



Northeast Nigeria Humanitarian Response

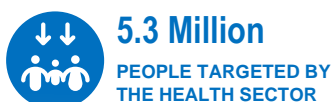
COVID-19 Response



Indoor residual Spray campaign in Jere and Monguno by the MENTOR Initiative

Health Sector Bulletin

May 2021



Highlights

Below are key highlights on COVID-19 across the BAY state as of 6th of June, 2021

ADAMAWA STATE:

- One new confirmed case was reported within the week.
- Testing in the Molecular Laboratory in the State is expected to recommence next week following the repair of the biosafety cabinet.
- 318 new samples were taken across the LGAs within the reporting week.
- Total number of confirmed cases as of 6th June 2021 stands at 1,132 with 32 deaths.

BORNO STATE:

- No new case confirmed in week 22.
- Total number of Confirmed Cases at end of epi-week 22 stands at 1,343.
- No active case receiving care.
- No death recorded in week 22.
- Total associated deaths - 38.

YOBE STATE:

- Eighteen (18) new confirmed cases were reported in week 22.
- The total number of confirmed COVID-19 cases is four hundred and seventy-eight (478).
- Sixteen (16) patients have recovered, and no COVID-19 related mortality.
- New cases were reported after retrieval of test results from NCDC-accredited lab in Gombe state. Sample testing in Yobe is stalled due to the stock-out of the testing reagent.
- The vaccination process is supported by 34 independent monitors (2 monitors per LGA).
- Yobe SPHCMB continues the administration of the second dose of Oxford/AstraZeneca vaccine in all 17 LGAs of the state including the security compromised LGAs.
- LGAs with the highest coverage in the ongoing second dose vaccination include Tarmuwa (43%), Gulani (30%), Nangere (30%), and Damaturu (23%), while LGAs with the lowest coverage include Yunusari (11%), Geidam (13%), Potiskum (14%) and Bade (15%).

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



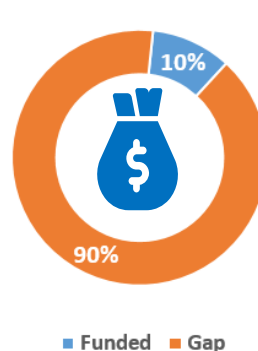
79,199 CONSULTATIONS****
1,334 REFERRALS

EARLY WARNING & ALERT RESPONSE



277 EWARS SENTINEL SITES
221 REPORTING SENTINEL SITE
1,212 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 May 2021.

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

***** The number of alerts from Week 1 – 21, 2021

Situation Updates

35th WHO Regulatory Update on COVID-19:

The IMF, WB, WHO and WTO principals have called for US\$50 billion investment to generate US\$9 trillion in global economic returns by 2025 and boost manufacturing capacity, supply, trade flows and the equitable distribution of diagnostics, oxygen, treatments, medical supplies and vaccines. WHO has called on Member States to support a massive push to vaccinate at least 10 percent of the population of every country by September, and a “Drive to December” to achieve the goal of vaccinating at least 30 percent by the end of the year. Three actions are needed to make the “drive to December” happen are: 1) sharing of vaccine doses through COVAX now, 2) scale-up manufacturing, and 3) fully funding the ACT Accelerator.

Highlights and Main Issues:

- WHO has recommended listing of the second inactivated COVID-19 vaccine, Sinovac CoronaVac, for Emergency Use Listing.
- The COVID-19 subcommittee of the WHO Global Advisory Committee on Vaccine Safety (GACVS) is reviewing reports of a small number of cases of myocarditis reported in individuals vaccinated with the COVID-19 mRNA vaccines.
- To assist public discussion of SARS CoV-2 variants, WHO has published the harmonized naming scheme using Greek letters. Alpha refers to the B.1.1.7 variant first detected in the UK, Beta, the B.1.351 variant first detected in South Africa, Gamma, P.1 variant first detected in Brazil/Japan and Delta, the B.1.617.2 variant first detected in India. Current variants of interest are also named under the new scheme.
- To enhance the rapid sharing of viruses and other pathogens between laboratories and partners globally, WHO and the Swiss Confederation have signed a Memorandum of Understanding to launch the first WHO BioHub Facility. SARS-COV-2 and its
- variants are being used as a pilot to test the feasibility and operational arrangements for sharing such materials with the facilities in the new WHO BioHub System.
- WHO has introduced risk-based mechanism for WHO Emergency Use Listed in vitro diagnostics similar to the WHO Collaborative Registration Procedure (CRP).
- Antifungal medicines are reported in shortage considering outbreaks of mucormycosis (black fungus).
- Member States are called upon to renew and expand the collective commitment and to pro-actively engage with key stakeholders in their territories and encourage intellectual property sharing and technology transfer through the WHO COVID-19 Technology Access Pool.
- WHO has committed to holding the first ever World Local Production Forum in June, convening countries, partners and other stakeholders to discuss strategies to promote local production to improve access to health products during the current pandemic and beyond.

Full Document can be download [here](#).

Early Warning Alert and Response System (EWARS)

Number of reporting sites in week 21: A total of 221 out of 277 reporting sites (including 32 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were 75% and 79% respectively (target 80%).

Total number of consultations in week 21: Total consultations were 36,095 marking a 1.3% increase in comparison to the previous week (n=35,630).

Leading cause of morbidity and mortality in week 21: Malaria (suspected n= 8,993; confirmed n= 4,455) was the leading cause of morbidity reported through EWARS accounting for 32% of the reported cases. Apart from deaths due to other causes (61), measles associated deaths (7) was the leading cause of mortality reported through EWARS, followed by neonatal deaths (5) and then deaths associated with severe acute malnutrition (4).

Number of alerts in week 21: Sixty-eight (68) indicator-based alerts were generated with 93% of them verified.

B in Jere, 110 were from Garubula MCH in Biu, 101 were from Damboa MCH, 100 were from Gwange PHC in MMC, 94 were from Farm Centre Camp Clinic in Jere, 91 were from Gajiram MCH in Nganzai and 87 were from Izge PHC in Gwoza. One associated death was reported from Yawi Dispensary in Biu.

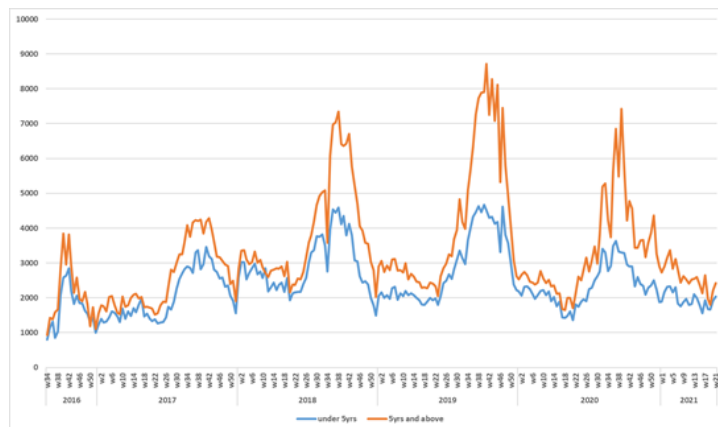


Figure 1: Trend of malaria cases by week, Borno State, week 34 2016 – 21 2021

Figure 1 | Trend in consultations

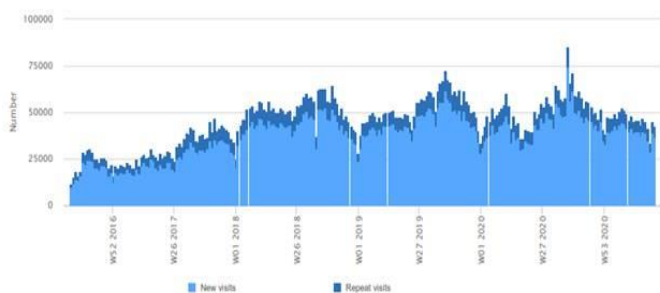


Figure 1a | Proportional morbidity (W21)



Malaria (confirmed)
Malaria (suspected)
Acute Respiratory Infection
Acute Watery Diarrhoea
Bloody diarrhoea

Figure 1b | Proportional mortality (W21)



Severe Acute Malnutrition
Maternal death
Measles
Neonatal death
Other

Acute watery diarrhea: In Epi week 21, 602 cases of acute watery diarrhea were reported through EWARS. Of the reported cases, 110 were from FHI360 Clinic Banki, 62 were from PUI Mobile Clinics in MMC, 41 were from Garba Buzu MDM Clinic in MMC, 40 were from PUI Baga Road PHCC in MMC, 27 were from State Specialist Hospital in MMC, 25 cases each from Boarding Primary School Camp Clinic in Konduga and Gwoza Camp Clinic in MMC. No associated death was reported.

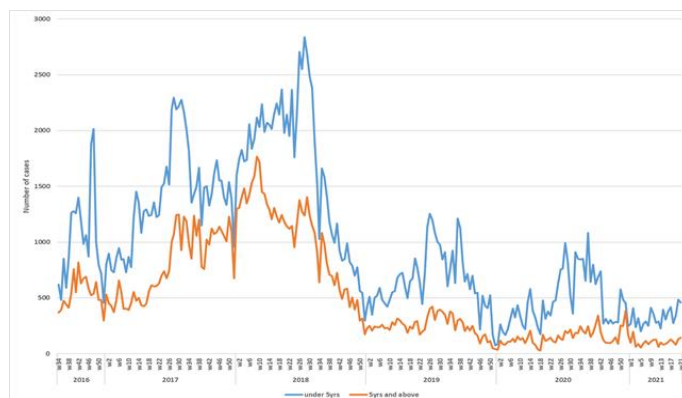


Figure 2: Trend of acute watery diarrhea cases by week, Borno State, week 34 2016 – 21 2021

Morbidity Patterns

Malaria: In Epi week 21, 4,455 cases of confirmed malaria were reported through EWARS. Of the reported cases, 300 were from General Hospital Biu, 173 were from Hausari IDP Camp Clinic (MDM) in Damboa, 145 were from Uba General Hospital in Askira Uba, 120 were from Muna Garage Camp Clinic

Acute respiratory infection: In Epi week 21, 7,354 cases of acute respiratory infection were reported through EWARS. Of the reported cases, 374 were from FHI360 Clinic Banki, 340 were from General Hospital Ngala (FHI360), 306 were from PUI Mobile Clinics in MMC, 205 were from ISS IDP Camp Clinic (FHI360) in

Ngala, 194 were from Hausari IDP Camp Clinic (MDM) in Damboa, 193 were from ICRC FSP Clinic in Monguno and 170 were from Damboa MCH. Two (2) associated deaths were reported from Gwange 3 PHC (MSF-F) in MMC.

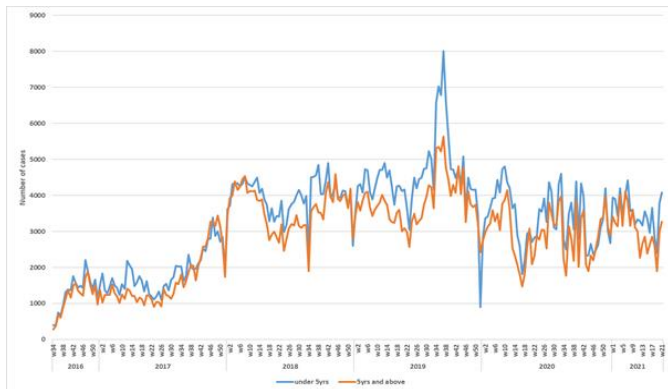


Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 21 2021

Suspected Measles: Four Hundred and Eighty-eight (488) suspected measles cases were reported through EWARS. Of the reported cases, 152 were from Gwange 3 PHC (MSF-F) in MMC, 80 were from Zabarmari PHC in Jere, 74 were from PUI Mobile Clinics in MMC, 30 were from PUI Baga Road PHCC in MMC, 28 were from Dalaram PHC in Jere, 9 cases each from Garba Buzu MDM Clinic in MMC, Hausari IDP Camp Clinic (MDM) in Damboa and Njingowa Health Clinic in Magumeri, 6 cases each from Dala Clinic in Jere, Gajignna MPHIC in Magumeri, Madamari MCH Clinic in Magumeri, State Specialist Hospital in MMC and Zajeri PHC in MMC, 5 cases each from 777 Housing Estate Health Clinic in Konduga, Fori PHC in Jere, Gwoza Camp Clinic in MMC, Nana Kashim Premier PHC in MMC and Umaru Shehu Hospital in Jere, 4 cases each from Magumeri MCH Clinic and Shuwari Host Community Clinic in Damboa. Forty-two (42) additional suspected measles cases were reported through IDSR* from Biu (3), Gubio (3), Hawul (2), Jere (26), Kaga (3), Monguno (4) and Nganzai (1) LGAs making a total of 530 suspected measles cases. Seven (7) associated deaths reported within the week. Gwange 3 PHC (MSF-F) in MMC (6) and Gajiganna MPHIC in Magumeri (1).

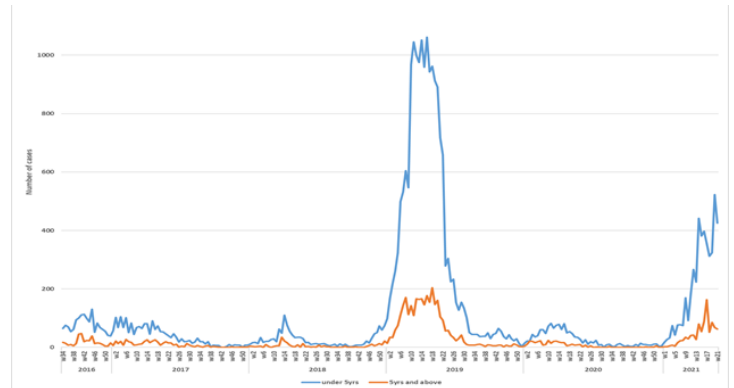


Figure 4: Trend of suspected measles cases by week, Borno State, week 34 2016 – 21 2021

Suspected Yellow Fever: Four (4) suspected yellow fever cases were reported through EWARS from Damboa MCH, Gajiram FSP in Nganzai, Njimtilo Health Clinic in Konduga and Tawiwi Dispensary in Hawul. Four (4) additional suspected yellow fever cases were reported through IDSR from Askira Uba (1), Gwoza (2) and MMC (1). No associated death was reported.

Suspected Meningitis: Two (2) suspected meningitis cases were reported through EWARS from Kida PHC in Hawul (1) and University of Maiduguri Teaching Hospital in Jere (1)

Suspected VHF: No suspected VHF case was reported in week 21

Suspected COVID-19: Two (2) suspected cases of COVID-19 were reported within the week with no laboratory confirmed case.

Suspected cholera: No suspected cholera case was reported in week 21

Malnutrition: 1,785 cases of severe acute malnutrition were reported through EWARS in week 21. Of the reported cases, 78 were from General Hospital Ngala (FHI360), 61 were from ICRC FSP Clinic in Monguno, 60 were from Kurbagayi MCH in Kwaya Kusar, 55 were from Banki Health Clinic, 54 were from AAH GDSS IDP Camp Clinic in Monguno, 48 were from AAH Waterboard Extension IDP Camp Clinic in Monguno, 47 were from Gajiram MCH in Nganzai, 43 were from PUI Mobile Clinics in MMC, 41 were from ACF NRC IDP Camp Clinic in Monguno and 40 cases each from Fori PHC and Umaru Shehu Hospital both in Jere. Four (4) associated deaths were reported from Gwange 3 PHC (MSF-F) in MMC (2), State Specialist Hospital in MMC (1) and Tawiwi Dispensary in Hawul (1).

Neonatal death: Five (5) neonatal deaths reported through EWARS from Abbaganaram MCH in MMC (1), Chibok General Hospital (1) and University of Maiduguri Teaching Hospital (2)

Maternal death: No maternal death was reported through EWARS in week 21.

**IDSR- Integrated Disease Surveillance and Response*

Health Sector Action



MI plan to implement IRS campaigns in the 22 IDPs camps in Jere/Maiduguri and 12 IDPs camps in Monguno and nearby host community in Monguno. Indoor Residual Spray (IRS) is one of the important components for malaria control. IRS is very effective in the highly endemic locations and epidemic/outbreak proven areas once implemented before the rainy season. IRS can reduce 40-50% malaria case load when the shelters coverage rate is at least 85% (WHO). A 2 days ToT training has been conducted on 19 & 20 May and 41 officials participated from State Ministry, RBM, INTERSOS and different LGAs.

IRS in Jere LGA:

- ✓ 2 days IRS training was delivered on 1st and 2nd June to a total of 132 IRS workers that included 12 IRS supervisors, 60 Spray Operators and 60 Mobilizers. The IRS workers were recruited from the same community.
- ✓ The 1st phase of IRS started on 3rd June in 6 IDP camps that included; El-Maskin camp1 & 2, Madinatu IDP camp, Kessa Kura IDP camp, Shuwari-5 camp and El-Yakub IDP camp.
- ✓ A team of 3 technical staff from NMEP visited Jere for the monitoring of IRS training and implementation (31 May to 7th June). 2 focal persons from SMEP along with the Jere LGA Focal Person are also actively involved in the IRS trainings, monitoring and supervision with the MENTOR technical team. Community and camp management is also highly cooperative.
- ✓ Data from 3rd June to 8th June shows that a total of 5,479 houses out of 5,491 were sprayed in the 6 camps targeted in the 1st phase with the excellent acceptance and coverage rates each of 99.8% achieved. A total of 32,117 population was covered.

IRS in Monguno LGA:

- ✓ 2 days IRS training was delivered on 24th and 25th May to a total of 132 IRS workers that included 12 IRS supervisors, 60 Spray Operators and 60 Mobilizers. The IRS workers were recruited from the same community.
- ✓ The 1st phase of IRS started on 27th May in 6 IDP camps that included; NRC 1&2 IDP camp, Stadium IDP camp, Kuya Primary School IDP camp, Government Day Secondary camp, Fulatari IDP camp and Veterinary camp.
- ✓ Data from 3rd June to 8th June shows that a total of 7,739 houses out of 8,186 were sprayed in the 6 camps targeted in the 1st phase with the excellent acceptance rate of 99.9 and coverage rate of 96.9% achieved. A total of 32,117 population was covered with effective IRS.



Health Resilience of North-East Nigeria (HeRoN) project is a three-year accountable grant, financed by the Foreign Commonwealth and Development Office (FCDO) and the United States Agency for International Development (USAID). HeRoN is implemented through a

consortium comprised of International Rescue Committee (IRC) as the consortium lead, Action Against Hunger (AAH) and Society for Family Health (SFH). The HeRoN Consortium is currently being implemented in Borno and Yobe States across 23 LGAs (13 in Borno and 10 in Yobe), the IRC is implementing in 6 LGAs in Borno and 3 in Damaturu, AAH supporting 5 LGAs in Borno and 7 LGAs in Yobe and SFH supporting 5 LGAs and 20 Health facilities across the two states. The project seeks to contribute to health systems strengthening at the Community and LGA levels to achieve Universal Health Coverage. The HeRoN project focuses on women, girls, and other marginalized groups in target communities. It strives to ensure that this group of persons are protected from and treated for the main causes of morbidity and mortality. The project's goal, objectives and activities are designed and aligned to ensure the achievement of 3 foundational project outputs that includes: Quality Primary health and nutrition services are available and accessible, People seek timely services and take informed actions to prevent new disease and spread of existing disease including malnutrition and Improved Management and performance of the health system.

The implementing partners during the period of reporting continued to support 80 health facilities across Borno and Yobe to ensure the provision of primary healthcare and ensuring systems strengthening at the health facility and LGA levels. The support by Partners continued despite continued and increased activities by Non-State Armed Groups (NSAG).

The consortium is working with various stakeholders at community/health facility and LGA level to increase awareness on preventive and mitigative measures. To this end, CHIPS Agents across the HeRoN supported LGAs have been directed to concentrate on COVID-19 sensitization during their house-house activities. So far, 2,174 households



were visited by SFH on the COVID-19 preventive measures during the period under review. Below are some of the update specifics for the month:

- The HeRoN implementing partners supported all focal persons at supported health facilities to improve data collection and reporting and carried out data cleaning exercises.
- Joint monitoring visits to Kwaya Kusar SC and PHC to monitor activities with activation of Kwaya Kusar SC after many years of inactivity. Advocacy to Kwaya LGA Executives and PHC Team to repair the SC.
- Joint monitoring visit Biryel GH SC for possible taking-over by HeRoN partner after pull-out by CARITAS.
- HeRoN implementing partners supported the distribution of therapeutic foods to all supported SC at Bama, Jere, Potiskum, Damaturu, and Fune.
- HeRoN implementing partners continued to support healthcare workers at supported healthcare facilities with monthly stipends, on-the-job coaching, mentoring and capacity building.



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 total of 3,574 new beneficiaries (390 boys, 732 girls, 1073 men and 1379 women) were reached through various MHPSS/Protection services and activities in Adamawa, Borno and Yobe States. 313 follow up sessions were offered to 8 boys, 3 girls, 154 men and 148 women through secondary referrals for specialized mental health services at the Federal Neuropsychiatric Hospital in Maiduguri, Specialist Hospital in Yola, and deployment of six psychiatric nurses to the hard-to-reach areas of Bama, Banki, Dikwa, Gwoza, Ngala and Banki in Borno State. Several bilateral meetings were held with MHPSS partners and their implementing partners to provide the needed support, understand what activities they are currently implementing, and they planned to do in the future to mainstream services to address the MHPSS needs of the affected populations. MHPSS WG shared reference materials to MHPSS partners, including the newly published IASC newsletter May 2021 edition, from the IASC Reference Group on MHPSS in Emergency Settings. The publication which includes MHPSS programme, emergency and cluster updates, information from the MHPSS Minimum Services Package and World Health Assembly, some interesting research and resources, upcoming event on the official launch of Mental Health and Psychosocial Support for People on the Move during COVID-19, among others. Information on relevant webinars, round table discussions and host of other events were also shared with MHPSS partners for their information and possible participation.



IRC continues to be a strategic and reliable partner to the governments of Borno, Adamawa and Yobe

(BAY) states, implementing health programs through mobile clinics, health system strengthening and support for Primary health facilities spread across the three states. With funding from SIDA, BHA, NHF, ECHO, DFID and GAC, the IRC reached a total of 55, 164 (19, 996 M, 35,168 F) clients during the reporting month. Out of the figure, 28, 751 (11, 841 M, 16, 910 F) received outpatient care; 5, 628 (346 M, 5, 282 F) and 20, 785 (7, 809M, 12, 976 F) were reached with sexual and reproductive health services and Health promotion services, respectively. The health promotion messages were centered on COVID-19 second (2nd) dose vaccination awareness, personal and environmental hygiene. To further support the Borno state government to successfully roll out the 2nd dose of the COVID-19 vaccine, the IRC provided support through training of 64 (49 M, 15F) MOH staff on COVID-19 vaccination and IPC measures in Monguno and Gwoza LGAs, supply of IPC materials, provision of Incentive for state supervision team, and widespread health education and promotion activities through paid radio jingles, banners and fliers, and community message dissemination by town criers.





PUI continued its activities for the month by supporting 9 health facilities in Borno state; 5 in Maiduguri and 4 in Monguno LGAs in an addition to

2 stabilization centre (1 each in Maiduguri and Monguno) to care for severe acutely malnourished children with complications. The month recorded fewer consultations as compared to the previous month of April. The fasting period of Ramadhan and the public holidays in the month of May impacted on the general attendance at the health facilities as reflected in the consultations reported. OPD consultations slightly decreased from 15457 in the previous month to 13543 consultations representing a decline of 12%. The main morbidities recorded were malaria, diarrhoea and acute respiratory infections (ARIs). Similarly, 558 Suspected Measles cases accounting for 4% of consultations were recorded across all PUI supported facilities and reported accordingly through the EWARS platform while 500 new SAM cases recorded were admitted to PUI OTPs and SC. Through awareness creation and community engagement, PUI reached out to 10,201 beneficiaries in MMC and Monguno LGAs delivering key health messages and behavioural change counselling. A total of 43 new beneficiaries also benefitted from PSS (Psychosocial support). PUI celebrated World Hand Washing day on the 5th of May with the WHO team and the Borno state commissioner of health at the Herwa clinic. Key activities included a health talk and massive distribution of soap to the beneficiaries in attendance. For Sexual and Reproductive Health (SRH) services, PUI conducted 2,844 ANC consultations, 884 PNC consultations as well as 866 Family planning consultations while 433 deliveries were conducted by skilled birth attendants within the month of May. PUI also supported routine immunization in all her supported health facilities. In May, a total of 6,121 doses of various antigens were administered to children in the various health facilities. PUI also made lifesaving referrals for 66 patients to Secondary and tertiary health facilities for more specialized care and management within the month. Thirty six (36) of the patients were referred to government hospitals where PUI took care of all their bills while 30 of them (children under 15yrs) were referred to other partners for services not offered by PUI supported health facilities..



GZDI in partnership with Pro-Heath working to reduce the impact of HIV and other causes of vulnerability among HIV affected children and families, the project is implemented in 4 thematic

areas; Healthy, Safe, Schooled and Stable, through community based HIV care and support services, case finding, GBV case management, household economic strengthening, for retention in care, viral load optimization and economic stability. The project cut across Mubi South, Hong, Michika and Gombi LGAs of Adamawa State. Index case finding of CLHIV was carried out, accompanied referral service for viral load optimization and ART refill was also carried out, defaulters and lost to follow up clients on treatment were tracked back to care, Gender Norms Session on HIV prevention, sexual and reproductive health was also conducted for 32 groups of 20 caregivers, this is to enable them prepare and engage adolescents in same session. 15 clients who were on lost to follow up list were successfully tracked and reinitiated into care. There were index case finding and testing in four (4) LGAs which are Gombi, Mubi South, Michika and Hong. The result is as follows:

Mubi South – 59 beneficiaries were tested and 58 return negative while 1 (female) is positive.

Michika – 37 beneficiarries were tested and 37 return negative with no-positive case.

Gombi – 37 beneficiarries were tested and 1 return negative with 36 (22 Male and 14 Female) positive case.

Hong – 35 beneficiaries were tested and 35 (18 Male and 17 Female) return positive.



DCR (Ambassadors of Dialogue, Climate and Reintegration) carried out a community Awareness and sensitization programme on Menstruation, Menstrual Health and its management in Maiduguri to commemorate the World Menstrual Hygiene Day. Training session was coordinated where the need

for menstrual hygiene was emphasized and menstrual cycle was taught to 55 women and girls within the age of 17-50 who also participated in the collection of menstrual kits. Participants were also exposed to information on menstruation menarche, drugs and menstruation, alternative period products, menstrual cycle, environmental sanitary hygiene. A day stakeholders meeting was held to discuss the issues around mental health and psychosocial support (MHPSS) for victims of Sexual and Gender-Based Violence and Violence against women and Girls in the community.



MDM provided a total of 2,361 outpatient consultations for all ages in Garba-Buzu clinic Maiduguri with 11 life-saving referrals. 3 out of the 11 were pediatric medical, 6 adult medical and 2 gynecological cases. Kawar-Maila clinic in Maiduguri also had a total of 2834 OPD consultations for all ages with 10 life-saving referrals. 7 out of the 10 referrals were pediatric medical cases, 1 adult medical and 3 gynecological cases. Elmiskin clinic in Jere had a total of 2386 consultations with 30 life-saving referrals. 15 out of the 30 referrals were pediatric medical, 3 pediatric surgical, 6 adult medical and 6 gynecological cases. In Damboa, Hausari clinic provided 1839 consultations while GTS clinic provided 1996 consultations with 1 life-saving referral. Top morbidities for the month were Acute respiratory tract infection, Gastritis, Acute watery diarrhea, skin diseases and High blood pressure. 15 medical staff were trained on correct use of antibiotics while 15 health care workers were trained on post exposure prophylaxis.

For Sexual and Reproductive Health activities, MdM provided 1700 ANC consultations across clinics in Maiduguri with 660 as first visits while Damboa provided 491 ANC consultations with 256 as first visit. A total of 423 PNC consultations were provided across clinics in Maiduguri with 379 consultations within first three days of delivery while Damboa provided 102 PNC consultation with 45 consultations within first three days of delivery. 257 beneficiaries received Family planning consultations in Maiduguri while 79 Family planning consultations were provided in Damboa. MDM trained 20 medical staff (Midwives and Doctors) on the use of ultrasound focusing solely on sexual reproductive health.

For MHPSS activities, MdM in collaboration with WHO provided a total of 632 (M- 274, F-358) mental health consultation with 46 (M-28, F-18) referrals to WHO and Federal Neuro Psychiatric Hospital. 649 (M-291, F-358) beneficiaries had Individual counselling out of which 107 (M- 38, F- 358) were new cases. 6,526 (M-1208, F-5316) beneficiaries benefited in MHPSS group sessions across MDM clinics. MDM trained 22 local partner staff (WINN) on identifying basic symptoms of mental illness, reducing community stigma and MHPSS key messages. The same local partner (WINN) staff were also trained on stress management and self-care.

For GBV services, MdM provided a total of 61 GBV consultations. 7 out of the 61 were clinical management of rape. 1 out of the 7 CMR cases came in less than 72 hours while the other 6 came in more than 72 hours. 52 GBV kits were distributed. 7,508 individuals were reached with sensitization on GBV, PSEA, and Human rights at the community level. 19 MDM staff were trained on GBV Survivor-centred case management, 30 staff were trained on Medico legal reporting, 30 participants also trained on GBV prevention and response, 39 MDM staff had training on Toll-Free line and 27 participants were trained on GBV sensitization and referrals training to community members..

DRC DANISH REFUGEE COUNCIL **DRC** distributed personal protective equipment (PPE) and medical waste disposal materials to 6 health facilities: Federal Medical Centre Yola, Aliyu Mustapha PHCC, Nana Asama'u MCH, and Shagari PHCC in Yola-South LGA, also Ajiya PHCC, and Specialist Hospital in Yola-North LGA of Adamawa state. The materials distributed include surgical masks, rubber boots, isolation gowns, disposable hand gloves, and face shields.

- ✚ In Borno, within the reporting period, DRC distributed a three-month supply of hygiene kits comprising 15 bars of soap to 4,857 households (HHs) in Gwoza, reaching 36381 (12,855 girls, 5,963 women, 13,457 boys, 4,106 men) individuals. Adamawa, DRC distributed hygiene kits to 6,151 HHs in 3 LGA of (Michika, Mubi North, and Mubi South) reaching 43,624 (13,197 girls, 8,698 women, 14,108 boys, 7,621 men) individuals. This was the first phase of two planned distributions in Adamawa.
- ✚ DRC distributed 17,280 pieces of soap to 192 already existing handwashing stations installed by DRC and other partners in Gwoza (pulka& Gwoza). A total of 4140 pieces of soap were distributed to 16 already existing handwashing stations installed by other partners in Mubi North LGA.

- ✚ DRC completed the rehabilitation of sanitation facilities and handed over 82 latrines and 32 showers in Malkhoi camp and host community in Adamawa 6540 individuals reached. 65 showers and 142 latrines are currently undergoing rehabilitation in Pulka, 20 showers in Dikwa while 61 showers and 49 latrines are being rehabilitated in NYSC camp Yola Adamawa.
- ✚ DRC distributed repair and maintenance tool kits to the WASHCOMs to enable them to conduct 10 repairs of hand pumps in Ngurore and Malkhoi communities of Yola South and 2 in Pulka Gwoza LGA. WASHCOMs were trained to enable them to conduct repairs. In total, 4 men were trained in Gwoza.
- ✚ Mechanized water points (2) were fenced in Gwoza while 13 are undergoing rehabilitation in Madagali, Michika, Mubi north and Mubi south LGA. 6 handpump water points are undergoing rehabilitation in Yola south.
- ✚ DRC reached 32,998 (10,751 girls, 6,451 women, 10,580 boys, 5,216 men) individuals with door-to-door hygiene promotion sessions in Adamawa (24,598) and Borno (8,400).

Moving forward, DRC will conduct the following the coming month: Door-to-door hygiene promotion on COVID-19 in Borno and Adamawa; fourth phase distribution of hygiene kits in Adamawa and Borno State; distribution of latrine cleaning kits.



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. Four different types of essential drugs were distributed during Mobile medical Outreach across the 3 LGAs. 137 Mama Kits were shared to 3 Health Facilities in the reporting month all in Mayo-Belwa LGA. 569 deliveries with skilled health workers were recorded.

A total of 23,573 beneficiaries were reached during medical outreach, 9,718 adults, (4,402 males and 5,316 females), 13,855 Children; (6,407 boys and 7,448 girls) out of this number 72 were IDPs, PWDs 301 (157 Females and 144 Males) and 23,200 are Host Community. A total of 446 women visited health facilities at least four (4) visits. A total of 192 women attended PNC at least 3 visits and were attended to by skilled health care providers in 17 health centres. Out of this number 47 women attended in Numan, 41 women in Demsa and 104 women in Mayo-Belwa. 10,902 (1,427 boys and 1,681 girls) 2,704 males 4,944 females) community members were sensitized on sexual reproductive health topics and COVID19 Prevention messages were integrated. One meeting was held with health workers in two locations in PHC Ardo Memorial in Mayo-Belwa LG and Numan LG secretariat and with key stakeholders, 74 Health Workers (67 females and 7 males attended the meeting. A total of 26,716 (7,002 boys and



8,043 girls also 5,062 males and 6,609 females) beneficiaries accessed consultancy services during Mobile Medical outreaches and in 17 health facilities.

FSACI also empowered community members around treatment health facility to know and claim their right on the utilization of malaria commodities supply by Global fund in the PHCs in Ganye LGA, and holding Government accountable through advocacy and effective stakeholder's engagement that will influence change. CEI was conducted to 24 (23 female and 1 male) beneficiaries of malaria services to find out whether they know about the free Malaria drugs and how the services are offered to community members. Focus Group Discussion was conducted

to 11 community leader and member (6 females and 5 male) to know their level of understanding on Malaria infection, prevention, treatment and care. The outcome revealed that they have an understanding of malaria drugs but not aware that there were free Malaria drugs meant for them in the facilities, which made most of them to resolved in traditional treatment. They also did not know they can hold government accountable on their right. Interview was conducted to the Executive Secretary of PHCs and Management Team a total of 6 (3 male and 3 female) were reached to discuss finding by beneficiaries and community leaders and to also find out budgetary allocation on Malaria drugs. A Follow-up visit and advocacy were also conducted in the following areas:



- In Sankom Community a total number of 11 (4 male and 7 Female) were reached on a need to post a female health worker in Sankom PHC. This action was resolved in the month of May 2021 by the Ward Health Coordinator of Gamu. A female her worker was assigned to Sankom PHC of Gamu This challenge was resulting to low patronage of beneficiaries’ especially pregnant women and Lactating mothers. At her first duty, 2 women participated during ANC and second visit the number increased to 20.
- In Gamu community, advocacy was conducted to Former Executive Chairman of Ganye Local Government, a total of 7 (Male 4, Female 3) were in attendance. The purpose is to seek for political will and support demand creation to health facilities. Community Accountability Team and other community leaders were able to advocate to ensure community PHC has running water which is a major challenge. As a result he made a commitment to rehabilitate the existing borehole.



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 72 male children and adolescent boys, 138 male adults, 127 female children and adolescent girls and 165 female adults with MHPSS services in Damboa LGAs. In Kala-Balge, 41 male children and adolescent boys, 144 male adults, 79 female children and adolescent girls and 183 female adults were reached with MHPSS services by GOALPrime. Also, 400 solar-powered transistor radios were distributed for Cholera risk communication in Kala/Balge.



UNFPA continued to provide sexual reproductive healthcare services through collaboration with State Ministry of Health, Women Affairs and Social development. The integrated Sexual and reproductive health services are mainly provided through the MISP framework and services include Delivery, PNC, ANC, Labor, STIs, CMR, Family Planning and lifesaving keys SRH information sharing through sensitizations and awareness raising. Service provision has been in strict compliance with the NCDC/WHO COVID-19 guidelines and standard practices. In the month of May we reached some 5,657 individuals with key lifesaving Sexual reproductive health and adolescent sexual reproductive health information through sensitization and awareness raising. 882 individuals reached with direct sexual reproductive healthcare services in an effort to reduce maternal morbidity and mortality. The number of individuals reached are grouped in accordance with services such as; 456 women attended ANC. 44 deliveries supported by skilled birth



attendant, 89 PNC consultation were provided, 108 benefited from treatment of STIs, 34 clean delivery kits were provided to visibly pregnant women, 51 women of reproductive age received family planning services across the service delivery points. Likewise 100 adolescent girls and women benefited at fistula center, Gubio, Madinatu, Farm center and Muna, integrated Health Facilities. UNFPA supported GBV/SRH prevention and response activities as well as material support, in terms of Dignity kits 100 adolescent girls and women benefited at fistula center, Gubio, Madinatu, Farm center and Muna, integrated Health Facility Borno state.



UNICEF reached a total 119,519 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 67,113 (56%) were children below five years.

During the reporting period, 58,229 Out-Patient Department (OPD) consultations were recorded with Malaria – 16,013 being the major cause of consultation, followed by ARI – 9,875; Diarrhoea cases – 7,378 measles cases – 1029 and other medical conditions – 23,934. A total of 50,309 prevention services were recorded including 4,953 children vaccinated against measles through RI services; 21,833 children reached with other antigens; Vitamin A capsules – 6,568, Albendazole tablets for deworming – 3,858, and ANC visits – 13,097 and 1,796 LLINs was distributed at the ANC service delivery point in Adamawa, Borno and Yobe States. A total of 2,542 deliveries (skilled delivery – 2,441, unskilled – 101) and 8,439 offered postnatal services (mother and baby) was recorded during this reporting period.



INTERMEDIARY ORGANIZATION is managing PHC health facilities in Bama (MCH clinic & GSSSS IDP Camp), and Ngala (Gamboru PHC and ISS Camp PHC). INTERMEDIARY ORGANIZATION is also supporting 5 mobile clinics in Magumeri (Magumeri MCH, Talwari, Kajeri, Gajigana, Kachia) and 1 SC in Maiduguri Specialist Hospital. The total number of consultations for the month of May 2021 was 44,941 (M 19,411 and F 25,530) of which U5 cases were 20,394 (44%). The total number of consultations for the reporting month registered an increase, compared to the previous month of April, 2021. Also, the number of U5 consultations recorded for the month, was higher than the number of U5 consultations seen in the month of April 2021. Acute Respiratory Infection (with a total number of 18,663 cases, was the highest cause of morbidity for the month, closely followed by Acute Diarrheal Disease without dehydration (with a total of 10,656 cases). The cases for Malaria, are lower than the number of cases seen in the previous reporting month. INTERMEDIARY ORGANIZATION health facilities also registered an increase in the cases for malaria, and Bloody diarrhea across all sites, compared to the previous month, with 2,377 cases for Malaria, and 168 for Bloody diarrhea respectively. From the Morbidity breakdown, Magumeri supported sites registered the highest number of consultations across all INTERMEDIARY ORGANIZATION sites. INTERMEDIARY ORGANIZATION is supporting referral in Bama, Magumeri, Konduga Chabal as from Dikwa and Ngala INTERMEDIARY ORGANIZATION refers patients to FHI supported Hospitals. This month 89 patients were referred, 56 were discharged, and 30 patients still on admission. The patients were from Magumeri and Bama.



FHI360 provided 7,868 outpatient curative consultations in her clinic facilities Banki and Ngala in the month of May 2021. Acute Respiratory Infection (ARI) was the leading cause of communicable disease morbidity with 2,955 cases. It accounts for the highest morbidities in Ngala and Banki. Also, malaria (125 cumulative cases) was the second major cause of morbidity across the two reported sites. Peptic ulcer disease remains the leading single etiology of non-communicable disease (NCD) morbidity in the month of May. This month, a total of 607 persons with peptic ulcer were treated across FHI 360's clinics. Cases of hypertension was also seen in significant numbers, at 292 cases. 111 health facility deliveries were conducted by skilled birth attendants and also provided family planning services to 87 new clients. 1,107 children were vaccinated against various vaccine-preventable diseases. Ngala continues to have the highest number of recipient (803 children). 641 women of reproductive age received tetanus toxoid vaccination across all FHI360 clinics.



ALIMA in collaboration with the MoH continued the endowment of lifesaving medical and Nutrition services to the disaster affected communities as well as provision of support to the Borno State Government in Health Systems Strengthening through provision of service delivery, essential medicines, training and infrastructure improvement initiatives. In Maiduguri and Jere LGAs, ALIMA provided 6,668 outpatient consultations for all ages, which is quite lower as compared to last month (7,400). As usual, the top 3

leading cause of morbidity still remain; Acute diarrhea, Malaria, and ARI. 453 deliveries assisted by a skilled attendant. A total of 941 PNCs and 3,118 ANC were seen at ALIMA health facilities. 1,726 OPD consultations were conducted for children under 5 in Muna Clinic with 59 referrals and 2,580 consultations for all ages in TVC Clinic with 57 referrals. 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. 1,118 ANC and 207 PNC consultations in which 612 ANC are first visit and PNC within 72 hours of delivery at Muna Clinic with 3 referrals. The Teachers Village clinic, 890 pregnant women in total came for ANC (ANC 1, 481) while the total PNC consultations were 201 (PNC within 72hours 52). In Dalaram Health Centre, 857 pregnant women came for ANC, 475 were for first visit. And 248 for PNC. 154 deliveries were conducted at the facility. BEmOC activities were conducted at CBDA clinic where 253 deliveries were recorded which is lower compared to last month delivery, and 7 referrals was made to secondary/tertiary care and 129 deliveries were conducted at TVC Clinic, the total number of deliveries is loer 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. A total of 3,002 people was sensitized on different mental health conditions while 107 Individual consultations were made and 2 GBV survivors were among the clients who received services.



AHI is implementing the NHF project “Working to Expand Access to Sexual and Reproductive Health Emergency Services” (WASS) in Gwoza and Damboa Local Government Areas. One thousand, Four Hundred and Ninety-Five (1,495) persons were reached with medical services during mobile medical outreaches in IDP Camps and Host Communities. Nine Hundred and Eighty-Eight (998) adolescent girls and young women were reached with SRH information. There was distribution of Eighty-Nine (89) delivery kits to support safe deliveries and Sixty-Four (64) dignity kits to adolescent girls and young women in IDP Camps and Host Communities. Six Hundred and Twenty-Three (623) Hygiene Kits to adolescent girls and young women in IDP Camps and Host Communities.



RHHF supported by UNFPA is implementing the integrated one stop approaches to GBV prevention, mitigation and response project in Adamawa, Yobe and Borno States through the establishment and management of One Stop Center (OSC). The OSC provides integrated multidisciplinary services which include case management, medical care, psychosocial support, security services, legal counselling and representation as well as safe shelter services to survivors of GBV in a confidential environment while strictly adhering to all of the guiding principles for service provision and the COVID19 prevention guidelines. In May, a total of 29 survivors (2 male, 27 females) were provided with comprehensive GBV response services at the OSC in Potiskum, Yobe State. Total of 8 persons (4 males and 4 females) were provided with GBV information and services including referrals via the toll free hotline in the Yobe State. Additionally, radio jingles with information on GBV prevention and the services available at the OSC were aired on Sunshine FM in Potiskum, Yobe State to improve utilization and uptake of services. RHHF implementation team supported SEMA/IOM in joint Inter-sector Assessment conducted in Yobe state. The Kobo-collect (Kobo toolbox) was used to collect and collate the data of the IDPs in Potiskum, Yobe state. RHHF also donated items like Towels, Vaseline, Pants, whistles, Hijabs, Tooth pastes, Tooth brushes, Detergents, Bar Soap and Shaving Sticks to Ministry of Women Affairs in order to support IDPS from Geidam and Kanama LGAs. Additionally, In Borno State, a total of 6 survivors (all females) were provided with comprehensive GBV response services (including clinical Management of Rape) at the OSC in Budum, Maiduguri. Total of 68 persons (19 males and 49 females) were provided with GBV information and services including referrals via the toll-free hotline in Borno State. Additionally, radio jingles with information on GBV prevention and the services available at the OSC were aired on BRTV and Radio Nigeria Peace FM in Borno State to improve utilization and uptake of services.

A total of 73 Adolescent girls were sensitized on GBV prevention and menstrual hygiene management in Gamboru ward, Maiduguri, Borno State. Also, A total of twelve (12) new GBV survivors accessed services at the OSC, Mubi Adamawa State and the survivors were supported with dignity kits and PPEs. The services accessed are disaggregated below:

- Case management : Eleven (11) survivors (all Female)
- Medical services : Thirteen (13) survivors (10 new and 3 old survivors)
- MHPSS: Eleven (11) survivors accessed PSS and three (3) survivors accessed specialized MHPSS
- Legal services : Five (5) survivors accessed legal counselling services
- Safe shelter: one (1) survivor accessed temporary safe shelter at the OSC.
- Toll free: Forty five (45) persons (16 male and 29 female) called the toll free hotline.



TFT established adolescents and youth friendly centre was functional and provided information and services on SRHR and SGBV. In celebration of the 2021 menstrual hygiene day, TFT received support from Promise Cup Company in Abuja where 20 Menstrual cup worth 5,000 naira each making a total of 100,000 Naira worth which were distributed at Damare camp Adamawa State, alongside conducted a 2 hours teaching session on menstrual hygiene, the circle, management and demonstration of how to use menstrual products, 66 persons were in attendance out of which 2 were ill and needed medical attention which they shared their challenges in receiving health services from the clinic. The challenges were them being asked to pay for gloves, card and everything needed for their treatment which most of them cannot afford it as such turn to provide self-care for themselves or manage themselves.



In addressing it we took them to the clinic and confirm what was said to be true with reasons that they don't usually get medical supplies and the service providers get to but their supplies themselves. We paid for the treatment and drugs of the 2 participants. Still on the MHD2021 we also conducted a virtual campaign to promote menstrual hygiene information for 28 days to the general public and within 2 days we reached 560,196 people.



AGUF through its health workers and hygiene promoters (5 AGUF staff, 10 Nurses, 10 JCHEWs and 10 volunteer staff) conducted door to door cholera preparedness and control awareness raising and also conducted integrated health care services outreaches in fourty communities of Guyuk and Lamurde LGAs. COVID -19 awareness and sensitization was done alongside the health care outreaches in various communities of the two LGAs.

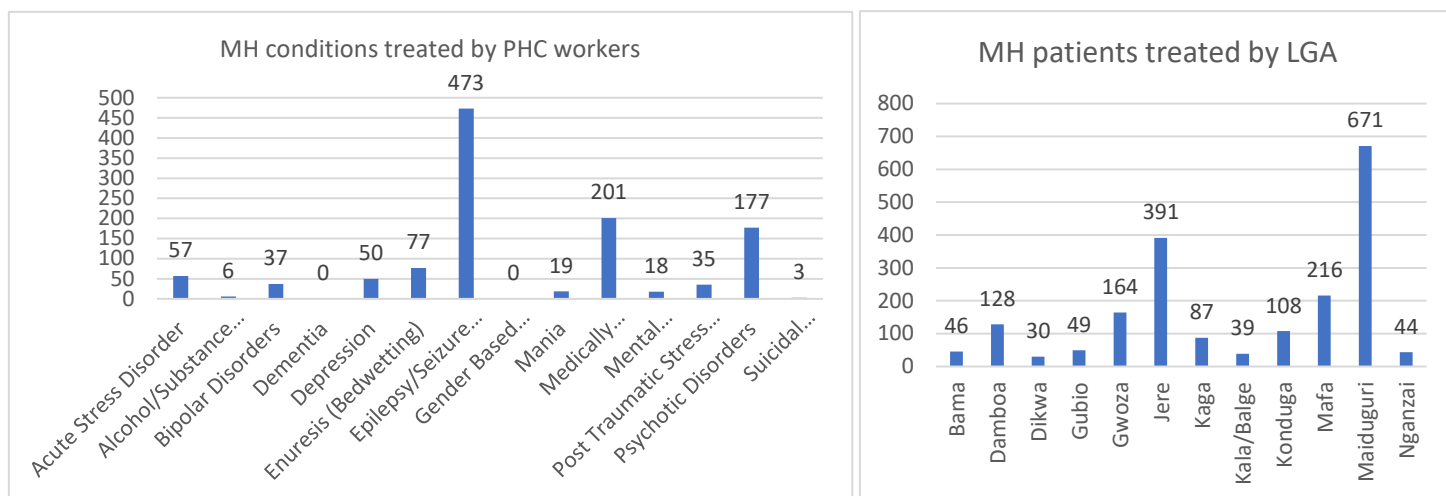


LESGO with internal funding was able to procure, distribute and facilitate community engagement (sensitization and awareness raising/sensitization) in the prevention of COVID-19 in Salosi community in Fufore LGA. There was also sensitization and awareness in MHPSS mainstreamed with GBV in same community.



WHO supported MHPSS/GBV component of COVID-19 sensitization and counselling has continued in host communities and IDP camps across Borno and Yobe State. Towards COVID-19 mitigation and mental health and psycho social wellbeing for the vulnerable populace, MHPSS/GBV component of COVID-19 sensitization and counselling has continued in host communities and IDP camps across Borno State in collaboration with SMWASD, BOSACAM, CSOs and GOAL Prime. A total of 5,294 individuals were reached comprising of 1,245 boys, 1,455 girls, 1,308 men, and 1,286 women. In scaling up menta health care, 25 MH nurses were supported to conducted 90 MH outreach sessions in 12 LGAS, across 46 HFs in Borno State. A total of 1,973 patients with mental disorders were treated (178 boys, 165 girls, 714 men, 916 women).

In collaboration with SPHCDA, trained health workers on mhGAP treated a total of 1,153 patients with mental health disorders in 7 LGAs (Bama, Damboa, Jere, Kaga, Mafa, MMC and Nganzai). Chart below represent the conditions treated.



A Total of 170 health care workers (100 in Borno and 70 in Adamawa State) were trained on mhGAP from 17th – 28th May 2021 at FNPH Maiduguri for Borno participants, and Eagle Path Hall Yola from 31st May – 4th June 2021 for Adamawa participants. This is aimed at building their capacity in basic mental health care at the community levels.



Nutrition Updates



ALIMA continue to provide lifesaving Nutrition services across all implementing sites, Activities are ongoing smoothly across all OTPs and ITFC facilities putting all COVID-19 measures in place and in alignment with the Nutrition sector guide. Nutrition interventions were conducted in all ALIMA ATFC, at Muna Clinic a total of 230 new SAM cases were admitted and 95 cases were discharged as cured from the program. 19 SAM cases with complications were transferred out to ALIMA ITFC at UMTH. In total, ALIMA supported ITFC at UMTH, admitted 172 new SAM cases with complications and discharged 180. 5,542 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.



MDM had 27 new SAM cases admissions in Garba Buzu clinic. Based on admission criteria, 12 were admitted via MUAC, 2 via Bilateral oedema and 11 via Z- score. 70 enrolled children were discharged from the OTP and 62 exit kits distributed. 3 SAM cases with complications were referred to stabilization center. 888 (M-324, F-577) children 6 months – 59 months were screened using MUAC tape at the clinic (Green-262, yellow-396, orange- 216 and red-14). 970 beneficiaries benefited from IYCF counselling at the IYCF corner while 453 individuals benefitted from IYCF behaviour change messages in the communities. Kawar-Maila OTP had 21 new SAM cases admissions, 37 discharges and 20 exit kits distributed. 1 SAM case with complication was referred to stabilization center. 545(M- 198, F- 347) children 6 months – 59 months were screened using MUAC tape at the clinic

(Green-295, yellow- 247, orange- 93 and red 21). 1456 beneficiaries benefited from IYCF counselling at the IYCF corner while 915 (M-414, F-501) individuals received IYCF behaviour change messages in the communities. 27 MDM in collaboration with the state ministry of health trained 27 MDM staff on CMAM and IYCF.

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 in 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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