



Northeast Nigeria Humanitarian Response

COVID-19 Response



OSC Medical Staff Providing Services in Mubi PHC

Health Sector Bulletin

January 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 is key highlights on COVID-19 across the BAY state as of 7th of February, 2021

ADAMAWA STATE:

- 52 new confirmed cases were reported within the week as against 47 cases reported in the preceding week.
- No new death was reported within the week.
- The total number of confirmed cases as of 7th February 2021 stands at 725 with 28 deaths.
- 172 samples were collected within the week as against 933 samples collected in the preceding week.

BORNO STATE:

- 132 new cases were confirmed for the reported week
- The total number of Confirmed Cases at end of epi-week 5 stands at 1089
- 198 active cases receiving care.
- Total number of patients discharged for the week – 13
- Cumulative number discharged so far - 875
- No death recorded in week 5
- Total associated deaths – 37 (25 in Isolation facilities and 12 community death.)

YOBE STATE:

- Nine (9) new confirmed cases were reported in week 05, 2021.
- The total number of confirmed COVID-19 cases is now two hundred and fifty (250).
- Ten (10) patients have recovered and got discharged.
- No COVID-19 related mortality was recorded for 37 consecutive weeks.
- One hundred and eighteen (118) samples were collected in week 04. This is a significant decrease in sample collection compared to the preceding week (262 samples collected in week 04).
- Nine (9) samples tested positive, sixty-four (64) are negative, and the results of the remaining forty-five (45) samples are pending.
- The SPHCMB team, in collaboration with partners, conducted the motorized awareness creation campaign in high-burden LGAs (Damaturu, Bade, Potiskum, and Nguru).
- Yobe SMOH team, in collaboration with WHO HTR teams and AVADAR informants, UNICEF VCMs, and CGPP volunteers, conducted mass community sensitization, reaching 8,561 people with COVID-19 prevention messages.

HEALTH SECTOR



45 HEALTH SECTOR PARTNERS
(HRP & NON HRP)

HEALTH FACILITIES IN BAY STATES**



1529 (58.1%) FULLY FUNCTIONING
268 (10.2%) NON-FUNCTIONING
300 (11.4%) PARTIALLY FUNCTIONING
326 (12.4%) FULLY DAMAGED

CUMULATIVE CONSULTATIONS



4.9 Million CONSULTATIONS****
1500 REFERRALS
**0.98 Million CONSULTATIONS THROUGH
HARD TO REACH TEAMS**

EARLY WARNING & ALERT RESPONSE



271 EWARS SENTINEL SITES
190 REPORTING SENTINEL SITE
165 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2021

Not updated on FTS

*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.

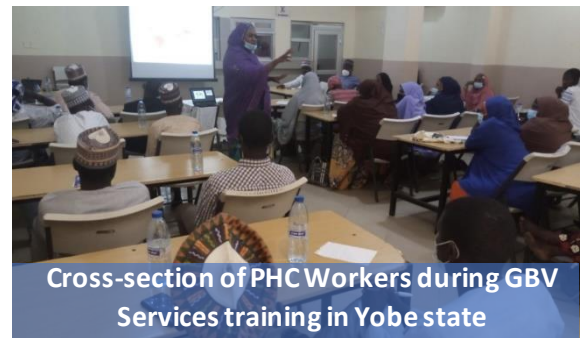
**** Cumulative number of medical consultations from Hard-To-Reach Teams.

***** The number of alerts from Week 1 – 4, 2021

Situation Updates

Collaboration With the State

WHO and Yobe State Ministry of Health (SMOH) are working to strengthen the health sector response to Gender-Based Violence in Emergencies (GBViE) in communities and LGAs affected by the armed conflict. In addition to HTR interventions to offer first line services to survivors, in week 05, WHO in conjunction with SMOH and the State Primary Health Care Management Board (SPHCMB) conducted training for 45 frontline health workers from selected Primary Health Care Centres in 14 security-compromised LGAs. The training was aimed to build their capacity to provide basic services to GBV survivors in remote areas and refer them to receive further services in SARC centres via the referral pathway.

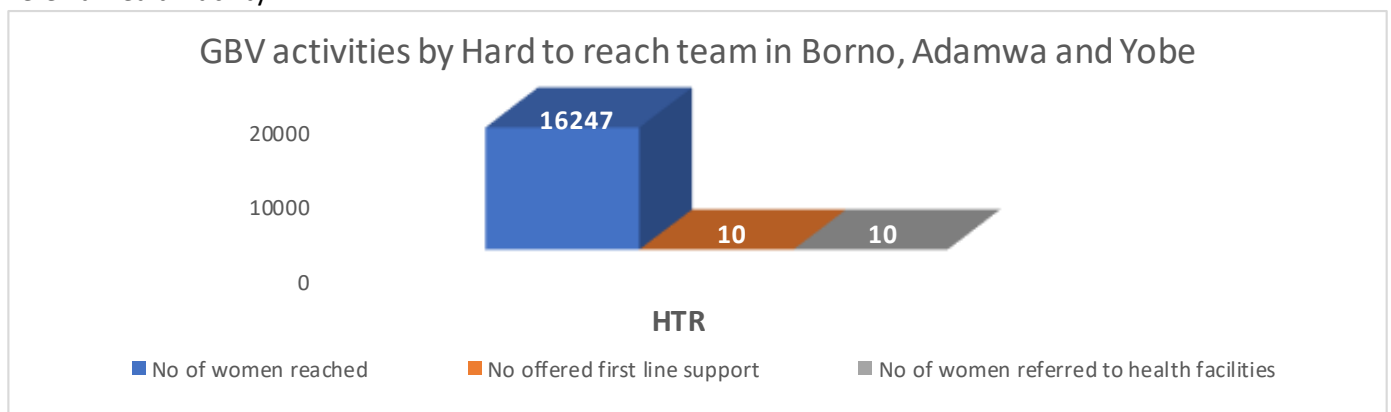


Gender Base Violence Activities

The burden of GBV has been on the increase since the humanitarian crisis. Borno, Adamawa and Yobe states have been the most affected state of this crises. The platform for service delivery:

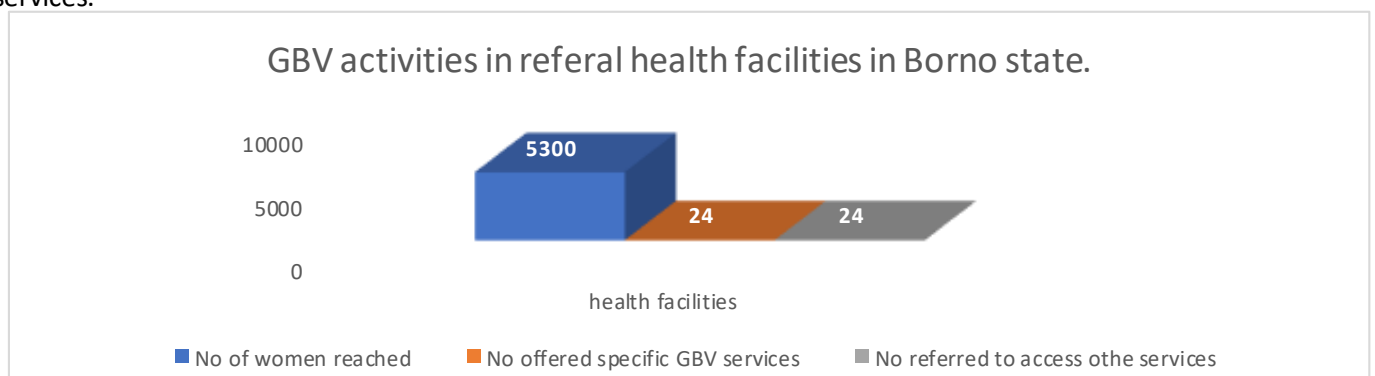
1. Hard to Reach teams (HTR): these are WHO frontline workers who carry out daily sessions in the HTR, conflict related areas and IDP camps. the team provided sensitization and increase awareness on Gender Based Violence, first line support and also referred the survivors to the referral health facilities.

16247 women and girls were reached and 10 women were provided with first line support and also referred to the referral health facility.



2. Health facilities:

5,300 women and girls were reached in the identified referral health facilities and 24 survivors received specific GBV services.



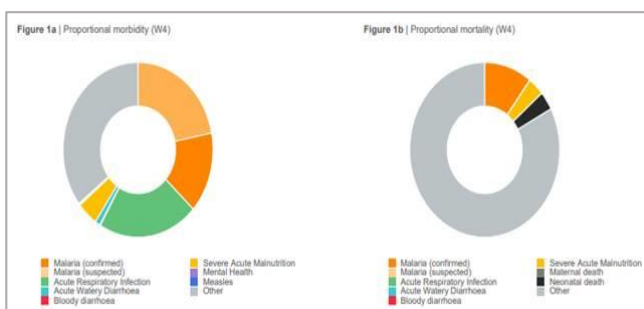
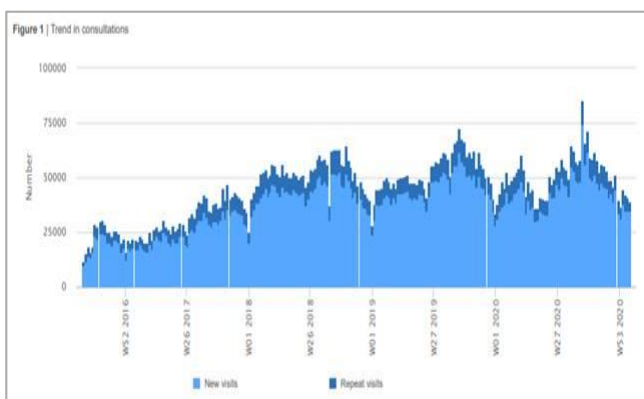
Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 4: A total of 190 out of 271 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 67% respectively (target 80%). ***Low reporting due to ongoing migration to the new EWARS mobile version by reporting sites***

Total number of consultations in week 4: Total consultations were 34,266 marking a 9% increase in comparison to the previous week (n=31,341).

Leading cause of morbidity and mortality in week 4: Malaria (suspected n= 8,361; confirmed n= 5,701) was the leading cause of morbidity and mortality reported through EWARS accounting for 36% and 10% of the reported cases and deaths (3) respectively.

Number of alerts in week 4: Twenty-eight (28) indicator-based alerts were generated with 100% of them verified.



Morbidity Patterns

Malaria: In Epi week 4, 5,701 cases of confirmed malaria were reported through EWARS. Of the reported cases, 400 were from General Hospital Biu, 188 were from Uba General Hospital in Askira-Uba, 148 were from Hausari IDP Camp Clinic (MDM) in Damboa, 134 were from Farm Centre IDP Camp Clinic in Jere, 130 were PUI Gana Ali IDP Camp Clinic in

Monguno, 127 were from Ngaranam PHC in MMC, 121 cases each from AAH Veterinary IDP Camp Clinic in Monguno and ICRC GGSS IDP Camp Clinic in Monguno and 120 were from Izge PHC in Gwoza. Three (3) associated deaths were reported from Sauki Clinic in Biu (2) and Limanti Dispensary in Bayo (1).

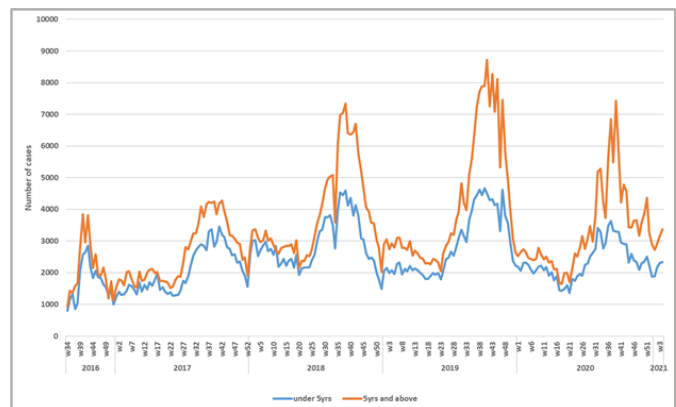


Figure 2: Trend of malaria cases by week, Borno State, week 44 2016 – 04 2021

Acute watery diarrhea: In Epi week 4, 408 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 106 were from PUI Mobile Clinics in MMC, 57 were from Ngaranam PHC in MMC, 33 were from FHI360 Clinic Banki, 21 were from Gamadadi PHC in Bayo, 20 were from Muna Garage Camp Clinic B in Jere, 19 were from State Specialist Hospital in MMC and 18 were from Mashamari PHC in Jere. No associated death was reported.

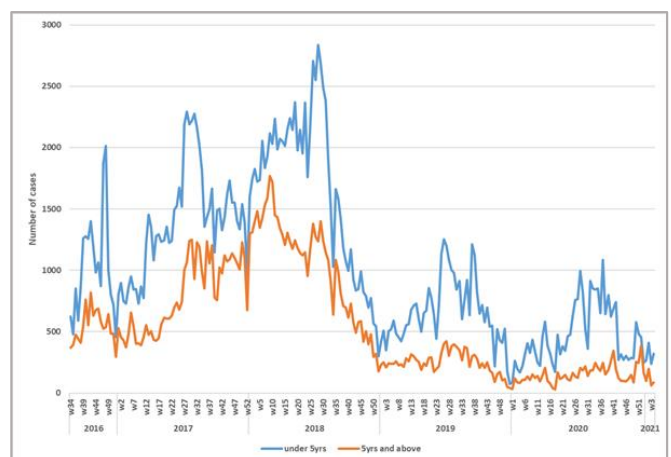


Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 44 2016- 04 2021

Acute respiratory infection: In Epi week 4, 8,213 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 638 were from PUI mobile clinics in MMC, 365 were from Hausari IDP Camp Clinic (MDM) in Damboa, 309 were from FHI360 Clinic Banki, in Bama LGA, 306 were from Fori PHC in

Jere, 290 were from Ngaranam PHC in MMC, 280 were from Damboa MCH and 214 Algon Clinic in Monguno. No associated death was reported.

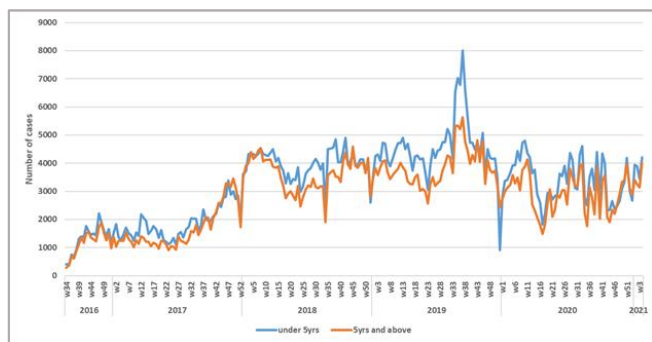


Figure 3: Weekly Trend of acute respiratory infection, Borno State, week 44 2016-04 2021

Suspected Measles: Eighty-one (81) suspected measles cases were reported through EWARS from Magumeri MCH Clinic (14), Ngaranam PHC in MMC (14), PUI mobile clinics in MMC (14), General Hospital Magumeri (13), Zabarmari PHC in Jere (8) and 3 cases each from Dala Clinic in Jere, Furram Dispensary in Magumeri, Gwange PHC in MMC, and Zanari PHC in Mafa. Forty-one (41) additional cases were reported through IDSR* from Bayo (2), Gubio (5), Jere (4), Konduga (3), Magumeri (22) and MMC (5) LGAs making a total of 122 suspected measles cases. No associated death was reported.

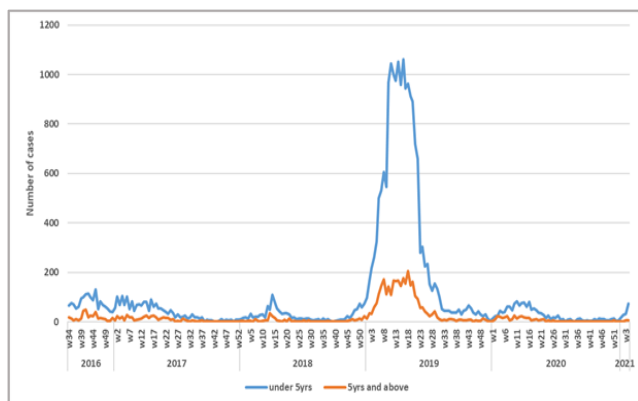


Figure 4: Trend of suspected measles cases by week, Borno State, week 44 2016-04 2021

Suspected Yellow Fever: Six (6) suspected Yellow fever cases were reported through EWARS from Gumsuri Clinic in Damboa (2), Gunda CHC in Biu (2) and One (1) case each from Biu MCH and Gajiram FSP in Nganzai. Three (3) additional cases were reported through IDSR from MMC (1) and Shani (2) LGAs making a total of 9 suspected yellow fever cases. No associated death was reported.

Suspected Meningitis: Two (2) suspected meningitis cases were reported from FHI360 Clinic Banki in Bama LGA.

Suspected VHF: No suspected VHF case was reported in week 4.

Suspected COVID-19: One confirmed case of COVID-19 was reported through EWARS from Ghumma Family Support Clinic in Hawul. While 219 suspected cases were reported through IDSR.

Suspected cholera: No suspected cholera case was reported in week 4.

Malnutrition: 1,715 cases of severe acute malnutrition were reported through EWARS in week 4. Of the reported cases, 157 were from ACF NRC IDP Camp Clinic in Monguno, 154 were from ICRC FSP Clinic in Monguno, 123 were from AAH Waterboard Extension IDP Camp Clinic in Monguno, 102 were from AAH Waterboard IDP Camp Clinic in Monguno, 60 were from Kurbagayi MCH in Kwaya Kusar, 58 were from Fori PHC in Jere, 50 were from Banki Health Clinic in Bama, 45 were from Ngaranam PHC in MMC and 40 were from PUI mobile clinics in MMC. No associated death was reported.

Neonatal death: One (1) neonatal death was reported through EWARS from Hussara Dispensary in Askira-Uba.

Maternal death: No maternal death was reported through EWARS in week 4.

**IDSR- Integrated Disease Surveillance and Response*

Health Sector Actions



IOM provides direct mental health and psychosocial support services and activities to the affected population in the Adamawa, Borno and Yobe States through the deployment of dedicated MHPSS mobile teams and establishment of MHPSS resource centers/safe spaces. A total of 35,013 beneficiaries, comprising of (4,322 boys, 4,983 girls, 10,957 men and 14,751 women) were reached through various MHPSS services and activities within the month of January 2,021. For reporting purposes, a total of 5,967 individuals, comprising of (832 boys, 959 girls, 2,030 men and 2146 women) were new beneficiaries reached within the reporting period. Of the 5,967 individuals reached, 1,139 individuals, comprising of (126 boys, 148 girls, 439 men and 426 women) were reached through COVID-19 related health sensitization activities adapted based on the tenets of the 'Health Belief Model', which aimed at understanding and changing the perception and attitudes of beneficiaries towards the COVID-19 pandemic while 624 individuals, comprising of (90 boys, 88 girls, 227 men and 219 women) were reached through regular sensitization on personal hygiene (hygiene promotion) and other related areas. Total of 286 individuals, comprising of (9 boys, 1 girl, 134 men and 142 women) were followed up through referrals for specialized mental health care. Six psychiatric nurses and two MH referral teams were constantly deployed to the field to facilitate referrals or provide direct MH services to those in need.



COVID-19 Sensitization at IOM MHPSS safe space

To gauge the impact of MHPSS services and activities being provided to the affected population and to update our knowledge of the changing needs, concerns and psychosocial distress people have, IOM is currently finalizing two assessments in that regards – evaluation assessment and periodic psychosocial needs assessments across field locations in Adamawa, Borno and Yobe States. Details finding of the two assessments will be shared with partners in the next bulletin. In the same vein, a regional MHPSS workshop for the Lake Chad Basin Region was convened in late December 2020, comprising of MHPSS practitioners from Nigeria, Cameroun and Chad at the Borno State Eye Hospital in Maiduguri via KUDO virtual meeting platform to touch base on wide range of issues regarding implementation of MHPSS services and activities, funding, gaps and challenges, partners activities and presence in the field and creating a regional network of MHPSS practitioners across the region among others. Detail briefs from the regional workshop will be shared with partners.

The MHPSS SWG coordination continues to provide effective leadership in terms of coordination of MHPSS response in the North East Nigeria, reference sharing and lots of other coordinating responses. The MHPSS SWG will soon unfold various innovative solutions in strengthening the MHPSS response in the North East through for instance, creation of field technical working group in the LGAs, conducting periodic comprehensive MHPSS needs assessment and update of partners activities, among others.

Action Health INCORPORATED

AHI have been actively involved in shelter to shelter medical mobile outreaches in Damboa, Dikwa Gwoza & Monguno LGAs. Where Pregnant women and nursing mothers and their husbands 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. They were sensitized on different family planning services available and the importance of child spacing. 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.



AGUF was able to conduct the following activities: Procurement and distribution of essential food items to 40 mental health clients Essential in Guyuk and Lamurde local government area (20 in each LGA); Facilitation of mobile integrated community primary health outreaches including community engagement in covid-19 prevention in communities of Guyuk and Lamurde local government areas; Facilitated identification, selection and screening of mental health clients from Guyuk and Lamurde local government areas.



ALIMA provided 2,650 outpatient consultations, which is quite low as compared to last month. The top 3 leading cause of morbidity are Acute diarrhea, Malaria, and ARI. 282 deliveries assisted by a skilled attendant. During the reporting period, ALIMA saw a total of 601 PNCs and 1,972 ANC. A total of 0 C-sections. In Muna and Teacher Village Clinics, 985 OPD consultations for children under 5 in Muna Clinic with 11 referrals and 1,665 consultations for all ages in TVC Clinic 10 with referrals was done. Concerning Maternal and Child Health, 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. ALIMA provided 1,021 ANC and 194 PNC consultations in which 444 ANC are first visit and PNC within 72 hours of delivery at Muna Clinic with 12 referrals. The Teachers Village clinic, 716 pregnant women in total came for ANC (ANC 1, 307) while the total PNC consultations were around 184 (PNC within 72 hours 144). BEmOC activities were conducted at CBDA clinic where 157 deliveries were recorded which is lower compared to last month delivery, a total of no referrals made to secondary/tertiary care and 125 deliveries were conducted at TVC Clinic, the total number of deliveries is lower compared to last month deliveries. Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic. During the MHPSS activities, a total of 1,248 people were sensitized on different mental health conditions, 58 Individual consultations, 3 SGBV 2 < 72hrs and 1 > 72hrs and received 32 referrals of MHPSS related case from WHO FOCAL PERSON in TVC camp and DRC adolescent protection center in Muna.



DRC distributed PPE to two organisations - FHI360 and GOALPrime in Dikwa. In Adamawa, distribution of PPE was done to eight health facilities -Hyambula PHCC, Lokuwa Maternity (PHCC), Kolere PHCC, Sabon Layi PHCC, Wuro-Gude PHCC, Nasarawo PHCC, Lamurde PHCC and Yolde Pate PHCC. There was a distribution of a 3-month supply of hygiene kits comprising of 15 bars of soap to 1,438 HHs (10,538 individuals) in Michika, Adamawa state (3,749 girls, 1,502 women, 4,203 boys, 1,084 men). This was the first round of distribution to these households as they replaced the households in Jambutu, Demsawo and Ngurore in Yola North which could not be targeted due to security concerns.

In Borno, DRC distributed 10,143 hygiene kits to 5,000 households in Pulka and 5,143 in Dikwa. The number of persons reached is 63,726 (20,271 girls, 12,744 women, 20,880 boys and 9,831 men). A total of 15,570 bars of soap were distributed to 171 handwashing stations installed in Borno - 5,040 in Pulka, 5,400 in Dikwa and 5,130 in Gwoza. DRC completed the rehabilitation for 13 handpumps in Borno -Dikwa (2), Gwoza (7), and Pulka (4).

In Adamawa, progress on the rehabilitations of handpumps was delayed due to unavailability of materials by the vendor. The materials are now available but cannot be moved beyond Pulka where the military has stopped cargo movement for close to ten days. Activities are anticipated to resume in February 2021. Of the 12 mechanized water points that DRC handed over to a selected vendor for rehabilitation, 9 were completed. These are providing water to 25,220 individuals in Adamawa (Madagali, Michika and Yola South). The remaining water points will be completed in February 2021. DRC commenced latrine rehabilitation in Dikwa. 105 latrines were dislodged in preparation for rehabilitation. The superstructure works will be completed in February. A step-down training on hygiene promotion and psychosocial support was conducted to 60 community-based hygiene promoters (30 in Pulka

(18 women and 12 men) and 30 in Gwoza (13 women and 17 men)) and 8 protection social workers (4 (3 women and 1 man) in Pulka and 4 (1 woman and 3 men) in Gwoza). The training will be conducted in Dikwa in February 2021. 15,557 individuals were reached with door-to-door hygiene promotion sessions in Adamawa (11,988 individuals) and Borno (3,569 individuals).



FSACI with funding support of NHF is supporting 17 health facilities; (16 PHC and one cottage hospital) in 3 LGAs (Demsá, 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. 10,157 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 69 trained health workers attended monthly review meeting, desegregation by sex 2 males and 67 females. Issues discussed was first quarter progress on implementation in 17 health facilities in three LGAs of Demsá, Mayo-Belwa and Numan. Over 13 different types of essential drugs to 17 health Care facilities in this reporting month. 427 mama kits were shared to the women who gave birth in the 17 health facilities with skilled health workers. A total of 427 births were recorded out of this population 11 were stillbirths.

This Medical outreach was carried out in three hard to reach areas in Demsá, Numan and Mayo-Belwa because they do not have access to health care services. The communities are Sindigawo Community in Mayo-Belwa, Zarun1 Community in Demsá and Zangun community in Numan LGAs of the state. A total of 3,099 beneficiaries (1,010 adults, 313 males and 697 females; 2,089 Children; 1,062 boys and 1,027 girls) were reached through mobile outreach during January 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 on 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 mitigate 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 through community based HIV sensitive service provision and linkage to treatment at facility level.

Through the month of January 2021, Community Case Workers and GZDI staff continued HIV index case testing and enrolment of Children Living with HIV (CLHIV), HIV Exposed Infants (HEI), and Children of People Living with HIV and adolescent who have experienced or reported sexual violence. Services were also provided to enrolled households in the following thematic areas of the intervention; Health, Nutrition, Household Economic Strengthening, Gender and Protection, to meet up UNAIDS Vision 95-95-95 on HIV. These services include; health education and HIV prevention messages, assisted referral for viral load optimization, index case finding for enrolment of Children Living with HIV (CLHIV), commencement of funds mobilization in Household Economic Strengthening (HES) program, Gender Norms and Parenting Session for (500) caregivers and kids club for (100) OVC. 29 CLHIV male (15) and female (14) have been enrolled into ICHSSA4 to access integrated care and support services on treatment.

During Parenting Session, Infant and young child feeding (IYCF) training was taught, emphasis made on exclusive breastfeeding, complementary feeding and food demonstration to identify locally available food that are nutritionally rich in certain classes of food, to enable Caregivers explore foods that serves better, rather than accessing expensive and unaffordable groceries.



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 in the month of January 2021, reached 1 male child, 37 adolescent boys, 106 men, 2 female children, 33 adolescent girls and 90 women 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 1,177 households were reached. 6,585 adolescent girls, female children, and women, and 5267 adolescent boys, male children and men were reached within this reporting period.



MDM provided a total of 2,219 outpatient consultations for all ages in Garba-Buzu clinic Maiduguri with 6 Paediatric medical life-saving referral cases. Kavar-Maila clinic in Maiduguri also had a total of 2073 outpatient consultations for all ages with 4 (2 paediatric medical and 2 adult medical) life-saving referrals. El-miskin clinic in Jere had a total of 2,287 outpatient consultations with 20 (13 paediatric medical, 3 adult medical and 4 Gynae and obstetric) life-saving referral cases. 13,909 individuals were reached with different health promotion messages including prevention of COVID-19 across all MDM clinics in Maiduguri during clinics’ morning Health Education sessions while 9,204 individuals were reached with different health promotion messages including COVID-19 in communities around MDM clinics in Maiduguri. In Damboa, Hausari clinic provided 2,290 consultations while GTS clinic provided 1,190 consultations. Top morbidities for the month were Acute respiratory infection, malaria, Gastritis, High blood pressure and Acute watery diarrhoea. 30 community mobilizers were trained on infection prevention and control.

Sexual and Reproductive Health: MDM provided 1864 ANC consultations across clinics in Maiduguri with 576 as first visits while Damboa provided 958 ANC consultations with 376 as first visit. A total of 345 PNC consultations were provided across clinics in Maiduguri with 218 consultations within first three days of delivery while Damboa provided 157 PNC consultation with 73 consultations within first three days of delivery. 317 beneficiaries received Family planning consultations in Maiduguri while 95 Family planning consultations were provided in Damboa.

MHPSS: MDM in collaboration with WHO provided a total of 497 (M = 198, F = 299) mental health consultation. 495 (M = 219, F = 276) beneficiaries had Individual counselling out of which 116 were new cases. 2,329 (M = 568, F = 1,761) beneficiaries benefited in MHPSS group sessions across MDM clinics. For GBV services, MDM provided a total of 59 GBV consultations. 5 out of the 59 were clinical management of rape in less than 72 hours. 42 survivors received follow-up services while 38 GBV kits were distributed. 10 980 individuals were reached with GBV sensitization on community-based safety planning and audit, human rights, PSEA and GBV response at the community level. 17 GBV staff benefited in clinical supervision training. 14 GBV staff were trained on case management. 30 community mobilizers were trained on toll-free line dissemination and 26 WINN staff were also trained on the same topic.



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. UNFPA Supported the Ministry of Health (SMOH) with COVID-19 PPE and Lifesaving commodities. These include the following; 3,600 Safety Goggles; 3000 Long Surgical Gloves; 6000 Examination Gloves; 600 Surgical Face Mask; 46 Goggles. These PPE and commodities distributed to 32 primary healthcare facilities, 10 Secondary and tertiary healthcare facilities in MMC, Jere and Konduga Local Government Areas (LGAs). Information and sensitizations is key with COVID-19 response plan and we reached out to 4,424 individuals with Sexual reproductive health/ COVID-19 through sensitization and awareness rising. 433 women attended ANC, 56 deliveries supported by skilled birth attendance, 61 PNC consultation were provided, 75 women of reproductive age received family planning services across the service points, 30 clean delivery kits and dignity kits provided to visibly pregnant women and 99 benefited from treatment of STIs at UNFPA integrated Health facility.



Likewise in effort to strengthen referral mechanism most especially in hard to reach and difficult settlement UNFPA has donated a total 32 mobile ambulance to the BAY States Government. 19 were donated to Borno State, 5 were donated to Yobe State and 8 donated to Adamawa State.

The ambulance are equipped with COVID-19 PPE and readily available to strengthen mobile outreaches and house delivery aimed at improving Reproductive, Maternal, New-born and Child Healthcare (RMNCH) in general.



INTERSOS provided a total of 32,122 (M 13,739 and F 18,383) of which U5 cases were 10,954 (34%). The total number of consultations for the reporting month registered a decrease,

compared to the previous month of December. 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 December.

Acute Respiratory Infection (with a total number of 7,830 cases, was the highest cause of morbidity for the month, closely followed by Malaria (with a total of 6,325 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 a decrease in the cases for Acute Watery Diarrhoea, and Bloody diarrhoea across all sites, compared to the previous month, with 55 cases for Acute Watery Diarrhoea, and 165 for Bloody diarrhoea 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, 31 patients were referred, 29 were discharged, and 1 patient still on admission. The patients were from Magumeri and Bama. 2 deaths were registered among the referrals from Magumeri.



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. A total of 77 survivors (1male, 76 females) were provided with comprehensive GBV response services at the OSCs across the BAY states in the month of January. Fifty nine (59) people were provided with GBV information and services including referrals via the toll free hotline in the BAY states. Additionally, SRH commodities and supplies such as sterile hand gloves, male condoms, absorbent cotton wool, plaster, methylated spirit, facemasks, alcohol based hand sanitizer and liquid hand wash were donated to the antenatal, family planning and VCT units of General Hospital Mubi, Adamawa State to support SRH service provision.



Provision of Case Management Services to a Survivor, Potiskum, Yobe State



CARE continues to address GBV & SRHR Challenges in Northeast Nigeria with the Global Affairs Canada project with focus on saving the lives of the communities in Bama and Dikwa Local Government Areas of Borno state. Updates to the activities of this month: GBV operations are underway in all the eight safe facilities formed including case management and support for PSS and CMR-related Confidential referrals with the coordinated promotion by partners and service providers of COVID-19 awareness programming and

sensitizing on key messages that take into account social distancing during daily routine in all mobile clinics and communities. The Protection Committees consist of the GBV champions, community representatives, ward officials, religious leaders and other prominent community members, aided in the smooth execution of the project objectives and also as a means for the project's sustainability strategy.

Furthermore, awareness raising by CARE Partners (NYCN and HEDCAF) within the community is in full gear. GBV champions continued to conduct campaigns and some messages aired via radio to support in the community to highlight and elevate gender and promote right to sexual and reproductive health related to women and girls. The GBV champions are responsible for complementing GBV awareness raising and community mobilization efforts by the Community Volunteers, and also identifying and monitoring GBV risks and incidents.

Total reached on awareness sessions on SRHR/GBV: A total of 3,828; 811 girls; 1,256 women; 791 boys; 970 men; Reached through Radio programme on SRHR/GBV, 3,468; 815 boys, 885 girls, 842 men, 926 women. The number of women and girls reached through ANC services: 1,108: 399 girls, 709 women. On STI services reached, totaled 1,363: 245 boys, 355 girls, 374 men, 389 women. As this would go well on the use of protection methods for safe sex; 75 boys, 30 girls, 106 men and 268 women were supported with condoms (barrier methods). On LARC; 84 girls and 111 women has been so far reached. Birth Controls was also supported with the injection methods with 288 girls and 250 women. The Oral contraceptive method was administered to 284 girls, and 408 women. The GAC SRHR project goals ensures women and girls of reproductive age have access to free SRHR services especially deliveries always which is why traditional birth attendants were supported and conducted deliveries for 13 girls of reproductive age and 24 women; the professional health service providers also contributed to support with the deliveries; 152 girls, 208 women successful delivery. While those provided with Post Natal Care (PNC); 366 girls and 390 women.



LESGO continue to Consolidate Its Awareness Rising Campaigns in selected communities of Mubi North and South as supported by Society For Family Health, Yola Office. This activity is a Door to Door Outreach Mainstreamed with Mental Health and Psychosocial Services to Displaced, Returnees and Host Communities alike. Our Activities for the month also include Community Engagement in COVID-19 Prevention. In this section of activity implementation, a total of 4,791 have been reached.



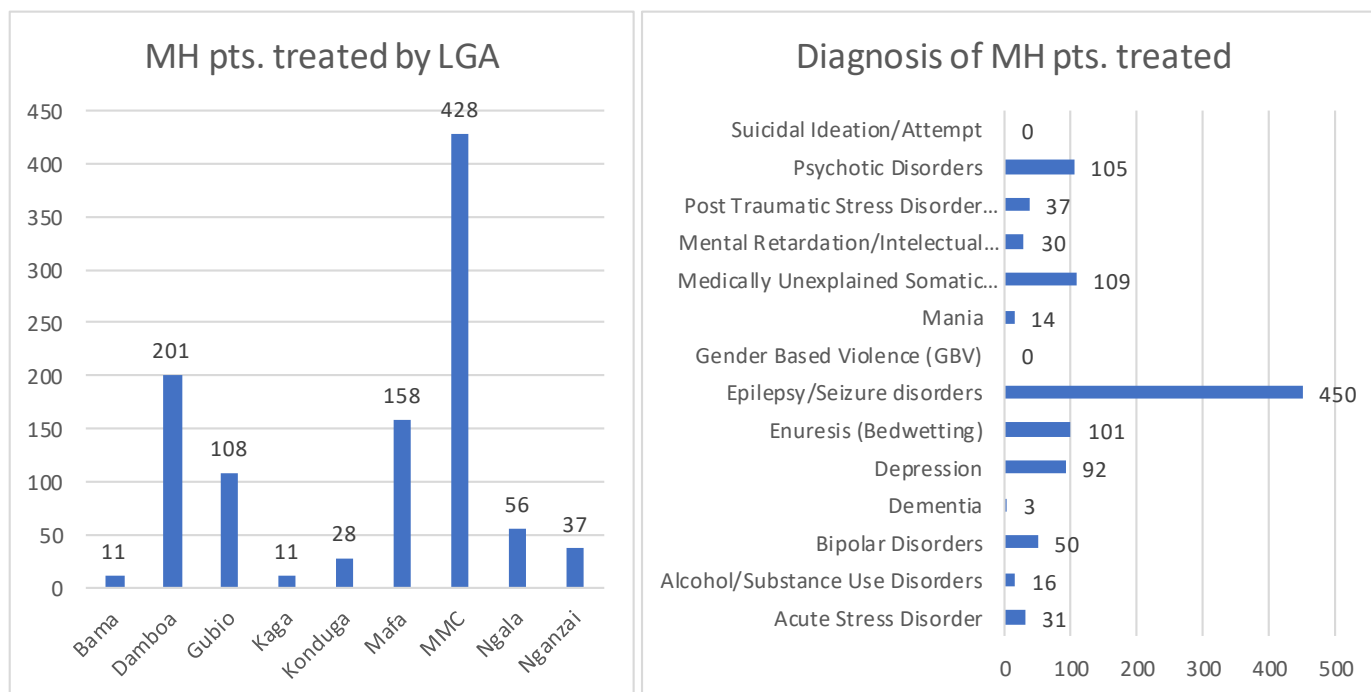
TdH continue to provide humanitarian assistance in Rann area of Kala/Balge LGA with specialized MNCH via a mobile health hub. A total of 1,282 women were reached through medical consultations in this location. In addition, TdH continues to create awareness raising and sensitization on COVID 19, water/Air borne diseases and health related topics 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.



UNICEF reached a total 159,886 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 110,135 (69%) were children below five years. During the reporting period, 67,538 Out-Patient Department (OPD) consultations were recorded with Malaria – 24,398 being the major cause of consultation, followed by ARI/Pneumonia – 15,465; AWD – 6,200 measles cases – 93 and other medical conditions – 21,382. A total of 85,553 prevention services were recorded including 6,821 children vaccinated against measles through RI services; 38,810 children and pregnant women reached with various other antigens; Vitamin A capsules – 12,647, Albendazole tablets for deworming – 9,040, and ANC visits – 16,040 and 2,145 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,461 deliveries (skilled delivery – 2,267, unskilled – 194) and 4,334 postnatal/home visits were recorded during the reporting period.



WHO in collaboration with SPHCMB have intensified the delivery of frontline mental health psychosocial support services in PHC centres in security-compromised LGAs. Earlier, WHO and SMOH trained 35 PHC workers from 14 PHC centres in the state on mhGAP, and provided them with drugs, commodities and reporting tools. In week 05, WHO supplied and distributed Psychotropic Drugs and manuals to PHC facilities and workers trained on mhGAP. 14 PHC facilities and 35 PHC workers trained on mhGAP have been supplied with psychotropic drugs and manuals. The trained PHC workers on mhGAP treated a total of 1,038 patients with mental health disorders made up of 500 males and 538 females in 15 HFs across 9 LGAs. Charts below represent those treated by LGA and the diagnosis. MHPSS SWG had a virtual meeting on 28th January 2021, where discussions centered on strengthening MHPSS coordination at the LGA level, COVID-19 MHPSS response, and WHO's specialized mental health care outreaches in host communities and IDP Camps.



HTR: 17,468 clients were seen by WHO supported 8 H2R teams providing services in 10 LGAs of Adamawa state. The teams treated 16,621 persons with minor ailments and dewormed a total of 1584 children during the month. Pregnant women were provided FANC services with 813 of them receiving Iron folate to boost their haemoglobin concentration while 415 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy. The HTR teams in Borno state provided essential medical health services to IDP new arrivals from Gubio, Guzamala in Monguno GSSSS IDP Camp, services provided included screening for malnutrition, deworming, vaccination and treatment for minor ailments. A total of 1,509 persons were seen (female-841, Male-668), 46 children <5yrs were screened for malnutrition (MAM cases were : 6, while SAM cases: 2)

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. Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic a total of 109 new SAM cases were admitted and 107 cases were discharged from the program. 6 SAM

cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 45 new SAM cases with complications and discharged 52.

2,309 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 85% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. The number has of the reduction of participants in order to maintain social distance during the training session.



WHO continues to provide nutrition lifesaving activities and support. 10,145 children were screened for Malnutrition using MUAC by WHO supported 10 H2R teams. Of this number, 69 (0.7%) children had MAM and their caregivers were counselled on proper nutrition, while 11 (0.1%) 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 strategy, the health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work in inaccessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupt and further challenges the health programs implementation.
- Access to secondary health care and referral services in remote areas is significantly limited.
- Unavailability of network coverage in the newly accessible 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>

For more information, please contact:

Dr. Kida Ibrahim

Incident Manager PHEOC

Email: kida.ibrahim@gmail.com

Mobile : (+234)08035570030

Mr. Muhammad Shafiq

Health Sector Coordinator-NE Nigeria

Email: shafiqm@who.int

Mobile: (+234)07031781777

Mr. Oluwafemi Ooju

Health Sector IMO-NE Nigeria

Email: oojuo@who.int

Mobile: (+234)08034412280