Health Sector Bulletin

May 2020

Launch of the heroes campaign strategy to demystify coronavirus

Northeast Nigeria Humanitarian Response COVID-19 Response

5.0 Million People in need of health care

4.0 Million targeted by the Health Sector

1.9 Million * IDPs in the three States

2.0 million people reached in 2020***

HIGHLIGHTS

- The Health Sector's response to COVID-19 in Nigeria has built on existing multi-sectoral efforts to address the ongoing humanitarian crisis affecting the north-eastern region. The Joint Support Framework takes a whole-of-society and a whole-of-government approach to bring together all sectors and partners operating in NE Nigeria's COVID-19 response from the national governmental authorities, non-governmental organizations, UN agencies, academic and training institutes, donor agencies, and the affected population.

- The threat of the COVID-19 pandemic looms, particularly for more than 1.8 million Internally displaced persons (IDPs) in the three states, and even more for the 413,271 IDPs living in the 51 highly congested camps (28 in Maiduguri metropolitan area and 23 in deep field locations) with an average of 12 m2/person. Decongestion of camps and improvement of camp infrastructure are one of the critical strategies required to reduce the risk of large-scale community transmission of COVID 19 among the camps population.

- The protection and safety of frontline health workers and also other humanitarian workers is paramount in this situation as there are reports of many health workers infected with the virus as they are more exposed to the virus while working in health facilities and communities.

- Construction of quarantine infrastructure will be repurposed to serve as a safe quarantine space such as schools and abandoned buildings will improve the reception capacity for new arrivals and enable self-quarantine of IDPs before proceeding to the camps.

Health Sector

45 HEALTH SECTOR PARTNERS (HRP & NON-HRP)

HEALTH FACILITIES IN BAY STATE**

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

CUMULATIVE CONSULTATIONS

4.9 million CONSULTATIONS****
1490 REFERRALS
320,898 CONSULTATIONS THROUGH HARD TO REACH TEAMS

EPIDEMIOLOGICAL WEEK 2020
EARLY WARNING & ALERT RESPONSE

273 EWARS SENTINEL SITES
204 REPORTING SENTINEL SITES
939 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2020

2.30% FUNDED
GAP: 84.2M USD

** Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXX.*
***MoH/Health Sector BAY State HeRAMS September/October 2019/2020.*
****Number of health interventions provided by reporting partners as of May 2020.*
***** Cumulative number of medical consultations from Hard-To-Reach Teams.*
****** The number of alerts from Week 1 – 22, 2020..*

Multi-sector collaboration in Nigeria's COVID-19 Response

The Health Sector's response to COVID-19 in Nigeria has built on existing multi-sectoral efforts to address the ongoing humanitarian crisis affecting the north-eastern region. The Joint Support Framework takes a whole-of-society and a whole-of-government approach to bring together all sectors and partners operating in NE Nigeria's COVID-19 response from the national governmental authorities, non-governmental organizations, UN agencies, academic and training institutes, donor agencies, and the affected population.

COVID-19 training of burial teams

This framework aims to formalize the ongoing multi-sectoral work happening to address the protracted humanitarian crisis and leverage these collaborations for an effective response to the COVID-19 pandemic.

The strategic objectives of the Joint Support Framework directly align with those of the COVID-19 Global Humanitarian Response Plan (GHRP) – contain the spread of the COVID-19 pandemic and decrease morbidity and mortality; decrease the deterioration of human assets and rights, social cohesion and livelihoods; and protect, assist and advocate for refugees, internally displaced people, migrants, and host communities particularly vulnerable to the pandemic.

Based on these objectives, the plan prioritizes preventing the spread of COVID-19 in IDP camps and camp-like settings. Although there are very few cases in IDP camps, the density and conditions in camps create a high risk setting for rapid spread so there is a need to work proactively on prevention. Camp Coordination and Camp Management (CCCM) Sector, Water Sanitation and Hygiene (WASH) Sector, and the Shelter Sector came together with the Health Sector to build a response based on their complementary areas of expertise. The first outcome of their collaboration is the Decongestion Strategy targeting the over 400,000 individuals living in highly congested camps or sites. The plan calls for the acquisition of 1,207 hectares of land in order to prioritize decongestion as a precondition to implementing social distancing recommendations.

The Joint Support Framework recognizes the existing assets and resources present in the country, encouraging local-level sector partners to contribute in their areas of expertise for a flexible and decentralized response. This can only be achieved by leveraging our partnerships and building off existing structures in place." The Health Sector engaged with the OCHA community mobilization working group, community teams in the WASH Sector, and community healthcare workers in the Polio eradication programs to leverage their networks and skills in community outreac h. As a result, a public service campaign was produced celebrating discharged COVID-19 patients as heroes for having defeated the disease. Partners are also working closely with local influencers such as community and religious leaders to provide clear messaging on COVID-19 prevention and treatment.

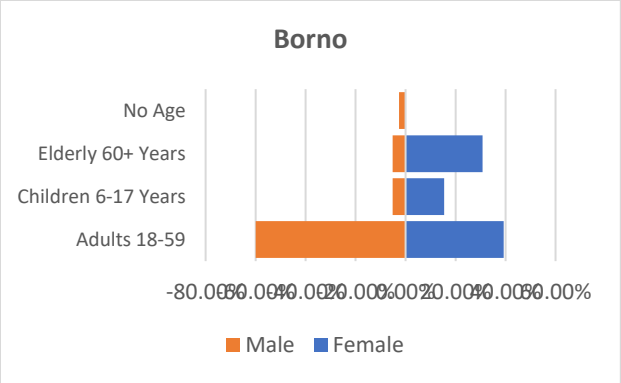
Temperature checks for refugees and returnees at Point of Entry locations

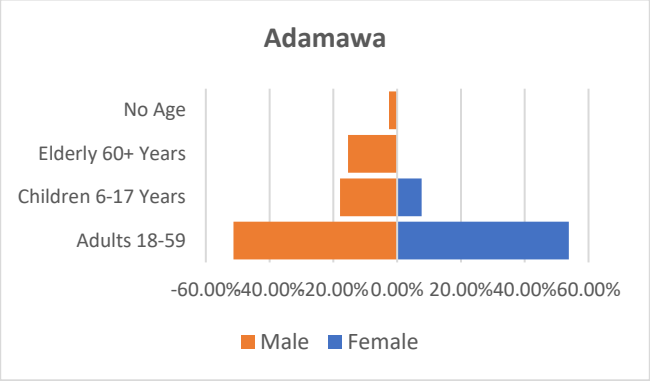
Taking a triple nexus approach, the Joint Strategic Framework allows development, humanitarian, and peace actors to contribute to a coordinated COVID-19 response in NE Nigeria.

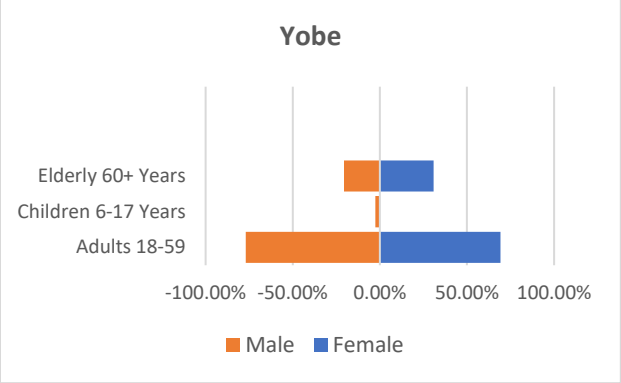
Coordination at this level brings to light cross-cutting operational challenges in the COVID-19 response that require ongoing collaboration to solve. The closures and international market fluctuations have also made personal protective equipment (PPE) procurement difficult and unpredictable in terms of cost. The Health Sector is working with the supply chain coordination cell to identify partners to fill immediate needs for supplies and collaborating

with the Logistics Sector to adapt the Humanitarian Cargo Movement Notification Form (HCMNF) process to serve the evolving needs. Shortages due to restricted movement pose a significant operational challenge, so the Heath Sector continues to advocate for longer term solutions to address shortages.

Sex-Age Distribution of COVID-19 Confirmed Cases



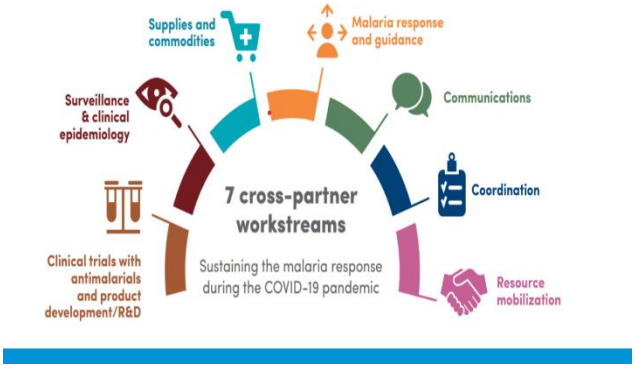




Jointly addressing endemic malaria and pandemic COVID-19:

As the COVID-19 pandemic spreads rapidly around the globe, there is an urgent need to aggressively tackle the novel coronavirus while ensuring that other killer diseases, such as malaria, are not neglected. The WHO Global Malaria Programme is leading a crosspartner effort to mitigate the negative impact of the coronavirus in malaria-affected countries and, where possible, contribute towards a successful COVID-19 response. The work is being carried out in close collaboration with colleagues based at WHO headquarters, regional offices and country level.

Malaria is a widespread endemic disease that causes illness in approximately 230 million people and kills approximately 430 000 people each year. Over the past two decades, ministries of health (MoHs), national malaria control programmes (NMCPs), district health offices, health facilities and community health workers (CHWs) have done substantial work to dramatically control the disease, and progress is tangible and visible in communities. Currently, there are effective and affordable prevention measures for malaria. Tests and highly effective drugs that clear the parasite can be used in health facilities or in the community. Trained health staff and CHWs provide interventions to prevent, diagnose and cure malaria. Together, these assets have led to significant success in reducing the morbidity and mortality of malaria over the years. The rapid emergence and spread of COVID-19 across the world has created



massive global disruptions that are impacting people's lives and well-being. There is an urgent need to aggressively tackle COVID-19. Remarkable work is already underway to discover better tests to identify who has the disease and to find preventive and treatment tools to stop the infection. As this work continues, we will need to slow and stop the spread of the disease , provide care for COVID-19 patients, and minimize the impact of the epidemic on health systems, social services and economic activity. Actions to limit transmission from one person to another include reductions in social movement, physical distancing, handwashing and the use of personal protective equipment (PPE) in high-risk settings. While taking these measures, it is essential that other killer diseases, such as malaria, are not ignored. We know from the recent Ebola outbreak in west Africa that a sudden increased demand on fragile health services can lead to substantial increases in morbidity and mortality from other diseases, including malaria. The COVID-19 pandemic could be devastating on its own – but this devastation will be substantially amplified if the response undermines the provision of life-saving services for other diseases. The response to the COVID-19 pandemic must utilize and strengthen the infrastructure that has helped health programmes to address malaria and other infectious diseases around the world. If supported, these health systems will help to curb the impact of the COVID-19 epidemic and maintain essential health services. If the systems and staff are not well engaged, however, the gains made in saving lives from malaria and other diseases over the past 20 years may be lost. In this context, MoHs and NMCPs must ensure that malaria control efforts (and efforts to control other endemic diseases) are not hampered or neglected as they tackle the COVID-19 pandemic. Their people and their systems will be the backbone of the COVID-19 response. This is not the time to stymie health services and undo past gains against known killer diseases. However, it is the time to strengthen investments in the health system and in community measures so that together we can take on the challenge. This document provides guidance to Member States on how to ensure the maintenance of malaria services as part of the essential health package in the country while working to control COVID-19.

FACTS BETWEEN COVID-19 AND MALARIA	COVID-19	MALARIA
Causative Agent	Virus – Coronavirus	Parasite – Plasmodium Falciparum
Endemicity	Pandemic - Outbreak	Endemic (Not Outbreak)
Early Symptoms	Fever, Headache, Cough, Sore Throat, Weakness, Joint Pains	Fever, Headache, Weakness, Joint Pains
Diagnosis (Nigeria)	PCR	RDT (15-20 mins) Microscopy
Means of Transmission	Direct contact with respiratory droplets of an infected person	Bite of infected female anopheles mosquito
Surveillance	Active	Passive

Prevention and Control of Cholera Outbreaks

Measures for the prevention of cholera mostly consist of ensuring the provision of clean water and proper sanitation to populations potentially affected. Water quality monitoring (FRC and routine bacteriological) should be put in place to provide seasonal and real time data. Health education, good hygiene practices and food hygiene are equally important. In particular, systematic hand washing should be taught and practiced. Once an outbreak is detected, the usual intervention strategy is to reduce mortality by ensuring prompt access to treatment, proper case management and controlling the spread of the disease.

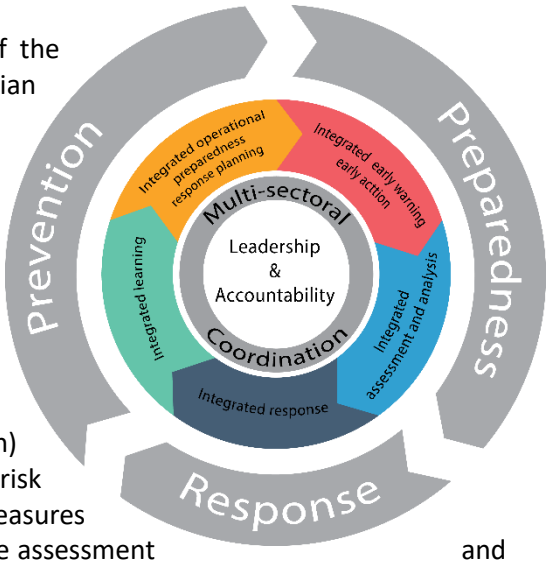
Up to 80% of patients can be treated adequately through the administration of oral rehydration salts (ORS). Very severely dehydrated patients are treated through the administration of intravenous fluids, preferably Ringer lactate. Appropriate antibiotics can be given to severe cases to diminish the duration of diarrhoea, reduce the volume of rehydration fluids needed and shorten the duration of Vibrio cholerae excretion. Routine treatment of a community with antibiotics, or "mass chemoprophylaxis", has no effect on the spread of cholera and can have adverse effects by increasing antimicrobial resistance. In order to ensure timely access to treatment, cholera treatment centers (CTC) should be set up among the affected populations whenever feasible.

The provision of safe water, adequate sanitation and promotion of good hygiene practices in the context of IDPs is a difficult challenge but remains a critical factor in reducing the impact of cholera outbreaks. Recommended control methods from health service providers, including standardized case management, have proven effective in reducing the case-fatality rate. The regular collection of comprehensive surveillance data is of vital importance to guide interventions and adapt them to specific situations.

Cholera prevention and control is not an issue to be dealt with by the health sector alone. Water, sanitation, health and hygiene promotion, mass communication/community mobilization, and camp management are also the important actors in the prevention and control of cholera. Therefore, a comprehensive, multidisciplinary approach should be adopted in a well-coordinated manner for dealing with potential cholera outbreaks in the refugee and IDP camps, as well as in the host community, including in informal settlements, collective shelters and other settlement types.

The Joint Operational Framework (JOF) for response to cholera outbreak:

1. The JOF offers guidance for a clear, well-coordinated and integrated response to cholera under the three phases of:
   (i) Prevention
   (ii) Preparedness
   (iii) Response
2. **Leadership and Accountability** are at the heart of the framework, surrounded by **Multi-Sector Coordination**, the two essential components that provide the enabling environment for an effective integrated response. Click on any part of the framework to view the proposed action under each heading *(not currently operational)*



3. The five operational provide the elements core components of the programme cycle that reflect those components of the humanitarian programme cycle:
   (i) **Integrated operational preparedness and response planning**. The implementation of these actions provide a substantial contribution to a timely and effective response. Without a response strategy, resources in place, agreements made and tools ready, we are already failing those who will be affected by cholera.
   (ii) **Early warning and early action**. A continuous assessment of reviewing the warning signs for an outbreak, alert systems and integrated outbreak assessment (investigation) to instigate early first actions for validation, confirmation, risk factor/transmission assessment and immediate control measures
   (iii) **Integrated Assessment and Analysis**. Once confirmed, the assessment and analysis component provides ongoing case investigation (assessment) and analysis of all of the different parameters of cholera cases (who, what, where, when) to try to understand the 'why' of the outbreak, treatment and control measures to feed decision making on responses
   (iv) **Integrated Response**. Using the information produced in the cholera assessment and analysis, the response component includes integrated response activities to control and treat cholera, adapting strategies according to the analysis of the cholera data parameters.
   (v) **Integrated Learning**. The learning component integrates evaluation throughout the three phases on each of the other cycle components – examining how prevention, preparedness and response was led and coordinated assessed, analysed and responded to. Lessons are gathered from this evaluation; learning only happens when we incorporate the lessons that we have gathered into the way that we do something next time.

Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 21: A total of 175 out of 273 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 61% and 62% respectively (target 80%).

Total number of consultations in week 21: Total consultations were 24,117 marking a 15% decrease in comparison to the previous week (n=28,528).

Leading cause of morbidity and mortality in week 21: Malaria (suspected n= 5,634; confirmed n= 3,056) was the leading cause of morbidity reported through EWARS accounting for 33% of the reported cases. One (1) Maternal death was reported accounting for 33% of the deaths reported through EWARS.

Number of alerts in week 21: Thirty-eight (38) indicator-based alerts were generated with 97% of them verified.

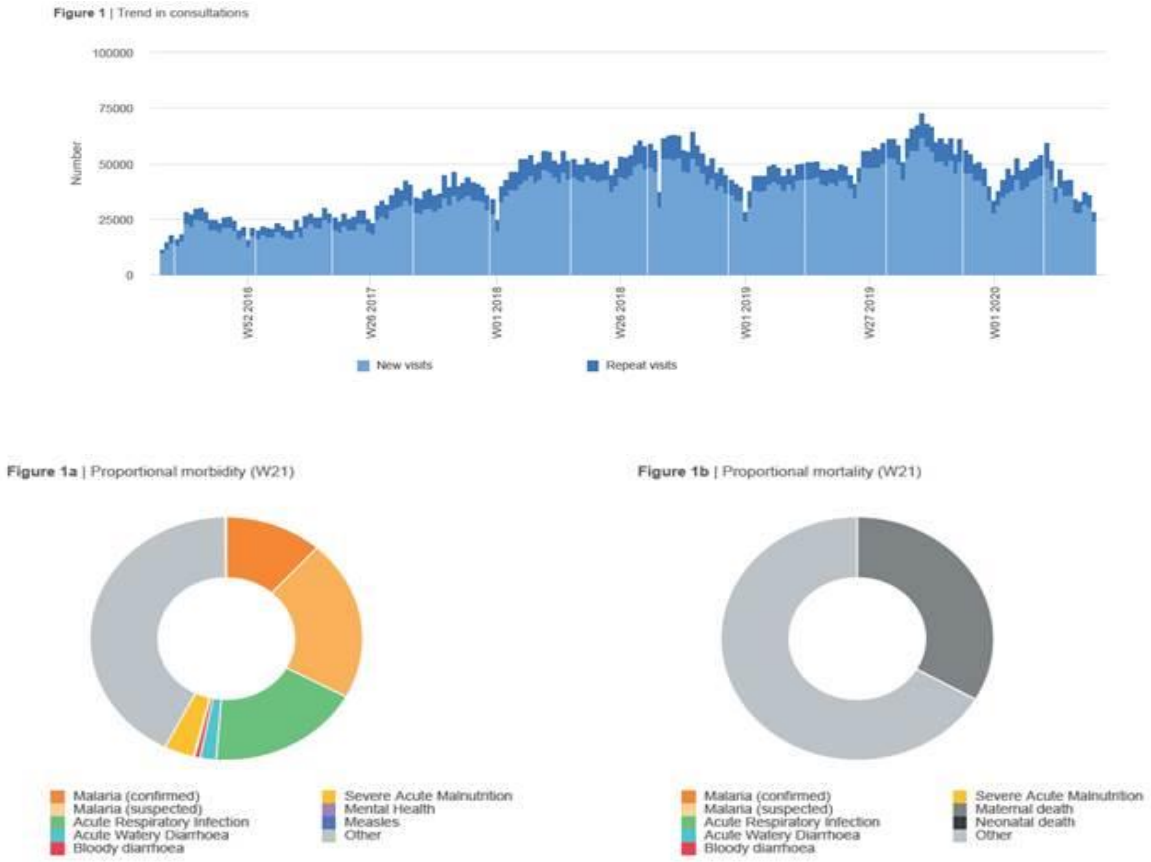


Figure 1: Morbidity Patterns

Malaria: In Epi week 21, 3,056 cases of confirmed malaria were reported through EWARS. Of the reported cases, 320 were from General Hospital Biu, 185 were from Uba General Hospital in Askira-Uba, 162 were from MCH Miringa in Biu, 91 were from Shuwari Host Community Clinic in Damboa, 89 cases each from Gwange PHC in MMC and Wandali PHC in Kwaya Kusar and 80 were from Zuwa EYN Clinic in Biu. No associated death was reported.

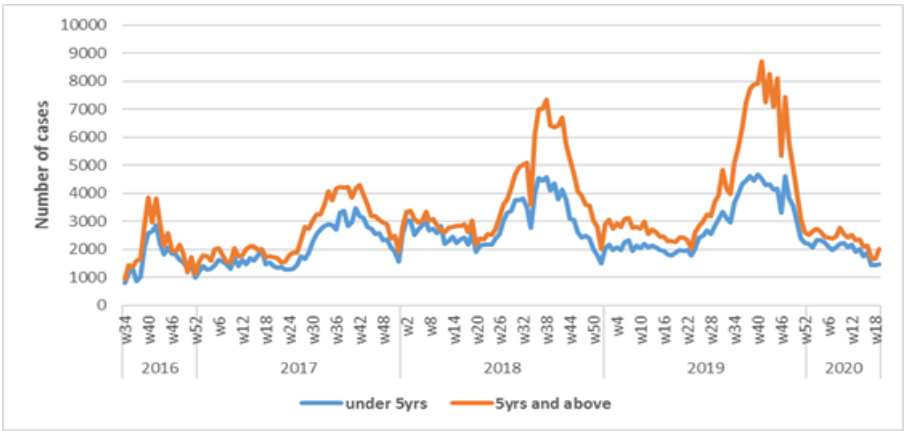


Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 – 21 2020

Acute watery diarrhea: In Epi week 21, 507 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 146 were from PUI Waterboard IDP Camp Clinic in Monguno, 52 were from Ngaranam PHC in MMC, 40 were from Monguno MCH, 36 were from PUI mobile clinics in MMC and 29 were from Mafa Central IDP Camp Clinic (TDH). No associated death was reported.

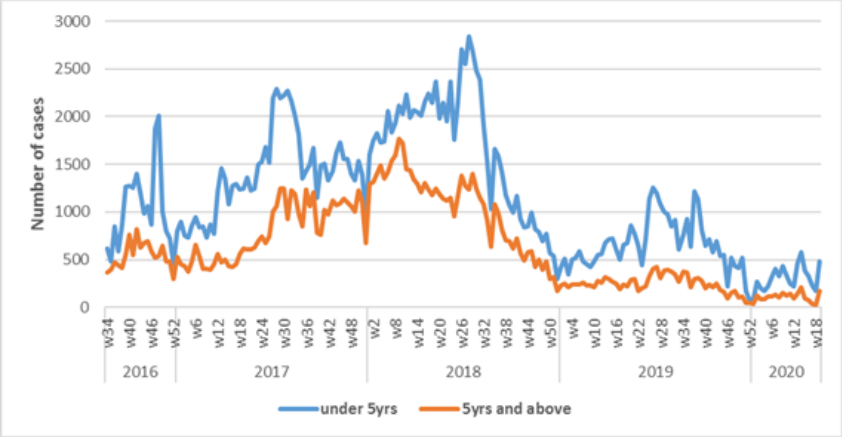


Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016- 21 2020

Acute respiratory infection: In Epi week 21, 4,809 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 259 were from PUI Waterboard IDP Camp Clinic in Monguno, 254 were from PUI Mobile Clinics in MMC, 218 were from Algon clinic in Monguno, 177 were from Shuwari Host Community Clinic in Damboa, 176 were from INTERSOS Health Facility in Bama, 168 were from 1000 Housing Estate Clinic Dikwa and 162 were from ICRC GGSS IDP Camp Clinic in Monguno. No associated death was reported.

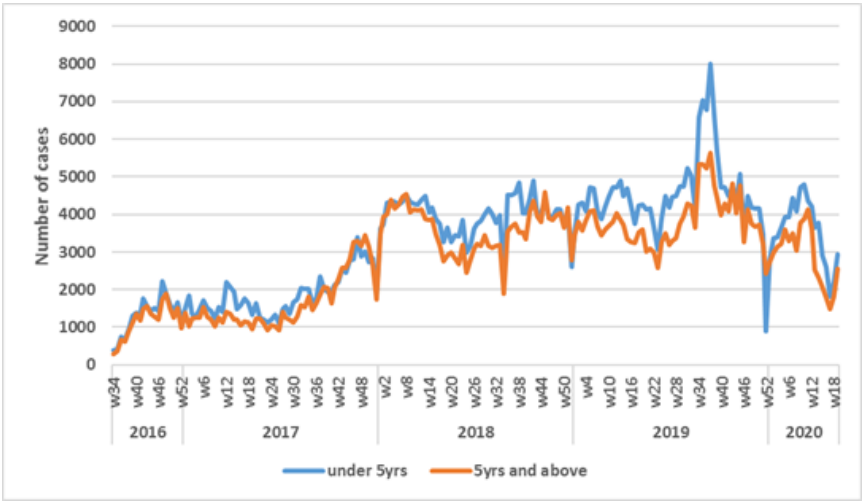


Figure 4: Trend of acute respiratory infection cases by week, Borno State, week 34 2016- 21 2020

Suspected Measles: Forty-four (44) suspected measles cases were reported through EWARS in week 21. Of the reported cases, 18 cases were reported from INTERSOS Health Facility in Bama, 3 were from Monguno MCH, 2 cases each were reported from Biriyel MCH in Bayo, Farm Centre Camp Clinic in Jere, General Hospital Biu, Goni Abatchari Health Clinic in Gubio, Madlau Dispensary in Biu, PUI mobile clinics in MMC, PUI Waterboard IDP Camp Clinic in Monguno and Waterboard UNICEF IDP Camp Clinic in Monguno. Sixteen (16) additional cases were reported through IDSR* from Bayo (1), Chibok (2), Gwoza (2), Hawul (1), Kwaya Kusar (2), MMC (5), Monguno (2) and Ngala (1) LGAs making a total of 60 suspected measles cases. No associated death was reported.

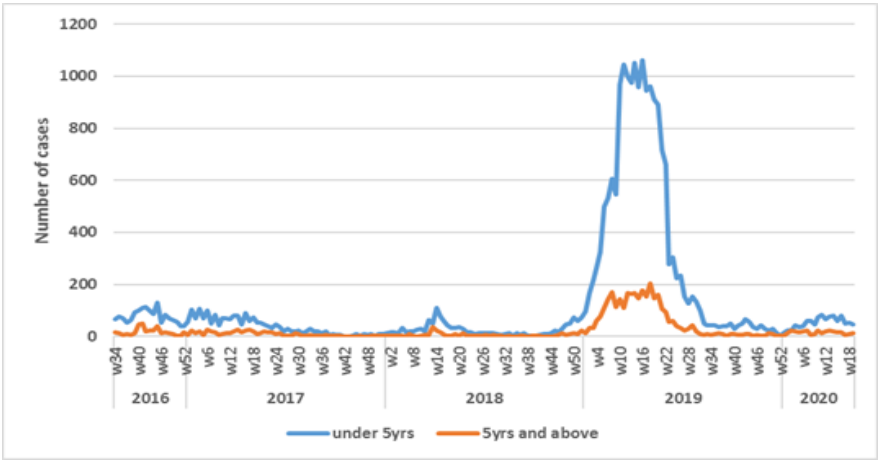


Figure 5: Trend of suspected measles cases by week, Borno State, week 34 2016- 21 2020

Suspected Yellow Fever: No suspected yellow fever cases were reported in week 21.
Suspected Meningitis: No suspected meningitis case was reported in week 21.
Suspected VHF: No suspected VHF case was reported in week 21.
Suspected cholera: No suspected cholera case was reported in week 21.
Malnutrition: 934 cases of severe acute malnutrition were reported through EWARS in week 21. Of the reported cases, 45 were from PUI mobile clinics in MMC, 41 were from Kurbagayi MCH in Kwaya Kusar, 36 were from Gatamarwa Dispensary in Chibok, 32 were from Fariya IDP Camp Clinic in Jere, 29 were from Fori PHC in Jere, 28 were from Bargu MCH in Shani and 27 were from Gamboru C MCH Clinic in Ngala. No associated death was reported.
Neonatal death: No neonatal death was reported in week 21.
Maternal death: One (1) maternal death was reported from Shani MCH.

**IDSR- Integrated Disease Surveillance and Response*

Health Sector Actions

AAH continued providing Emergency Humanitarian response in Northeast Nigeria (Borno & Yobe State). 8,964 women received support to Sexual and Reproductive Health services (7,560 –Ante Natal Care and 1,404 –Post Natal Care). Action against hunger continues to enhance sexual and reproductive health in humanitarian response through dissemination of appropriate maternal counselling, and providing access to quality basic health care services that supports women have a fit pregnancy, deliver safely and have a healthy baby. 53,261 (Male –21,590, Female – 31,671) received outpatient consultation health care services at the health facilities. Among 23,537 are under 5 children and 29,724 five years and above. The major consultations were malaria (7,644) being the major cause of consultation, followed by RTI (6,740) AWD (5,921), and other medical conditions (32,956).

Nurse providing care at Stabilization Center emergency unit

Through mother-to-mother support groups and Community Health Mobilizers, a total of 20,436 (1,292 Male, Female – 19,144) population were reached with six key hygiene messages, childhood illness danger signs and early referral to health facilities, MIYCN including balance diet with the use of locally available nutritious foods. A total 10,085 (Male – 4,710, Female-5,375) children and pregnant women were vaccinated against vaccine preventable diseases by providing BCG, OPV, PENTA, PCV, IPV as well as TT vaccines.
Capacity-building sessions were conducted at different levels of government like States, LGAs, health facilities and communities. Managers, health professional of different cadres and community workers benefited from the capacity enhancement sessions. Two sessions of Medical Education and on-the-job training was conducted for Stabilization Centre staff 25 (13 males, 12 females). The modules covered include Pediatrics Medical Emergency Triaging. Action against hunger reached 167 (56 males, 111 females) Community Health Mobilisers with training on Health Promotion, Identification and Referral of Sick Patients.

AAH supported Borno State by training 269 (189 males ; 80 females) health workers from University of Maiduguri Teaching Hospital(UMTH), Borno State Isolation centres and Private hospitals on COVID-19 Infection prevention and control measures including case management in collaboration with NCDC , Borno State Ministry of Health and WHO.

Similarly within the month ACF sponsored airing of 1,590 spots radio jingles messages on the four radio stations (BRTV, Kanem (University of Maiduguri), Peace FM and DANDAL KURA RADIO) and supported a motorized campaign for 20 days in IDP camps and densely populated communities in MMC and Jere LGAs.

In its effort to support Borno State Government to control transmission of COVID-19 in the state, AAH donated 25 pieces of Infrared thermometer, 1000 bottle of hand sanitizers, 1000 bottle of hand washing liquids, 800 pieces of N95 Nose mask, 10 set of furniture (executive office chair and tables), 15 auto-pedal mechanical handwashing facilities to University of Maiduguri Teaching Hospital (UMTH) to support COVID-19 response.

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. ALIMA is also supporting the state in COVID-19 case management both directly and indirectly.

9,666 outpatient consultations were provided and 291 patients were managed in the Inpatient Department. 474 deliveries were assisted by a skilled attendant and 890 PNCs and 2556 ANCs consultations were conducted. A total of 15 C-sections were performed at Monguno General Hospital. 25 Measles cases were treated at its health facilities in Monguno. Most of the cases were from Waterboard, Kuya and Fulatari. ALIMA has continued to provide sensitization and awareness to the community within the health facility while maintaining social distance and respiratory etiquette.

In Maiduguri and Jere LGAs, keeping in mind the current pandemic of COVID-19, ALIMA has applied all the sector COVID-19 response in its activities across all facilities within the LGAs. ALIMA supports free primary healthcare services provision in Muna IDPs camp, Chad Basin Development Authority (CBDA), and in Teacher's Village IDP Camp. At the tertiary level, ALIMA is partnering with University of Maiduguri Teaching Hospital (UMTH) to support the provision of free Intensive Therapeutic Feeding management to treat and care acute malnourished children under five years' with medical complications as well as a Training center to improve the capacity of MoH staffs in the management of acute malnutrition.

In Monguno, ALIMA continues to support primary healthcare in the MCH, and 6 outreach clinics: 5 in IDPs camps (GGSS, GSSS, Waterboard, GDSS, Kuya) as well as in the Bakassi host community. ALIMA also supports free secondary healthcare in the Monguno General Hospital in coordination with the Hospital Management Board. In response to the COVID-19 pandemic, ALIMA has commenced sensitization being the lead in Health at Monguno LGA.

For SRH activities in MMC/Jere, ALIMA provided 575 ANC and 171 PNC consultations in which (219 ANC are first visit and PNC within 72 hours of delivery 171) at Muna Clinic with 1 referral. At the Teachers Village Clinic, 544 pregnant women in total came for ANC (ANC 1, 233) while the total PNC consultations were around 142 (PNC within 72hours 106). BEmOC activities were conducted at CBDA clinic where 84 deliveries were recorded which is low compared to previous month delivery, a total of 19 referrals was made to secondary/tertiary care and 94 deliveries were conducted at TVC Clinic, the total number of deliveries is lower compared to last month deliveries. Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic.

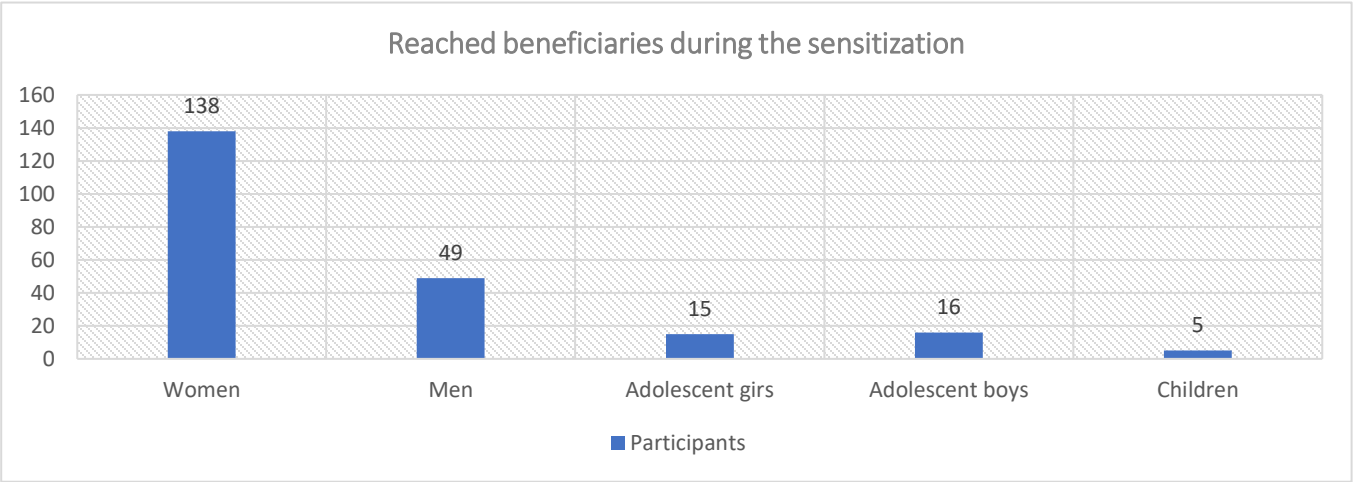
In Askira and Hawul LGAs in Southern Borno, 9 PHCs and 1 General Hospital were supported. A total of 3362 OPD consultations for children under 5 were conducted which is lower compared to the previous month's consultations, and 24 hospitalizations for under 5 years. Additionally, 220 deliveries were recorded and 900 ANC consultations were conducted, 147 children suffering from SAM in ATFC were admitted and 6 complicated SAM cases at the ITFC in Askira General Hospital were treated.

8,518 caretakers completed ALIMA facilitated MUAC-Mother training sessions; and 84% have shown mastery in the use of the MUAC tapes during the training post-test evaluations. The number has drastically reduced because of the reduction of participants in order to maintain social distancing during the training sessions.

Health workers at Abba Kyari Isolation Center are currently being provided with special incentives, case management and provision of 3 square meals to all patients and staff working at the State Isolation Centre. With the support of WHO and state ministry of Health, ALIMA has conducted series of training including hands on training to all Healthcare staff and burial team, IPC training and case management training across MMC/JERE with total beneficiaries of 451 and Monguno with total beneficiaries of 192.

CPPLI and Plan International conducted sensitization activities across the project communities in Michika, Madagali and Askira Uba LGAs. Topics covered include good household hygiene, risks associated with children staying at military checkpoints and other armed forces, impact of COVID-19 and its preventive measures. The sensitization was facilitated by community-based child protection committees (CBCPCs), Community Volunteers (CVs) with support from caseworkers and safe space psychologists. The sessions were done in smaller groups of not more than 10 people where the community members were made to understand that physical distancing of a minimum of 1.5 to 2 meters, regular washing of hands with soap and water or alcohol-based hand sanitizers, coughing in the bent of the elbow or handkerchief/tissue paper and avoiding crowd or social gathering were very important within the current context. Community members were also encouraged to maintain personal and environmental hygiene as fundamental pillars of protection from most diseases.

Adolescent Club session at Madagali Community



FHI 360 continued to support the fight against COVID-19 pandemic which has continued to take toll in several states and LGA including Borno state. This has prompted the improvement in IPC and change of health care provision approach to safe guard the community, the health care providers and patients seeking health care services in FHI360 health facilities. **In Banki**, health team provided a total of 1,369 (646 males, 723 females) outpatients' consultations in its Primary Health Care clinic. One case of severe malaria with severe anemia was sent to District Hospital Mora, Cameroon for further management. Acute Respiratory Infection remain the highest morbidity recorded during the month under review while other communicable disease are monitored including STI. A case of suspected Varicella Zoster was seen. A suspected Acute Flaccid Paralysis case was recorded, DSNO/WHO notified and sample was collected. The most recorded cause of morbidity among the non-communicable diseases seen was Suspected Peptic Ulcer disease 93 (10 males, 83 females) cases followed by Minor Trauma with 87 (53 males, 34 females) cases.

SRH services were carried out in the following local governmet with the support of the Borno State Reproductive Health Department; Dikwa, Ngala and Damasak with many deliveries attended to by skill birth attendant.

FSACI was able to carry out feasibility assessment on malaria service and activities were conducted at Sabon Garin community Dwam ward at Demsa Local Government Areas. Client Exist Interviews (CEI) were conducted at the PHC facility where 6 pregnant women and 14 lactating mothers respectively were interviewed. Since August 2019 till date, pregnant women who visited the clinic on their first day for antenatal care become beneficiaries of the free PHC LLIN.

The most serious concern presently is the lack of electricity which has affected the quality of the service provided at night.

CAT members were able to carry out sensitization and awareness on staying safe based on preventive measures rather than curative, especially in this period of COVID-19 pandemic.

The CHEW was able to share with the Program Officer and SPO on how malaria services are being carried out in the facility. Free ACT1, ACT 2 and ACT 3 and other related malaria drugs were given to patients who tested positive to malaria. Training is being conducted at the LGA and at the Facility by the Facility manager on malaria. The current patient service provider ratio rate on malaria affected on client has declined compared to rainy season.

Patients awaiting consultation

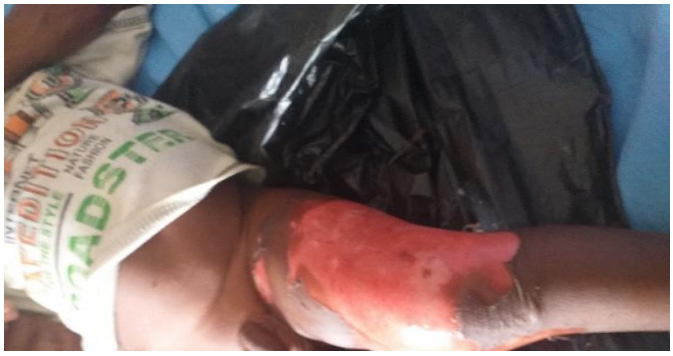
GZDI in partnership with Pro-Health International is implementing a HIV/OVC centred project titled: 'ICHSSA4 Integrated Child Health and Social Services Award' across four (4) local governments of Adamawa State; Mubi South, Michika, Gombi and Hong.

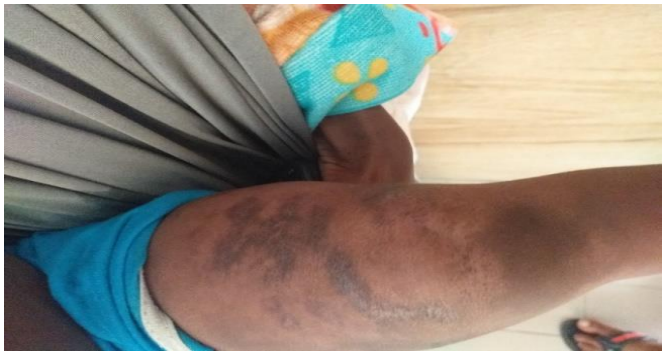
Enrollment of new beneficiaries continued, and the criteria for enrollment includes and is limited to the following streams; Children Living with HIV (CLHIV), Children Living with HIV Positive Adults (PLHIV), Children at risk of Transactional Sex, Children of Female Sex Workers (CFSW), Children of Men who have Sex with Men (MSM) and Children of Injection Drug Users (PWID). Newly enrolled beneficiaries were served alongside existing caseloads, community volunteers reached out to various households in their respective communities, thereby providing services directly and through referral synergy with relevant partners, with supportive supervision of staff. These services includes; Health Education, Water Sanitation and Hygiene Messaging (Wash), COVID-19 sensitive Wash Messages, installation of tippy-tap for hand washing in communities, facilitation and sponsorship of discretional and escort services for ART Refill, PMTCT, Viral Load Sample Collection and treatment of minor illness, Referral for HIV services (HTS, EID, ART, PMTCT and VL) and HIV Adherence Support. In partnership with ACOMIN on Malaria accountability and advocacy oriented intervention, activities includes monitoring and service delivery assessment to ensure accountability and quality delivery of Malaria services across Global Fund supported facilities in Mubi North LGA Adamawa State.

INTERSOS continue to support stand-alone health facilities in Bama (1), Dikwa (1) and Ngala (i.e. 2: one in Gamboru Host Community, and one in ISS Camp). She is also supporting 4 Health facilities in Magumeri, 1 General Hospital and 2 health posts in. INTERSOS is also carrying out 4 mobile clinics in Magumeri, 2 in Dikwa and also recently started 1 in Bama GSSS Camp to cover the whole camp accordingly. A total of 20,163 (M 9,291 and F 10,872) of which U5 was 7,504 (37%) consultations were provided. Acute Respiratory Infection (with a total number of 4,480 cases is the highest cause of morbidity, closely followed by Malaria (with a total of 1,730 cases). This number is higher than the number of ARI cases and Malaria cases seen in the month of April. INTERSOS health facilities also registered a decrease of cases for Acute Watery Diarrhea, and Bloody diarrhea across all sites, compared to the previous month, with 23 cases for Acute Watery Diarrhea, and 150 for Bloody diarrhea respectively. From the Morbidity breakdown, Magumeri health facilities registered the highest number of consultations across all INTERSOS sites.

For sexual and reproductive health, the total ANC attendees was 1,659 both first visit and follow ups. A total of 286 PNC were conducted and 45 deliveries assisted. For hospitalization, inpatient care continues to be supported at Magumeri General Hospital for SAM complicated cases through a day care model (due to security constraints) and for gynecological and obstetric cases. All cases that require a more complex management and not suitable for day care were referred.

Referral is also supported to patients in need of secondary or tertiary care from Bama and Magumeri to Maiduguri, 8 patients were referred, 5 were discharged and 2 are still on admission. all patients were from Magumeri. 1 death was registered among the referrals from Magumeri.





A case of superficial thickness burns involving the thighs in a 2 year old boy. Child was successfully managed in Gamboru PHC

PUI continue to response to the need of the affected population across different sectors. As part of COVID-19 risk communication, PUI had distributed and still distributing awareness leaflets in three different languages to beneficiaries within the health facilities coupled with intensified screening at the entry point of all PUI's health facilities. Malaria cases confirmed by RDT is increasing, and also the rehabilitation of patients' waiting area at the three outreach sites was done. Rehabilitation of PHCCs are ongoing. Humanitarian situation at different centers managed by PUI are as follows:

Center	OPD Consultation	Immunization	Nutrition	Malaria and Measles	Sexual and Reproductive Health	MHPSS
Herwa Peace PHC	1,665	822	32 new admissions for SAM cases in OTP	Malaria: 27 cases Measles: 0 cases reported	448	12
Ngarannam PHC	1,647	2,170	55 new admissions for SAM cases in OTP	Malaria: 178 cases Measles: 5 cases reported	643	6
Outreach teams	3,181	732	112 new admissions for SAM cases in OTP	Malaria: 163 cases Measles: 7 cases reported	769	1

UNFPA continue to support coordination of SRH activities via the SRH Sub Working Group. Amidst COVID-19 pandemic, access to sexual and reproductive health (SRH) services remain critical. Priority need is to ensure the provision of integrated SRH and gender-based violence (GBV) services, as an essential service package to prevent excess morbidity, mortality and psychological distress among most vulnerable population. In line with the Borno state COVID-19 preparedness prevention and response, UNFPA has again donated another set of Personal protective equipment(PPEs).This donation adds to the female dignity (hygiene) kits already prepositioned in the isolation and treatment centres in Maiduguri to meet the hygiene needs of some 50 women of reproductive age during isolation and treatment. The donated personal protective equipment (PPE), which include 4,000 facemask, 4,000 surgical hand gloves, 2,000 examination hand gloves, 400 alcohol based hands sanitizers to support health services across Borno state. We continue to prioritize safe delivery supported by skill birth attendant, ANC, PNC, STIs, including Family Planning services. We have also continued to strengthen SRH partners' coordination and technical support intermittently through a virtual means to ensure partners continue to deliver qualitative and timely service in compliance with WHO and NCDC COVID-19 guidelines.

PPE being Donated to Borno State Ministry of Health

Some 580 community members were reached with life-saving ASRH, COVID-19 and HIV prevention including family planning messages across youth friendly centres in the IDP camps by ensuring continuous access to

SRHMNCAH, UNFPA's supported integrated SRH/GBV facilities recorded 128 women for ANC, 6 deliveries supported by skilled birth attendant, out which 24 pregnant women reached with dignity/Hygiene kits 20 PNC consultation were provided, 50 women of reproductive age received family planning services and 21 benefited from treatment of STIs.

UNICEF provided a total of 150,573 children, women and men with OPD consultations for integrated PHC services in all UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 80,787 (54%) were children below five years.
During the reporting period, 60,726 Out-Patient Department (OPD) consultations for curative services were recorded, with Malaria – 18,532 being the major cause of consultations, followed by ARI – 12,074; AWD – 5,962; measles – 416, and other medical conditions – 23,742. A total of 80,873 consultations for prevention services were recorded, including 4,558 children vaccinated against measles through RI services; 38,803 children and pregnant women reached with various other antigens (Penta, OPV, TT, Hepatitis, PCV, Meningitis, Yellow Fever); Vitamin A capsules – 10,037, Albendazole tablets for deworming – 10,992 and ANC visits – 14,221, and 2,262 LLINs distributed through RI and ANC clinics in Borno and Yobe States. A total of 3,602 deliveries (skilled delivery – 3,279, unskilled – 323) and 5,372 postnatal/home visits were recorded during the reporting period.

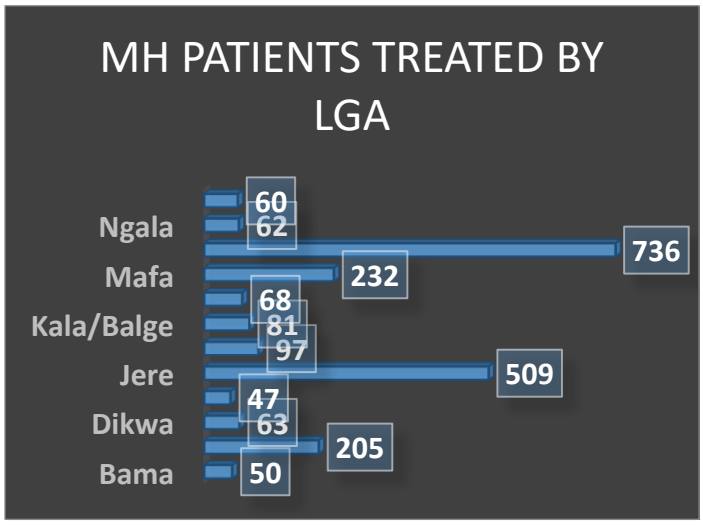
WHO supported the in accreditation of BEWAC proposed isolation Centre for COVID-19 patients; this was to improve capacity to admit confirmed cases in the state. Joint assessment was conducted to ensure the facility is conducive for patient's care. There are planned trainings on case management for healthcare workers at the BEWAC Isolation Center staff, this would be followed by training of IPC Focal Persons in secondary HFs from Public and Private sector. WHO technical officers are closely monitoring progress of COVID-19 patients on treatment, there is also coordination with the MHPSS to see that all patients discharged from the isolation center are provided with psycho social support and are integrated in the community. Five Infection Prevention and Control (IPC) training sessions were conducted and over 185 participants were trained on IPC COVID-19 IPC response, these included; 31 cleaners & ambulance drivers; 74 HCWs benefited from IPC cascade trainings in 6 Secondary Health Facilities, the university teaching hospital (UMTH) and INGOs.
As part of IPC response, WHO is coordinating with partners in WASH to strengthen the WASH activities as regards the COVID-19 response. In line with this, more than 150 additional hand washing stations have been installed in 7 LGAs. Solar powered water pump has been installed in Hajj Camp (increasing number of COVID confirmed cases have been reported from the camp site). The installed water pump has a capacity of producing 36,000 litres of water per day for the camp.
There is an ongoing settlement/location mapping to support Risk communication pillar response and follow up in Jere and MMC. Currently MMC has 62% of total confirmed cases - Maisandari, Galtimari, Mairi, Bolori II, Gomari and Gongulong Wards still have the highest burden of confirmed cases in MMC and Jere. WHO plans to increase testing as well as household sensitization on symptoms of COVID-19 in target communities.

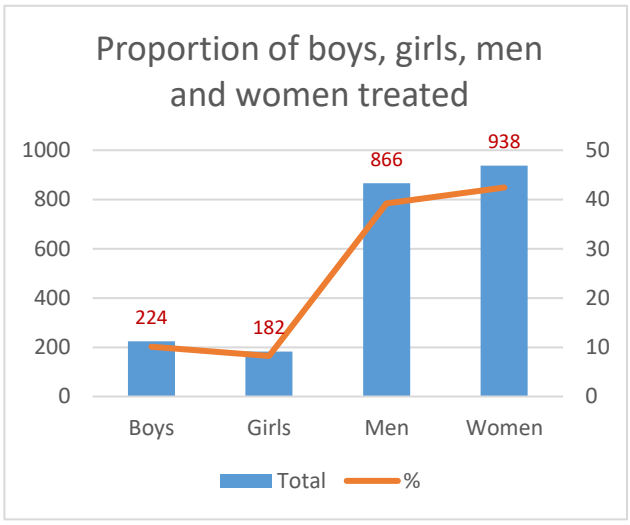
COVID-19 Heroes' Campaign

WHO/Borno SMoH launches COVID-19 Heroes' Campaign as the Deputy Governor of the State designates survivors as Heroes and Heroines, social and mass media dissemination of the event will be hyped for the next coming days. WHO is still providing technical support to SPHCDA & EPI for the roll-out of the Response plan for the continuation of essential services in all PHCs. Planning for roll-out of IPC training in southern Borno. 7,078 Under-5 children screened for malnutrition by HTR teams in 23 LGAs of Borno during sessions. referred 36 children with MAM and SAM to OTP sites and SCs across the state. Women of reproductive age were reached with health promotion messages by HTR teams. 4,863 pregnant women were provided with Ante Natal care in remote and security compromised Areas of 23 accessible LGAs. 844 pregnant women received Intermittent Prophylactic Therapy (IPT) for malaria prevention.
Three (3) clinical psychologists have been deployed to support the Isolation Centre to provide needed psychological support. The clinical psychologists engage with the discharged patients and provide psychosocial support as required.

In Adamawa, 1064 children were treated for malaria, diarrhea and Pneumonia by 41/63 CoRPs in 8 LGAs of the state. 13,340 clients were seen by WHO, supported 8 H2R teams providing services in 8 LGAs of Adamawa state. The teams treated 12969 persons with minor ailments and dewormed a total of 2,295 children during the month. Pregnant women were provided FANC services with 591 of them receiving Iron folate to boost their hemoglobin concentration while 603 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

WHO - Mental Health outreach sessions have continued, 89 MH sessions were conducted in 12 LGAs (Bama, Damboa, Dikwa, Gubio, Jere, Kaga, Kalabalge, Konduga, Mafa, MMC, Monguno, Ngala, and Nganzai) across 38 health facilities. A total of 2,210 patients were treated, with 13 referrals to Federal Neuro Psychiatric Hospital (FNPH) Maiduguri for further management. 9 were admitted for inpatient treatment. Intervention centered on PSS counselling at the State Isolation Centre and COVID-19 Heroes Campaign. WHO in collaboration with SMoH and FNPH, intervened to meet the unmet MHPSS needs at the State Isolation Centre, with plan to also support Hajj Camp for COVID-19 triage. At the State Isolation Centre, PSS counselling was conducted to 19 new individuals (16 females, 3 males), 24 (19 males, 3 females) preparing for discharge, and 17 males on crisis intervention. A male patient who developed withdrawal syndrome due to previous use of psychoactive substance use received specialized MH care to manage the syndrome along with motivational counselling/relapse prevention skills to enjoy a drug free future. WHO in collaboration with SMoH, organized a "Heroes Campaign" on 29th May, 2020 at the State Isolation Centre which was launched by the Deputy Governor. 18 heroes (16 males, 2 females) participated, with a brief highlight from a female who spoke in Kanuri language, and 2 males in Hausa and English, on reality of COVID-19 and need for precautionary measures.





ALIMA provided a total of 988 OPD consultations for children under 5 in Muna Clinic with 25 referrals and 1480 consultations for all ages in TVC Clinic 33 with referrals. Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic a total of 268 new SAM cases were admitted and 194 cases were discharged from the program. 30 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 104 new SAM cases with complications and discharged 89. Water board Clinic in Monguno, ALIMA provided a total of 663 OPD consultations for all ages at Waterboard Reception Clinic in Monguno. Nutrition interventions were conducted in the ATFC at Water Board Reception Clinic where 25 new SAM cases were admitted and 6 were discharged from the program. No SAM case with complications was transferred from ATFC at ITFC.

MTMSG IYCF Session in Muna Camp

In Adamawa, 6,991 children were screened for Malnutrition using MUAC by WHO supported 8 H2R teams. Of this number, 56 (0.8%) children had MAM and their caregivers were counseled on proper nutrition, while 39 (0.56%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers, while the SAM cases with medical complications were referred to the stabilization centers across the state for proper management.

Public Health Risks and Gaps

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The northeast region is highly endemic for malaria and cholera.
- Unpredictable security situation hampers movements of health workers, drugs and other medical supplies.
- Although health situation is improving under the NE Nigeria Health Sector 2019 Strategy, the health service delivery continues to be hampered by the breakdown of health facilities infrastructure.
- There is a serious shortage of skilled health care workers, particularly doctors, nurses and midwives, with many remaining reluctant to work inaccessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupt and further challenges the health programs implementation.
- Access to secondary health care and referral services in remote areas is significantly limited.
- Unavailability of network coverage in the newly liberated areas negatively affects timely submission of health data for prompt decision-making.

Health Sector Partners and Presence

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

-Health sector bulletins, updates and reports are now available at: https://bit.ly/37fGasX

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