorded in January. Highest morbidity was acute respiratory tract infection with 3,117 cases, closely followed by malaria with 1,377 cases (624 RDT confirmed and 753 clinically diagnosed) while 105 patients were referred to Secondary and tertiary health facilities for more expertise care and management for the month. Similarly, 3,976 SRH consultations were recorded, among these were 2,768 ANC consultations, 597 PNC consultations and 160 Family planning consultations. PUI also supported 451 skilled deliveries for the month of February in two PHCCs in MMC. For Psychosocial services, PUI rendered PSS services to 122 new cases. In Monguno 8,699 consultations were recorded for all ages in the 4 health facilities. Highest morbidity was acute respiratory tract infections with a total of 2,773 cases while malaria was 1,182 cases. This represents a decrease from the previous consultation in January. Two (2) lifesaving referrals were made to UMTH within the same month. On SRH services, PUI provided 1,349 ANC consultations across our clinics in Monguno. A total of 237 PNC consultations were provided across our clinics while 144 beneficiaries received family planning consultations. A total number of 5,517 people were also reached with health promotion messages.

FHI 360 provided 11,901 outpatient curative consultations in her clinic facilities in Dikwa, Banki, Ngala and Damasak in the month of February 2021. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 4,153 cases. It accounts for the highest morbidities in four sites (Dikwa, Ngala, Damasak and Banki). Also, malaria (314 cumulative cases) was the second major cause of morbidity across the four sites. Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity in the month of February. This month, a total of 847 persons with peptic ulcer were treated across all FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 663 cases. 2,143 children were vaccinated against various vaccine-preventable diseases. Ngala continues to have the

highest number of recipient children (1139 children). Also, 1,003 women of reproductive age received tetanus toxoid vaccination across all FHI 360 clinics.

AFRYDEV in other to complement the government effort in fighting the COVID-19 pandemic, with technical and material support from WHO, UNFPA, UNICEP, Ministry of Health and Rural Water supply Agency (RUWASA); AFRYDEV has during this reporting month engaged 300 women and through House2House sensitization and distributed 100 dignity kits to Gender Based Violence survivors, Pregnant and Lactating mothers in Damaturu and Potiskum L.G.As. This is aimed at supporting and improving their sanitary hygiene practice to reduce their risk and spread of the disease. During the flag-off, IEC materials with messages on COVID-19 risk mitigation and handbills for making face masks in Hausa, Kanuri and English were shared and explained using a pictorial that are easily understood and relatable to community women. Items distribution in the dignity kits include; Bucket, Rechargeable touch light, Hand washing basin, soaps, Omo, sanitizer, Towel, Sanitary pad, Towel, Comb, Body cream among others.

AGUF was able to conduct the following activities: Facilitate monitoring and supervisory visits to selected facilities being supported by the project. The exercise was aimed at ascertaining the optimal utilization of the support fund being accessed by the facilities to take care of critical supplies as well as fuelling of facility generators as the case may be. Another item planned during the visit is to assess and know the volume of drugs with the facilities so as to know when to supply the last phase and also to see to the correctness of the continues drugs administration including its documentation. Continues facilitation of mobile healthcare services in selected communities of Guyuk and Lamurde local government areas. Spare headed by team of Nurses and JCHEWs and supported by community volunteers and the project staff, AGUF continue to make head way into the community mobile healthcare services provision to the target communities. These activities are being mainstreamed with covid-19 prevention through community awareness/engagement. Administration of drugs/treatment to mental health clients: similarly, during the period under review, AGUF was able to support these clients with medical services in Guyuk and Lamurde as contained in the grant agreement documents. These clients numbering 40 (20 from each local government area) received assorted drugs in an effort to ensure they get their conditions back to normal. The exercise is being championed by a team of psychiatric nurses.

ALIMA provided 5,621 outpatient consultations, which is quite high of 15% as compared to last month. The top 3 leading cause of morbidity are ARI (30%), Acute diarrhea (6%) and Malaria (6%). 342 deliveries assisted by midwives. During the reporting period, ALIMA saw a total of 2,959 ANC and 666 PNCs. In Muna, Teachers Village Clinics and Dalaram Primary Health Care, 1,025 OPD consultations for children under 5 in Muna Clinic with 40 referrals; 1,489 consultations for all ages (440 < 5 years) in Teacher's Village IP Camp Clinic with 15 referrals. In Dalaram Primary Health Care, it was 3072 consultations for all ages (938 < 5 year) with 125 referrals.

For SRH, 973 ANC and 117 PNC consultations in which 19 ANC are first visit and PNC within 72 hours of delivery at Muna Clinic with no referrals. The Teachers Village clinic, 820 pregnant women in total came for ANC (ANC 1, 348) while the total PNC consultations were around (PNC within 72hours 27). In Dalaram Health Centre, 926 pregnant women came for ANC1, 699 were for first visit. And 168 for PNC. 140 deliveries were recorded which is lower (↘ 9%) compared to last month delivery, and no referrals was made to secondary/tertiary care, 94 deliveries were conducted at TVC Clinic and 106 deliveries were conducted at Dalaram facility. The total number of deliveries is lower (342 cases) compared to last month deliveries (367 cases). Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic.

For MHPSS activities, a total of 1,369 people was sensitized on different mental health conditions and among them 96 Individual consultations. 2 GBV survivors were among the clients who received services. 1 within 72 hours and the other 1 after 72hrs. Staffs were more engaged with stress management activity compared to the previous month.

The MHPSS continuous medical education (CMEs) for staffs in small groups is ongoing & done every week. A 5 days MHPSS training was conducted for our field staff (40 in total), this was one of its first kind in ALIMA Nigeria.

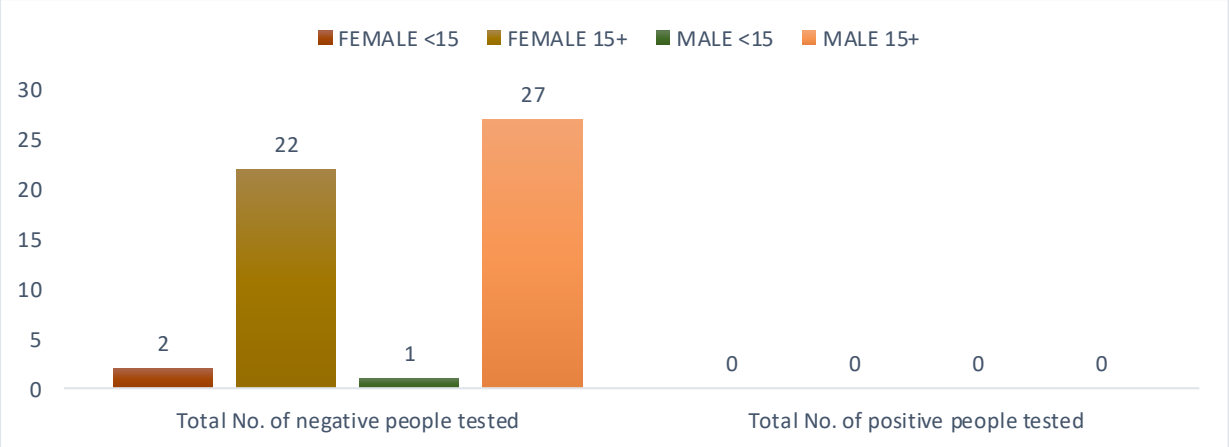
DRC distributed PPE to CISCOPE, a non-governmental organization in Adamawa. A total of 36 hand washing stations were installed in public government schools (Mubi North and South, Yola, Michika) and soap was also distributed to these for the next 3 months (9720 pieces of handwashing soap). Four hand washing stations were installed in protection clinics and 360 pieces of soap were given for one month. In Borno, Pulka, 5040 pieces of soap were distributed to 58 hand washing stations.

FSACI with funding support of NHF is supporting 17 health facilities; (16 PHC and one cottage hospital) in 3 LGAs (Demsa, Mayo-Belwa and Numan) of Adamawa state in improving access to quality sexual reproductive health services in host communities, IDPs and returnees in emergencies. The direct beneficiaries are pregnant women, lactating mothers and women of reproductive age. 10,572 beneficiaries with humanitarian health assistance ranging from the supply of essential drugs, distribution of delivery kits and sensitization on sexual reproductive health, hygiene promotion, and protocols on COVID-19 was integrated into all activities. A total of 30 CHEWS were trained on Prevention of HIV/AIDS & STI, Safe delivery and SRH desegregated into 3 males and 27 females. The training focused on improving SRH with emphases on reducing neonatal child/mother motility and build BEmONC (Basic Emergency Obstetric and new Born Care) and ways of handling GBV.

269 mama kits were shared to the women who gave birth in the 16 PHCs and 1 cottage hospital with skilled health workers. A total of 456 births were recorded across the 16 PHC and 1 cottage hospital. The births were conducted by skilled health professionals. 200 copies of 5 cards of IEC materials of prevention of mother to child transmission were produced. Medical outreach was carried out in 6 hard to reach areas/communities in Demsa, Numan and Mayo-Belwa because they do not have access to health care services. The communities are Kumba Community and Liringo Community in Mayo-Belwa, Old Demsa and Lawaru Community in Demsa and Tudun Wada community and Saleh Waja in Numan. A total of 4,311 beneficiaries (1546 adults, 492 males and 1054 females, 2765 Children; 867 boys and 1898 girls) were reached during the mobile outreach in February 2021. The key activities includes Deworming, Diagnoses and treatment, Infant and Young Child Feeding (IYCF) pregnant women, lactating mothers and women of reproductive age were taught the importance of exclusive breastfeeding of infants in the first 6 months, sensitization on prevention on HIV & AIDS, water, sanitation and hygiene related diseases, the benefits of ANC & PNC, delivery kits and its contents were shown to encourage pregnant women to attend ANC and also deliver at the health centres with skill staff to mitigates mortality.

GZDI continued implementation of ICHSSA4 Project, a HIV/OVC Health centred intervention in partnership with Pro-Health International (PHI). The intervention cut across Mubi South, Michika, Hong and Gombi LGAs in Adamawa State, it aims to attain sustainable reduction of impact of HIV and other causes of vulnerability, on HIV affected households though community based HIV sensitive service provision and linkage to treatment at facility level. Through the reporting period February 2021, enrolment of beneficiaries in different enrolment streams and service provision to existing beneficiaries continued; ART refill, support; viral load optimization; community index case finding; CLHIV case management; food demonstration session, nutrition assessment and support, infants and young child feeding session, gender norms and parenting session, savings and internal lending community, vocational skills training and

stakeholder engagement. The team conducted advocacy stating the expected activities to be done: Community HTS, Referrals and linkages to treatment and Retention in Care, Trainings, Awareness Campaigns, Tracking, and other cross cutting issues like PrEP, GBV services, family planning/Reproductive health services like cervical cancer (CxCa), STIs Screening and system strengthening for HIV/TB service delivery at communities. HTS testing and counselling was conduct in Gurin, Malabu, Farang, Paja Chigari, Chigari and Fufore town communities of Fufore LGA of Adamawa State. During the month, 286 persons were tested, 53 persons during sensitization at Mubako community, 233 persons tested in various communities. 222 were negative while 8 were tested positive and were referred to Primary Health care (PHCC) Farang where they have been enrolled to care, subsequently during the testing, ICT, Counselling and preventive of both HIV/AIDS and TB measure were also discussed. GZDI on her own also supported the exercise with Hepatitis B kits for Hepatitis Screening out of the 53 person tested, 1 male and 2 females were tested positive.



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 63 male children and adolescent boys, 162 adult males, 75 female children and adolescent girls and 170 adult females with MHPSS services in Kala-Balge and Damboa LGAs. Also, Cholera risk communication was conducted in Kala-Balge and Damboa LGAs, where a total of 2261 households were reached. 633 ale children and adolescent boys, 658 female children and adolescent girls, 433 adult men and 586 women were reached within this reporting period.

TdH continue to provide humanitarian assistance in Rann - Kala Balge LGA, with specialized MNCH via a Mobile Health Hub with the support of NHF funding. A total of 1092 beneficiaries were reached through medical consultations in this location. In addition, TdH continues to create awareness raising and sensitization on COVID 19, water/Air borne diseases and health related topics including SGBV to all beneficiaries accessing the health facilities and within 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 SRH partners' coordination and technical support intermittently through a virtual and face to face support ensuring that partners continue to deliver qualitative and timely service in compliance with WHO and NCDC COVID-19 guidelines. Information and sensitizations is key with COVID-19 response plan and we reached out to 4,444 individuals with Sexual Reproductive Health/COVID-19 through sensitization and awareness rising. 432 women attended ANC, 36 deliveries supported by skilled birth attendance, 55 PNC consultation were provided, 73 women of reproductive age received family planning services across the service points and 84 benefited from treatment of STIs at UNFPA integrated Health facility. 10 clean delivery kits and dignity kits provided to visibly pregnant women at integrated health facility Gubio camp.

INTERSOS continued to support 200 community health volunteers to conduct outreach activities, including health education and public health surveillance in Bama, Magumeri, Ngala, Dikwa and Maiduguri. As part of health systems strengthening, 5 health facilities were rehabilitated, INTERSOS deployed 32 health workers to 5 LGAs that collaborate with SMOH to provide quality lifesavings care to affected populations; 32,234 consultations were treated. Medical, non-medical supplies and equipment were provided through INTERSOS supply chain. No stock outs were reported. 8,465 of pregnant women attended at least 2 comprehensive ANC visits, 1191 of births were assisted by skilled birth attendant and 3,049 new-borns received PNC including vaccinations within 3 days after delivery during the month of February 2021.

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 supported health facilities 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.

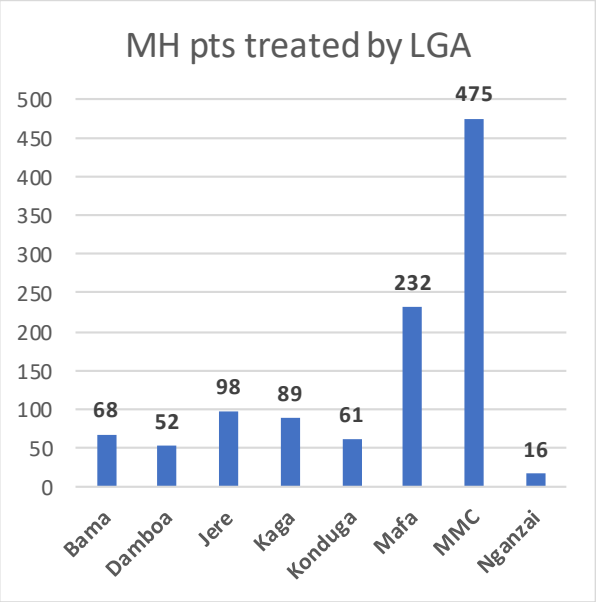
The OSC provides integrated multidisciplinary services which include case management, medical care, psychosocial support, security services, legal counselling and representation as well as safe shelter services to survivors of GBV in a confidential environment while strictly adhering to all of the guiding principles for service provision and the COVID19 prevention guidelines. In February, a total of 61 survivors (3 males, 58 females) were provided with comprehensive GBV response services at the OSCs across the BAY states. Eighty three (83) people were provided with GBV information and services including referrals via the toll free hotline in the BAY states. Additionally, radio jingles with information on GBV prevention and the services available at the OSCs were aired on radio stations across the BAY states to improve utilization and uptake of services. Twenty seven (8 male, 19 females) in-school adolescents were sensitized on Gender based violence and COVID19 prevention in Mubi, Adamawa state.

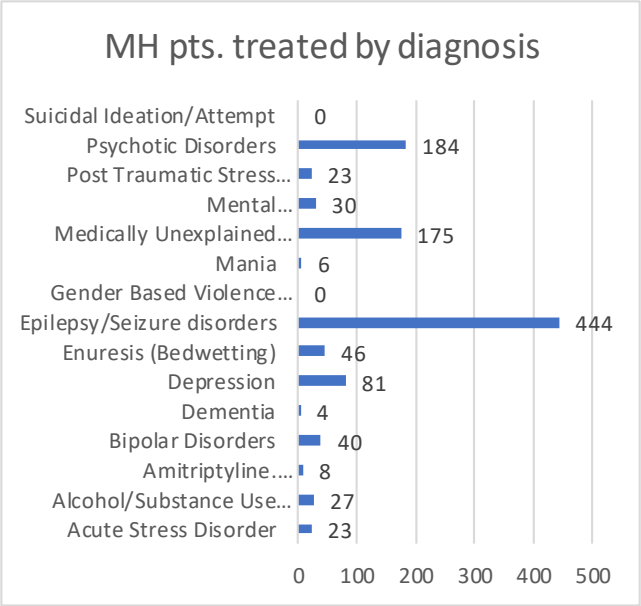
Also, three (3) safe spaces were constructed and equipped in MMC, Jere and Konduga LGAs of Borno state to promote women's protection, help reduce the risks of GBV and prevent their exposure to further harm.

LESGO continue continues it support to humanitarian activities by distribution of face masks as well as community sensitization at Sabon Gari community, Girei I ward of Girei local government area, Adamawa State: during the period under review, LESGO through its health educator conducted engaged women under the house to house sensitization/awareness campaign in Sabon Gari community, Girei I, Girei local government area. Available women were also given disposable face masks during the outreach. Similarly, we continue to reach out to community members in Mubi North, Mubi South and Madagali local government areas under the social mobilization under the rollback malaria initiatives. This is also a house to house campaign awareness.

UNICEF reached a total of 116,918 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 59,700 (51%) were children below five years. During the reporting period, 53,090 Out-Patient Department (OPD) consultations were recorded with Malaria – 15,264 being the major cause of consultation, followed by ARI – 14,136; Diarrhoea cases– 4,730 measles cases– 94 and other medical conditions – 18,866. A total of 55,066 prevention services were recorded including 4,451 children vaccinated against measles through RI services; 25,685 children and pregnant women reached with other antigens; Vitamin A capsules – 6,627, Albendazole tablets for deworming – 4,339, and ANC visits – 12,224 and 1,740 LLINs was distributed at the ANC service delivery point in Adamawa, Borno and Yobe States. A total of 1,678 deliveries (skilled delivery – 1,593, unskilled – 85) and 7,084 offered postnatal services (mother and baby) was recorded during this reporting period.

WHO in collaboration with SPHCDA, trained PHC workers on mhGAP treated a total of 1,0981 patients with mental health disorders made up of 104 boys, 97 girls, 421 men and 469 women in 17 HFs across 8 LGAs (Bama, Damboa, Jere, Kaga, Konduga, Mafa, MMC and Nganzai). Charts below represent those treated by LGA and the diagnosis. the diagnosis.





HTR: In February 2021, 17,561 clients were seen by WHO supported 10 H2R teams providing services in 10 LGAs of Adamawa state. The teams treated 16,793 persons with minor ailments and dewormed a total of 162 children during the month. Pregnant women were provided FANC services with 861 of them receiving Iron folate to boost their haemoglobin concentration while 423 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

Nutrition Updates

MDM had 55 new SAM cases admissions in Garba Buzu clinic, 57 discharges and 50 exit kits distributed. 974 children 6 – 59 months were screened using MUAC tape at the clinic while 262 children 6-59 months were screened using MUAC tape in the communities. 827 individuals benefited from IYCF counselling at the IYCF corner. Kawar-Maila OTP had 37 new SAM cases admissions, 46 discharges and 38 exit kits distributed. 802 children 6 – 59 months were screened using MUAC tape at the clinic while 342 children 6-59 months were screened in the communities. 827 individuals benefited from IYCF counselling at the IYCF corner. 45 beneficiaries participated in cooking demonstrations.

ALIMA continue to provide lifesaving Nutrition services across all implementing sites, Activities are ongoing smoothly across all OTPs and ITFC facilities putting all COVID-19 measures in place and in alignment with the Nutrition sector guide. In total, 301 SAM was admitted among was 3 SAM with complications and were referred to ITFC and 305 were discharged from the program. At ITFC, ALIMA admitted 79 SAM cases with complications and discharged 62. 2,638 caretakers completed ALIMA facilitated MUAC-mother training sessions and 85% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. 1,601 caregivers received training on IYFC, 469 children from 6 to 24 months received MNP at 1st visit.

WHO continues to provide nutrition lifesaving activities and support. 9,767 children were screened for Malnutrition using MUAC by WHO supported 10 H2R teams. Of this number, 56 (0.6 %) 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.

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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