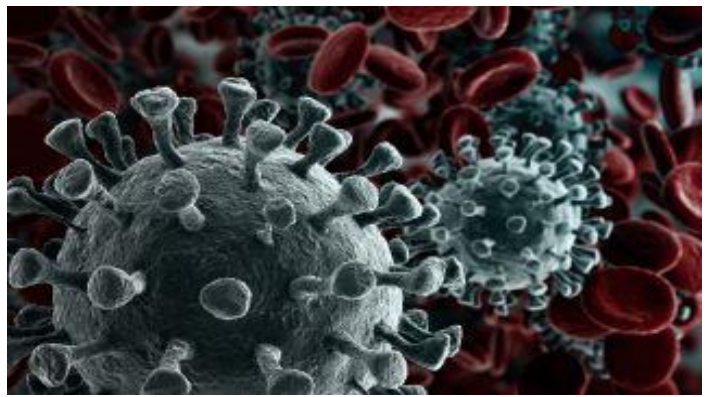




# Health Sector Bulletin

## February 2020



COVID-19 outbreak

### Northeast Nigeria Humanitarian Response



5.6 Million  
People in need  
of health care



4.4 Million  
targeted by the  
Health Sector



1.9 Million \*  
IDPs in the  
three States



x.x million people  
reached in 2020\*\*\*

#### HIGHLIGHTS

- The novel coronavirus (COVID-19) is a new strain of the virus that has not been previously identified in humans. On the 28th of February, 2020, the Federal Ministry of Health announced the first confirmed case of COVID-19 in Nigeria. Currently, four laboratories in Nigeria can diagnose COVID-19. In addition to the NCDC National Reference Laboratory, this includes the Virology Laboratory of Lagos University Teaching Hospital; Irrua Specialist Teaching Hospital and African Centre for Genomics of Infectious Diseases in Ede, Osun State.
- From week 1 to 7 of 2020, a total of 673 suspected measles cases with 1 associated deaths (case fatality ratio 0.2%) was reported in the BAY states. Borno state accounts for 57% of suspected measles cases reported from the 3 States. The most affected age group was children less than 10 years of age, accounting for over 65% of the affected population.
- Regarding the ongoing Lassa Fever outbreak in Borno State, twenty-one (21) cases of Lassa fever reported as at 29<sup>th</sup> Feb, with 2 associated deaths.
- Key health sector priorities for 2020 are: continuation of health care delivery in all priority locations and IDP camps and expansion of health services in hard to reach areas and underserved communities. Strengthen/expand disease surveillance, outbreak prevention, preparedness and response capacities for key communicable diseases. Support secondary health services/system – streamline and strengthen the referral system from primary to secondary facilities.

#### Health Sector



45 HEALTH SECTOR PARTNERS  
(HRP & NON-HRP)

#### HEALTH FACILITIES IN BAY STATE\*\*



1372 (58%)	FULLY FUNCTIONING
233 (9.8%)	NON-FUNCTIONING
388 (16.4%)	PARTIALLY FUNCTIONING
374 (15.8%)	FULLY DAMAGED

#### CUMULATIVE CONSULTATIONS



4.9 million CONSULTATIONS\*\*\*\*

1540 REFERRALS

320,898 CONSULTATIONS THROUGH HARD TO REACH TEAMS

#### EPIDEMIOLOGICAL WEEK 2019

#### EARLY WARNING & ALERT RESPONSE



274 EWARS SENTINEL SITES

226 REPORTING SENTINEL SITES



3,705 TOTAL ALERTS RAISED\*\*\*\*\*

#### SECTOR FUNDING, HRP 2019



HRP 2019 REQUIREMENTS \$73.7M FUNDED \$17.5 M (24%) UNMET REQUIREMENTS \$56.2 M

\*2020 HRP IN PROCESS

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

\*\*MoH/Health Sector BAY State HeRAMS September/October 2018

\*\*\*Number of health interventions provided by reporting partners as of November 2019.

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

\*\*\*\*\* The number of alerts from Week 1 – 47, 2019.

## Situation updates

### COVID-19: Nigeria situation update:

On the 28th of February, 2020, the Federal Ministry of Health announced the first confirmed case of COVID-19 in Nigeria. The index case is an Italian businessman who arrived Nigeria from Milan, Italy on the 25th of February, 2020. The case was confirmed at the Virology Laboratory of Lagos University Teaching Hospital on the 27th of February 2020. This laboratory is part of the network of laboratories supported by the Nigeria Centre for Disease Control. Prior to laboratory confirmation, the patient had travelled to Ogun State for a business meeting. The index case is clinically stable, with mild symptoms, and is being managed at the Infectious Disease Hospital in Yaba, Lagos. The Federal Ministry of Health through the Nigeria Centre for Disease Control (NCDC) has activated a national Emergency Operations Centre at the highest level and is leading the national response. A National Rapid Response Team has been deployed to support Lagos and Ogun State Governments with contact tracing and required response activities. Currently, there are four laboratories in NCDC's molecular laboratory network, with the capacity to test for COVID-19 in Nigeria. These laboratories are sufficiently equipped with reagents and supplies for testing. NCDC is in contact with all states to increase the index of suspicion to ensure cases are detected early. The Federal Ministry of Health has also intensified surveillance at points of entry (Lagos, Kano, Port Harcourt and FCT) particularly for returning travellers with travel history to countries with ongoing transmission.

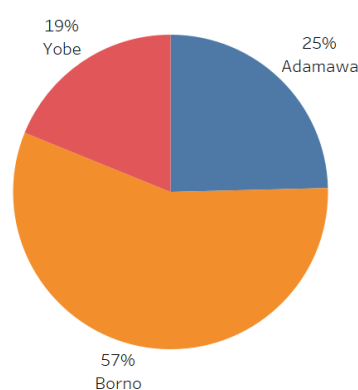
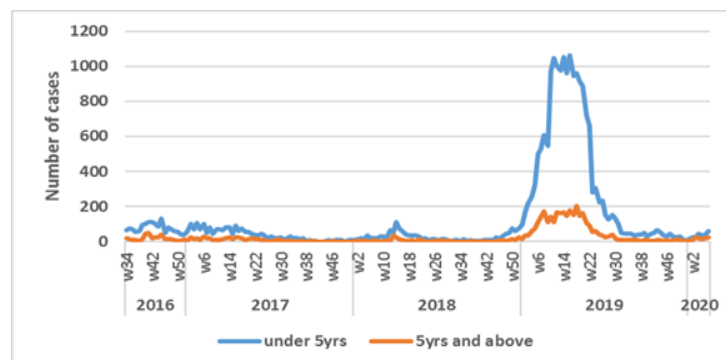
### HOW TO PROTECT YOURSELF

To reduce the risk of spread of COVID-19, members of the public are advised to adhere to the following measures:

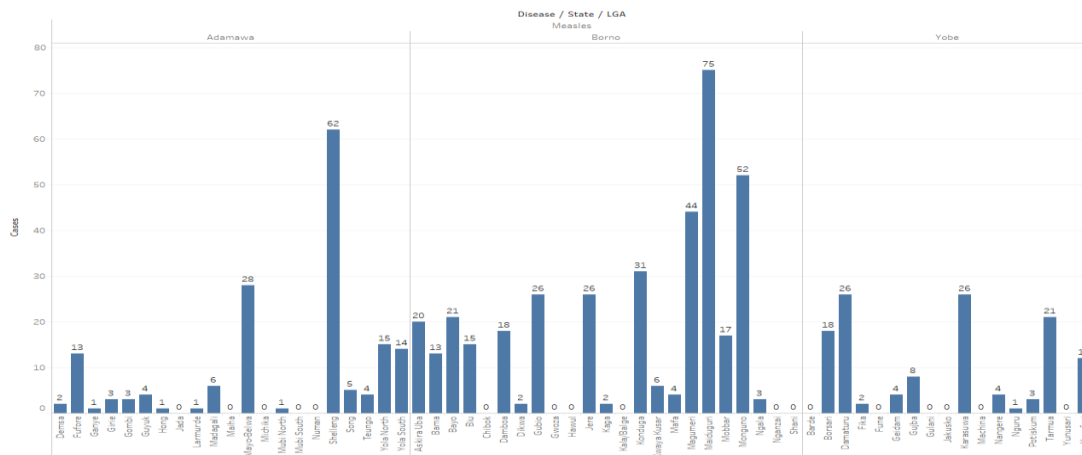
- Wash your hands frequently with soap under running water or use alcohol-based sanitizer if water is not available.
- Cover your mouth and nose properly with a tissue paper when sneezing and/or coughing. Dispose of the tissue properly immediately after use. You may also cough into your elbow if a tissue is not available.
- Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing.
- Healthcare workers are always advised to observe standard infection prevention and control measures when attending to patients and take a travel history.

### Outbreak of Measles in BAY states

From week 1 to 7 of 2020, a total of 673 suspected measles cases with 1 associated deaths (case fatality ratio 0.2%) was reported in the BAY states. Borno state accounts for 57% of suspected measles cases reported from the 3 States. The most affected age group was children less than 10 years of age, accounting for over 65% of the affected population. Serum samples were collected and sent for laboratory analyses, Laboratory confirmations are still being awaited.



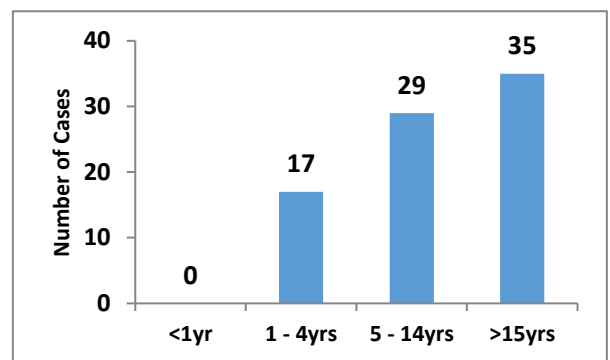
Trend of suspected measles cases by week, Borno State



**Public Health Actions:** WHO HTR teams in the BAY states are intensifying efforts to provide measles vaccination services in locations with high influx of displaced populations and areas with clusters of reported measles cases.

**Ongoing response to Outbreak of Acute Watery Diarrhea in Damaturu, Yobe State**

On the 26 February, WHO supported the SMOH to investigate outbreak of AWD which affected 81 people in Gumlawa community, the community has a population of 395 individuals with 51 households in Damaturu LGA. Initial investigations by State Epidemiology and WHO surveillance teams revealed that the incident followed a ceremony in the village where 43% of affected individuals were > 15years. Cases presented with AWD with mild to moderate dehydration.



**Public Health Response:** Health partners and state rapid response teams provided swift interventions and established treatment facilities and Oral Rehydration Points in the affected area. Active case search was conducted in Gumlawa, Shekau and Gabai) villages, and 4 Samples taken were negative with cholera RDT but E. Coli was isolated from the stool samples. All admitted patients were rehydrated and were later discharged after full recovery WASH teams are actively providing WASH infrastructure, while surveillance and risk communication activities are ongoing.

**Ongoing response to Outbreak of Lassa fever in Borno State**

Regarding the ongoing Lassa Fever outbreak in Borno State, twenty-one (21) cases of Lassa fever reported as at 29<sup>th</sup> February 2020, with 2 associated deaths. The cases are from MMC (6), Jere (5), Bayo (4), Chibok (1), Askira Uba (1), Gwoza (1), Biu (1), Mafa (1) and Monguno (1) Three (3) samples tested positive while, eighteen (18) samples were negative. Response activities such as active case search and contact tracing are ongoing to identify individuals who directly or indirectly assisted in management or transportation of confirmed or suspected cases commenced in all affected location. Case management have commenced in earnest with General Abba Kyari Memorial hospital designated as treatment centre. Risk communication and social mobilization activities have also continued with Radio spots on BRTV, Peace FM, Dandal Kura & Lafiya Dole in 4 local languages: Kanuri, Hausa, Babur-bura & English, supported by UNICEF and WHO. In addition to continued motorized campaign to raise awareness on Lassa fever across IDP camps in MMC. Daily state level coordination meetings are held in the Public Health Emergency Operations Centre (PHEOC) in Maiduguri to oversee the outbreak

**Integrated Community Recovery and Resilience project in Borno State**

UNDP and WHO launched the project of Integrated Community Recovery and Resilience in Borno State (IC2RB) with generous funding from EU in December 2017 and for which WHO funding was approximately EUR 5 million. The overall objective of the project is to contribute to rebuilding the resilience of conflict-affected people and

communities in Borno using sustainable approaches. Total beneficiaries for the project is estimated at 600,000 individuals in 6 locations (Bama, Biu, Gwoza, Mungono, Mafa and Konduga LGAs).

There was the Official hand over of the Biu Primary Health clinic which was rehabilitated by WHO to serve a catchment population of over 30,000 people. The Director of PHC on behalf of the Biu LGA and state expressed their happiness and satisfaction with the scope and quality of work done by WHO and noted that this would help them deliver healthcare services more effectively and efficiently to the community



There was also the official flag off for the rehabilitation of Biu General Hospital which was well attended by the Hospital staff, the district head of Biu, the Emir of Biu, WHO and representative of the SMoH. WHO also used the opportunity to highlight the other activities supported by WHO in the LGA.

### **Early Recovery – Health facility rehabilitation in Southern Borno**

As part of the EU-funded early recovery project entitled High Impact, Easy-to-scale up, comprehensive to-scale up, Health, Nutrition, WASH and Livelihood Package in Borno State, the international consortium ALIMA/Solidarites International renovated 12 Primary Health Care Centres in Askira-Uba and Hawul LGAs as well as Askira-Uba General Hospital. The project aims at building resilience of conflict affected people and public sector institutions in Borno state in an environment friendly-way and to sustainably improve availability, access and utilization of quality basic services (health, education, nutrition, WASH) in area of refugee, return or resettlement. The rehabilitation work on Monguno General Hospital is in good progress. So far 30 % work has been completed.



### **Strengthening response to disease outbreaks and other health emergencies**

WHO supported the Borno state ministry of Health (SMoH) and other health partners in drafting a State preparedness plan for the COVID-19 outbreak. The following health partners were in attendance for the planning meeting: MSF, UNICEF WHO, TdH, UMTN, BOSEPA. Thematic areas considered included infection prevention and control, Risk communication and State level coordination structure and mechanisms.

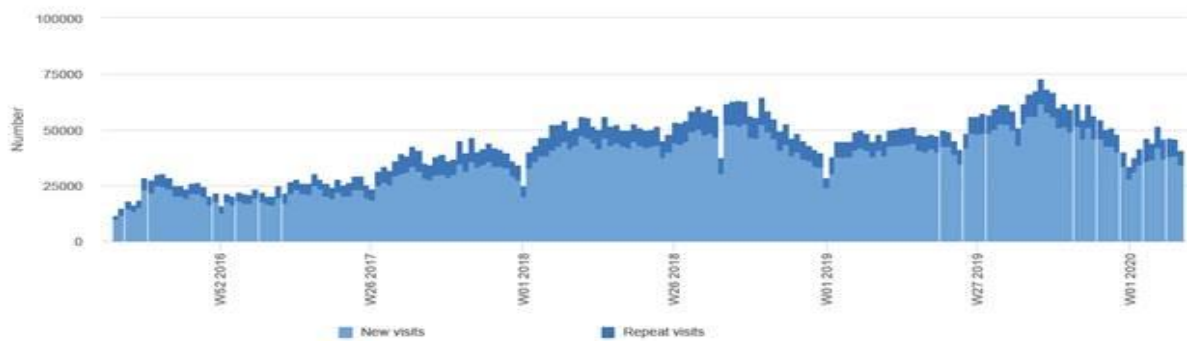




## Early Warning Alert and Response System (EWARS)

- **Number of reporting sites in week 9 (latest update):** A total of 209 out of 274 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 74% respectively (target 80%).
- **Total number of consultations in week 9:** Total consultations were 34,312 marking a 20% increase in comparison to the previous week (n=28,587).
- **Leading cause of morbidity and mortality in week 9:** Malaria (suspected n= 7,835; confirmed n= 4,973) was the leading cause of morbidity reported through EWARS accounting for 32% of the reported cases and neonatal deaths (3) was the leading cause of mortality reported through EWARS accounting for 50% of the reported deaths.
- **Number of alerts in week 9:** Forty-four (44) indicator-based alerts were generated with 93% of them verified.

Figure 1 | Trend in consultations



## Morbidity Patterns

Figure 1a | Proportional morbidity (W9)

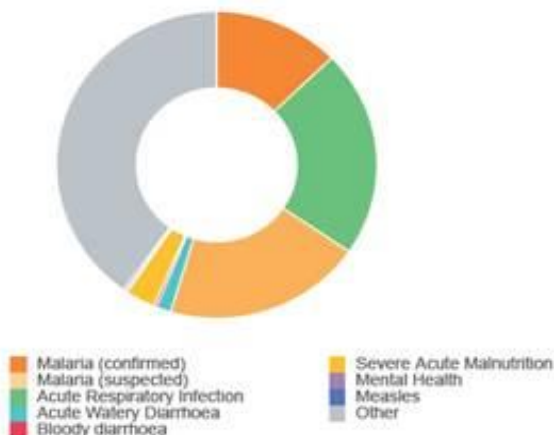
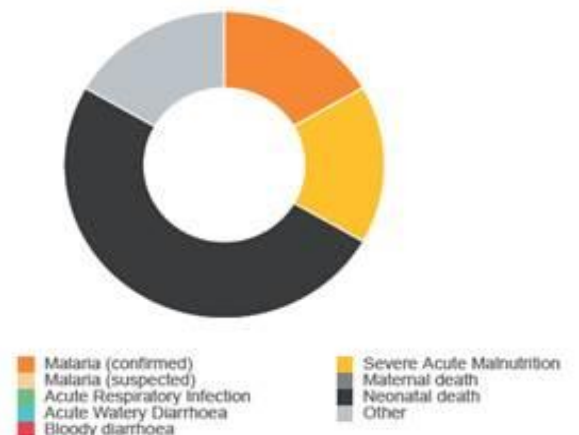


Figure 1b | Proportional mortality (W9)



- **Malaria:** In Epi week 9, 4,973 cases of confirmed malaria were reported through EWARS. Of the reported cases, 315 were from General Hospital in Biu, 175 were from Uba General Hospital in Askira-Uba, 158 were from Gwange PHC in MMC, 127 were from Uba Dispensary in Askira-Uba, 119 were from Gumsuri clinic in Damboa and 100 were from Mashamari PHC in Jere. One (1) associated death was reported from Chibok General Hospital.

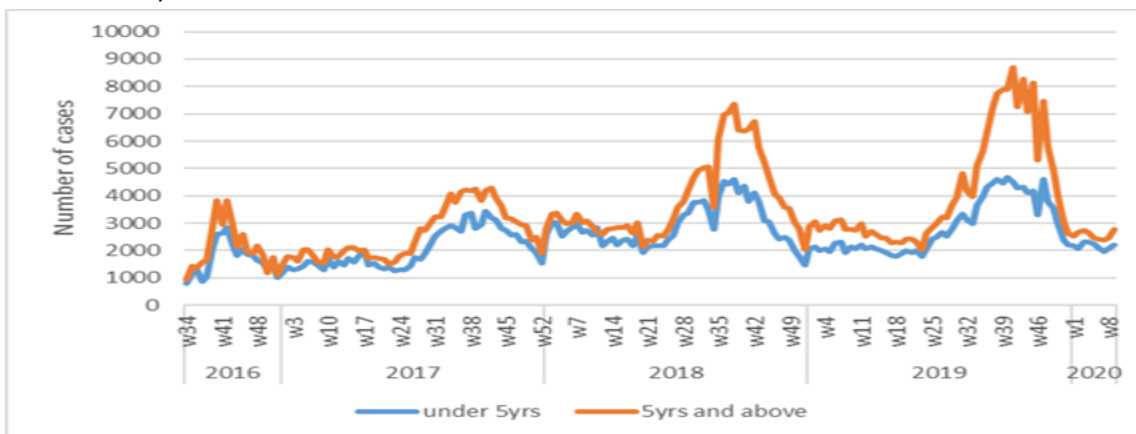


Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 – 09 2020

- **Acute watery diarrhea:** In Epi week 9, 588 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 101 were from FHI360 clinic Banki in Bama, 92 were from PUI mobile clinics in MMC, 87 were from Ngaranam PHC in MMC, 80 were from Sabon Gari Lowcost IDP camp clinic (MDM) in Damboa and 38 were from FHI360 PHC Damasak in Mobbar. No associated death was reported.

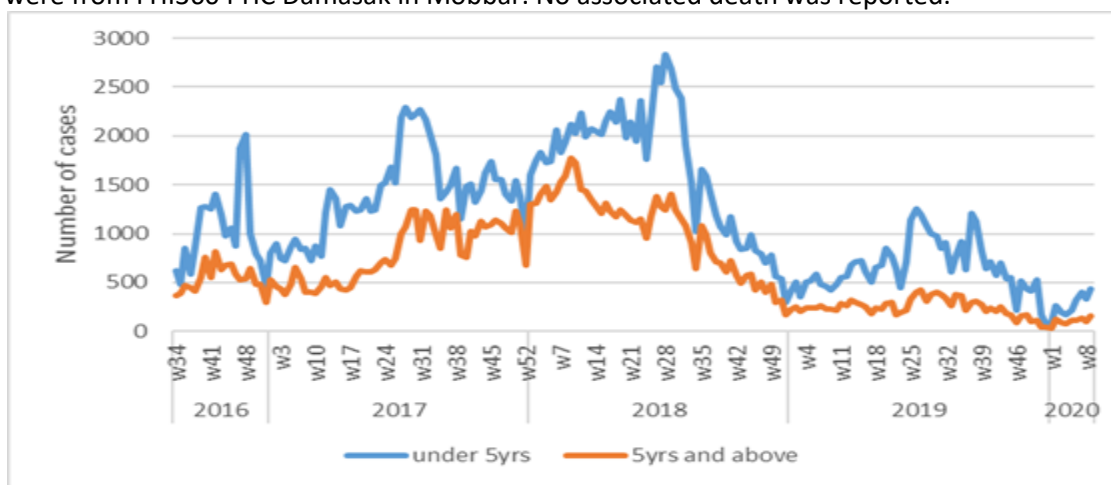


Figure 3: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016- 09 2020

- **Acute respiratory infection:** In Epi week 9, 8,501 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 668 were from PUI mobile clinics in MMC, 574 were from General Hospital Ngala (FHI360), 483 were from FHI360 clinic Banki in Bama, 271 were from Ngaranam PHC in MMC, 246 were from Damboa MCH in Damboa and 240 were from ICRC FSP Clinic in Monguno. No associated death was reported.

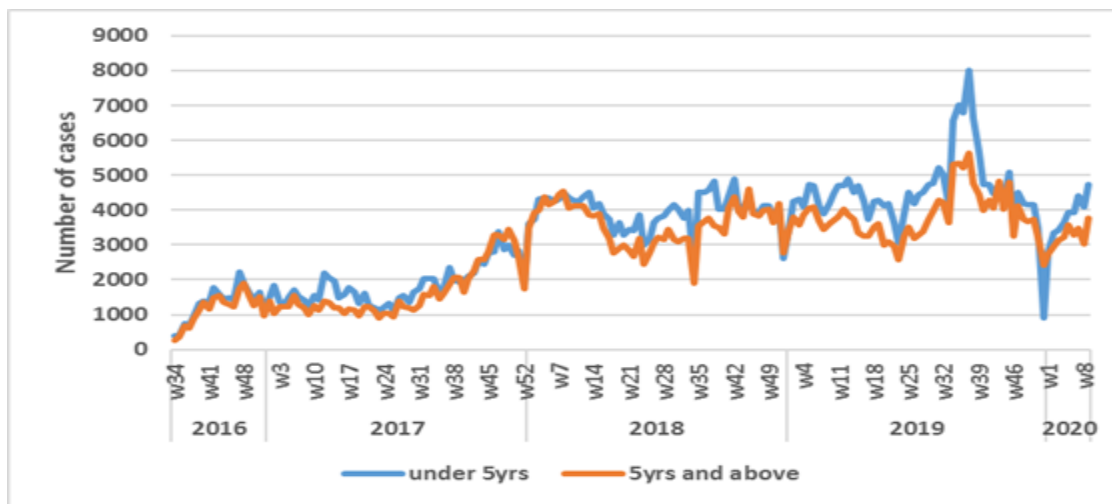


Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016- 09 2020

- **Suspected Measles:** Fifty-seven (57) suspected measles cases were reported through EWARS in week 9. Of the reported cases, 7 were from PUI Mobile clinics in MMC, 6 were from FHI360 PHC Damasak in Mobbar, 5 were from General Hospital Magumeri, 3 cases each from Biriyei MCH in Bayo, Damasak MCH in Mobbar, State Specialist Hospital in MMC, Teli Clinic in Bayo and Yimirdalang PHC in Kwaya Kusar. Fourteen (14) additional cases were reported through IDSR\* from Bama (2), Bayo (2), Damboa (2), Dikwa (2), Jere (2) and Magumeri (2) LGAs making a total of 71 suspected measles cases. No associated death was reported.

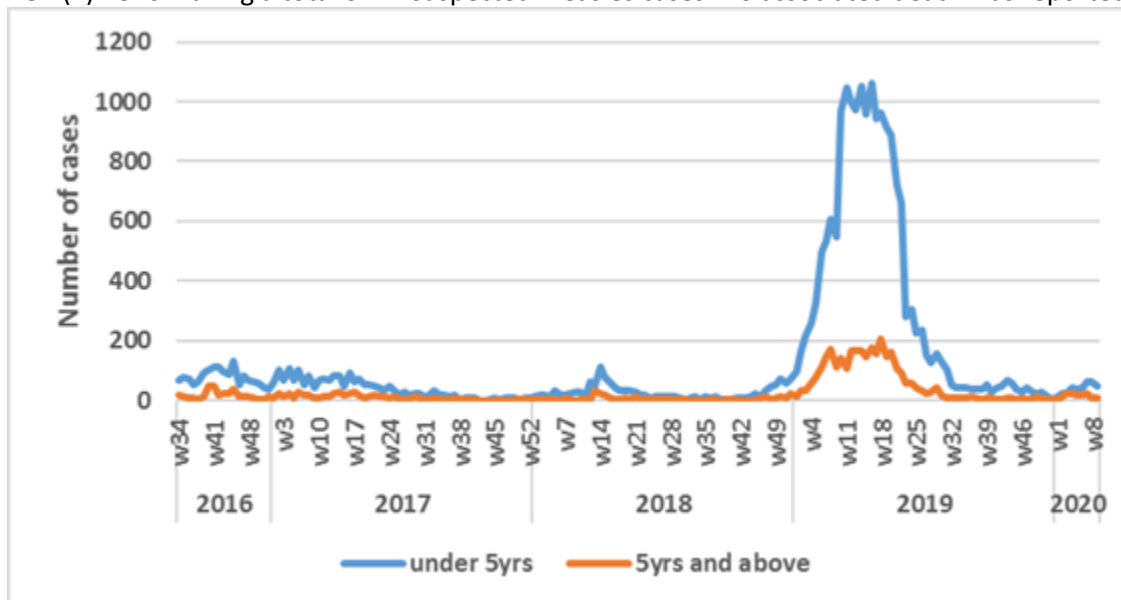


Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016- 09 2020

- **Suspected Yellow Fever:** Two (2) suspected yellow fever cases were reported through EWARS from Gumsuri Clinic (1) in Damboa and Jaragol Clinic (1) in Bayo. One (1) additional was reported through IDSR\* from Gwoza LGA.
- **Suspected Meningitis:** Two (2) Acute Bacterial Meningitis cases were reported through EWARS from UMTH in Jere and One (1) suspected meningitis case from Chibok General Hospital.
- **Suspected VHF:** No suspected VHF case was reported through EWARS in week 9.
- **Suspected cholera:** No suspected cholera case was reported in week 9.
- **Malnutrition:** 1,168 cases of severe acute malnutrition were reported through EWARS in week 9. Of the reported cases, 60 were from Fori PHC in Jere, 60 were from Kurbagayi MCH in Kwaya Kusar, 58 were from Gajiram FSP in Nganzai, 42 were from Gamadadi PHC in Bayo and 35 were from Umaru Shehu Hospital in Jere. One (1) associated death was reported from Limanti Dispensary in Bayo LGA.
- **Neonatal death:** Three (3) neonatal deaths were reported through EWARS from UMTH in Jere.
- **Maternal death:** No maternal death was reported through EWARS in week 9.

## Health Sector Actions

**ALIMA** in collaboration with SMOH, continued the provision of lifesaving medical and Nutrition services to the affected communities as well as supporting the Borno State Government in Health Systems Strengthening through provision of service delivery, essential medicines, training and infrastructure improvement initiatives. 11,000 outpatient consultations was provided and managed 137 patients in the Inpatient Department. 516 deliveries were assisted by a skilled attendant and 1,181 PNCs and 4,162 ANC consultations were conducted. Three C-Sections were performed at Monguno General Hospital. 45 Measles cases were treated at health facilities in Monguno with most of the cases were from Fulatari village. ALIMA in partnership with LGA health authority and other partner NGOs launched a one-day public awareness campaign in Monguno. During this campaign, banners with information on Lassa Fever prevention were erected at all crowded public places. In Maiduguri and Jere 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 under five years' children with medical complications as well as a Training center to improve the capacity of MoH staffs in the management of acute malnutrition. 1,030 ANC and 117 PNC consultations were provided at Muna Clinic with 8 referrals. At the Teachers Village clinic, 869 pregnant women in total came for ANC (ANC 1, 389) while the total PNC consultations were around 203 (PNC 1, 161). BEmONC activities were conducted at CBDA clinic where 95 deliveries were recorded with 2 referrals to secondary/tertiary care and 133 deliveries at TVC Clinic. Traditional Birth Attendants (10) in Muna and TVC (8) were engaged to refer patients from the community for delivery at CBDA and TVC Clinic. A total of 4,000 OPD consultations for children under 5 were conducted and 38 hospitalizations under 5 years in Askira and Hawul LGAs in southern Borno. Additionally, 229 deliveries were recorded and 925 ANC consultations were conducted. 142 children were admitted suffering from SAM in ATFC and treated 3 complicated SAM cases at the ITFC in Askira General Hospital.

**CARE** clinical mobile health teams in Bama and Dikwa LGAs continued to provide primary clinical care and reproductive health services at mobile service delivery sites for IDPs and host community populations. During the month of February, the mobile outreach teams provided clinical care for 11,737 persons (4,023 males and 7,714 females) in these locations. Family Planning accounted for the highest numbers of services provided during this reporting period. 9,538 persons were reached with various Sexual Reproductive Health and Gender Based Violence topics through awareness raising and community dialogue sessions. With support from community volunteers, 21 referrals were done to Primary Health Centers mainly due to pregnancy and childbirth –related complications. 66 deliveries were also conducted by the mobile outreach clinical service providers, with Bama having the higher number of deliveries. In addition, CARE also distributed 196 delivery kits to visibly pregnant women with support of Traditional Birth Attendants and Local Government Primary Healthcare providers.



**TdH** continue to provide humanitarian assistance in two major LGAs (Mafa and Kala/Balge). There is support to Zannari PHC Clinic and Health Post inside the host community and organizing health mobile hub in GGSS IDP Camp. We are specialized in MNCH and CU5 health mobile hub in Rann. Total of 9,958 people great majority being PLW women, women of reproductive age and children benefited from interventions carried out. 75% of the beneficiaries are IDPs while the rest are from the host community.

**INTERSOS** continues to support stand-alone health facilities located in: Bama (1), Dikwa (1) and Ngala (2: one in Gamboru Host Community, and one in ISS Camp). The support in Magumeri's Health facilities: 1 General Hospital, 6 PHCs and 2 health posts in (Titiwa and Kalizoram) and 6 outreach sites is still being done by the Organization. Outreach activities are with 3 mobile clinics in Dikwa and 1 in Bama GSSS Camp (in order to provide services to the whole camp accordingly).



For outpatient services, the total number of consultations were 20,314 (M 8,800 and F 11,514) of which U5 was 7,839 (39%). The total number of consultations and that of U5 for the reporting month recorded an increase compared to the previous month. Acute Respiratory Infection (with a total number of 5,368 cases is the highest cause of morbidity, closely followed by Malaria (with a total of 1,563 cases). This number is lower than the number of ARI cases seen in the month of January and also lower than the cases of Malaria seen in the previous reporting month. INTERSOS health facilities registered a slight increase of cases for Acute Watery Diarrhea and a decrease in Bloody diarrhea across all sites compared to the previous month of January, with 27 cases for Acute Watery Diarrhea and 145 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 2,133 both first visit and follow ups. A total of 233 PNC were conducted and 42 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.

Category	Number of Admissions
SAM cases with complications	24
Non SAM cases Under 5 years, with life threatening conditions	20
Non SAM above 5 years, with life threatening conditions	18
Gynecology/Obstetric cases (complicated cases admitted for more than 24hrs)	12
Others	1
Total	75

Referral is also supported to patients in need of secondary or tertiary care from Bama and Magumeri to Maiduguri, 4 patients were referred, 1 was discharged and 3 are still on admission. all patients were from Magumeri. 1 death was registered among the referrals from Magumeri.

**UNFPA** continue to provide sexual reproductive humanitarian response through collaboration with State Ministry of Health, Women Affairs and Social development. The integrated Sexual and reproductive health services are provided through the MISP framework while services include CMR, Delivery, PNC, ANC, Labor, STIs, CMR, Family Planning and SRH information and sensitizations. 170 lactating mothers and pregnant women reached with Dignity kits across Gubio, Muna Garage and Madinatu supported SRH Integrated facilities. GBV Mitigation and prevention material shared in Gubio IDP Camps where 50 vulnerable women and girls reached. Frontlines reached 1,677 individuals with Sexual reproductive health and adolescent sexual reproductive health information through sensitization and awareness raising. The effort to reduce excess maternal morbidity and mortality continue as 420 women attended ANC. 36 deliveries supported by skilled birth attendance, 25 women of reproductive age received family planning services across the service points. In term of Capacity building and coordination, we have, supported training of 21 Nurses, Doctors and Midwives on Clinical Management of rape with support from PUI. 16 health workers on MISP through AHI and as well strengthened service provision through SRH technical working group coordination meeting in Maiduguri and field level especially in Mongono LGA for qualitative service provision.



**UNICEF** continues to support the SMoH with integrated PHC services. A total 158,029 of children, women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Adamawa, Borno and Yobe States, out of which 81,442 (52%) were children below five years.

During the reporting period, 68,041 curative consultations were recorded with ARI – 17,857 being the major cause of consultation, followed by malaria – 17,808; AWD – 5,767 measles – 246, and other medical conditions – 26,363. A total of 81,733 prevention services were recorded including 4,222 children vaccinated against measles through RI services; 33,109 children and pregnant women reached with various other antigens; Vitamin A capsules – 11,542, Albendazole tablets for deworming – 12,257, and ANC visits – 15,803, and 4,800 LLINs distributed through RI and ANC clinics in Adamawa, Borno and Yobe States. A total of 2,327 deliveries (skilled delivery – 1,954, unskilled – 373) and 5,928 postnatal/home visits were recorded during the reporting period.

UNICEF supported the SPHCDA in Adamawa, Borno and Yobe States with the following essential medicines for integrated emergency PHC services in the IDP camps and host communities.

During the reporting period, UNICEF provided technical and financial support to MOH and SPHCDA of Adamawa, Borno and Yobe States in the conduct of monthly health sector and camp coordination meetings.

**AGUF** has moved on to conducting planned activities as contained in the AGUF/NHF grant agreement document. Selection and recruitment of ad-hoc staff is at its peak, advocacy visit to communities ongoing with community engagement.

**PUI** continue to response to the need of the affected population across different sector. 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	2,064	1,514	32 new admissions for SAM cases in OTP	Malaria: 43 cases Measles: 9 cases reported	867	39
Ngarannam PHC	2,972	779	48 new admissions for SAM cases in OTP	Malaria: 202 cases Measles: 7 cases reported	1,079	10
Outreach teams	6,561	173	97 new admissions for SAM cases in OTP	Malaria: 329 cases Measles: 38 cases reported	1,003	20

**LESGO** reached 3,515 persons within target LGAs (Mubi North and Mubi South, Girei, Yola North and Yola South LGAs) through Inter Personal Communication on HIV and Malaria (Men 638, Women 879, Boys 948 and Girls 1,050).

**WHO** supported CORPs in Borno state have treated 6,684 under-five children for common ailments in the month of Feb 2020 52% females and 48% males (Pneumonia is 1,543 (23%); Malaria is 2,259 (34%) and, Diarrhea 1903 (28%) of all cases. Total number of children screened for malnutrition by CORPS is 6,450 and total number of children referred by CORP due to danger signs and/or severe morbidity is 112. Of 6,450 under-five children screened for malnutrition by CORPs, 62 children with severe malnutrition have been linked to receive care in SCs, and OTP sites across the state, respectively.

**WHO-Mental Health** supported specialized mental health services with 103 mental health outreach care sessions acrossed 14 LGAs (Bama, Damboa, Dikwa, Gubio, Gwoza, Jere, Kaga, Kala/Balge, Konduga, Mafa, Maiduguri, Monguno, Ngala, and Nganzai) in 40 health facilities. A total of 2,977 patients were treated with 19 referred to Federal Neuro Psychiatric Hospital (FNPH), Maiduguri for further management and 11 admitted for inpatient treatment. Training was conducted on Psychological First Aid (PFA) during Lassa Fever outbreak for Health Care Workers at Isolation Centre and also supported the development of MHPSS Preparedness and Response Plan on COVID-19.

## Nutrition updates

**ALIMA** provided total of 1,401 OPD consultations for children under 5 in Muna Clinic with 15 referrals and 3,528 consultations for all ages in TVC Clinic with 37 referrals. Nutrition interventions were conducted in the ATFC at Muna Clinic where with 80 new SAM cases were admitted and 139 were discharged from the program. Twelve SAM cases with complications were transferred out of the ITFC at UTHM. In total, ALIMA supported ITFC at UTHM admitted 87 new SAM cases with complications and discharged 50. A total of 723 OPD consultations for all ages at Waterboard Reception Clinic in Monguno. Nutrition interventions were conducted in the ATFC at Water Board Reception Clinic where with 12 new SAM cases were admitted and 4 were discharged from the program. No SAM case with complications was transferred from ATFC at ITFC.

**IRC** in a collaborative effort between nutrition program staffs, Ministry of Health workers, community volunteers and community mothers via Mother-MUAC approach, an anthropometric screened was conducted to a total of

33,307 (14,940M, 18,367F) under five children among which 2,219 (867M, 1,352F) were identified to have severe acute malnutrition (SAM) without Medical complication and were all admitted into the Outpatient Therapeutic Program (OTP) clinics for rehabilitation. On the program exit, 1,653 (663M, 990F) children met discharge criteria as cured, 16 (7M, 9F) Children defaulted from the program and are currently being followed up by program staff while, 1 (0M, 1F) child died in the course of treatment. Also 88 (38M, 50F) MAM beneficiaries 6 to 23 months received micro nutrient supplement. Within the IRC stabilization centers (SCs), 228 (120M, 108F) SAM cases with medical complications were admitted. 229(108M, 121F) were discharged and referred to OTPs clinics for continue treatment, 6(4M, 2F) children were transferred to tertiary facility for higher medical investigation. 1(0M, 1F) died was recorded with 7(5M, 2F) defaulters within the reporting month. At the infant and young feeding (IYCF) counselling corners, a total of 105 and 216 pregnant and lactating women (PLW) with breast feeding difficulties were individually and group counselled respectively. Also 38 mother-child pair participated in the play sessions at the IYCF corners. On IYCF sensitization 7,524 women were reached with key messages through Mother-to-Mother Support Groups weekly meetings and 1,584 men were engaged via Male to male communications group meetings. A total of 14,774 community resident receive sensitization messages through the daily health education talks at both mobile and static clinics.

### Public Health Risks and Gaps

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

### Health Sector Partners and Presence

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

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

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