



Northeast Nigeria Humanitarian Response

COVID-19 Response



House-to-House Cholera Risk Communication in Damboa by GoalPrime

Health Sector Bulletin

March 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



0.57 Million***

PEOPLE REACHED IN
2021

Highlights

Below are key highlights on COVID-19 across the BAY state as of 11th of April, 2021

ADAMAWA STATE:

- 11 new confirmed cases were reported within the week.
- 17 cases from the NYSC camp that tested positive to the RDT were classified as positive and added to the database.
- No death was reported within the week.
- The total number of confirmed cases as of 11th April 2021 stands at 1,079 with 32 deaths.

BORNO STATE:

- 3 new cases were confirmed for the reported week.
- The total number of Confirmed Cases as at end of epi-week 14 stands at 1,340.
- 4 active cases receiving care.
- No death recorded in week 14.
- Total associated deaths - 38.

YOBE STATE:

- Twenty-six (26) new confirmed cases were reported in week 14.
- The total number of confirmed COVID-19 cases is three hundred and sixty-five (365).
- The total number of active confirmed cases in the state is forty-nine (49).
- Twenty-three (23) patients have recovered, and no COVID-19 related mortality.
- One thousand, six hundred and eighteen (1,618) samples were collected in week 14. This represents a sustained increase in sample collection and testing over the last four weeks.
- A total of 23,281 frontline health workers and strategic leaders were provided with the first dose of the COVID-19 vaccine, using 23,940 doses. This represents a vaccination coverage of 76% for Yobe state.
- Yobe SPHCMB, through WHO support for Active Case Search strategy, conducted sensitization for 24,756 households on COVID-19 prevention in high-burden LGAs.

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



45,942 CONSULTATIONS****

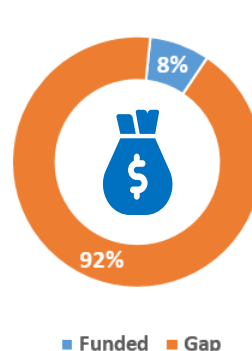
751 REFERRALS

EARLY WARNING & ALERT RESPONSE



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

SECTOR FUNDING, HRP 2021



\$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 – 12, 2021

Situation Updates

COVID-19 Northeast response:

- COVID-19 situation in the northeast states is more stable. We have passed the peak period of the second wave. The response is ongoing across different pillars through IMS structure and coordinated through the EOC mechanism and using the existing humanitarian coordination mechanism.
- WHO and Health Sector partners are supporting the government-led COVID-19 response across the three states, including establishment and operations, joint resource mobilization activities and overall monitoring of the response in the northeast.
- There's still no indication of widespread community transmission in the IDPs camp based on the active case search that is ongoing presently. Preventive measures are in place in IDP camps including health screening, social distancing measures at registration/reception centers, food distribution points also IPC measures in camps and POE surveillance at state and international border.
- The COVID-19 response is based on eight key response pillars to address all prevention, preparedness and response actions. WHO and Health Sector Partners are supporting the state 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-sector interventions.
- Different teams i.e. contact tracing, active case finding, and risk communication teams, are engaged and deployed across the camps and hard to reach communities for timely prevention and control of infection among vulnerable communities.
- A wide scale community survey was also conducted across the BAY states to unravel the barriers to the noncompliance with the NPIs and the outcome is being used to launch a robust campaign on the adherence to the NPIs in the BAY states
- The successful launching of Heroes campaigns for survivors of COVID-19 in the BAY states and the engagement of high-profile community and religious leaders to give testimonials on COVID 19 also helped to combat the scourge of stigma with COVID-19.
- The social media frontiers engaged in the BAY states also helped in disseminate positive messages on COVID 19 and counter fake, rumors and negative social media messages in circulation
- Preventive measures such as the provision of handwashing points and distribution of face mask was done to complement the continuous risk communication activities among the vulnerable population.
- 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.
- A robust incident management system is operational at the level of Public Health Emergency Operation Centre (PHEOC), on key priority actions, including rapid deployment of rapid response teams from state and partner organizations in high risk for priority response actions i.e. sample collection, PoE surveillance, sample collection, contact tracing, community awareness and dissemination of IEC materials.
- Efforts and resources at points of entry (POEs), including Maiduguri international airport, Yola airport and all entry points on international borders are ongoing to support surveillance and risk communication activities. The key actions are the development of action plan, training of port health authority staff, the establishment of isolation facility at the airport and transportation of suspected passengers to treatment centers, dissemination of IEC materials to passengers and monitoring of the POE screening process for effective and necessary adjustments.
- The risk communication and community engagement teams are disseminating messages focusing on what people can do to reduce risk or which actions to take if they think they may have COVID-19. Perceptions, rumors and feedback from camp residents and host communities are regularly monitored and responded through trusted communication channels, especially to address negative behaviors and social stigma associated with the outbreak. MHPSS actors are also providing psychological first aid (PFA) to alleviate the stress and anxiety resulting from COVID 19.
- The protection and safety of frontline health workers and 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 procured and distributed protective gear and supplies for around 2000 humanitarian workers in northeast Nigeria.

- The coordination of COVID-19 outbreak readiness and response operations in camps and host communities is aligned with the existing humanitarian coordination mechanisms across the sectors, OHCT and ISWG level, which are already in place at state, LGA and also at camp level.

COVID-19: VACCINATION:

Successes:

- State leadership: In Borno Vaccination lunched by the Deputy Governor and he publicly got vaccinated. His Royal Highness, the Shehu of Borno made public pronouncement in favor of COVID-19 vaccine.
- About 30 Journalist from various media houses were sensitized on an overview of COVID-19 pandemic, it's devastating effect on health socio-economic activities of Nigeria and the significance of COVID-19 vaccine roll-out including its safety
- A systematic vaccination was organized for humanitarian health workers in Maiduguri Metropolis only in one designated post, Muhammed Shuwa Specialist Hospital/Nursing Home) and 272 persons were vaccinated. The central vaccination motivated some few other persons with vaccine hesitancy to get vaccinated.
- Use of Polio structures (EOC, LGA facilitators and FVs including Hard to reach teams) supported e-registration, supervised vaccine campaign implementation and closely monitored vaccine utilization for proper accountability. The EOC was used for the coordination of the vaccine roll-out on daily basis.
- All partners rallied round the state in a well-coordinated manner to ensure quality pre-implementation and implementation and monitoring of vaccination.
- Regular EOC coordination meetings are taking place on daily basis for situation update and to monitor the ongoing vaccination process.
- Health partners are supporting the vaccination process in deep field locations. Key activities are trainings, logistic and cold chain support, IEC materials development and dissemination, community awareness and engagement to counter the vaccine denial issue.
- UNHAS supported the airlifting of COVID-19 vaccines to hard to reach areas as the road connecting to field locations is insecure and mostly controlled by the NSAG.
- Humanitarian hubs are there in field locations for any logistic and operational support.
- Health Cluster/Sector coordination mechanism is supporting the coordination and vaccine logistics activities through engagement with other clusters and different stakeholders in the state.
- Health Cluster information management team is supporting the state government in areas of data collection, analysis and reporting.

Challenges:

- Inadequate funding of the vaccine roll-out planned activities by the state government and same from humanitarian donors.
- Sub-optimal social mobilization activities especially for the vaccination campaigns
- The vaccine roll-out was hurriedly done without adequate preparation.
- Vaccine hesitancy among health workers including health staff working with humanitarian agencies.
- E-registration server issue: Some HFs, wards or LGAs that were supposed to be in the porta were missed out or wrongly misplaced for each other.
- Insecurity especially the LGAs in Southern Borno. Two LGAs (Abadam and Marte not included in the plan due to security challenges and settlements inaccessibility
- The vaccine expiry date is very short till 8th July risk of wastage in case of slow vaccination and access challenges in security compromised areas.
- Protection and safety of vaccines as NSAG are targeting health facilities and engaged in looting of medical supplies and medicines.

ATTACKS ON HEATH FACILITIES IN YOBE STATE:

In Q1 2021, the health sector and the humanitarian community in Yobe have recorded increased attacks and threats on attacks on health facilities and health-related infrastructures by suspected NSAGs which has caused disruptions in the delivery of health services. There have also been attacks on communities and social infrastructures, which are further complicating the humanitarian situation in a context where the COVID-19 pandemic is taking a huge toll on people's well-being and significantly disrupting access and availability of health services. With the increasing incidence of physical injuries, psychological trauma, and risk of spread of COVID-19, these attacks are adding layers of complexities thereby creating more emergencies within emergencies.

Around Q1, up to 6 major health facilities were attacked. From 8 Dec 2020-10 Jan 2021 alone, major and strategically-located health facilities in Gujba and Geidam LGAs were attacked, and medical supplies and equipment looted by suspected Non-State Armed Groups (NSAGs) operatives. The first of the recent incidents is the attack in Gumsa town on 8 December 2020 where the Primary Health Care (PHC) facility was vandalized; medical supplies and equipment looted and one ambulance burnt down. On 6 January 2021, Geidam General Hospital was attacked and some medical supplies and equipment were looted. The PHC facility in Ngurbuwa district of Gujba LGA was attacked on 8 January 2021 and medical supplies and equipment, including solar panels powering the water and cold-chain facilities, were looted. During the attack in Gujba town on 9 January 2021, the suspects vandalized a section of the PHC Center, looted drugs and medical commodities, looted sewing machines from a Women Empowerment Center and 5 solar inverter batteries from the PHC Center which also houses the health and nutrition Stabilization Center (SC) supported by a humanitarian organization. Fortunately, however, no health workers were said to have been abducted. In March 2021, a Primary Health Clinic in Katarko, Gujba LGA was equally attacked and vandalized.

Summary:

- Although it is difficult to conclude whether the attacks on health facilities were pre-planned, collateral, or opportunistic, what is clear is that they have significant implications on the availability and delivery of health and social services in these high-risk security areas. Gujba is one of the key LGAs receiving returnee population while Geidam is a key destination and transit point for displaced people coming from the neighbouring countries (Niger Republic) and northern parts of Borno state into Yobe state.
- As in previous years when suspected NSAGs operatives use such attacks to stockpile food, medical, and other basic supplies during the dry season ahead of the rainy season, it is also likely that these recent attacks may be motivated by the similar intention of stockpiling supplies. The difference though is that this time around, more health facilities have been affected within a shorter period. In the past, most of the attacks on health facilities appeared to be opportunistic and only affected smaller health sites in remote areas. But now, the health facilities attacked are key ones providing critical services to wider target vulnerable population.
- Although no health workers have been harmed or abducted on the occasion of these recent attacks, abduction of health workers (for the benefit of the NSAGs) may likely occur if similar attacks on peripheral health facilities place in the future. Health workers who witnessed these attacks have been terrified and psychologically traumatized. Some have left their duty posts, which could have significant consequences on the availability of health services in the meantime.
- The attacks have resulted in the suspension of the delivery of health services in some of these health facilities as in the case of Katarko, Ngurbuwa, Gujba, and Gumsa. The PHC in Gujba was temporarily relocated to Damaturu town but has since been returned. Such disruption is happening at a time when the second wave of the COVID-19 Pandemic is still raging.
- The delivery of nutrition services has been disrupted; the stabilization center operating in the PHC in Gujba was the only one covering Gujba and Gulani LGA.
- The attacks are also significantly disrupting the immunization services, especially due to the looting and vandalization of solar panels powering cold-chain are looted as is the case of Katarko, Gurbuwa, and Gumsa
- The provision of WASH services in some of the health facilities has also been disrupted as solar panels powering the water sources have been looted. There is further fear that the targeting of solar panels may affect the delivery of safe water in different communities such as Ngurbuwa whose water sources are powered by solar panels
- If such attacks continue, the government and humanitarian partners may find it difficult and dangerous to preposition optimal quantities of drugs and medical supplies as part of the rainy season contingency preparedness and plans against Cholera/ Acute Watery Diarrhea (AWD), malaria, etc. This will have a significant impact on a timely response to the outbreaks in these high-risk security areas where access will continue to a challenge.
- Government and partners have procured and deployed new ambulances, each to be deployed in Gujba, Damaturu, and Potiskum LGA. The partner inquired if such deployment of ambulances is advisable at this

time in light of these attacks on health facilities and the burning of ambulances. There will be further discussion with the Health sector on the deployment of ambulances.

Way Forward:

- Strengthen Civil-Military Coordination at the LGA and Community level: Coordination is well established at the state level. But at the LGA level, more coordination on information gathering, sharing, and utilization is needed to prevent and mitigate the impacts of attacks on health facilities

- Increase the number of platforms for Health Services Delivery in areas where health facilities have been attacked and vandalized: These should be collective actions by the Government, the military, and key partners, principally WHO. Actions should include swift rehabilitation of damaged health centers, increase the number and deployment of Hard-To-Reach (HTR) Mobile Health Teams, and the military to increase the availability of NA Medical Services to the civilian population.

Please note that while some mobile health teams supported by WHO are currently operational in some areas to reach out to remote areas, they are grossly inadequate to meet the health and psychological needs of the people in the wake of these attacks and deteriorating humanitarian situations. It is becoming increasingly important for such mobile services to be scaled-up to cover some of the population who used to access their health and nutrition services from the fixed health facilities that have been attacked. More so, disruption of health services due to COVID-19 and the increasing number of displaced persons (from Borno state) and returnees is increasing the needs for health services for the affected people at a time whence government resources and capacities are being overstretched and donor support for government and partners is shrinking.

- Strengthen collaboration between Nigerian Army Medical Corps and Government/Humanitarian Health Sector: In the areas of patient referral, medical and drugs logistics and disease outbreak response especially for COVID-19 and other infectious diseases (measles, Cholera, etc)

- Establish Safe, fortified safe, and well-protected storage space/Facilities within each LGAs to stockpile medical supplies and equipment to be issued in small quantities to the respective medical facilities. Yobe State Ministry of Health (SMOH), Yobe State Primary Health Care Management Board (YSPHCMB) and Yobe State Drugs and Medical Consumables Management Agency (YODMA) to collaborate with the Security and Logistic sectors on this strategy to mitigate the impact of attacks.

- Scale-Up/Strengthen Mental Health and psychosocial support for health care workers in high-risk areas: Due to the severe psychological trauma from the attacks, health workers should be provided mental health and psychosocial support. Some traumatized health workers may not show a willingness to return to their duty posts and if they return, their concentration level may be reduced as they will be paying more attention to the security environment.

- Increase protection around health facilities: This can be done by local vigilantes or other paramilitary forces to minimize the chances of militarizing health facility areas. This strategy may also minimize the chances of collateral damage to health facilities if military locations are attacked.

- Develop a roster for the rotational deployment of health workers in high-risk locations: A roster for the deployment of health workers may allow them to spend some time with their families in Damaturu or any other nearby town. This may reduce absenteeism and fear amongst the workers. This should be complemented by an incentive-based package.

- Establish and Provide Periodic safety and security training to health workers deployed in the field so that they may be able and more aware of the security environment and react appropriately in the event of a risk.

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.

93 Participants comprises of 50 Males and 43 Females from various organizations (NNGOs, UN Agencies, INGOs and SMOH) in Adamawa 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 13: A total of 166 out of 273 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 58% and 60% respectively (target 80%).

Total number of consultations in week 13: Total consultations were 28,872 marking a 2% decrease in comparison to the previous week (n=29,519).

Leading cause of morbidity and mortality in week 13: Malaria (suspected n= 7,231; confirmed n= 4,647) was the leading cause of morbidity reported through EWARS accounting for 37% of the reported cases. Apart from deaths due to other causes (8), measles associated deaths (6) was the leading cause of mortality reported through EWARS.

Number of alerts in week 13: Thirty-five (35) indicator-based alerts were generated with 97% of them verified.

Figure 1 | Trend in consultations

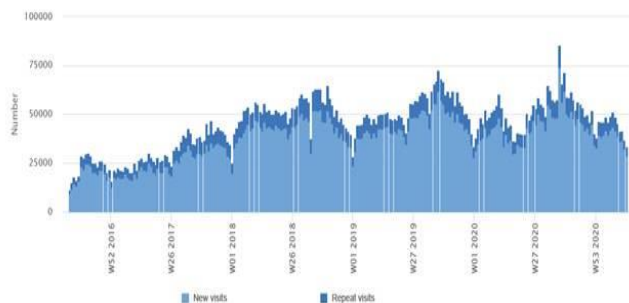


Figure 1a | Proportional morbidity (W13)

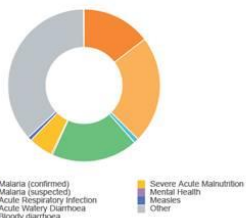
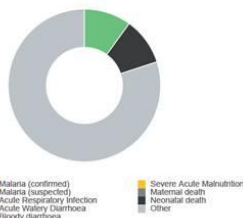


Figure 1b | Proportional mortality (W13)



Morbidity Patterns

Malaria: In Epi week 13, 4,647 cases of confirmed malaria were reported through EWARS. Of the reported cases, 440 were from General Hospital Biu, 343 were from Hausari IDP Camp Clinic (MDM) in Damboa, 171 were from Gwange PHC in MMC, 145 were from Farm Centre IDP Camp Clinic in Jere, 141 were from ICRC FSP Clinic in Monguno, 121 cases each from ICRC GGSS IDP Camp Clinic in Monguno and Monguno MCH, 105 cases each from ACF NRC

IDP Camp Clinic in Monguno and Umaru Shehu Hospital in Jere and 89 were from Gajiram MCH in Nganzai. No associated death was reported.

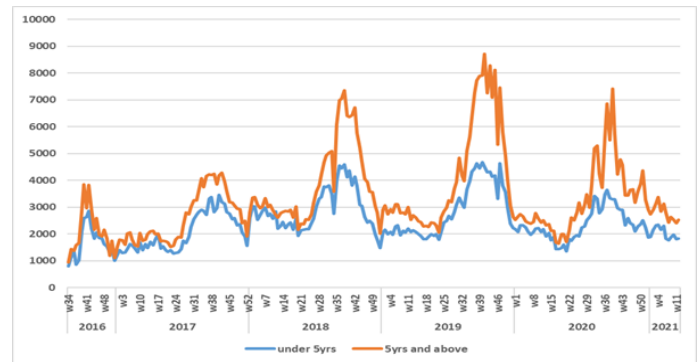


Figure 1: Trend of malaria cases by week, Borno State, week 34 2016 – 13 2021

Acute watery diarrhoea: In Epi week 13, 327 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 58 were FHI360 Clinic Banki, 25 were from TDH Outpost Rann, Kala-Balge, 21 were from Muna Garage Camp Clinic B in Jere, 20 were from Mashamari PHC in Jere, 18 were from Sabon Gari Lowcost IDP Camp Clinic (MDM) in Damboa, 13 cases each from State Specialist Hospital and Gwange 3 PHC (MSF-F) both in MMC, 12 cases were from General Hospital IDP Camp Clinic in Damboa and 10 cases each from Dalori PHC in Jere, Gwoza Wakane IDP Camp Clinic in Gwoza and Titiwa Dispensary in Magumeri. No associated death was reported.

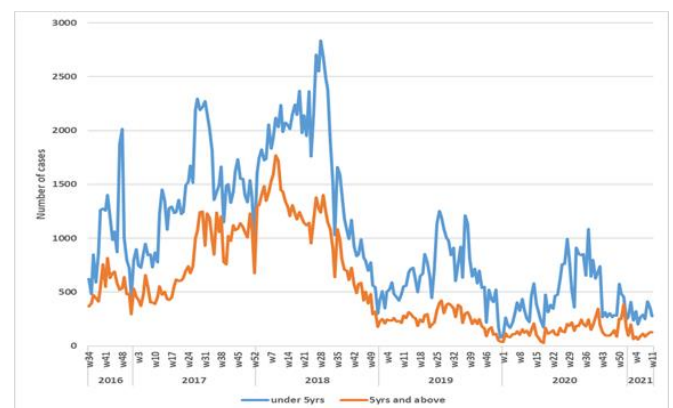


Figure 2: Trend of acute watery diarrhoea cases by week, Borno State, week 34 2016- 13 2021

Acute respiratory infection: In Epi week 13, 5,816 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 336 were from Hausari IDP Camp Clinic in Damboa, 200 were from ICRC GGSS IDP Camp Clinic in Monguno, 191 were from PUI Water Board Extension IDP Camp Clinic in Monguno, 178 were from FHI360 Clinic Banki, 175 were from Fori PHC in Jere, 171 were from Algon Clinic in Monguno, 168 from ICRC FSP Clinic in Monguno and

163 were from AAH GSSS IDP Camp Clinic in Monguno. One (1) associated death was reported Gwange 3 PHC (MSF-F) in MMC.

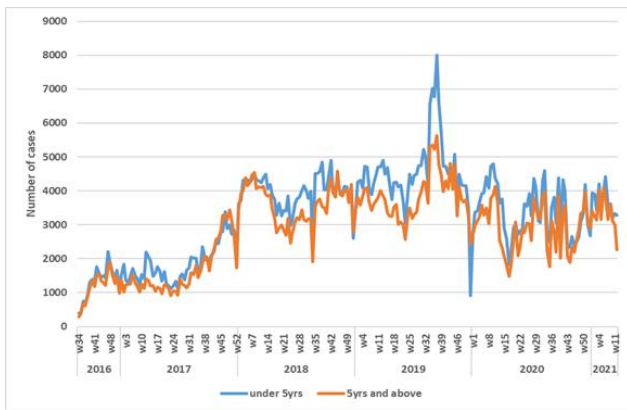


Figure 3: Weekly Trend of acute respiratory infection, Borno State, week 34 2016 - 13 2021

Suspected Measles: Two Hundred and Fifty (250) suspected measles cases were reported through EWARS. Of the reported cases, 180 were from Gwange 3 PHC (MSF-F) in MMC, 7 cases each from Dala Clinic in Jere and Ngetra PHC in Gubio, 6 cases each from Dalaram PHC in Jere, Gubio MCH and State Specialist in MMC, 5 cases each from Auno PHC in Konduga and Furram Dispensary in Magumeri, 4 cases each from Farm Centre Camp Clinic and Mashamari PHC both in Jere. One Hundred and Thirty-one (131) additional measles cases were reported through IDSR* from Biu (2), Damboa (1), Dikwa (1), Hawul (1), Jere (116) and Magumeri (10) LGAs making a total of 381 suspected measles cases. Six (6) associated deaths were reported from Gwange 3 PHC (MSF-F) in MMC.

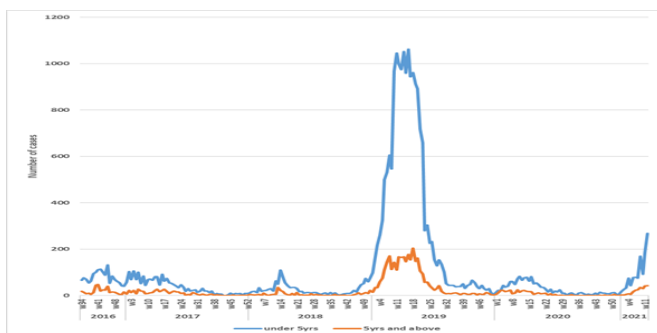


Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016- 13 2021

Suspected Yellow Fever: Five (5) suspected yellow fever cases were reported through IDSR from Bayo (2), Magumeri (1) and Shani (2). One associated death was reported from Bayo LGA.

Suspected Meningitis: No suspected meningitis case was reported in week 13.

Suspected VHF: No suspected VHF case was reported in week 13.

Suspected COVID-19: 316 suspected cases were reported through IDSR out of which 7 were laboratory confirmed.

Suspected cholera: No suspected cholera case was reported in week 13.

Malnutrition: 1,651 cases of severe acute malnutrition were reported through EWARS in week 13. Of the reported cases, 167 were from ICRC FSP Clinic in Monguno, 162 were from ACF NRC IDP Camp Clinic in Monguno, 154 were from AAH Waterboard IDP Camp Clinic in Monguno, 149 were from AAH Waterboard Extension IDP Camp Clinic in Monguno, 124 were from AAH GDSS IDP Camp Clinic in Monguno, 59 were from Kurbagayi MCH in Kwaya Kusar, 55 were from Gajiram FSP in Nganzai, 51 were from Banki Health Clinic, 32 were from Farm Centre IDP Camp Clinic in Jere, 31 were from Sangaiya IDP Camp Clinic in Dikwa, 29 were from Fori PHC in Jere, 26 cases each from Gamadadi PHC in Bayo and Umaru Shehu Hospital in Jere, 25 cases were from State Specialist Hospital and 24 were from Gwange 3 PHC (MSF-F) both in MMC. No associated death was reported.

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

Maternal death: No maternal death was reported through EWARS in week 13.

**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 March 2021, a total of 6,656 individuals, comprising of (1005 boys, 1237 girls, 2120 men and 2294 women) were reached through various MHPSS/Protection services and activities. Total of 396 follow up sessions were offered to beneficiaries in need of specialized mental health services, comprising of (23 boys, 16 girls, 182 men and 175 women).

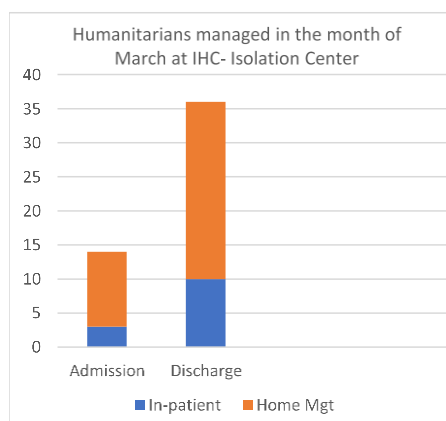
IOM, through the MHPSS Unit, the Isolation Centre for Humanitarian Community and the MHPSS SWG, will continue to provide innovative community-based approach in providing a more integrated services to the conflict-affected populations affected by both humanitarian emergencies and COVID-19 pandemic.

Isolation Center for Humanitarian Community (IHC): IOM manages the Isolation Center for Humanitarian Community (IHC) in collaboration with the UMTH. For the month of March 2021, the IHC attended to 14 humanitarian workers who tested positive for COVID-19. Three humanitarian workers who tested positive were confined at the IHC while the 11 opted for home care treatment. The IOM medical officers assigned to the IHC conducted regular home visits of those who opted to avail of the home care treatment to monitor the progress of their recovery. The IHC team also carried out disinfection of some humanitarian guesthouses that had some residents who tested positive of the virus. All the 14 humanitarians fully recovered and were all discharged. Since the IHC started operating on 16 November 2020, the center has attended to a total of 111 humanitarian workers who contracted the virus. Twenty nine percent of the humanitarian workers who contracted the virus were confined at the IHC.



IHC Laboratory Set-Up

While waiting for the full operation of the IOM COVID-19 laboratory, the IOM COVID-19 Laboratory Team is working 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, as we await NCDC final validation before commencement.





PUI continued implementation of its health program covering a total of 5 health facilities in MMC LGA and 4 facilities in Monguno. Additionally, PUI opened a 20 bed Stabilization Centre in Monguno to take care of the severe cases of SAM

to cover the gap that has existed in the area for over 5 months. In March, PUI provided a total of 21,235 (12,521 Female, 8,714 Male) OPD consultations across all its facilities, 8,733 (4,347 Female, 4,386 Male) of which were under-5. There was a light decrease of 1.2% compared to the total OPD consultation of the previous month. The key morbidities were: Acute respiratory tract infections (ARIs, 5,509) accounting for 25.9% of total consultations, Malaria (1,899) contributing 8.9% and Acute watery Diarrhoea (1,850) which contributed to 8.7% of the consultations. In addition 152 suspected cases of measles were detected and notified accordingly.

For SRH more consultations were done compared to the previous month.

A total of 4,943 ANC consultations, 951 PNC Consultations, 500 Family Planning Consultations and 393 deliveries by skilled births attendants were conducted across 7 facilities in Maiduguri and Monguno giving a total of 6,797 SRH consultation in March. Similarly, routine immunization was carried out for 3785 beneficiaries in MMC and 2,647 in Monguno respectively. In addition PUI aided with logistic and personnel in carrying out COVID-19 vaccination for frontline health care workers and key stakeholders in 3 of its supported facilities (PHCC Ngaragnam, Herwa Peace and ALGON) where a total of 412 (212 Male, 200Female) received their first dose of the AstraZeneca vaccine.

PUI referred 152 patients to Secondary and tertiary health facilities in the month for more specialized care and management. 86 of the patients were referred to government hospitals while 66 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. Cases referred included severe malaria, severe Broncho-pneumonia, severe anaemia and some complicated SRH cases such as Antepartum haemorrhage, Post-partum haemorrhage, severe pre-eclampsia and eclampsia..



DRC distributed personal protective equipment (PPE) and medical waste disposal materials to 14 health facilities in Gwoza LGA, Borno. These facilities are managed by International Rescue Committee and are Gwoza Maternal and Child Health care centre, Gwoza Wakane Primary Health Care Centre (PHCC), Pulka PHCC, Izge PHCC, Limkara PHCC, 20 Housing Clinic, GSSS Clinic, GSS Clinic, 20 Housing CWC, High Court Clinic, REB Clinic, Hausari B, Ajari Kublaha Clinic and Hausari WSSS. The materials distributed include surgical masks, rubber boots, isolation gowns, disposable hand gloves, and face shields. In Adamawa, DRC distributed PPE and medical waste materials to Gella PHCC in Mubi South, Malkhohi IDP camp PHCC, and Malkhohi host community PHCC in Yola South.

✚ DRC distributed a three-month supply of hygiene kits comprising 15 bars of soap to 4,857 households (HHs) in Gwoza LGA, reaching 47,233 (16,113 girls, 8,039 women, 16,966 boys, 6,115 men) individuals.

✚ A total of 49 handwashing stations were installed in public government schools in Michika, Mubi North, and Mubi South LGAs, Adamawa. DRC also distributed 13,230 pieces of hand soap to the newly installed handwashing stations to cover the next three months. 8,100 pieces of soap were also distributed to 30 already existing handwashing stations in schools in Madagali.

✚ In Madagali LGA, Adamawa, DRC completed the rehabilitation of 13 hand pumps in Malkhohi (4) and Ngurore (9) communities. A total of 10,942 individuals are now utilizing the water points.

✚ For sanitation facilities, DRC completed the rehabilitation of 110 showers in Pulka LGA Borno. A total of 3,520 (1,928 women and 1,592 men) individuals are now using improved sanitation facilities. In Adamawa, 82 latrines and 32 showers are under rehabilitation in Malkhohi camp and host community. They will be completed in April 2021.

✚ WASH committees (WASHCOMs) were trained on quick maintenance of Indian Mark III handpumps in Adamawa, covering all the 24 hand pumps which were rehabilitated in January 2021. Repair and maintenance tool kits were



distributed to the WASHCOMs so that they can conduct repairs. In total, 24 women and 36 men were trained in Madagali, Michika, Mubi North and South LGAs, Adamawa.

- ✚ DRC reached 8,749 (4,650 women, 4,099 men) individuals with door-to-door hygiene promotion sessions in both Adamawa (3,127) and Borno (5,622). DRC also commemorated the World water Day with the communities in Adamawa and in Borno in collaboration with other partners.



FSACI with funding support of NHF is supporting 17 health facilities; (16 PHC and one cottage hospital) in 3 LGAs (Demsa, Mayo-Belwa and Numan) of Adamawa state in improving access to quality sexual reproductive health services in host communities, IDPs and returnees in emergencies. Thirteen different types of essential drugs were distributed to 17 health care facilities in the three implementing LGAs as well as 473 clean mama delivery kits. a total of 3,564 beneficiaries were reached during the mobile outreach activities. A total of 432 women (185 Mayo Belwa; 140 Demsa; 107 Numan) visited the health facilities with at least four visits for the antenatal and were attended to by skilled health workers. A total of 98 women attended PNC with at least 3 visits. There was also community sensitization on reproductive health with 12,272 direct and indirect beneficiaries. Two pregnant women who newly tested positive of HIV were initiated on treatment. A total of 7,554 accessed consultancy services in the 17 health facilities supported by First Step. 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 84 male children and adolescent boys, 202 adult males, 142 female children and adolescent girls and 221 adult females with MHPSS services. Also, Cholera risk communication was conducted in Kala-Balge and Damboa LGAs, where a total of 2,148 households were reached. 507 male children and adolescent boys, 698 female children and adolescent girls, 441 adult men and 544 women were reached within this reporting period.



TdH continue to provide humanitarian assistance in Rann – Kala/Balge LGA, with specialized MNCH via a Mobile Health Hub with the support of NHF funding. A total of 1,284 beneficiaries were reached through medical consultations in this location. In addition, TdH continues to create awareness raising and sensitization on COVID 19, water/Air borne diseases and health related topics including SGBV to all beneficiaries accessing the health facilities and within the community. IPC measures are in place for the prevention of COVID 19 transmission at the point of service delivery.



UNFPA in collaboration with Borno state Ministry of Health 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. Continued access to comprehensive sexual reproductive healthcare services despite the COVID-19 pandemic remains our priority. The safety of pregnant, lactating women and delivery during this period take the front approach in compliance with COVID-19 guideline. The SRH services are been delivered strategically 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. **SRH /ASRH** Information and sensitizations is key



with COVID-19 response plan and we reached 6, 900 individuals with Sexual reproductive health through sensitization and awareness.

Maternal Health: 643 women attended ANC, 46 deliveries were supported by skilled birth attendance, 70 PNC consultation were provided, 98 women of reproductive age received Family Planning services across the service points and 337 benefited from treatment of STIs at UNFPA integrated Health facility.

UNFPA supported the Borno State Ministry of Health (SMOH) in a 2 days training to Youth Champions for them to develop community action plan and implement COVID-19 activities. 100 survivors of Fistula were mobilized through community sensitization, awareness, radio, TV announcement and referral support from partners. 100 Fistula survivors was supported with critical materials such as Dignity kits at the Fistula center of excellence state specialist hospital in Maiduguri.

Likewise, in effort to strengthen SRH services in Adamawa State, 63 people (43 Males, 20 Females) were provided with SRH information and services including referrals via UNFPA supported Toll Free lines in Mubi and environs. UNFPA Supported Youth Social Media Advocates and 564,333 people were targeted with key lifesaving SRH information including COVID-19 prevention and Mitigation through online social media channels. UNFPA Supported Adamawa State Ministry of Health to conduct Interactive meeting with 50 Health workers on the Impact of COVID-19 on Maternal and Child Health Services.

UNFPA has been supporting Yobe State which is part of the North East insurgency ongoing in Nigeria. UNFPA supported Yobe State Ministry of Health to conduct the quarterly Maternal and Perinatal Death Surveillance and Response (MPDSR) steering committee meeting to review the reported maternal and perinatal deaths and address the cause. Yobe State Ministry of Health and State Primary Health Care Agency were supported to conduct integrated supportive supervision visits to 15 health care facilities to identify gaps and address the quality of care given to women and girls. UNFPA supported GBV Partners to address key challenges faced at the Sexual Assault and Referral Centre's (SARC) / One Stop Centre's (OSC). UNFPA supported the Yobe State Ministry of Health to conduct monthly Sexual and Reproductive Health (SRH) coordination meetings to identify and address supply and uptake gaps.



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 services by people who have experienced GBV or are at risk of GBV across the intervention sites.



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 March, a total of 60 survivors (3 males, 57 females) were provided with comprehensive GBV response services at the OSCs in the BAY states. Additionally, 144 persons were reached with GBV information and services including referrals via the toll free hotline in the BAY states. Seventy four (74) stakeholders including community leaders (Lawan, Bulama), women leaders, Youth leaders, Adolescent girls and Super overall of Civilian JTF were reached with information on the services available at the OSC, Borno State. Radio

jingles with information on GBV prevention and the services available at the OSCs continued airing on radio stations across the BAY states to improve utilization and uptake of services.

Also, RHHF/UNFPA conducted a five-day refresher training for thirty (30) frontline workers at the OSCs on GBV case management/GBVIMS, Legal, PSS, and security across the three intervention States. The training aimed to enhance service provider's knowledge, build practical skills in essential service delivery, and ensure application of best practices.



TFT established adolescents and youth friendly centre was functional and provided information and services on SRHR and SGBV. The centre also serve as a portal of reporting GBV cases and access to counselling and psychosocial services for a case on domestic violence was reported and is currently being managed. During the international adolescent health week celebrated on the 24th of March, 2021, we had 50 young people trained on SRHR during the health session training. The centre has also trained 15 young people as peer-peer mentors to be facilitating sessions among their peers which made them automatic facilitators of the centre to be providing SRHR and GBV / SGBV information's to young people.

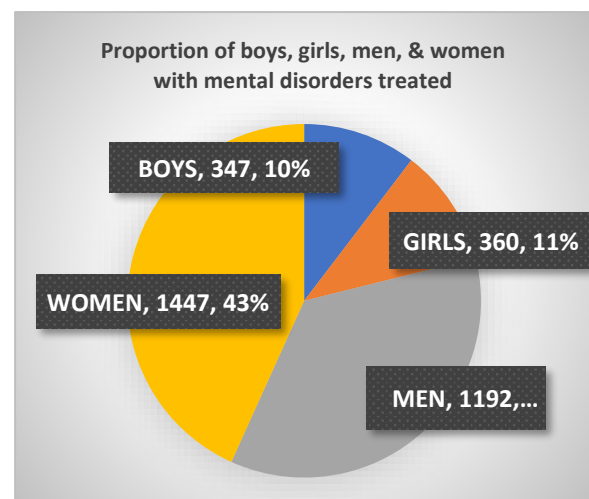
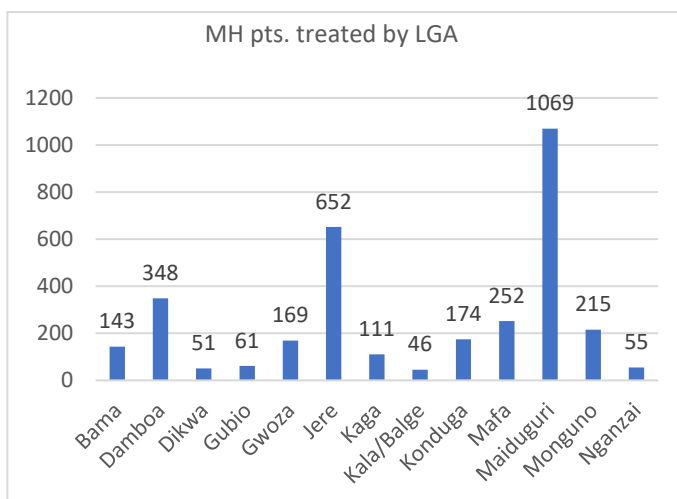
The centre also has a team of young people as social media advocates who uses their social media platforms to provide information on SGBV, SRHR to other young people which usually has at least 10,000 impressions.



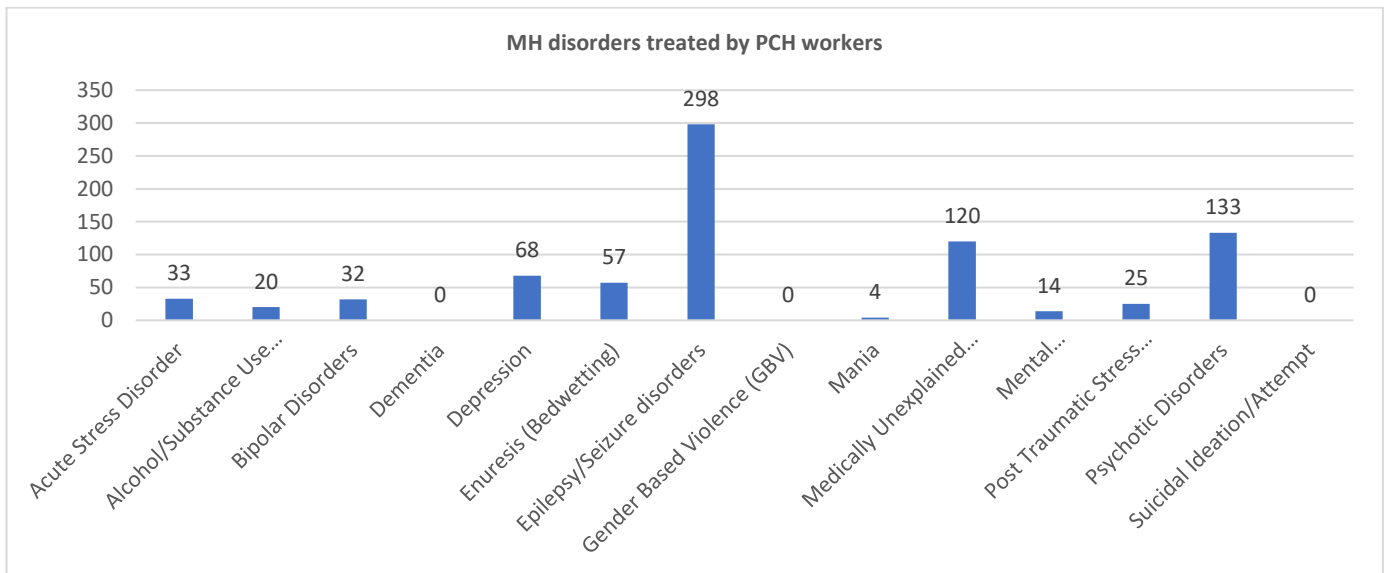
LESGO continue continues it support to humanitarian activities by sustaining the delivery of house to house social mobilization in rollback malaria campaign in Mubi North and Mubi South with support from SFH. With internal funding, facilitation of community engagement was done on awareness and sensitization on prevention of COVID-19 in Girei and Madagali LGA. GBV mainstreaming mental health and psychosocial support services activities were carried out in IDP Camps (Malkohi, Fufore and Damare) of Yola South and Girei LGA respectively.



WHO in scaling up mental health care, 25 MH nurses were supported to conducted 144 MH outreach sessions in 13 LGAs, across 51 HFs in Borno State, where 3,346 patients with mental disorders were treated (347 boys, 360 girls, 1,192 men, 1,447 women).



In collaboration with SPHCDA, trained health workers on mhGAP treated a total of 812 patients with mental health disorders (84 boys, 75 girls, 300 men, 345 women) in 14 PHC centers across 8 LGAs (Bama, Damboa, Jere, Kaga, Konduga, Mafa, MMC and Nganzai). Charts below represent those treated by LGA and the diagnosis.



As part of WHO's effort to mitigate the second wave of COVID-19 pandemic, MHPSS/GBV aspect of COVID-19 sensitization and counselling in IDP camps and host communities was launched in March 2021, in collaboration with MWASD, BOSACAM and GOAL Prime where 42 sessions were conducted and 4,017 beneficiaries (2,002 boys, 863 girls, 913 men and 239 women) were reached across Bama, Damboa, Jere, Konduga, Mafa LGA and MMC. Additional 695 students of Unity Learning Center, Distinction Preparatory School, Federal Government College, Gov. Day Sec. Sch. and Maimusari Junior Sec. Sch. all in Maiduguri were supported with surgical face masks and counched on using it, with counselling on need to continue observance of standard precaution.

180 frontline HCWs were trained in Adamawa state on case management & IPC. Incorporated into the training were also MHPSS & SGBV. This was done in collaboration with the SMOH, ADPHCDA, NCDC & FMC Yola.

44 Healthcare workers were trained on CMR with support from SMOH & ADPHCDA. The training lasted for 4 days and comprised of HCWs from FMC Yola, State Specialist Hospital, General Hospitals, Cottage Hospitals, PHCs, TFT, LESGO, First Step, AGOAF & JPIEGO. Key observations were need for referral support, training & re-training, provision of basic first line support commodities, establishing and strengthening of the referral pathway, access to justice and protection support for the survivor. Two CSO organizations who were trained and collaborating with WHO visited camps and host communities & conducted GBV/COVID-19 sensitization to 546 individuals. 7 trained individuals from different partners to the sector also carried out MHPSS/GBV/COVID-19 sensitization at three different IDP camps and host communities in Yola North and South, Fufore and Girei LGAs and was able to reach 7,818 individuals during the activity. 21 out of the 21 LGA IPC committee focal points have continue to administer of ODK at the LGA level. They have a target of 15 Health facilities to visit in a month, cumulatively 315 health facilities were covered. State IPC teams have visited 7 LGAs within the reporting month. Baseline report will be generated for dissemination of stakeholders and for appropriate action to be taken.



HTR: 17,921 clients were seen by WHO supported 10 H2R teams providing services in 10 LGAs of Adamawa state. The teams treated 16990 persons with minor ailments and dewormed a total of 1036 children during the month. Pregnant women were provided FANC services with 775 of them receiving Iron folate to boost their haemoglobin concentration while 429 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

Nutrition Updates



WHO continues to provide nutrition lifesaving activities and support. 9,696 children were screened for Malnutrition using MUAC by WHO supported 10 H2R teams. Of this number, 50 (0.5 %) children had MAM and their caregivers were counselled on proper nutrition, while 10 (0.1%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centres, while the SAM cases with medical complications were referred to the stabilization centres across the state for proper management.

Public Health Risks and Gaps

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

Health Sector Partners and Presence

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

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

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