



Northeast Nigeria Humanitarian Response

COVID-19 Response



Humanitarian Worker Been Vaccinated – COVID-19

Health Sector Bulletin

April 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



0.76 Million***

PEOPLE REACHED IN
2021

Highlights

Below are key highlights on COVID-19 across the BAY state as of 9th of May, 2021

ADAMAWA STATE:

- 19 new confirmed cases were reported within the week. None of which is an active case because of the long turnaround time in the laboratory.
- 276 new samples were taken across the LGAs within the reporting week.
- Total number of confirmed cases as of 9th May 2021 stands at 1,130 with 32 deaths.

BORNO STATE:

- 1 new case confirmed for the reported week.
- The total number of Confirmed Cases as at end of epi-week 18 stands at 1,348.
- 1 active case receiving care.
- No death recorded in week 18.
- Total associated deaths - 38.

YOBE STATE:

- Fifteen (15) new confirmed cases were reported in week 18.
- The total number of confirmed COVID-19 cases is four hundred and thirty-six (436).
- The total number of active confirmed cases is forty-six (46).
- Nineteen (19) patients have recovered, and no COVID-19 related mortality.
- Yobe SMOH and SPHCMB, in collaboration with WHO, provided COVID-19 vaccination to the UN staff and their dependents in the state. In the end, up to 51 people [32 Males, 19 Females] were provided with the first dose of the COVID-19 vaccine. Only 2 non-serious AEFIs were reported.

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



62,531 CONSULTATIONS****

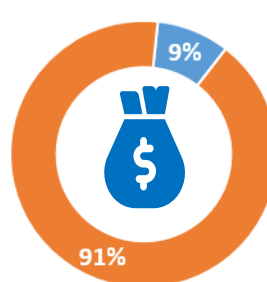
1,088 REFERRALS

EARLY WARNING & ALERT RESPONSE



273 EWARS SENTINEL SITES
166 REPORTING SENTINEL SITE
877 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2021



■ Funded ■ Gap

\$83.7M

*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 March 2021.

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

***** The number of alerts from Week 1 – 17, 2021

Situation Updates

WASH Infrastructure Mapping in Borno State:

With the support of the Nigeria Water, Sanitation, and Hygiene sector (WASH), REACH is happy to announce that the WASH Infrastructure Mapping factsheets are now available.

To support ongoing humanitarian activities in WASH related programs, REACH assessed 3,579 latrine units and 1,568 waterpoints, using direct observation and key informant interviews. REACH interviewed 5,147 key informants in 34 IDP camps and 3 towns across 4 LGAs in Borno state, including Monguno, Gwoza, Maiduguri, and Jere, between December 2020 and March 2021. Surveys focused on accessibility and functionality of WASH facilities across target sites.

Key findings from this assessment include:

- Overall, 57% of assessed latrines were reported damaged, 54% of assessed latrines reported full or nearly full sludge levels, and 48% of assessed waterpoints were reported damaged.
- Assessed WASH facilities located within camps reported higher percentages of maintenance and repair needs than facilities located in host communities.
- More than 50% of assessed boreholes and public taps reported less than 5 hours of available water supply daily during dry season.

Factsheets for each of the assessed sites are available on the REACH Resource Center here:

- [Maiduguri/Jere Camps](#)
- [Monguno Town](#)
- [Gwoza Town](#)
- [Pulka Town](#)

Health Sector Information Management Capacity Building:

Health sector have several implementing actors both International NGOs, National NGOs and the Government which are been coordinated by the sector and OCHA in monitoring, implementing and responding to the needs and gaps already designed by the sector with the help of the sector information management officer and approved by sector lead and OCHA. The total needs identify by the health sector in term of people to reach was over 5.8M and the sector have targeted approximately 5.3M. One of the most important part of the emergency response activities is timely, quality, complete and accurate data and how it's been visualized and interpret for decision making. To have all the above stated work well in support to humanitarian response by health sector and its partners, there must be capacity building for the IMOs, Data Managers and M&E Officers. In addition, proper training and capacity building motivate regular and timely submission of sector data and request from partners without bottlenecks. It's part of the responsibility of the WHE and Health Sector to train and show some level of support and presence. 40 Participants comprises of 34 Males and 6 Females from various organizations (NNGOs, UN Agencies, INGOs and SMOH) in Yobe state were part of the sector capacity building for Information Management/Database Management in order to support the rendering of services and timely data collection for sectoral analysis concerning the People in Need and People Targeted by the sector for the year 2021.



Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 17: A total of 203 out of 274 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 70% and 74% respectively (target 80%).

Total number of consultations in week 17: Total consultations were 33,686 marking a 14% increase in comparison to the previous week (n=29,420).

Leading cause of morbidity and mortality in week 17: Malaria (suspected n= 7,485; confirmed n= 4,587) was the leading cause of morbidity reported through EWARS accounting for 32% of the reported cases. Apart from deaths due to other causes (13), measles associated deaths (5) was the leading cause of mortality reported through EWARS followed by Severe Acute Malnutrition associated deaths (3).

Number of alerts in week 17: Forty-nine (49) indicator-based alerts were generated with 98% of them verified.

Figure 1 | Trend in consultations

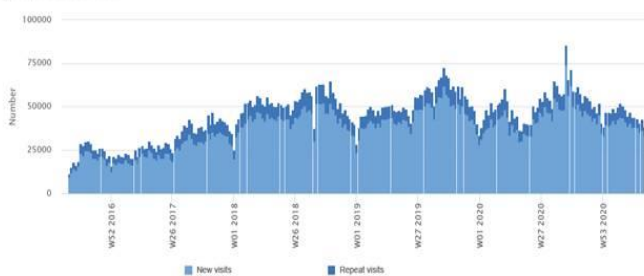


Figure 1a | Proportional morbidity (W17)

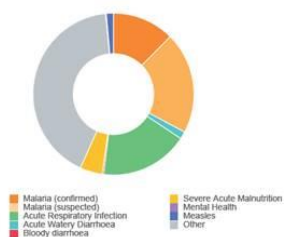
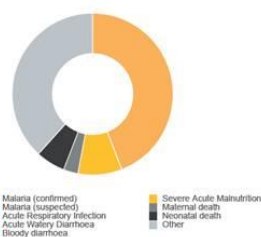
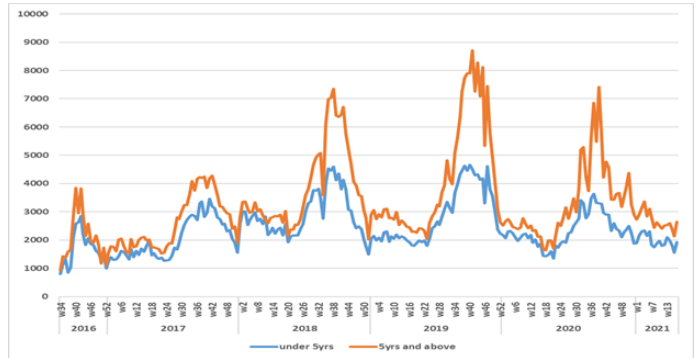


Figure 1b | Proportional mortality (W17)



Morbidity Patterns

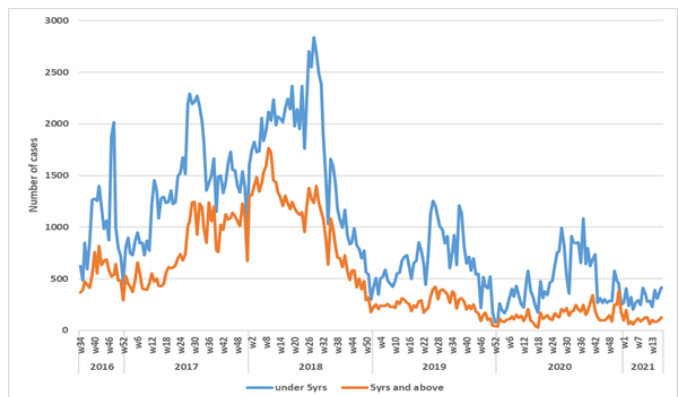
Malaria: In Epi week 17, 4,587 cases of confirmed malaria were reported through EWARS. Of the reported cases, 350 were from General Hospital Biu, 195 were from Hausari IDP Camp Clinic (MDM) in Damboa, 155 were from Uba General Hospital in Askira Uba, 139 were from Gwange PHC in MMC, 115 were from Farm Centre Camp Clinic in Jere, 95 were from Algon Clinic in Monguno, 85 were from Gajiram



MCH in Nganzai and 84 were from Muna Garage Camp Clinic B in Jere. No associated death was reported.

Figure 1: Trend of malaria cases by week, Borno State, week 34 2016 – 17 2021

Acute watery diarrhea: In Epi week 17, 546 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 113 were from PUI Mobile Clinics in MMC, 78 were from Sabon Gari Lowcost IDP Camp Clinic (MDM) in Damboa, 26 were from FHI360 Clinic Banki, 24 were from Boarding Primary School Camp Clinic in Konduga, 23 were from Titiwa



Dispensary in Magumeri and 21 cases each from Gwange 3 PHC (MSF-F) and State Specialist Hospital both in MMC. No associated death was reported.

Figure 2: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016- 17 2021

Acute respiratory infection: In Epi week 17, 6,514 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 385 were from FHI360 Clinic Banki, 369 were from PUI Mobile Clinics in MMC, 345 were from Hausari IDP Camp Clinic (MDM) in Damboa, 220 were from General Hospital Ngala (FHI360), 202 were from ICRC FSP Clinic in Monguno and 192 were from Damboa MCH. No associated death was reported.

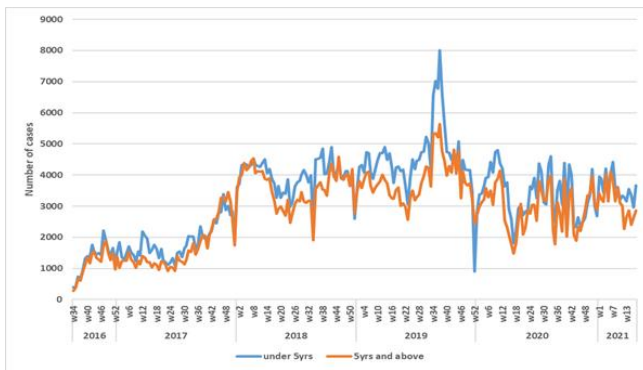


Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 17 2021

Suspected Measles: Five Hundred and Eighteen (518) suspected measles cases were reported through EWARS. Of the reported cases, 237 were from Gwange 3 PHC (MSF-F) in MMC, 115 were from PUI Mobile Clinics in MMC, 25 were from Dalaram PHC in Jere, 15 were Njimtilo Health Clinic in Konduga, 12 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga, 10 were from Furram Dispensary in Magumeri, 9 were from Mogcolis Camp Clinic in MMC, 8 cases each from Damboa MCH, Fori PHC in Jere, Magumeri MCH Clinic and State Specialist Hospital in MMC, 6 were from Mashamari PHC in Jere, 5 cases each from Benishekh MCH in Kaga, Chabbol PHC in Konduga, Farm Centre Camp Clinic in Jere and Gajiganna MPHIC in Magumeri, 4 cases each from Dala Clinic in Jere, Gwange PHC in MMC, Hausari IDP Camp Clinic (MDM) in Damboa and Muna Garage Camp Clinic in Jere. One Hundred and Sixty-One (161) additional measles cases were reported through IDSR* from Damboa (18), Gubio (8), Hawul (2), Jere (112), Kaga (1), Kwaya Kusar (5), Magumeri (2), Marte (2) and Monguno (11) LGAs making a total of 679 suspected measles cases. Six (6) associated deaths were reported within the week. Five (5) from Gwange 3 PHC (MSF-F) in MMC and One (1) from Bayo LGA.

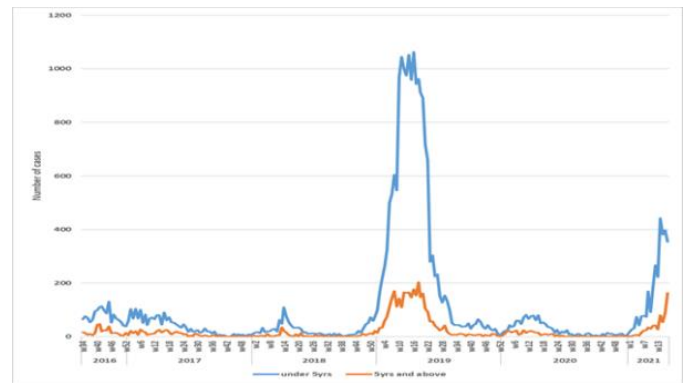


Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016- 17 2021

Suspected Yellow Fever: Three (3) suspected yellow fever cases were reported through EWARS from Ghumma Family Support Clinic in Hawul (1), Gwaskara Dispensary in Shani (1) and Gunda CHC in Bui (1). Two (2) additional suspected yellow fever cases were reported through IDSR from Gubio (1) and Gwoza (1). No associated death was reported.

Suspected Meningitis: No suspected meningitis case was reported in week 17

Suspected VHF: No suspected VHF case was reported in week 17.

Suspected COVID-19: 85 suspected cases were reported within the week with one laboratory confirmed case.

Suspected cholera: No suspected cholera case was reported in week 17

Malnutrition: 1,658 cases of severe acute malnutrition were reported through EWARS in week 17. Of the reported cases, 87 were from AAH Waterboard IDP Camp Clinic in Monguno, 74 were from AAH Waterboard Extension IDP Camp Clinic in Monguno, 73 were from ICRC FSP Clinic in Monguno, 69 were from AAH GDSS IDP Camp Clinic in Monguno, 65 were from Fori PHC in Jere, 62 were from Kurbagayi MCH in Kwaya Kusar, 57 were from ACF NRC IDP Camp Clinic in Monguno and 45 cases each from General Hospital Ngala (FHI360) and PUI Mobile Clinics in MMC. Three (3) associated deaths were reported from General Hospital Benishekh in Kaga (1), Gwange 3 PHC (MSF-F) in MMC (1) and Molai General Hospital in Jere (1).

Neonatal death: Two (2) neonatal deaths were reported through EWARS from Chibok General Hospital

Maternal death: One (1) maternal death was reported through EWARS from Njimtilo Health Clinic in Konduga.

**IDSR- Integrated Disease Surveillance and Response*

Health Sector Action



IOM continues to provide MHPSS services and activities to the affected populations in the BAY States – Borno, Adamawa and Yobe. IOM offers direct MHPSS services to conflict-affected populations through the deployment of dedicated psychosocial support mobile teams, community mobilizers and referral teams. The referral teams work in close collaboration with psychiatric nurses from the FNPH in Maiduguri and Specialist Hospital in Yola, to provide specialized mental health services to those identified and in need of such services. A consultant psychiatrist, with years of practical experience in community based MHPSS approach in emergency settings was hired to strengthen the capacity of the referrals team and psychiatric nurses to improve the provision of specialized mental health services through implementation of more comprehensive assessment tools, treatment plans and integrated psychosocial support.

Within the month of April 2021, a total of 5,731 individuals, comprising of (932 boys, 1,179 girls, 1,728 men and 1,892 women) were reached through various MHPSS/Protection services and activities. 186 individuals (4 boys, 89 men and 93 women) were followed through secondary referrals for specialised mental health services at the FNPH in Maiduguri, Specialist Hospital in Yola and deployment of six (6) psychiatric nurses to the hard-to-reach areas of Bama, Banki, Dikwa, Gwoza, Ngala and Banki in Borno State. 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.

The monthly MHPSS SWG coordination meeting for the month of April 2021 was held on the 29th with the Borno



State Ministry of Health as Chair and IOM as Co-Chair. One of the main agendas discussed was IOM's presentation on the holistic structure of intervention at the specialized layer of intervention to persons with mental health conditions, which needs to be integrated into the entire spectrum of the IASC pyramid of intervention. Guidance were provided by identifying responsibilities of partners as are relevant in caring for persons with mental health conditions. Total of 26 participants attended the meeting, which was held virtually. A consultant psychiatrist hired by IOM held a meeting with MHPSS partners working mainly at the specialized mental health care layer of service

provision to design an approach that will ensure improved implementation of services to in-patients within health facilities and to out-patients in communities and IDP camps, especially across the hard-to-reach locations. Agencies in attendance were IOM, WHO, MdM, FNPH and the Borno State Ministry of Health.

Isolation Center for Humanitarian Community (IHC): IOM manages the Isolation Center for Humanitarian Community (IHC) in collaboration with the UMTH. For the month of April 2021, the IHC medical officers and nurses supported the UN clinic in coordinating the AstraZeneca vaccination exercise for UN/INGOs staff and their dependents in collaboration with the state PHC/WHO at the Red Roof humanitarian hub where 500 humanitarians were vaccinated from 26th to 30th April 2021. The isolation center had no positive case for the month of April. The IHC team also carried out disinfection of the Red Roof humanitarian hub following the daily vaccination exercise. Currently, the NCDC team are working on completing the accreditation of the molecular laboratory of the Isolation center for PCR travel purpose. While waiting for the full operation of the 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. The IOM COVID-19 laboratory installation is completed and ready to commence testing soon after completion of the accreditation.



PUI continued its activities for the month of April 2021 with support for 5 health facilities in Maiduguri and 4 in Monguno together with an additional stabilization center in Monguno to care for severe acutely malnourished children with complications. PUI relocated its health services at the health outpost located at Bayan Texaco to the newly commissioned Baga road PHCC on the 6th of April 2021. Prior to relocation, series of rehabilitations were done at the facility, these include creation of patients waiting area, partitioning of a ward to provide adequate consultation rooms at OPD and SRH units, provision of the laboratory waiting area, creation of walk path ways to ease access within the facility, establishing of both OTP and isolation rooms and provision of pellets and shelves at the pharmacy store and a temporary store within the facility. For the month of April PUI provided a total of 15457 (6301 Male, 9156 Female) OPD consultations of which 6141(3038male, 3103 Female) were Under-5. This was a decrease of over 27 % in comparison with the 21235 OPD consultations recorded in March. The decrease in consultations is attributable to the Ramadan fasting characterized by low turnout at the facilities. The major morbidities were Malaria accounting for 7% of consultations, acute watery diarrhoea (AWD) accounting for 8% and acute respiratory tract infections (ARIs) accounting for 25% of total consultations. A total of 789 cases of Suspected Measles accounting for 8% of consultations were also recorded across all PUI supported facilities and was reported accordingly.



For sexual and reproductive health (SRH) services, PUI provided a total of 3345 ANC consultations, 655 PNC consultations and 547 Family planning consultations while 457 deliveries were conducted by skilled birth attendants. In strengthening maternal and child health, PUI ensured routine immunization across all her supported facilities within the month of April. A total of 6478 doses containing various antigens were administered to eligible beneficiaries. PUI also referred a total of 138 patients to Secondary and tertiary health facilities for more specialized care and management. 80 of the patients were referred to government hospitals while 65 of them (children under 15yrs) were referred to other partners for services not offered by PUI supported health facilities. For patients referred to government health facilities PUI provided transport for them and paid their bills for the services. Majority of the cases referred included severe malaria, severe Broncho-pneumonia, anaemia, Antepartum haemorrhage, postpartum haemorrhage, pre-eclampsia and eclampsia.



GZDI in partnership with Pro-Heath working to reduce the impact of HIV and other causes of vulnerability among HIV affected children and families, the project is implemented in 4 thematic areas; Healthy, Safe, Schooled and Stable, through community based HIV care and support services, case finding, GBV case management, household economic strengthening, for retention in care, viral load optimization and economic stability. The project cut across Mubi South, Hong, Michika and Gombi LGAs of Adamawa State. Through the reporting period-April 2021, enrolment of new beneficiaries continued and services have been provided across project thematic areas, including-HIV prevention and sexual and reproductive health for adolescents, Gender Norms sessions for caregivers, referral for viral load optimization, index case finding, nutrition assessment, counseling and support, food demonstration session and mobilization of savings in groups for economic strengthening. There were index case finding and testing in four (4) LGAs which are Gombi, Mubi South, Michika and Hong. The result is as follows:

Mubi South – 46 beneficiaries were tested and 45 return negative while 1 (female) is positive.

Michika – 34 beneficiaries were tested and 34 return negative with no positive case.

Gombi – 22 beneficiaries were tested and 22 return negative with no positive case.

Hong – 30 beneficiaries were tested and 30 (14 Male and 16 Female) return positive.



MDM provided a total of 2,654 outpatient consultations for all ages in Garba Buzu clinic Maiduguri with 15 life-saving referrals. 6 out of the 15 referrals were pediatric medical, 1 pediatric surgical, 5 adult medical and 3 gynecological cases. Kawar Maila clinic in Maiduguri also had a total of 2334 OPD consultations for all ages with 14 life-saving referrals. 12 out of the 16 referrals were pediatric medical while the remaining 2 were adult medical cases. Elmiskin clinic in Jere had a total of 2,588 consultations with 14 life-saving referrals. 8 out of the 14 referrals were pediatric medical, 2 Adult medical, 2 Adult surgical and 2 gynecological cases. In Damboa, Hausari clinic provided 1,954 consultations while GTS clinic provided 1,811 consultations with 1 pediatric medical life-saving referral case. Top morbidities for the month were malaria, Acute respiratory tract infection, diarrhea, Gastritis, malaria and High blood pressure. MdM provided training on HIV post exposure prophylaxis for 20 health workers and measles outbreak management for 23 Health care providers. World malaria day was celebrated by MDM where all patients/client that attended MDM clinics were given free insecticide treated mosquito nets, and awareness sessions on prevention of malaria were conducted across all MdM clinics.

For Sexual and Reproductive Health activities, MdM provided 1,943 ANC consultations across all clinics in Maiduguri with 670 as first visits while in Damboa, MdM provided a total of 610 ANC consultations with 270 as first visit. A total of 416 PNC consultations were provided in all clinics in Maiduguri with 349 consultations within first three days of delivery while in Damboa, MdM provided 122 PNC consultations with 62 within first three days of delivery. MdM provided 292 Family planning consultations to beneficiaries across MdM clinics in Maiduguri while in Damboa, 93 family planning consultations were provided. For MHPSS activities, MdM in collaboration with WHO provided a total of 753 (M-280, F-473) mental health consultation with 59 (M-24, F-35) referrals to WHO and Federal Neuro Psychiatric Hospital. 683 (M-261, F-422) beneficiaries had Individual counselling out of which 98 (M-26, F-72) were first visit. 5,732 (M-1,025, F-4,707) beneficiaries benefited in MHPSS group sessions across MDM clinics. MdM trained 52 staff on Basic pattern of substance use. For GBV services, MdM provided a total of 17 GBV consultations. 8 out of the 17 were clinical management of rape after 120 hours. 2,015 community members were sensitized on human rights, PSEA, GBV response and Community-based Safety Planning and Audits. 30 MdM clinic staff were trained on GBV prevention and response, 9 MHPSS staff trained on GBV counselling and PSS activities and 24 Damboa clinic staff trained on GBV sensitization and referral.



DRC distributed personal protective equipment (PPE) and medical waste disposal materials to 4 health facilities in Madagali LGA, and 1 health facility in Michika LGA Adamawa. The materials distributed include surgical masks, rubber boots, isolation gowns, disposable hand gloves, and face shields.

- ✚ DRC distributed a three-month supply of hygiene kits comprising 15 bars of soap to 5,000 households (HHs) in Pulka Gwoza LGA, reaching 31,995 (10,542 girls, 6,050 women, 11,061 boys, 4,342 men) This was the second of four planned distributions. Also individuals, 1,649 households (HHs) in Madagali LGA, reaching 9,912 (2,835 girls, 2,117 women, 3,050 boys, 1,910 men), 2965 households (HHs) in Michika LGA, reaching 19,050 (5,992 girls, 3,523 women, 6,504 boys, 3,031 men), 877 households (HHs) in Mubi North LGA, reaching 5,339 (1,547 girls, 1,076 women, 1,642 boys, 1,074 men), 794 households (HHs) in Mubi South LGA, reaching 4,886 (1,512 girls, 925 women, 1,590 boys, 859 men), 527 households (HHs) in Yola North LGA, reaching 3,152 (933 girls, 698 women, 940 boys, 581 men), 3049 households (HHs) in Yola South LGA, reaching 19,890 (6,214 girls, 3,892 women, 6,639 boys, 3,145 men). This was the third of four planned distributions.
- ✚ DRC distributed 20,340 pieces of soap were also distributed to 226 already existing handwashing stations installed by DRC and other partners in Pulka and Gwoza. 3240 pieces of soap were distributed to 12 already existing handwashing stations installed by DRC in Michika LGA.
- ✚ For sanitation facilities in Adamawa, 82 latrines and 32 showers are under rehabilitation in Malkhohi camp and host community was delayed as most of the latrine requires manual dislodging and will be completed by second week of May.
- ✚ WASH committees (WASHCOMs) were trained on quick maintenance of Indian Mark III handpumps in Adamawa, covering all the 13 hand pumps which were rehabilitated in March 2021. Repair and maintenance tool kits were distributed to the WASHCOMs so that they can conduct repairs. In total, 12 women and 17 men were trained in Yola North, and South LGAs, Adamawa.
- ✚ DRC reached 74,238 (39,637 women, 34,601 men) individuals with door-to-door hygiene promotion sessions in both Adamawa (41,552) and Borno (32,686).

✚ In Adamawa DRC installed 5 Billboards with relevant COVID-19 messages across 5 LGAs of Madagali, Michika, Mubi North, Mubi South, and Yola South.

Moving forward, DRC will conduct the following the coming month: Door-to-door hygiene promotion on COVID-19 in Borno and Adamawa; Rehabilitation of 82 latrines and 32 showers in Adamawa; Hygiene kit distribution to 8561 households across two LGAs in Adamawa and 16,141 households in two LGA in Borno; Rehabilitation of 13 mechanized water points in Adamawa; Soap distribution to handwashing stations; and PSS activities - individual and group sessions at protection space/mobile desks, referrals of PSS cases to relevant partners for support.



FSACI with funding support of NHF is supporting 17 health facilities; (16 PHC and one cottage hospital) in 3 LGAs (Demsu, Mayo-Belwa and Numan) of Adamawa state in improving access to quality sexual reproductive health services in host communities, IDPs and returnees in emergencies. Four different types of essential drugs were distributed to 2 health care facilities in the two of the three implementing LGAs as well as 360 clean mama delivery kits to 12 health facilities within the implementation LGAs. A total of 571 deliveries were recorded using the skilled birth health workers. A total of 13,234 beneficiaries were reached during medical outreached 5600 adults, (2965 males and 2695 females), 7634 Children; (3017 boys and 4617 girls). A total of 547 women visited health facilities at least four (4) visits. A total of 516 women attended PNC at least 3 visits and were attended to by skilled health care providers in 17 health centres. Out of this number 93 women attended in Numan, 180 women in Demsa and 243 women in Mayo-Belwa. There was also community sensitization on reproductive health with 17,761 direct and indirect beneficiaries. A total of 16,505 accessed consultancy services in the 17 health facilities supported by FSACI. Challenges faces ranges from lack of water to poor hygiene and sanitation, stolen of health facility pumping machine and poor documentation.



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 62 male children and adolescent boys, 120 male adults, 104 female children and adolescent girls and 148 female adults with MHPSS services in Damboa LGAs. In Kala-Balge, 42 male children and adolescent boys, 125 male adults, 79 female children and adolescent girls and 163 female adults were reached with MHPSS services.



UNFPA in collaboration with Federal Ministry of Health and the States counterpart across Borno, Adamawa and Yobe continues 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.

The Covid-19 pandemic remain a big challenge, but UNFPA has continued to strategically ensured access to comprehensive sexual reproductive healthcare services with focus on the safety of pregnant, lactating women and delivery during this period. The SRH services are been delivered through the MISP framework prioritizing coordinated approach, to reduce maternal and new-born health, have access to family planning, abortion care, coordinating HIV/STI prevention in crises, clinical services for rape survivors including assessment, monitoring and evaluation. We have reached a total 8,935 out of which 3,422 individuals received Sexual reproductive healthcare services while to 5, 513 individuals reached with information about Sexual reproductive health/ COVID-19 through awareness across, Borno, Adamawa and Yobe States.



Maternal Health: 596 women attended ANC, 49 deliveries were supported by skilled birth attendance, 60 PNC consultation services were provided, 28 women of reproductive age received Family Planning (FP) services across the service points and 211 benefited from treatment of STIs at UNFPA integrated Health facility. 29 clean delivery kits were provided to visibly pregnant women at integrated health facility in Gubio and Muna camp. 176 cartons of



SRH commodities were distributed to Primary, Secondary and Tertiary Health Facilities across LGAs in Borno State. Thematic reproductive services and individuals in Adamawa state, includes; 259 deliveries conducted and supervised by skilled birth attendants in supported health facilities. 216 women of reproductive age received Family Planning (FP) services across the service points and 870 benefited from treatment of STIs at the UNFPA integrated Health facility. 294 attended Ante-Natal Care (ANC) and 22 GBV survivors provided with medical services. About 198 persons were reached with key lifesaving SRH information, including COVID-19 infection prevention and control messages through community sensitization and

outreach. UNFPA distributed 95 Clean delivery kits to visibly pregnant women, 693 people were provided with MHPSS services across UNFPA integrated facilities and WGFSS.



INTERSOS is managing PHC health facilities in Bama (MCH clinic & GSSSS IDP Camp), and Ngala (Gamboru PHC and ISS Camp PHC). INTERSOS is also supporting 5 mobile clinics in Magumeri (Magumeri MCH, Talwari, Kajeri, Gajigana, Kachia) and 1 SC in Maiduguri Specialist Hospital. The total number of consultations for the month of April 2021 was 14,986 (M 6,350 and F 8,636) of which U5 cases were 6,521(44%). The total number of consultations for the reporting month registered a decrease, compared to the previous month of March, 2021. Also, the number of U5 consultations recorded for the month, was higher than the number of U5



Mass MUAC Screening Training of Enumerators at Bama

consultations seen in the month of March 2021. Acute Respiratory Infection (with a total number of 5,592 cases, was the highest cause of morbidity for the month, closely followed by Acute Diarrheal Disease without dehydration (with a total of 2,869 cases). The cases for Malaria and ARI cases, are lower than the number of cases seen in the previous reporting month. INTERSOS health facilities also registered an increase in the cases for malaria, and Bloody diarrhea across all sites, compared to the previous month, with 2,377 cases for Malaria, and 168 for Bloody diarrhea respectively. From the

Morbidity breakdown, Magumeri supported sites registered the highest number of consultations across all INTERSOS sites. INTERSOS is supporting referral Bama, Magumeri, Konduga Chabal as from Dikwa and Ngala INTERSOS refers patients to FHI supported Hospitals. This month 84 patients were referred, 52 were discharged, and 32 patients still on admission. The patients were from Magumeri and Bama.



FHI360 provided 6,996 outpatient curative consultations in her clinic facilities Banki and Ngala in the month of April 2021. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 2,739 cases. It accounts for the highest morbidities in Ngala and Banki. Also, malaria (85 cumulative cases) was the second major cause of morbidity across the two reported sites. Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity in the month of April. This month, a total of 440 persons with peptic ulcer were treated across FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 319 cases. 1,179 children were vaccinated against various vaccine-preventable diseases. Ngala continues to have the highest number of recipient children (893 children). Also, 350 women of reproductive age received tetanus toxoid vaccination.



ALIMA in collaboration with the MoH continued the endowment of lifesaving medical and Nutrition services to the disaster affected communities as well as provision of support to the Borno State Government in Health Systems Strengthening through provision of service delivery, essential medicines, training and infrastructure improvement initiatives. In Maiduguri and Jere LGAs, ALIMA supports free primary healthcare services provision in Muna IDPs camp, Dalaram health center, 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. During the reporting period of April 2021, ALIMA provided 7,400 outpatient consultations for all ages, which is quite high (31%) as compared to last month. As usual, the top 3 leading cause of morbidity still remain; Acute diarrhea, Malaria, and ARI. 501 deliveries assisted by a skilled attendant. A total of 955 PNCs and 2,980 ANC were seen at ALIMA health facilities. BEmOC activities were conducted at CBDA clinic where 272 deliveries were recorded which is higher compared to last month delivery, and 17 referrals was made to secondary/tertiary care and 140 deliveries were conducted at TVC Clinic, the total number of deliveries is higher compared to last month deliveries. Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic. Concerning MHPSS, a total of 2,296 people was sensitized on different mental health conditions. 53 Individual consultations with 2 GBV survivors among the clients who received services. Staffs were more engaged with stress management activity. The MHPSS continuous medical education (CMEs) for staffs in small groups is ongoing & done every week.



RHHF supported by UNFPA is implementing the integrated one stop approaches to GBV prevention, mitigation and response project in Adamawa, Yobe and Borno States through the establishment and management of One Stop Center (OSC). 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 April, a total of 32 survivors (32 females) were provided with comprehensive GBV response services at the OSC in Mubi, Adamawa State. Total of 67 persons (31 males and 36 females) were provided with GBV information and services including referrals via the toll free hotline in the Adamawa State. Additionally, radio jingles with information on GBV prevention and the services available at the OSC were aired on Adamawa broadcasting commission and Radio Gotel Adamawa State to improve utilization and uptake of services. While, a total of 14 survivors (1 male, 13 females) were provided with comprehensive GBV response services at the OSC in Potiskum, Yobe State. Total of 37 persons (18 males and 19 females) were provided with GBV information and services including referrals via the toll-free hotline in the Yobe State. Additionally, radio jingles with information on GBV prevention and the services available at the OSC were aired on Sunshine FM in Potiskum, Yobe State to improve utilization and uptake of services. Furthermore, A total of 3 (1F, 2-M) GBV (Physical Assault-1, Rape- 1, Denial of resource-1) incidents were reported at the OSC in Maiduguri, Borno State while a total of 6 survivors access follow-up services at the OSC. A Total of 23 (4 Male and 19 Female) persons were reached with SRH, GBV and COVID-19 prevention information. Also, GBV and PSEA messages on GBV prevention and services available at the OSC were designed and produced in English and 2 local languages (Hausa and Kanuri) to raise public awareness on GBV and services available at the OSC. In the reporting month, the jingles were repeatedly aired on Peace FM (102.5) and BRTV FM which had a statewide coverage across Borno, Gombe, Bauchi States and parts of Cameroon.



TFT established adolescents and youth friendly centre was functional and provided information and services on SRHR and SGBV. 353 young people were reached in St. Theresa IDP, Damare IDP, and Malkohi Community including the Adolescent and Youth Centre where the provision of sexual gender base violence information was shared among them and their direct questions were addressed and they were informed on how to report SGBV cases when it occurs. At the adolescent and youth centre we also distributed 70 copies of flyers and posters on SRHR and SGBV to other GBV and Health actors who visited the centre.



AGUF through its health workers and hygiene promoters (5 AGUF staff, 10 Nurses, 10 JCHEWs and 10 volunteer staff) conducted door to door cholera preparedness and control awareness raising and also conducted integrated health care services outreaches in fourty communities of Guyuk and Lamurde LGAs. No cholera symptoms were dictated and no referrals made within the month of April. COVID -19 prevention, MHPSS and GBV messages were also carried out alongside the awareness raising and health care outreaches.



LESGO with internal funding was able to procure, distribute and facilitate community engagement (sensitization and awareness raising/sensitization) in the prevention of COVID-19 in Sabon Gari community in Girei I ward of Girei LGA. House-to-house social mobilization in Rollback Malaria campaign in Mubi North and Mubi South was consolidated with support from Society for Family Health.



WHO supported Community Health Champions Sensitized more than 90,000 on COVID-19 Prevention in April 2021: Yobe state has continued to record a high number of confirmed COVID-19 cases over the past few months due to improved sample collection and testing. The Yobe State Ministry of Health (SMOH), with support from WHO, continues to strengthen the COVID-19 response across all the thematic pillars. As of week 18 2021, the state has recorded more than 436 cases of COVID-19 and the surge in the number of new cases is expected to continue in the coming weeks as laboratories within and outside the state continue to test a large number of samples that have been collected. To complement the efforts of the state government, WHO with funding from the Nigerian Humanitarian Fund (NHF) and the European Commission, has recruited, trained, and deployed teams of community health champions, who are conducting house-to-house sensitization on COVID-19 prevention in high-risk and high-burden LGAs of Potiskum, Damaturu, and Nguru. In April 2021 alone, the Community health champions have reached more than 90,000 people with COVID-19 prevention messages. For more details: <https://www.youtube.com/watch?v=h-GHGsjWRw0>; <https://guardian.ng/news/who-yobe-government-begin-house-to-house-community-awareness-on-covid-19-in-northeast/>; <https://independent.ng/who-conducts-covid-19-risk-communication-awareness-to-90000-yobe-residents/>



Community Health Champion during House-To-House Sensitization in Yobe. Photo: Salisu/WHO

WHO in collaboration with Yobe SMOH Trained Health Workers to Provide COVID-19 Home-Based Care following Displacements from Geidam and Yunusari LGAs. As the COVID-19 pandemic rages on, disrupting essential health services across the state, the high level of insecurity and activities of insurgents, who have been attacking major secondary and primary health facilities in Yobe, continue to cause massive population displacement from Geidam and Yunusari LGAs. These attacks are causing further disruptions in essential health services in the northern part of the state where nearly 200,000 people from Geidam and Yunusari LGAs have recently displaced due to attacks by Non-State Armed Groups (NSAGs). To provide succour to the affected population in the Context of the COVID-19 pandemic, WHO and SMOH have trained health workers, equipped knowledge, and skills to provide COVID-19 home-based care in the displacement communities. The health workers are drawn from high-burden LGAs that do not have functional isolation centres within a few kilometre distances. These include; General Hospital (GH) Buni-Yadia in Gujba LGA; GH Fika; GH Nangere; Primary Health Care Center (PHCC) Nguru' GH Jakusko and GH Potiskum, in Potiskum LGA. The home-based care teams are working closely with the trained isolation center staff in catchment hospitals, where



functional isolation centers have been established. They are also working with the WHO Hard-to-Reach Mobile Health Teams (HTR MHTs) in their respective LGAs, who support referral and monitoring of suspected or confirmed cases of COVID-19 in remote locations.

To sustain the ongoing COVID-19 pandemic response, WHO and Yobe SMOH are strengthening coordination across all pillars to improve the functionality of the health system to enable better case management by the state health



workers in hospitals and isolation centers. Throughout the training, participants gained an understanding of COVID-19 epidemiology and pathology, referral pathways, and criteria for patient admission to hospital and isolation centers. The training also enabled participants to become familiar with the state pandemic plan and public health response, and with core principles of infection prevention and control (IPC), giving them the skills to train others on handwashing and the safe use of PPE in their respective health facilities. The training programs, conducted in several batches by WHO and Yobe SMOH, incorporated a diverse range of topics inclusive of an overview of COVID-19, epidemiology, surveillance, and sample collection and Laboratory testing, case management and Infection Prevention and Control (IPC), risk communication, and community engagement, mental health, and psycho-social support and counselling.

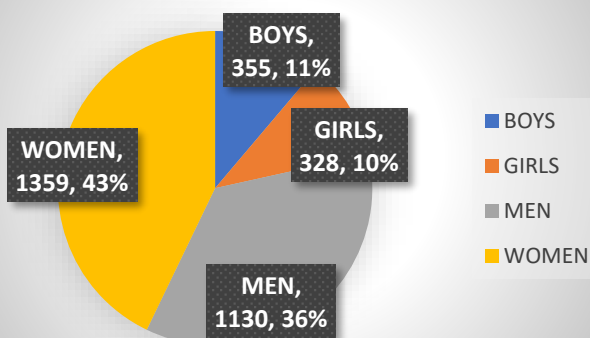
For more information, click on the following link: <https://independent.ng/who-yobe-trains-40-health-workers-on-covid-19-prevention-control/>

MHPSS/GBV component of COVID-19 sensitization and counselling has continued in host communities and IDP camps across Borno and Yobe State. 29 sessions were conducted in collaboration with SMWASD, BOSACAM, GOAL Prime and CSOs, where 14,667 beneficiaries (2,869 boys, 4,011 girls, 3,223 men and 4,564 women) were reached.

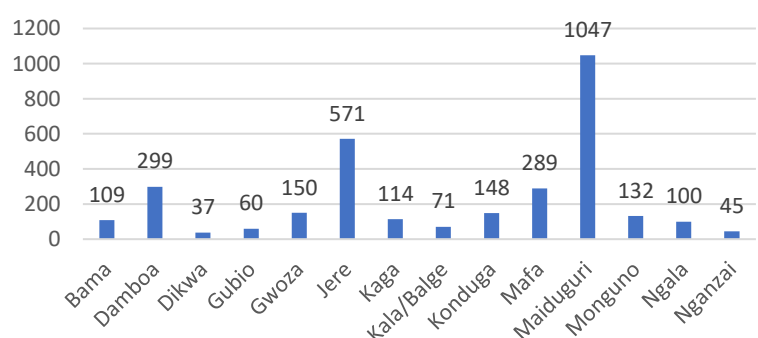


25 Mental Health nurses were supported to conducted 144 Mental Health outreach sessions in 14 LGAs, across 57 HFs in Borno State, where 3,172 patients with mental disorders were treated (355 boys, 328 girls, 1,130 men, 1,359 women).

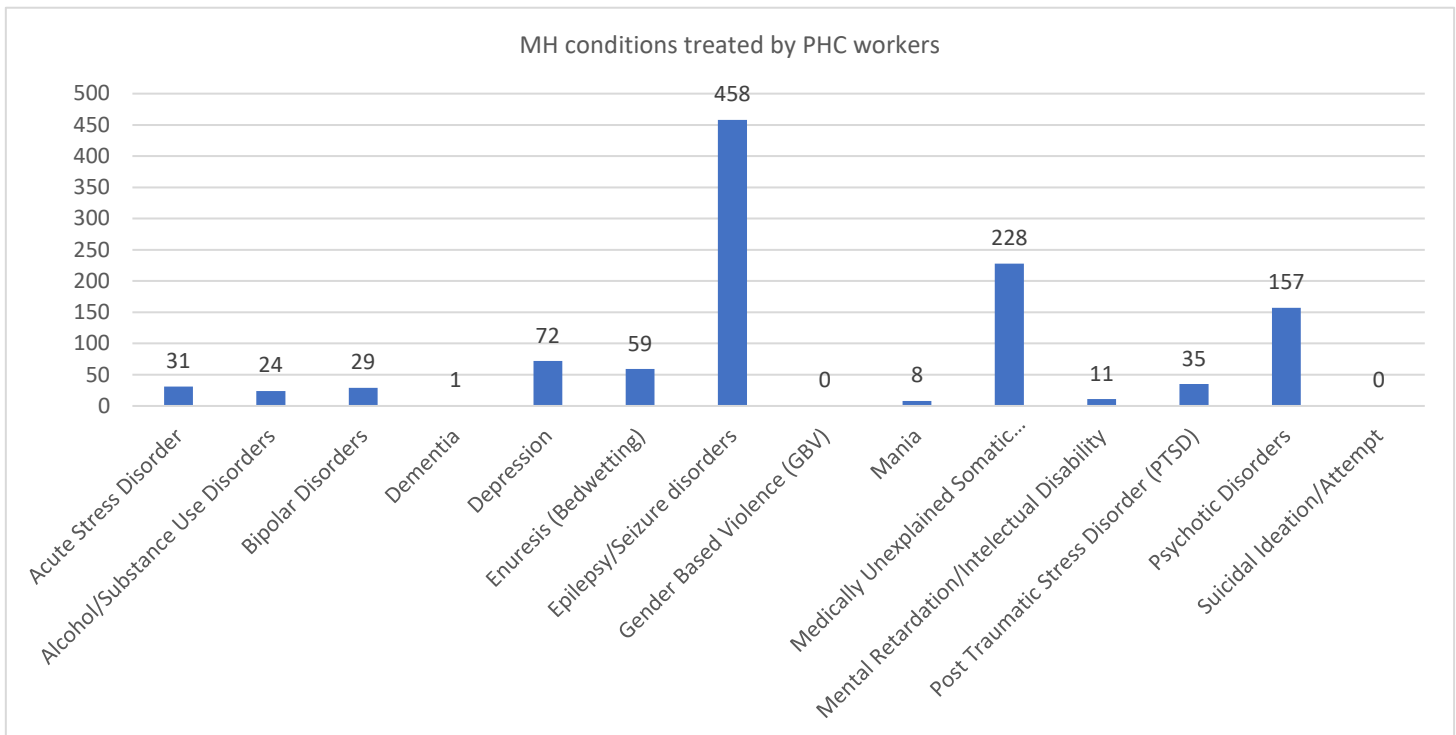
Proportion of MH patients treated



MH patients treated during outreaches



In collaboration with SPHCDA, trained health workers on mhGAP treated a total of 1,113 patients with mental health disorders in 7 LGAs (Bama, Damboa, Jere, Kaga, Mafa, MMC and Nganzai). Charts below represent the conditions treated.



Nutrition Updates



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 167 new SAM cases were admitted and 143 cases were discharged as cured from the program.

15 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 226 new SAM cases with complications and discharged 213.

5,341 caretakers completed ALIMA facilitated MUAC-mother training sessions; and 87% have shown mastery in the use of the MUAC tapes during the training post-test evaluations.

Public Health Risks and Gaps

- High risk of COVID-19 spread due to various factors including population living in congested IDP camps, weak surveillance due to insecurity issues, porous international borders, poor compliance in the use of facemask, social distancing, and good hygiene practices by the general public.
- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The northeast region is highly endemic for malaria and cholera.
- Unpredictable security situation hampers movements of health workers, drugs and other medical supplies.
- Although health situation is improving under the NE Nigeria Health Sector 2019 Strategy, the health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work inaccessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupt and further challenges the health programs implementation.
- Access to secondary health care and referral services in remote areas is significantly limited.
- Unavailability of network coverage in the newly liberated areas negatively affects timely submission of health data for prompt decision-making.

Health Sector Partners and Presence

Federal Ministry of Health and Adamawa, Borno and Yobe State Ministries of Health, UN Agencies: IOM, OCHA, UNFPA, UNICEF, UNDP, WHO, National and International NGOs: ALIMA, Action Against Hunger, Action Health Incorporated, 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. Oluwafemi Oju

Health Sector IMO/Acting Sector Coordinator

NE Nigeria

Email: oojuo@who.int

Mobile: (+234)08034412280