



Health Sector Bulletin

June 2020



Point of Entry (PoE) surveillance at Maiduguri Int. Airport

Northeast Nigeria Humanitarian Response

COVID-19 Response



5.6 Million
People in need
of health care



4.4 Million
targeted by the
Health Sector



1.9 Million *
IDPs in the
three States



> 2.0 million people
reached in 2020***

HIGHLIGHTS

- Cholera preparedness activities are ongoing including mapping of cholera hotspots, prepositioning of Cholera kits, RDT kits and other supplies, the establishment of CTCs/CTUs and ORPs, training of laboratory focal persons on the diagnosis of cholera cases, retraining of the health facility surveillance focal persons, sensitization of health workers and communities, printing and distribution of Cholera specific IEC materials.
- Amidst COVID-19 response, Health and WASH Sectors have developed Joint cholera preparedness and response plan for BAY states.
- COVID-19 response partners are supporting the ongoing seasonal malaria chemoprevention in 25 LGAs of Borno state.
- Surveillance and contact tracing activities have been scaled up in all COVID-19 affected wards/settlements. More than 4,100 listed contacts have successfully exited follow-up in three states i.e. Borno: 3034 (65%); Adamawa 553 (92%); and Yobe 604 (90%); Partnership with community leaders and volunteers to support contact identification and tracking in the communities also to address stigmatization.
- Infection Prevention and Control (IPC) practices in communities, IDP camps and health facilities are ongoing and will be further strengthened to ensure standard protocols for care of positive cases and protection of health care staff in isolation facilities and frontline humanitarian workers in communities.
- 65% of all LGAs across the BAY states have reported no single case of COVID-19 since the outbreak was confirmed: (59% i.e. 16 LGAs in Borno; 62% i.e. 13 LGAs in Adamawa; and 77% i.e. 13 LGAs in Yobe state;
- Three LGAs (Maiduguri Metropolitan Council (Borno), Damaturu (Yobe) and Yola North (Adamawa) account for 49% of 746 cases of COVID-19 across the BAY states.

Health Sector



45 HEALTH SECTOR PARTNERS
(HRP & NON-HRP)

HEALTH FACILITIES IN BAY STATE**



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

CUMULATIVE CONSULTATIONS



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

EARLY WARNING & ALERT RESPONSE



275 EWARS SENTINEL SITES
201 REPORTING SENTINEL SITES
1,246 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2019



2.30% FUNDED
GAP: 84.2M USD

* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXX

**MoH/Health Sector BAY State HeRAMS September/October 2019/2020

***Number of health interventions provided by reporting partners as of June 2020.

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

***** The number of alerts from Week 1 – 26, 2020.

COVID-19 situation in IDPs camps:

The on-going crisis in Northeast Nigeria has affected more than 7.9 million people and over 2 million IDPs across the three northeast states of Borno, Yobe and Adamawa. More than 1.4 million displaced people are residing in camps or camps like settings. The threat of the COVID-19 pandemic looms, particularly for its 1.8 million Internally displaced persons (IDPs) in the three states, and even more for the 413,271 IDPs living in the 51 highly congested camps (28 in Maiduguri metropolitan area and 23 in deep field locations). Health partners are working on ramping up a community-based surveillance system using syndromic approaches for case detection and tracing in all accessible areas. The presence and rapid deployment of an outbreak rapid response teams is ongoing to ensure their presence in camps and hosting communities for investigation of alerts and referrals of suspected cases for diagnostics, potential isolation and case management. The COVID-19 response is based on eight key response pillars to address prevention, preparedness and response actions. WHO and Health Sector Partners are supporting the government led COVID-19 response also in collaboration with WASH, CCCM, Shelter and all other sectors for a coordinated response including the construction of quarantines and isolation centres, social distancing mechanisms, early warning and alert systems for the timely containment of transmission and facilitate joint inter-sectoral interventions. An incident management team is already working at the level of Public Health Emergency Operation Centre (PHEOC), supporting on key priority actions including rapid deployment of designated staff from state and partner organizations in high-risk areas for priority preparedness and response actions, monitoring the POE surveillance, scaling up of IPC measures, development and dissemination of IEC materials etc. Minimum requirements are in place, including functional triage system and isolation rooms, trained staff (for early detection and standard principles for IPC); and adequate IPC materials, including personal protective equipment (PPE) and WASH services/hand hygiene stations. A 100 beds capacity isolation centre is functional in Maiduguri with all necessary equipment including ventilators, PPE and other supplies are available. Another 300 beds capacity isolation centre is functional for the treatment of low-mild cases. An isolation ward and ICU is also functional in University of Maiduguri with a functional lab for testing of suspected cases. An additional molecular lab will be functional very soon to scale up the testing capacity to identify the confirmed cases and support enhanced contact tracing measures. The protection and safety of frontline health workers and also other humanitarian workers is paramount in this situation as there are reports of more than 40 health workers infected with the virus as they are more exposed to the virus while working in health facilities and communities. In order to protect health and other humanitarian workers on the request of RC/HC WHO has approached the Nigerian Humanitarian Fund (NHF) for funding to procure protective gear and supplies for around 4000 humanitarian workers in northeast Nigeria. Health Sector is working with IOM, CCCM & Shelter Sector partners on the design and layout of the quarantine and isolation centres more in line with needs on the ground and adaptable to the local context. Construction work on quarantine centers has been completed in more than six IDP camps in deep field locations. The existing infrastructure will be repurposed to serve as a safe quarantine space such as government and other abandoned buildings which will improve the reception capacity for new arrivals and enable self-quarantine of IDPs before proceeding to the camps. Construction and repair of emergency shelters, rehabilitation, and refurbishment of damaged structures like latrines, water points, drainage system etc. are all prioritized in all high-risk IDP camps.

There's still no indication of widespread community transmission in the IDPs camp based on the active case search that is ongoing presently. There were 31 confirmed cases reported in conflict affected areas of Borno state while 11 of the confirmed cases were from IDP camps. Active case search teams were engaged and deployed across the camps to conduct household sensitization and risk communication activities. This is in addition to the contact tracing teams deployed to track cases whenever there is any positive case. All suspected cases were referred to the mobile testing teams for sample collection and transportation to the lab for analysis. Holding area tents were identified to keep patients before transporting them to isolation centers. Preventive measures such as provision of hand washing points and distribution of face mask was done to complement the continuous risk communication activities among the vulnerable population. Infection Prevention and Control (IPC) practices in communities, IDP camps and health facilities are ongoing and will be further strengthened to ensure standard protocols for care of positive cases and protection of health care staff

in isolation facilities and frontline humanitarian workers in communities. There were total of 245 tests conducted, 214 of which are negative while 31 are positive.

Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 26: A total of 201 out of 275 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 70% respectively (target 80%)

Total number of consultations in week 26: Total consultations were 37,425 marking a 9% increase in comparison to the previous week (n=34,225)

Leading cause of morbidity and mortality in week 26: Malaria (suspected n= 8,932; confirmed n= 5,046) was the leading cause of morbidity reported through EWARS accounting for 34% of the reported cases. No mortality reported through EWARS this week

Number of alerts in week 26: Thirty-eight (38) indicator-based alerts were generated with 89% of them verified



Figure 1: Morbidity Patterns

Malaria: In Epi week 26, 5,046 cases of confirmed malaria were reported through EWARS. Of the reported cases, 420 were from General Hospital Biu, 200 were from Uba General Hospital in Askira-Uba, 138 were from Algon Clinic in Monguno, 134 were from PUI Waterboard Extension IDP Camp Clinic in Monguno, 122 were from ICRC FSP Clinic in Monguno, 121 were from PUI Mobile Clinics in MMC and 120 were from Shuwari Host Community Clinic in Damboa. No associated death was reported

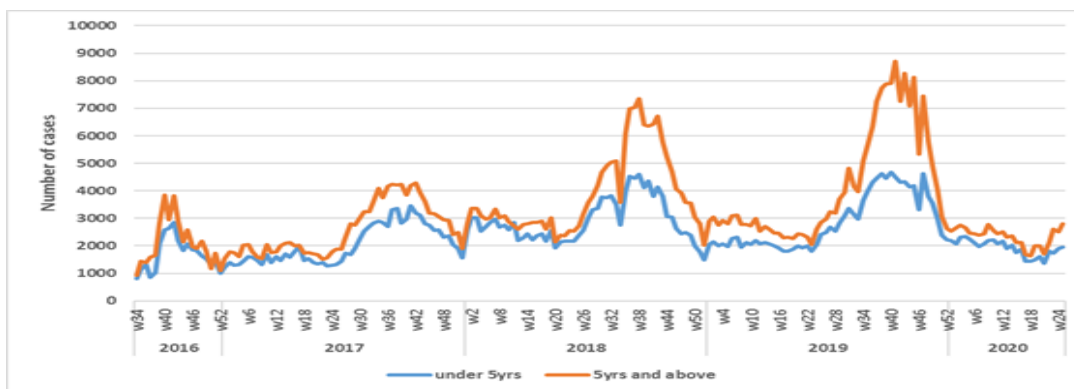


Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 – 26 2020

Acute watery diarrhea: In Epi week 26, 893 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 155 were from PUI Mobile Clinics in MMC, 148 were from Ngaranam PHC in MMC, 88 were from Herwa Peace PHC in MMC, 74 were FHI360 clinic Banki in Bama, 64 were from Gwoza Wakane IDP Camp Clinic in Gwoza, 56 were from Sabon Gari Lowcost IDP Camp Clinic (MDM) in Damboa and 51 were from Mafa Central IDP Camp Clinic (TDH). No associated death was reported.

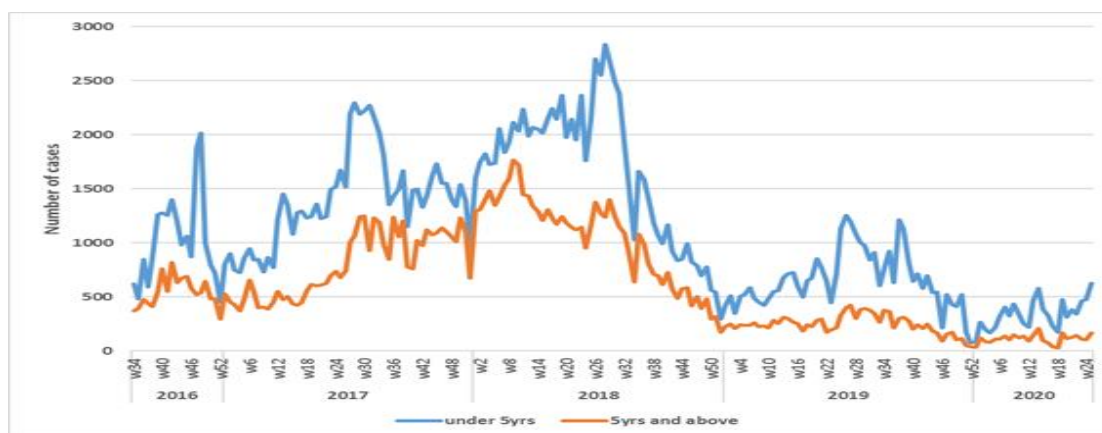


Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016- 26 2020

Acute respiratory infection: In Epi week 26, 6,948 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 418 were from PUI Mobile Clinics in MMC, 252 were from Fori PHC in Jere, 225 were from FHI360 clinic Banki in Bama, 212 were from INTERSOS Health Facility in Bama, 207 were ICRC FSP Clinic in Monguno, 201 were from AAH Gana Ali IDP Camp Clinic in Monguno and 200 were from Algon Clinic in Monguno. No associated death was reported.

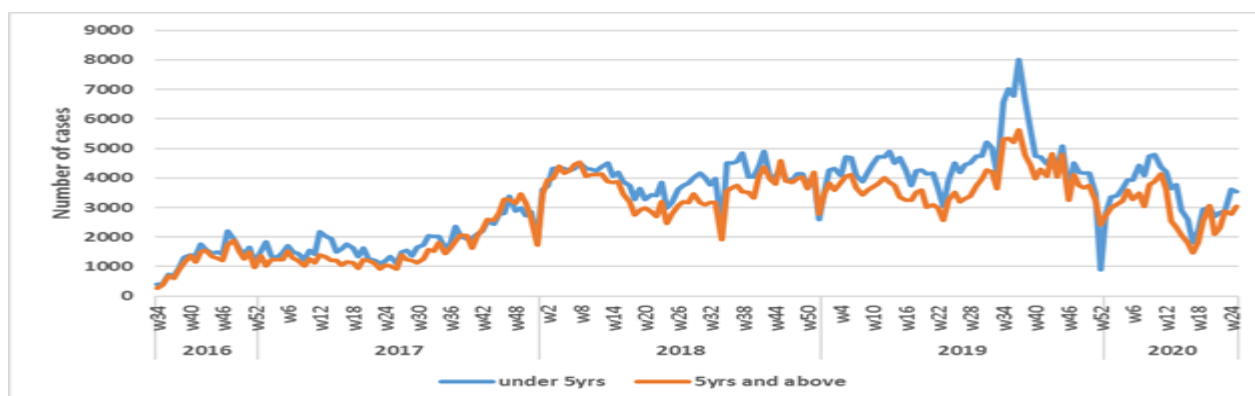


Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016- 26 2020

Suspected Measles: Twenty-four (24) suspected measles cases were reported through EWARS in week 26. Of the reported cases, 10 were from INTERSOS Health Facility in Bama, 3 cases each from Bargu MCH in Shani and Hausari IDP Camp Clinic (MDM) in Damboa and 2 were from INTERSOS Health Facility Gamboru in Ngala. Eighteen (18) additional cases were reported through IDSR* from Biu (1), Hawul (1), Jere (2), Kukawa (2), MMC (4) and Monguno (8) LGAs making a total of 42 suspected measles cases. No associated death was reported.

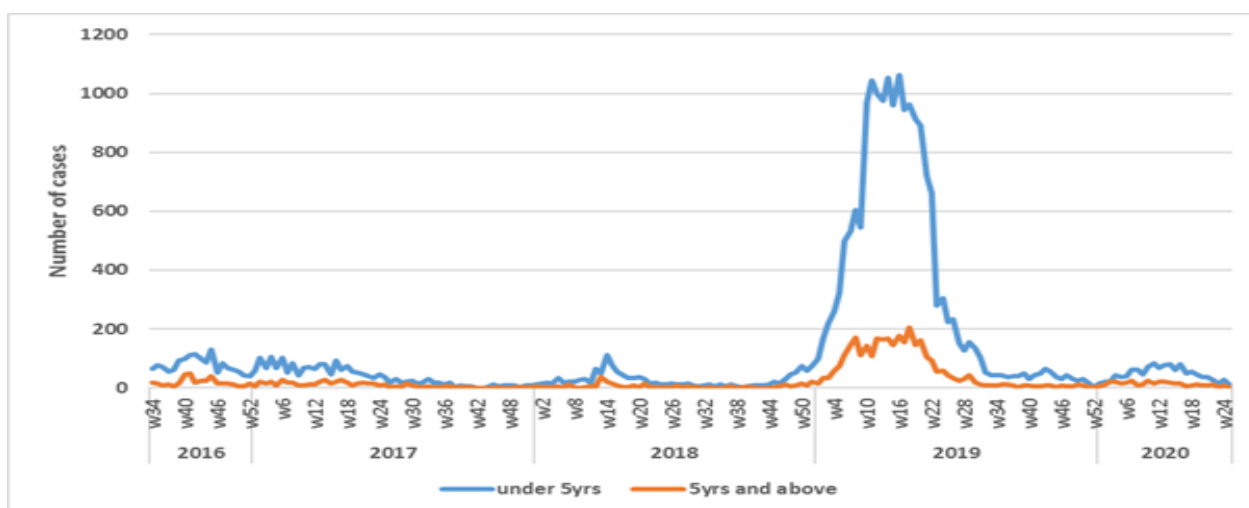


Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016- 26 2020

Suspected Yellow Fever: Three (3) suspected yellow fever cases were reported through IDSR from Gubio (1), Hawul (1) and Ngala (1). No associated death was reported

Suspected Meningitis: One (1) suspected meningitis case was reported through EWARS from University of Maiduguri Teaching Hospital in Jere

Suspected VHF: One (1) suspected VHF case was reported through EWARS from Gwange PHC in MMC

Suspected cholera: No suspected cholera case was reported in week 26

Malnutrition: 1,476 cases of severe acute malnutrition were reported through EWARS in week 26. Of the reported cases, 80 were from Fori PHC in Jere, 61 were from Kurbagayi MCH in Kwaya Kusar, 49 were from Damboa MCH, 48 were from PUI Mobile Clinics in MMC, 45 were from Gamadadi PHC in Bayo, 43 were from Ngaranam PHC in MMC and 40 were from Fariya IDP Camp Clinic in Jere. No associated death was reported

Neonatal death: No neonatal death was reported through EWARS in week 26

Maternal death: No maternal death was reported through EWARS in week 26.

*IDSR- Integrated Disease Surveillance and Response

Health Sector Actions



AAH continue to provide Emergency Humanitarian Response in Borno and Yobe State by providing 5,908 women with sexual and reproductive health services. 4,471 women received ANC services while 1,437 received PNC services. Outpatient consultations provided 57,427 beneficiaries (Male –24,206, Female – 33,221) with healthcare services at the health facilities, and out of this figure, 26,395 were under 5 children and 31,032 were 5 years and above. Malaria was the major cause of consultations with 9,484 consultations, followed by RTI with 8,622 consultations, AWD with 6,087 consultations, Measles with 49 and other medical conditions with 33,185 consultations.

A total of 15,571 (3,910 Male, Female – 11,661) population were reached with six key hygiene messages through mother-to-mother support groups and Community Health Mobilizers. The messages disseminated were hygiene messages, childhood illness danger signs and early referral to health facilities, MIYCN including balance diet with the use of locally available nutritious foods, importance of ANC services, institutional delivery, immunization, malaria prevention through environmental sanitation and appropriate use of mosquito nets, cholera preventive and control measures, availability of STIs care at health clinics and COVID-19 preventive measures. Immunization services were also provided with BCG, OPV, PENTA, PCV, IPV as well as TT vaccines and a total of 14,344 (Male – 6,929, Female-7,415) children and pregnant women were vaccinated against vaccine preventable diseases. With regards to capacity enhancement, two round sessions of Continuous Medical Education [(CME); on-the-job training] was conducted for the 24 Stabilisation Centre staff (14 males, 10 females) on the topic; management of diarrhea and vomiting. Similarly, 13 (5 males, 8 females) health workers, comprising of 1 medical doctor, 6 Nurse/midwives, 1 Pharmacy Technician, and 5 health educators at the Stabilization Centre received Inpatient Management of Severe Acute Malnutrition (SAM) Training. Health workers received refresher training on Integrated management of neonatal and childhood illnesses, in attendance were 40 persons (13 males, 28 females); 4 medical doctors, 13 Nurse/midwives, 2 Pharm tech, 21 CHEWS/Health educators. Other sets of health workers received refresher training on detection and management of NCDs; in attendance are 21 persons (17 males, 4 females) – 1 medical doctors, 4 Nurse/midwives, 16 CHEWS/Health educator. Another batch of 17 (0 males, 17 females) Community Health Mobilisers were trained on Health Promotion, Identification and Referral of Sick Patients. In Monguno, AAH sensitized 2,276 (573 males and 1703 females) community members on COVID-19 infection prevention and control measures.



Baby Hadiza at AAH supported stabilization Centre facility – Mala Kachalla, Maiduguri



ALIMA provided 11,994 outpatient consultations and managed 256 patients in the Inpatient Department. A total of 474 deliveries were assisted by a skilled attendant and 922 PNCs and 4,052 ANC consultations were conducted. Eight (8) C-sections were performed at Monguno General Hospital. 2234 OPD consultations for children under 5 were provided in Muna Clinic with 13 referrals and a total of 2727 consultations for beneficiaries of all ages were provided in Teachers' Village Clinic and 105 referrals were made. Also, 660 OPD consultations for all ages were provided at Waterboard Reception Clinic in Monguno whereas in Askira and Hawul LGAs in southern Borno, 9 PHCs and 1 General Hospital in Askira are being supported by ALIMA, where a total of 3324 OPD consultations for children under 5 were conducted which is quite lower compared to previous month's consultations. 16 hospitalizations were also made for under 5 years. 5 cases of measles were recorded in Charamari, Kuya and Market Area in Monguno and were treated at ALIMA health facilities. 37 cases of gunshot wounds were also received at the health facilities with 16 cases referred to Maiduguri in collaboration with ICRC.

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. Sensitization in response to COVID-19 pandemic has commenced in General Hospital Monguno and measures have been put in place in the department of the hospitals with good IPC. 1232 ANC and 131 PNC consultations (out of which 640 ANC are first visits and PNC within 72 hours of delivery 121) at Muna Clinic with 2 referrals were carried out in MMC and Jere LGAs as part of SRH activities, whereas 941 pregnant women in total came for ANC (1,569) at the Teachers' Village Clinic while the total PNC consultations were around 176 (PNC within 72 hours 133). At CBDA Clinic, BEmOC activities were conducted where 116 deliveries were recorded, and a total of 15 referrals were made to secondary/tertiary care and 125 deliveries were also conducted at TVC Clinic. The total number of deliveries is higher compared to last month's deliveries. Also, 10 Traditional Birth Attendants in Muna and 8 in TVC were engaged to refer patients from community for delivery at CBDA and TVC Clinic. 200 deliveries were recorded and 1232 ANC consultations were conducted in Askira and Hawul LGAs.

Training on sample collection for ALIMA Monguno staff and MOH staff was conducted at the Monguno Isolation Centre. ALIMA recently started MHPSS activities with staff care, individual sessions, groups and various MHPSS sensitization across all ALIMA facilities.



CPPLI with support of Plan International conducted a step-down training to Community-Based Child Protection Committee (CBCPC), After School Club Facilitators, Community Volunteers and Safe Space Facilitators on COVID-19 preventive measures focusing on its signs and symptoms, transmission, preventive measures and high risk factors, safety of staff and associates as well as adequate response to child protection incidences within the COVID-19 context. The step-down training was facilitated by the caseworkers across all the 15 BMZ project communities. 164 persons (75 females, 89 males) were in attendance.

After school club activities were ongoing across Askira-Uba in Borno State and Michika LGA in Adamawa State. The topics covered included Sexual Reproductive Health and Rights (SRHR). A total of 13 Adolescent girls were reached.



FHI 360 provided 12,629 outpatient curative consultations in her clinic facilities in Dikwa, Banki, Ngala and Damasak. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 3,237 cases. It accounts for the highest morbidities in four sites (Dikwa, Ngala, and Banki and Damasak). Also, malaria (1,561 cumulative cases) was the second major cause of morbidity across the four sites.

A total of 696 persons with peptic ulcer were treated across all FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 524 cases. 2,018 children were vaccinated against various vaccine-preventable diseases. Ngala continues to have the highest number of recipient children (919 children). Also, 1,073 women of reproductive age received tetanus toxoid vaccination across all FHI 360 clinics.

2 cases of sexual violence were also managed at FHI 360 health facility. Both cases were managed accordingly while maintaining confidentiality. The victims were both referred appropriately to Protection for psychosocial support.



FSACI with support from Civil Society on Malaria Control, Immunization and Nutrition (ACOMIN) carried out sensitization on malaria prevention and treatment/use of long lasting insecticide net, monitoring of Global fund supported facilities and supply commodities, sensitization on Maternal and new Child Health as well as creating awareness on COVID-19 in two facilities in Dwam Ward, Dowaya and Sakato health facilities in Demsa LGA of Adamawa State. Focus Group Discussions (FDG) with pregnant women and lactating mothers were held at Dowaya facility. Sensitization of pregnant women and lactating mothers on the need to attend Antenatal Care was also done. Also, sensitization of the community on COVID-19 pandemic was carried out and the need for washing of hands always and the correct use of face mask was encouraged. 94 beneficiaries received aqua taps and stickers.



INTER SOS provided a total of 25,724 consultations (11, 787 males and 13,937 females) of which 8,844 (34%) were under 5 years. The total number of consultations for the reporting month recorded an increase compared to the previous month of May. Also the number of consultations recorded for the month, was higher than the number of U5 consultations seen in the month of May. Acute Respiratory Infection (with a total number of 4,727 cases continues to be the highest cause of morbidity, closely followed by Malaria (with a total of 3,323 cases). This number is higher than the number of ARI cases and Malaria cases seen in the month of May. INTERSOS health facilities also registered a decrease of cases for Acute Watery Diarrhea, and Bloody diarrhea across all sites, compared to the previous month, with 19 cases for Acute Watery Diarrhea, and 132 for Bloody diarrhea respectively. From the Morbidity breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites.

Table 1: Total consultations, June, 2020

		MALE	FEMALE	TOTAL	Proportions U5years	
1	Bama HF	880	1,263	2,143	983	46%
2	Bama MCs	499	714	1,213	513	42%
3	Dikwa HF	593	860	1,453	813	56%
4	Dikwa MCs	567	820	1,387	360	26%
5	Gamboru-Ngala	1,247	1,536	2,810	1,186	42%
6	ISS Camp-Ngala	258	267	525	164	31%
7	Magumeri Hospital	6,560	6,963	13,523	3,904	29%
8	Magumeri MCs	1,183	1,487	2,670	921	34%
Total		11,787	13,937	25,724	8,844	34%

A total 2,437 women were provided with Sexual and Reproductive health services at Bama Clinic, Ngala Clinic, Dikwa Clinic, Magumeri Hospital and Magumeri Mobile Clinics. 1,103 of the beneficiaries were first time attendees while 1,334 were follow-up attendees. Also, a total of 309 PNC attendance was recorded across the aforementioned health facilities and there were 55 new deliveries across the various clinics with Magumeri Hospital having the highest number with 40 new deliveries.

110 hospitalizations were made, out of which 45 hospitalizations were for SAM cases with complications, 37 non SAM cases under 5 years with life threatening conditions, 28 non SAM cases above 5 years with life threatening conditions and as well as 17 Gynecology/Obstetric cases, with complicated cases being admitted for more than 24 hours.

A total of 9 referrals were made from Magumeri. 5 were discharged while 4 deaths were recorded among the referrals.



IRC with funding from SIDA, EU, OFDA, NHF, ECHO, DFID and GAC reached a total of 52,243 beneficiaries, out of which 20,513 were male and 31,730 were female. Out of this total, 31,973 were provided with comprehensive Primary Health care and Reproductive Health services at mobile clinics and supported static health facilities. Reproductive health service reached 3875 client and facility skilled birth delivery was 574. Personal Protective Equipment and IPC supplies were distributed to all supported Health facility to enable health workers conduct clinic service safely.

20,270 beneficiaries were reached with health promotion activities (12,015 females and 8,255 males). Major focus of health promotion and sensitization carried out at the clinics and in the communities was on symptoms and signs of COVID-19, prevention of infection and Infection Prevention and Control.

Capacity building sessions in form of on-the job training were conducted for 28 (10 females, 18 Males) MOH/LGA nurse, midwives, CHEWs from supported Health facilities, and Community Health Committee members in Magumeri and Gajigana. The training was on wound dressing, disinfection and sterilization of hospital equipment and as well as Risk Communication and Community Engagement for COVID-19.



Twin delivery at Bakassi camp IRC RH clinic, Maiduguri MMC Borno state.



SWOGE carried out Client Exit Interviews, Key Informant Interviews, Focused Group Discussions in Shagari and Yolde Pate community, COVID-19 awareness in all ACOMIN programs and Advocacy to relevant stakeholders. 20 clients participated in the Client Exit Interview at the Federal Medical Centre Yola. Entry Focus Group Discussion (FGD) was conducted at Yolde Pate Community with 12 participants and CATs members in attendance whereas the exit Focus Group Discussion was conducted at Nasarawo (Lamido Zubairu Community). In attendance were 11 participants and CATs Members. Community sensitization on Global Fund free Malaria Services, the need to access quality service delivery were conducted at the Federal Medical Centre Yola and other primary health care centres. Key Informant Interviews were carried out at the pediatric unit of the Federal Medical Centre and at the Yola South Primary Healthcare Development Agency. SWOGE also integrated sensitization and awareness on COVID-19 pandemic into existing questionnaires and programs. Community members at the FGD and clients at Client Exit Interview were advised on regular hand washing, observation of social distancing, wearing of face mask and as well as general hygiene.



Swoge exit FGD at Yolde Pate, Yola,



TdH provided a total of 37,267 beneficiaries with health services in Mafa Central LGA, Mafa Rural LGA and in Rann – Kala Balge LGA. The great majority of the beneficiaries are PLW women, women in reproductive age and children (mainly under 5). 25,783 of the beneficiaries were from Mafa LGA (Central and Rural) and 11,486 were from Rann – Kala Balge LGA. The beneficiary structure consists of 2,186 patients from our Reproductive health services in TdH Health Mobile Hubs, while 35,083 are PLW, and other family members reached by the net of our Community Health Volunteer and active TBAs from the aforementioned communities. Some of the challenges being faced by TdH in the implementation of its activities are lack of funding to support the reorganization of regular health activities toward COVID-19 recommendations and guidelines from SMOH and WHO/UN agencies, demanding high human resources engagement and significant material inputs. Other factors include difficult access to the implementation areas due to geographical isolation (bad roads), to Rann especially; absence or inadequate structure of the Government Health System in the intervention locations.



UNICEF provided a total of 152, 501 children, women and men with OPD consultations for integrated PHC services in all UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 77,840 (51%) were children below five years. 64,578 Out-Patient Department (OPD) consultations for curative services were recorded, with Malaria – 17,321 being the major cause of consultations, followed by ARI – 12,201; AWD – 7,346; measles – 284, and other medical conditions – 27,426. A total of 78, 183 consultations for prevention services were recorded, including 4,219 children vaccinated against measles through RI sessions; 35,242 children and pregnant women reached with various other antigens (Penta, OPV, TT, Hepatitis, PCV, Meningitis, Yellow Fever); Vitamin A capsules – 11,019, Albendazole tablets for deworming – 8,803, ANC visits – 16,413, and 2,239 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,815 deliveries (skilled delivery – 2,476, unskilled – 339) and 6,925 postnatal/home visits were also recorded.



WHO supported the training of 55 private practitioners and frontline HCWs from Hong LGA on IPC, Case reporting and Risk Communication on COVID-19. These categories of personnel are expected to cascade the training to other colleagues in their respective facilities. Also, operational HSWG, HSWG and ISWG members along Mubi and Yola were trained on IPC, case reporting and risk communication. 100 HSWG and ISWG members were trained along Yola and environs while 50 OHSWG partners from Mubi axis were trained. 1324 children were treated for malaria, diarrhea and Pneumonia by 52/63 CoRPs in 8 LGAs of the state. 1016 of the children were screened for malnutrition using

MUAC. 53 (5.2%) of the children screened had MAM and were counseled on proper nutrition, while 2 (0.2%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management. Furthermore, 13180 clients were seen by WHO supported 8 H2R teams providing services in 8 LGAs of Adamawa state. The teams treated 12687 persons with minor ailments and dewormed a total of 1833 children during the month. Pregnant women were provided FANC services with 632 of them receiving Iron folate to boost their hemoglobin concentration while 493 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.



UNFPA has sustained continue support to the Nigerian government's efforts to ensure access to critical lifesaving services including provision of drugs and commodities as part priority in the integrated sexual and reproductive health activities in the humanitarian context of the Northeast, services are mainly delivered in strict compliance with COVID-19 guidelines and enhanced infection control measures. The agency prioritize strengthening of government and partner' capacity, coordination and promotion of synergy through collaboration among partners for equitable, timely and quality sexual reproductive health services. The MISP approach centered on reducing excess maternal morbidity and mortality, we prioritized safe delivery under direct support from skilled birth attendant with 14 deliveries supported, 373 women attended Antenatal care, 41 postnatal care services provided included alternative teleconsultation. Some 70 service providers trained, 35 on mental health and psychosocial support while 35 individuals on GBV case management across BAY for effective and quality service provision. As part of strategic approach to provide quality services we ensure timely and equitable Healthcare service to survivors of sexual violence (Clinical Management of Rape) and Mental Health and Psychosocial Support, treatment of STIs, uptake of family planning and dissemination SRH information and sensitization are given attention. Giving the protracted crisis we prioritized humanitarian services are linked with development nexus hence gradual rolling out of comprehensive sexual reproductive health services, 184 women of reproductive age received family planning services across the service points, 40 women benefited menstrual hygiene kits, and 6 benefited from treatment of STIs at UNFPA integrated Health facility. Some 2,772 individuals reached with key SRH/ASRH including COVID-19 messages through sensitization and awareness raising.



Distribution of menstrual Hygiene Kits at Integrated Health Facility, Muna Camp

In Yobe, lifesaving Sexual & Reproductive Health (SRH) and Gender Based Violence (GBV) Prevention and Response support to returnees, recent displacements and host communities continues with ensuring SRH & GBV services at service delivery points were not interrupted by the lock down and movement restriction, UNFPA provided the much needed Personal Protective Equipment's (PPEs): 1750, 2000, 800, 193 cartons of Face masks, Gynaecological gloves, Sterile surgical gloves and hand sanitizers respectively to core health facilities providing essential SRH/GBV Services. Supported the One Stop Centre for GBV & SRH at General Hospital Potiskum with Toll Free Help Lines for survivors of GBV, and also provided care to 27 people. The Yobe Maternal & Perinatal Death Surveillance and Response (MPDSR) meeting was held to coordinate and improve Maternal & Child Health Services across the state. Up to 19 health facilities were supplied with 76 cartons of Emergency Reproductive Health Kits expected to cater for up 150, 000 people.

Nutrition Updates



ALIMA continue to provide lifesaving Nutrition services across all implementing sites. Nutrition interventions were conducted at Muna Clinic with a total of 258 new SAM cases admitted and 218 cases were discharged from the program. 24 SAM cases with complications were transferred out to ALIMA ITFC at UMTN. In total 123 new SAM cases with complications were admitted and 124 were discharged. 25 new SAM cases were admitted at Water Board ATFC in Monguno and 28 were discharged from the program. 2 SAM cases with complications were transferred from ATFC at ITFC. In Askira

and Hawul LGAs, 121 children suffering from SAM in ATFC were admitted and 6 complicated SAM cases at the ITFC in Askira were treated.

Similarly, 10,572 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 86% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. The number has drastically reduced because of the reduction of participants in order to maintain social distance during the training session.



AAH provided facility-based MUAC screenings for children 6-59 months old in 59 AAH supported health facilities in Borno State. As a result, a total of 24,492 children were screened. Out of those, 2,684 children were found to be severely acutely malnourished (SAM), 8,870 were moderate acutely malnourished, and the rest 12,938 children were found normal. 2,659 severely malnourished children were enrolled for treatment in action against hunger supported health facilities and rest referred to Health facilities supported by partners. 2,201 children were successfully treated cured and Discharged from OTP in June while 73 children with SAM and medical complications were treated cured and discharged back to community from ACF supported stabilization center. Caregivers received messages on complementary feeding, improved hygiene practices, COVID-19 preventive measures, and other essential IYCF practices.



WHO screened 7164 children for Malnutrition using MUAC by WHO supported 8 H2R teams. Of this number, 53 (0.7%) children had MAM and their caregivers were counseled on proper nutrition, while 31 (0.4%) 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 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 <http://health-sector.org>

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