Northeast Nigeria Humanitarian Response
Monthly Health Sector Bulletin #2
28th February 2018

5.4 MILLION PEOPLE IN NEED OF HEALTH CARE
5.1 MILLION TARGET BY THE HEALTH SECTOR
1,713,771* IDPS IN THE THREE STATES
3.7 MILLION PEOPLE REACHED IN 2017

HIGHLIGHTS

- Full scale response to cholera outbreak in Kukawa LGA has been activated at the hotspot areas by Health and WASH sector partners. Surveillance activities have been intensified in the affected communities, Hard to Reach teams are supporting the State and LGA Rapid Response Teams (RRT) to conduct house-to-house active case search. Four treatment sites have been setup for case management; two Oral Rehydration Points (ORPs) and one Cholera Treatment Center (CTU) was set up by ALIMA in Bunduram, Doro and Baga respectively while MSF-France manages a CTU in Kukawa ward.

- Health sector will be prioritising epidemic outbreak preparedness ahead of the rainy season (June through September) to mitigate the risk of any potential outbreak. Need assessments will be carried out in various high priority areas, in particular areas that are likely to be cut off throughout the rainy season such as Rann and Ngala in Borno State. After the 2017 cholera epidemic and ongoing outbreak in Kukawa, the Health Sector will continue to closely monitor the situation for timely cholera outbreak prevention and control.

- Humanitarian access continues to present major challenges, especially in Borno State. It is estimated that some 926,000 persons remain in areas that are hard to reach for international humanitarian organisations. Through civil-military coordination and community engagement, aid workers are working to expand the humanitarian space in north-east Nigeria.

HEALTH SECTOR

45 HEALTH SECTOR PARTNERS (HRP & NON-HRP)

HEALTH FACILITIES IN BORNO STATE**

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
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<tbody>
<tr>
<td>Non-Functioning (OF TOTAL 755 ASSESSED HEALTH FACILITIES)</td>
<td>375 (50%)</td>
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<tr>
<td>Fully Damaged</td>
<td>292 (39%)</td>
</tr>
<tr>
<td>Partially Damaged</td>
<td>205 (27%)</td>
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<tr>
<td>Not Damaged</td>
<td>253 (34%)</td>
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CUMULATIVE CONSULTATIONS
689,509 CONSULTATIONS****
850 REFERRALS
32,839 CONSULTATIONS THROUGH HARD TO REACH TEAMS

EPIDEMIOLOGICAL WEEK 4
EARLY WARNING & ALERT RESPONSE

249 EWARS SENTINEL SITES
156 REPORTING SENTINEL SITES
45 TOTAL ALERTS RAISED******

SECTOR FUNDING, HRP 2018

HRP 2018 REQUIREMENTS $109,571,527
FUNDED $ 2,951,311 (2.7%)
UNMET REQUIREMENTS $ 106,620,216

https://fts.unocha.org/appeals/642/clusters

* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XIX
**MoH/WHO Borno HeRAMS September/October 2017
***Number of health interventions provided by reporting HRP partners as of December 2017.
****Cumulative number of medical consultations at the IDP camps from 2018 Epidemiological Week 1-8.
*****The number of alerts change from week to week.
Situation update

- Health and WASH sector partners are supporting health authorities to respond to a new cholera outbreak in Borno State. The outbreak is ongoing in Kukwa LGA in the town of Baga and Doro. The cholera cases are on decline after timely and coordinated response from partners. Since 13th February more than 600 Acute Watery Diarrhea (AWD) or suspected cholera cases have been reported by the Borno State Ministry of Health with the support of health sector partners. 323 cases have been reported in Doro ward, 229 cases in the Baga ward, and 56 cases in Kukawa ward. Out of the 77 samples tested using RDTs, 69 (89%) were positive while 23 (46%) of 50 samples were culture positive for cholera, including 3 deaths. Authorities declared the outbreak on 8 March. The outbreak is concentrated in Kukawa Local Government Area (LGA), a major commercial hub with a population of 150,000 situated near Lake Chad and near borders with Chad and Cameroon. Kukawa LGA is nearly 200 kilometres away from Maiduguri, Borno state capital.

- In February, 250,369 people received medical consultations and treatment, through partners supported 90 health facilities and through mobile outreach in IDP camps and host communities across Borno, Adamawa and Yobe states. The Health sector has been actively advocating with partners to scale up and address the needs of the newly displaced in different LGAs along the borders areas with Cameroon, Chad and Niger.

- Through the rapid response mechanism and additional support to the government health facilities, health partners have deployed teams to ensure coverage in areas with recent large-scale displacements where there was no health operational presence, in particular the Maiduguri-Monguno axis in Borno State. About 70,000 people are estimated to be in need of health services. ‘Hard-to-Reach’ mobile health teams were deployed to Gajigana to provide access to primary health care, a polio immunisation campaign was carried out, and surveillance activities are ongoing. However, there is an urgent need to provide secondary health care services as, currently, patients in need of specialised care have to travel to Maiduguri, the Borno State capital. As there are no ambulances, patients in need of advanced care are being transported in private vehicles.

- The hepatitis E outbreak is slowing down in Rann following a robust response from Health and Water, Sanitation and Hygiene (WASH) sector partners. Only 30 cases were reported in February, and the situation continues to be monitored very closely to prevent the spread of outbreak to other areas. Response activities are ongoing in collaboration with WASH partners, including risk communication and hygiene promotion.
The HeRAMS (Health Resources Availability and Monitoring System) assessment report has been finalized for Yobe state. The survey was conducted in 593 health facilities, including two tertiary hospitals, 16 (3%) secondary hospitals, 113 (19%) primary health care centers, 239 (40%) primary health care clinics, 219 (37%) health posts, and four IDP camp clinics. The majority of the health facilities are public-owned and have permanent structures. Of these facilities, 59 (10%) were completely destroyed, 183 (31%) were partially damaged and 347 (59%) were not damaged. Of the 593 health facilities, 413 (70%) were fully functional, 99 (17%) were partially functional, and 81 (14%) were non-functional. About 386 (65%) of the health facilities in Yobe State are currently being supported by one or more of the 7 health partners responding to the crisis. None of the non-functional sites have partner support.

In Adamawa state, the HeRAMS survey was conducted in 1120 health facilities, including one tertiary hospital, 28 (3%) secondary hospitals, 363 (32%) primary health care centers, 336 (30%) primary health care clinics, 389 (35%) health posts, and three IDP camp clinics. The majority of the health facilities are public-owned and have permanent structures. Of these facilities, 137 (12%) were completely destroyed, 379 (34%) were partially damaged and 600 (54%) were not damaged. Of the 379 health facilities that were not fully destroyed, 78 (20%) were fully functional, 240 (63%) were partially functional, and 61 (16%) were non-functional. About 439 (47%) of the health facilities in Adamawa State are currently being supported by one or more of the 39 health partners responding to the crisis. Not a single one of the non-functional sites have partner support.

### Surveillance and communicable disease control

#### Early Warning Alert and Response System (EWARS)

In **Epidemiological Week 8, 2018**:

- **Number of reporting sites in week 8**: A total of 156 out of 249 reporting sites (including 20 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 63% (target 80%).
- **Total number of consultations in week 8**: Total consultations were 36,526 marking a 16% decrease in comparison to the previous week (n=43,631).
- **Leading cause of morbidity and mortality in week 8**: Malaria (suspected n= 8,188 and confirmed n=4,283) was the leading cause of morbidity and mortality (n=2) reported through EWARS, accounting for 35% and 20% respectively.
- **Number of alerts in week 8**: Forty-five (45) indicator-based alerts were generated with 89% of them verified.
Morbidity Patterns

- **Malaria:** In Epi week 8, 4,283 cases were reported through EWARS. Of the reported cases, 444 were from Banki Health Clinic in Bama, 400 were from General Hospital in Biu, 199 were from Logumane PHC in Ngala, 131 were from Gamboru C MCH in Ngala, 145 were from 250 Housing Estate (Kofa) IDP camp clinic in MMC, and 125 were from Fatima Ali Sherriff PHC in MMC. Two confirmed malaria deaths were reported from Gunda CHC (1) in Biu and Marama (Aho) General Hospital (1) in Hawul.

![Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 8 2018](image-url)
**Acute respiratory infection:** There was a 3% decrease in reported cases of acute respiratory infection (n=6,128) in comparison to the previous week (Fig. 3). Of the reported cases, 722 were from Herwa PHC in MMC, 297 were from Logumane PHC Clinic in Ngala, 258 were from Gamboru C MCH Clinic in Ngala, 233 were Dikwa General Hospital in Dikwa, 224 were from Kaka Mallam Yale MCH in Konduga, 201 were from Dikwa MCH in Dikwa, 186 were from 505 Housing Estate clinic in Jere, and 169 were from Sangaiya IDP camp clinic in Dikwa. No associated death was reported.

![Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 8 2018](image-url)

**Acute watery diarrhea:** In Epi week 8, 3,016 cases were reported through EWARS. Of the reported cases, 423 were from Dikwa General Hospital in Dikwa, 278 were from Herwa PHC in MMC, 243 were from Logumane PHC Clinic in Ngala, and 194 were from Gamboru C MCH Clinic in Ngala. No associated death was reported.

![Figure 4: Trend of acute watery diarrhoea cases by week, Borno State, week 34 2016 - 8 2018](image-url)

**Malnutrition:** 1,959 cases of severe acute malnutrition were reported through EWARS in week 8. Of the reported cases, 160 were from Gunda CHC in Biu, 116 were from Gamboru C MCH Clinic in Ngala, and 92 were from Sangaiya IDP Clinic in Dikwa. No death was reported.
Neonatal death: One neonatal death was reported from Whitambaya dispensary in Hawul.

Maternal death: No maternal death was reported.

Suspected Measles: Twenty-two cases of suspected measles were reported in week 8 from Maimusari PHC (3) in Jere, Herwa PHC (3) in MMC, Gajiganna dispensary (2) in Magumeri, Mairi PHC (1) in Jere, 400 Housing Estate Gubio road IDP camp clinic (2) in Konduga, State Specialist Hospital (1) in MMC, Bakassi Gwoza IDP camp clinic (1) in MMC, Dalaram PHC (1) in Jere, Maimusari PHC (1) in Jere, and Maina Hari clinic (1) in Blu. No death was reported.

Suspected Yellow Fever: Five suspected yellow fever cases were reported through EWARS from Njimtilo clinic (2) in Konduga, Briyel MCH (1) in Bayo, Gubio MCH (1) in Gubio, and Kaijiya dispensary (1) in Magumeri. No death was reported.

Forty-five alerts were generated from the weekly reports submitted through EWARS in week 8. Eighty-nine percent of the alerts were verified.

Health Sector Actions

INTEROS supports health clinics in Bama IDP camp, Ngala, Gamboru, Magumeri and Dikwa LGAs. The intervention is integrated Health and Nutrition with complimentary WASH activities.
International Rescue Committee (IRC): In the month of February, The IRC reached 40,291 beneficiaries (F 18,512 and M 21,779) with medical consultations across supported outreach and static clinic locations. 61 (M 21, F 40) were referred for further care in secondary and Tertiary Health centers. In Askira Uba L.G.A, there was distribution of 50 kits containing a wrapper, towel, diapers, olive oil and soap to five supported primary health care centers namely Yimr-ali, Uvu, Uda, Sabon Gari and Muffa which targeted women who had just delivered in the health centers. Also, the IRC plans to rehabilitate five health facilities in Askira Uba following a just concluded assessment of these facilities. The rehabilitation includes equipping the clinics to be able to provide maternal health through the maternity unit.

The IRC’s reproductive health program continues to offer comprehensive package of services including ANC, safe delivery, PNC, post-abortion care, family planning, counselling and treatment for sexually transmitted infections, clinical management of rape survivors as well as psycho-social care at the Comprehensive Women Centres (CWC) in Monguno, Konduga and Bakassi IDP camp. A new Comprehensive Women Center GSS camp Gwoza is being presently put in place.

AGUF is supporting health services in Kasuwam Katako returnee’s communities who fled Kirawamafa a community boarding Nigeria with Cameroon which came under attacked by the insurgents, 7 persons were killed. Presently their children are suffering from common cold and fever. The IDPs chairman of the same community has appendicitis and was booked for surgery but can’t afford the bill. AGUF is currently soliciting for help on his behalf. A woman loss her pregnancy due to genital infection which was not properly treated. There are still cases of fever and malaria in that IDP settlement. Community sensitization is ongoing on personal hygiene in all the IDPs and returnees hosting communities.

CPPLI conducted activity on SAY NO TO DRUG ABUSE in Wula Community of Madагalgi LGA, Adamawa state. Wula Community is one of the hard to reach communities located in Madагalgi LGA near the Cameroon border. The community has large populations of households with mostly youth. 1,000 individuals were reached for awareness on drug abuse with the intervention that culminated in a football match.

PUI: In MMC LGA, Bolori 2 ward conducted a total 10,341 OPD consultations: in Herwa Peace PHC (3,395), Ngarannam PHC (2,565) and Mobile Health Teams (Bayan Texaco, Jajeri Kantudua and Fillin Bayan Makaranta), 4,381 OPD consultations. Admitted 184 SAM cases with no complications: Herwa Peace PHC – 52; Ngarannam PHC – 92 and Mobile Health Teams (Bayan Texaco, Jajeri Kantudua and Fillin Bayan Makaranta) – 40. Mental Health and Psychosocial Support (MHPSS) services were provided in Herwa Peace PHC with 79 cases were seen in the clinic.

UNFPA continues to support the delivery of life saving timely and quality care in IDP settlement camps and health facilities thought Borno State. This is mainly through the provision of RH supplies, capacity building of health care workers and deployment of mobile outreach teams in underserved areas. During the reporting period, UNFPA continued to be part of the response to the new displacements in the LGAs of Bama, Kala Balge, Magumeri, Gwoza and Rann and Ngala. To this effect, UNFPA continues supporting with personal hygiene material to newly displaced populations in Ngala LGA of Borno state. The material includes 100 Buckets, 100 Scooping cups/containers, 100 Hajib 100, and over 100 Re-washable Menstrual pads. UNFPA dispatched support to vulnerable women and girls in Bakassi IDP consisting personal hygiene materials of 200 Buckets, 200 Scooping cups/containers. About 23 IDPs Women/Girls are currently benefitting from SRH information messages and skills acquisition training in Safe Spaces in Yobe State. Over 2341 Women 1924 Girls benefitted from the UNFPA ERH/FP commodities in Yobe State. UNFPA supported 100 vulnerable women and girls including nursing mothers with dignity kits across 5 LGAs namely Jere, MMC, Monguno, Mafa and Konduga during the MNCH week.
led by the wife of the Borno State Governor. UNFPA supported vulnerable women and girls in Bama IDP with personal hygiene material of 200 Buckets, 100 Scooping cups/containers and 100 Re-washable menstrual pads. UNFPA dispatched support to vulnerable women and girls in Pulka IDP consisting personal hygiene materials of 150 Buckets, 150 Scooping cups/containers and 100 Re-washable Menstrual pad for menstrual hygiene. In Borno State, a total of 2,432 women and girls were reached with Integrated SRH services in 22 supported facilities.

**UNICEF** support the integrated emergency PHC service deliveries in Borno and Yobe. A total of 172,165 children women and men were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities in Borno and Yobe states. A total of 61,050 consultations were reported with malaria being the major cause of morbidity [Malaria (17,060), ARI (16,586), AWD (6,101), Measles (31) and other medical conditions (21,272)]. For prevention services, 65,838 children and pregnant women were reached with various antigens (including 3,640 children 6months-15 years vaccinated against measles); 15,031 Vitamin A supplementation and 15,635 Albendazole for deworming tablets were distributed. A total of 11,542 ANC visits, 917 deliveries and 2,152 Post Natal Care were recorded as well. UNICEF also supported the MOH with 203 Nigeria Health Kits in Borno (180) and Yobe (23) States to provide integrated emergency PHC services in the IDP camps, host communities and outreach activities to reach both IDPs and vulnerable host community members accessing health services in all the UNICEF supported health service delivery points.

**UNICEF Adamawa** provided logistic support for delivery of integrated PHC services by IDP camp clinics, host community clinic and outreach medical Teams -in hard to reach and health facility catchment host communities. A total of 7,527 men, women and children were reached with integrated PHC in all the UNICEF supported health facilities in the IDP camps and host communities. 4,099 preventive medical services recorded during the reporting period.

UNICEF also supported supplies of 3 cartons each of NHKs 1/1 and 2/2 and 1 carton of Ceftrixone injection to Demsa LGA PHC to support the needed PHC services to 4000 displaced Persons and treatment of injured Persons at Gomba and Borong PHCC and Borong Cottage Hospital from the recent communal clash in the LGA. Four IDP Camp clinics received supplies of NHKs 1/1 and 2/2 each from UNICEF to support integrated PHC service delivery at both the camp clinics and host communities.

**Monitoring and Supervision** UNICEF lead by the Chief of Health along with Specialists and Consultants in collaboration with the State Team conducted ISS at the Malkohe IDP Camp clinic, Malkohe ward Yola South LGA. There was an engagement with the camp community to discuss on satisfaction on health, education, WASH facilities and livelihood. Outreach Team in IDP host community was also supervised.

**iCCM CoRPs Activities** 2700 CORPS are being supported by UNICEF with commodities, monitored and supervised to provide these services. In January the ICCM CORPS attended to 17,357.

**WHO-Borno** in collaboration with the Federal Neuropsychiatry Hospital conducted 49 outreach sessions at PHC facilities in six LGAs of Borno. During these sessions a total of 1141 patients were seen out of which 87 were referred for further care and 31 were admitted to Federal Neuropsychiatry Hospital. WHO, in addition to training health workers at PHC on mental health supported the outreach sessions, the referral and in-patient care of the admitted patients. The graph below shows patients treated at the outreach sessions by diagnosis.
WHO-Yobe distributed 5250 HIV Rapid Test Kits (RTKs) to 35 HTR teams to provide HIV Testing Services (HTS) to pregnant women in remote areas. Each team has received 150 RTKs, provided with adequate data tools and are expected to start reporting HTS delivered to pregnant women soon. Also supported resource mobilization with State focal person and CORPs supervisors in Damaturu, Gujba, Bursari and Karasuwa LGAs. Some stocks of drugs (ACTs and Amoxicillin) were provided by LG authority and other stake holders to support iCCM programme in the LGAs following advocacy visit to mobilize resources and increase stake holder participation in iCCM programme.

Surveillance:

**Cerebrospinal Meningitis:** In Epi-week 8, 00 suspected cases of Cerebrospinal Meningitis (CSM) was reported. Total number of suspected CSM cases is 34 from week 1-8 and 10 of the suspected cases were reported dead (CFR, 29%). Of the reported cases, 25 (74%) samples were collected, of which 05 (20%) were Laboratory confirmed positive for Neisseria meningitides serotype A (NMA serotype), 04 (16%) cases were positive for Streptococcus pneumonia, 04 (16%) suspected cases were confirmed negative and 012 (44%) suspected cases are pending Laboratory confirmation.

**Measles:** In Epi-week 8, 08 suspected cases of Measles were reported. Total number of suspected measles cases stands at 137 from week 1-8 and 07 of the suspected cases were reported dead (CFR, 4%). Of the reported cases, 15 (11%) samples were collected, 2 were Laboratory confirmed IgM positive, 5 suspected cases were negative and 8 suspected cases are pending Laboratory confirmation.

**WHO in Adamawa State** supported Hard to reach team conducted their monthly review meeting for LGA Facilitators and team leaders for the month of February 2018. We assessed the team’s performance and quality of service data in view of the targeted population. We also provided advise on service delivery in security
challenged locations. In addition, teams restocked their medicines and supplies to ensure uninterrupted service delivery and sensitization on surveillance for epidemic prone diseases especially CSM and VHF was done. Also deployed the mobile H2R team to Dumne Primary School in Song LGA to provide basic heath and immunization services to IDPs who were temporarily sheltered at the school. This occurred following violent clashes that displaced them from their communities. A total of 302 clients were seen and were provided with various services based on their needs. In February 2018, 24,543 clients were seen by the WHO supported 20 H2R teams in 20 LGAs of Adamawa state. A total of 10,582 children were dewormed by the teams during the month. Pregnant women were provided FANC services. 1,850 of them received Iron folate to boost their hemoglobin concentration while 1,330 received Sulphadoxine Pyrimethamine as IPTp for prevention of malaria in Pregnancy.

**iCCM CoRPs Activities** In the month of January 2018, 966 children were treated for malaria, diarrhea and Pneumonia by 57 CoRPs in 9 LGAs of the state. 701 of the children were screened for malnutrition using MUAC with 12 (1.7%) of them with SAM demonstrated by Red on MUAC and were referred to OTP sites for proper management.

**Nutrition updates**

**UNICEF:**

**MUAC Screening:** During the reporting period, a total of 1556 children 6-59 months were screened for severe acute malnutrition (SAM) across the IDP camps of which 1448 were green (Normal), 88 were yellow (MAM) and 20 were red (SAM). All the 20 children identified with severe acute malnutrition were admitted into CMAM programme in the camps.

**CMAM Programme:** Of the 19 discharges across the camps in February, 16 children were cured, 0 death, 1 defaulter and 2 non-recovered. Therefore, cured rate was 84%, defaulters rate was 5%, death rate was 0% and non-recovery rate was 11%. Within the reporting period, 19 cartons, 77 packets of RUTF were consumed by children in CMAM programme.

**Infant and Young Child Feeding (IYCF):** Within the reporting period, 779 pregnant and lactating women were counselled on key IYCF messages.

**Micronutrient Powder (MNP):** A total number of 192 children 6-23 months were enrolled in MNP programme of which 103 received the 1st dose, 66 returned for 2nd dose and 23 children returned for their 3rd dose.

**IRC Community Management Acute Malnutrition (CMAM) program** conduct activity in Hong, Maiha, Mubi South and Michika LGAs of Adamawa. Nutritional screening was conducted to supported health clinics and host communities with 25,205 (12,263M and 12,942F) under 5 children screen using MUAC measurement and Edema detection out of which 362 (157M and 205F) were identified as SAM and admitted into OTP/SC program. 1206 (574M and 632F) among the screening children were MAM whom their caregivers were nutritional educated on how to prepare balance dietary suing locally available food. Children were discharge as exit with 295 (133M and 162F) as cure, 3 (1M and 2F) as died and 21 (13M and 8F) defaulting clients. Quarterly review meetings were held with 165 health workers, 210 CHVs and 180 members of MTMSG across the 4 supporting LGAs.
In February 2018, 16,924 children were screened for Malnutrition using MUAC strap by WHO supported H2R teams. Of this number, 186 (1.1%) children had MAM and their caregivers were counselled on adequate nutrition, while 43 (0.25%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers across state for proper management. The 3 WHO Supported stabilization centers in the state managed a total of 22 children having SAM with medical complications in February 2018. 19 (86.3%) of the patients recovered during the month and were discharged to the OTP centers for follow up care. WHO Staff provided supportive supervisory visits to 1 HTR team in Gombi and 3 CoRPs in Song LGA to further support the provision of basic health services to the population by the team and strengthen ICCM services at the community level respectively. WHO supported H2R Team providing services in Dumne Primary school, Song LGA for the IDPs.

[Images of WHO staff and CoRP providing services]

Public Health Risks and Gaps

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The region is high endemic for malaria.
- Unpredictable security situation hamper movements of health workers, drugs and other medical supplies.
- Although improving as part of the NE Nigeria Health Sector 2017-2018 Strategy, the health service delivery continues to be hamper 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 accessible areas because of ongoing armed conflict.
- Continuous population displacements and influx of returnees and/or refugees disrupts 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 affect timely submission of health data for prompt decision making.

Health Sector Partners


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

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