**Northeast Nigeria Response**

**Monthly Health Sector Bulletin #1**

**31st January 2018**

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**HIGHLIGHTS**

- *Hepatitis E* ongoing outbreak is still being monitored closely with 20 cases reported from affected Kala-Balge LGA in Epidemiological week 4. The cumulative number of cases and deaths were 1,749 and 8 respectively (CFR: 0.5%). Of the total reported cases, 815 were from Ngala, 630 were from Kala-Balge, 99 were from Monguno and 98 were from Mobbar. A total of 226 specimens were sent for laboratory investigation, 182 (81%) of which tested positive. Response activities are ongoing particularly with WASH and Risk Communications.

- WHO donated 12 motorcycles to Borno State Ministry of Health to enhance disease surveillance and control services in the state. The gesture was to ease the movement of surveillance officers to facilitate disease monitoring and surveillance activities.

- Deputy Secretary General of the United Nations, Hajiya Amina Mohammed passed the night in Bama, Borno State. With Bama recorded as worst destroyed by Boko Haram terrorists, the DSG said she was in the town, once occupied by Boko Haram, to assess gaps in humanitarian needs, and reconstruction efforts recorded by Government so she could report back to the UN in order to identify areas of intervention.

- “Surveillance System for Attacks on Health Care” (WHO SSA) methodology, user guide, and a training scenario document was shared with partners. The health sector/cluster is in the process to roll out this tool with all partners in the sector working group.

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**HEALTH SECTOR**

- **45 HEALTH SECTOR PARTNERS**  
  (HRP & NON-HRP)

**HEALTH FACILITIES IN BORNO STATE**

- **375 (50%)** NON FUNCTIONING (OF TOTAL 755 ASSESSED HEALTH FACILITIES)
- **292 (39%)** FULLY DAMAGED
- **205 (27%)** PARTIALLY DAMAGED
- **253 (34%)** NOT DAMAGED

**CUMULATIVE CONSULTATIONS**

- **869,889 IDPS 2017 CONSULTATIONS****
- **2,450 REFERRALS**
- **6,372,838*** HRP 2017 HEALTH PARTNERS GIVEN CONSULTATIONS

**EPIDEMIOLOGICAL WEEK 4**

- **248 EWARS SENTINEL SITES**
- **160 REPORTING SENTINEL SITES**
- **36 TOTAL ALERTS RAISED*****

**SECTOR FUNDING, HRP 2018**

- **HRP 2018 REQUIREMENTS $109M**
- **FUNDED 0%**
- **UNMET REQUIREMENTS $109M**

[https://fts.unocha.org/appeals/642/clusters](https://fts.unocha.org/appeals/642/clusters)

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* 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 1-4.

*****The number of alerts change from week to week.
Situation update

Since October 2017, there have been three substantive military campaigns that have resulted in large scale displacement in the Eastern LGAs of Borno State and northern Adamawa State. At the same time, these operations have led to subsequent insecurity and displacement in the northwest LGAs of Borno State. Areas that have been most affected are along the axis from Monguno to Maiduguri, namely in Gasarwa, Gajiram, Gajigana, Tungushe and Tungushe Ngor towns. While biometric verification through IOM DTM/ETT teams has not been completed in all locations that have seen recent displacement, partners estimate that between 20,000 – 36,000\(^1\) individuals have displaced in recent months, many of which are in dire need of humanitarian services, including host community populations.

- In Ngazi LGA, Gasarwa partners estimate that there are 4,200 displaced individuals, and in Gajiram is estimated that there are 3,500 displaced individuals with a host community of 11,250, totalling 12,500.

- Gajigana (Magumeri, LGA) partners estimate that there are 10,000 – 25,000 displaced individuals with a host community of 7,000, totalling 17,000 – 32,000. General Hospital Magumeri is partially functional and patients from Gajigana normally go to this hospital and some patients are shifted to Maiduguri for more specialized care. No ambulance service available for referral to secondary care people use private cars and sometime WHO’s mobile team use their own car for transportation of patients. INTERSOS/UNICEF is supporting the PHC in Gajigana town for both Health and nutrition services.

- At Konduga LGA, in Tungushe, partners estimate that there are 2,800 displaced individuals with a host community of 9,700, totalling 12,500. And in Tungushe Ngor is estimated that there are 900 displaced individuals with a host community of 1,600 totalling 2,500.

Pulka, (Gwoza LGA): No major gaps in primary and secondary health care only ambulance support is needed. Scale and expansion of health services will be needed as more IDPs are arriving in Pulka town. MSF Spain is providing comprehensive secondary health care at the Health Centre; including paediatric, stabilization centres, labour room, emergency room, maternity ward etc. Family Planning, SGBV, PMTCT, PNC, ANC, immunization, BEmONC and CEmONC activities in HC are also available. UNFPA and UNICEF are also supporting MNCH/SRH services.

Displaced populations report that many more individuals will come from surrounding villages, while population figures from inaccessible areas along this axis are estimated to be over 70,000,\(^2\) signalling that an increase could be likely if insecurity continues. Partners working through the RRM have scaled up programming in both of these regions with Food Security, Health, WASH, Nutrition, NFI/Shelter and Protection Services, mainly for new arrivals. Additional partners have responded through their regular flexible programming to meet the immediate needs of the new arrivals. On December 20th an OISWG Mission went to Tungushe, Tungushe Ngor and Gajigana to assess for an overall response strategy and to streamline the handover processes from RRM to regular sector programming to meet the needs of the populations. Currently the OISWG is also planning a mission to Gajiram.

Nonetheless, humanitarian partners and Sectors Coordinators report that a further scale up of services is needed in order to meet the needs of the whole community, including potentially host populations.

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\(^1\) Estimates derived from ETT data as well as partner assessments.

\(^2\) Inaccessible population figures estimated were derived from a baseline population dataset by the OCHA IMU, using the revised inaccessible area map from the Access Working Group. The dataset references population information from the Vaccination Tracking System (VTS) which is triangulated using satellite imagery to estimate trace-of-life/real-time population counts.
Surveillance and communicable disease control

Early Warning Alert and Response System (EWARS)

In Epidemiological Week 4 2018, a total of 160 out of 248 reporting sites (including 20 IDP camps) submitted their weekly reports. The timeliness and completeness of reporting this week were both 65% (target 80%). Total consultations were 31,965 marking a 13% decrease in comparison to the previous week (n=36,652). Acute respiratory infection was the leading cause of both morbidity (n= 5,187) and mortality (n=4) reported through EWARS, accounting for 18% and 40% respectively. Thirty-six (36) indicator-based alerts were generated with 86% of them verified.

- **Malaria:** In Epi week 4, 4,093 cases were reported through EWARS. Of the reported cases, 460 were from Shaffa PHC in Hawul, 230 were from General Hospital in Biu, 159 each were from Gamboru CMCH in Ngala, 135 were from 250 Housing Estate (Kofa) IDP Camp Clinic in Konduga, 134 were from Logumane PHC in Ngala, and 133 were from Biriyel MCH in Bayo. No confirmed malaria death was reported.

![Trend in consultations](image1.png)

![Proportional morbidity (W4)](image2.png)

![Proportional mortality (W4)](image3.png)

*Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 4 2018*
**Acute Respiratory Infection (ARI):** There was an 11% decrease in reported cases of acute respiratory infection (n=5,187) in comparison to the previous week (Fig. 3). Of the reported cases, 481 were from Herwa PHC in MMC, 314 were from Gamboru C MCH Clinic in Ngala, 245 were from Logumane PHC Clinic in Ngala, 241 were from Damasak MCH in Mobbar, 210 were from Jakana PHC in Konduga, 195 were from Mogcolis IDP camp clinic in MMC, 180 were from 250 Housing Estate (Kofa) IDP Camp Clinic in Konduga, and 163 were from Sangaiya IDP camp clinic in Dikwa. Three (3) deaths were reported from Dille dispensary in Askira Uba (2), Damasak MCH in Mobbar (1) and Budam dispensary in Shani (1).

![Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 4 2018](image)

**Acute watery diarrhea:** In Epi week 4, 2,147 cases were reported through EWARS. Of the reported cases, 302 were from Gamboru C MCH Clinic in Ngala, 181 were from Logumane PHC Clinic in Ngala, 167 were from Herwa PHC in MMC, and 113 were from Agric Centre PHC in Dikwa. No associated death was reported.

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

**Malnutrition:** A total of 2,273 cases of severe acute malnutrition were reported through EWARS in week 4. Of the reported cases, 186 were from Damasak MCH in Mobbar, 162 were from Gunda CHC in Biu, 146 were from Kubodeno dispensary in Shani, 142 were from Gamboru C MCH Clinic in Ngala, and 108 were from Logumane PHC Clinic in Ngala. One (1) death was reported from Yawi dispensary in Biu.

![Figure 5: Trend of malnutrition cases by week, Borno State, week 34 2016 - 4 2018](image)
• **Neonatal death:** No neonatal death was reported.

• **Maternal death:** No maternal death was reported.

• **Measles:** Eleven (11) cases of measles were reported in week 4 from Gamboru C MCH in Ngala (3), State Specialist Hospital (2), Njingowa Health clinic in Magumeri (1), Zanari IDP camp clinic in Mafa (1), 505 Housing Estate clinic in Jere (1) and Mairi PHC in Jere (1) EYN (CAN Centre) Camp Clinic in MMC (1) and Herwa PHC (1) in MMC. No death was reported.

• **Suspected Yellow Fever:** Three suspected yellow fever cases were reported from Damboa (2) and Custom House IDP camp clinic in Jere (1). Four cases were reported through the Integrated Disease Surveillance and Response (ISDR) weekly report in Ngala (1), Magumeri (1), Dikwa (1), and Bayo LGAs (1), making a total of seven (7) suspected yellow fever cases. No death was reported.

• **Suspected Viral Hemorrhagic Fever:** One case reported through IDSR from Ngala LGA. No death reported.

• **Suspected meningitis:** One case was reported from through IDSR from Jere LGA. No death was reported.

**Health Sector Coordination: Summary of Achievements 2017**

The Health Sector partners under the leadership of the SMOH effectively coordinated the response to the cholera outbreak which started in Muna Garage IDP camp in Borno state. More 5,000 cases of cholera were reported from different IDPs camps and LGAs including Dikwa, MMC, Jere, Mafa and Monguno. The cholera in Borno state was officially declared as “over” on 21 December 2017. The northeast region is highly endemic for cholera and other diarrheal diseases, major populations displacements, seasonal patterns and weak WASH infrastructure worsen the situation during 2017.

The sector partners provided medical consultations from health facilities and mobile teams to almost 5.5 million people during the 2017 year. The health partners provided health services in IDPs camps and hosting communities supporting an average of 90 facilities per month. Across the BAY states 156 Mobile Health teams provided close to 2 million medical consultations or 80% of target. The medical supplies and medicines covered around 2 million population across three states.

The Rapid Response Team (RRT) mechanism under the leadership of the Borno State Ministry of Health was made fully functional to respond to different outbreaks such as Meningitis, Acute water Diarrhoea, Hepatitis, and haemorrhagic fevers (Lassa fever, Yellow Fever etc.). Surveillance and outbreak response activities were scaled up in the high risk spots LGAs and extended to the newly accessible areas where the risk of outbreaks are high due to congested living environment in IDPs camp and communities hosting large number of returnees and/or refugees from the neighbouring countries.

Phase II of the Oral Cholera Vaccination (OCV) campaign was conducted from 9-13 December, 2017 targeting close to one million people above one year of age. The targeted LGAs were Maiduguri, Jere, Mafa, Dikwa, Konduga, and Monguno. The vaccination will protect the population for up to 3 years against cholera. In addition, the national measles vaccination campaign was supported by Health Sector Partners which vaccinated over 1.6 million population across Borno State.
The fourth and last round of the Seasonal Malaria preventive therapy campaign reached 1,198,442 children from 03 months to under 5 years of age. The campaign was conducted in MMC, Jere, Mafa, Konduga and Monguno LGAs. All the participating LGAs had over 90% coverage except Mafa, that had > 85% and < 90% coverage. As part of the standard operation procedure, the malaria prevention campaigns was followed by a parasitological investigation to measure the impact of the fourth monthly rounds of emergency chemo-prevention. The importance of the parasitological surveys does not only lie in measuring parasite prevalence but also in the fact that malaria incidence mortality estimates can be established based on prevalence and levels of acute malnutrition.

WASH response activities for Hepatitis-E outbreak mitigation have been intensified in Rann to interrupt the spread. A total of 226 specimens were sent for laboratory investigation, 182 (81%) of which tested positive. The LGA and State RRT reviewed the registers and reported that most of the suspected Hepatitis E cases are from Kalagaru and the primary boarding school. Sensitization of health workers on case definition in all health facilities is ongoing. Proposed referral to Ngala to treat serious cases is not feasible due to flooded road and threat of attacks to the ambulance between Kala/Balge and Ngala. Although the water supply in Rann is adequate, several factors potentially contributing to Hepatitis E transmission have been identified. These include open defecation, cross-contamination of faecal matter and water from a pond used as for bricks’ making. The hand washing facilities are not used systematically and poor hygiene conditions are key contributory factors.

The health facilities with damages like broken water and electric supply, and in need of minor to moderate repairs were undertaken by the health partners in priority health facilities. Partners have supported the rehabilitation of over 70 health facilities. Health sector is actively working with partners to respond to the health needs of the newly displaced population in different LGAs along the borders areas with Cameroon, Chad and Niger. Resource mobilization and advocacy activities were undertaken through the Country Based Pool Fund (Nigerian Humanitarian Fund) and CERF funding. More than 4 million USD funds were raised through the NHF mechanism for addressing urgent health needs and gaps in the life saving humanitarian response especially in the hard to reach locations.

Health Sector Actions

**INTERSOS** officially resumed health activities in Bama GSSSS IDP camp on the 1st of January 2018 deploying a team of five personnel and rolled out activities which include general outpatient consultations, nutrition and sexual/reproductive health program. Activities for the 2nd week of activities resumed in top gear as the context was beginning to be understood better and with better awareness of our presence by IDPS. It’s important to emphasize that the two major partners on ground delivering static health services in the camp is INTERSOS and UNICEF, while CARE, WHO and UNICEF run mobile teams. A large turnout of patients was received at health facility and with the help of community volunteers who go into the camp to spread awareness of presence of health services. The UN DSG was welcomed in Bama during field visit and highlighted health needs and issues faced by the community. She was also briefed of the major challenges in the health sector which are; poor referral network as there is no secondary/tertiary health centre in Bama and secondly absence of ambulance for adequate referral.

**International Rescue Committee (IRC):** During the month of January, across the 6 LGAs in Borno State where the IRC runs combined health and nutrition mobile clinics, 9,820 (35% children under 5) patient consultations held for health and nutrition services. The IRC, through community health volunteers disseminated health messages to 8,394 (72%women). At all supported RH facilities IRC attended to 565 ANC visits, and assisted in 94 skilled deliveries by skilled midwives. 169 women were registered as new acceptors of modern family planning methods as part of the family planning services provided at all RH supported facilities. At Askira-Uba the IRC has completed construction works at Hussara PHC, Hussara, where a complete new construction was done for the facility. -See before and after to the right.
AGUF was in Malkohi camp (Adamawa State) on the 12/01/2018 for sensitization sessions on personal hygiene. During their visit 10 cases of diarrhea and 4 cases of malnutrition required care and referral to nutrition sector partners. On 26/01/2018 the organization went to Kasuwan Katako Wuro Jebbe to educate IDPs in host community on personal hygiene, 77 people were reached.

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 SMOH to coordinate the Sexual and Reproductive Health response in line with the Minimum Initial Service Package for SRH in emergencies, at the same time UNFPA is also addressing the humanitarian-development transition for SRH services. UNFPA with support from CERF and the Nigerian Humanitarian Fund) Distributed Emergency RH kits to 33 health facilities; in Borno (15), Adamawa (5) and Yobe (12). These supplies will enable the provision of RH services to a population of 745,000 people for three months. UNFPA supported MdM to train 16 health workers from 4 health facilities in Jerre, MMC and Damboa LGAs on Clinical Management of Rape. These workers will provide the much needed services to Sexual Assault Survivors in these areas. UNFPA remains committed to supporting capacity building of partner and SMOH health care providers. Supported the repair of two hospital ambulances to strengthen referrals of pregnant mothers for comprehensive emergency obstetric care in crisis prone areas of Madagali and Michika LGAs in Adamawa State.

UNICEF support to the integrated emergency PHC service deliveries in Borno and Yobe; a total of 117,560 men, women and children 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 44,601 consultations were reported with malaria being the major cause of morbidity [Malaria (10,854), ARI (11,584), AWD (5,195), Measles (24) and other medical conditions (16,944)]. For prevention services, 51,098 children and pregnant women were reached with various antigens (including 2,583 children 6months-15 years vaccinated against measles); and 6,017 Vitamin A supplementation, and 6,719 Albendazole for deworming tablets were distributed. 6,592 ANC visits; 1,290 deliveries; 1,243 PNC were recorded as well.

UNICEF donated 133 Nigeria Health Kits (NHKs) to the SMOH in Adamawa (2), Borno (109) and Yobe (22) to support 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 UNICEF supported health service delivery points.

WHO HTR MHT during January 2018 treated 96,790 patients for minor ailments (malaria, urinary tract infection, Acute Respiratory Infection (ARI), acute watery diarrhoea and skin diseases). Children <5 years constituted about 40 per cent of cases seen. Over 185,047 children U5s were vaccinated against common vaccine preventable diseases (VPDs) in the BAY States. Over 78,433 screened for malnutrition were provided nutritional supplements. Together with other partners, the HTR mobile health team has been involved in response to cases of suspected Cerebrospinal Meningitis (CSM) in Borno and Yobe State. Priority has been on CSM preparedness and response in the three states. Health promotion sessions were conducted on sexual and reproductive health, hygiene and IYCF practices. Up to 25,644 women were reached with health promotion messages in the BAY States. Prevention of malaria is critical among pregnant women living in remote and hard to reach areas. Over 9,588 pregnant women living in hard to reach areas were provided with Intermittent Prophylactic Therapy (IPT) for malaria in January.

About 7,496 clients were seen by the WHO supported 10 H2R teams in 10 LGAs of Adamawa state. A total of 2,208 children were dewormed by the teams during the period. Pregnant women were also attended to, with 546 of them receiving Iron folate to prevent anemia in pregnancy, while 449 received Sulphadoxine Pyrimethamine as IPT for prevention of malaria in pregnancy.
WHO provides a comprehensive evidence based mental health care package for this vulnerable group through *Mental Health Gap Action Programme (mhGAP)* in collaboration with Borno State Ministry of Health (MOH), and Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri. To scale up mental health care, mental health outreach sessions are conducted in 36 designated health facilities in Borno state. Alcohol or other substance use disorder, Epilepsy/seizure disorder, medically unexplained somatic complaints, Mental retardation, Psychotic disorder, Severe emotional disorder are among priority mental health and psychosocial conditions currently being managed. In January, 65 sessions were held in the designated health facilities, 1,192 patients were seen and 134 were referred to the Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri.

**WHO in Yobe State** has conducted sensitization training for Health Care Workers (HCWs) and donated drugs and commodities to strengthen preparedness to epidemic-prone Diseases: WHO in collaboration with SMOH, SPHCMB and NCDC has conducted sensitization training for HCWs in primary and secondary health centres in a bid to strengthen preparedness to epidemic-prone diseases like Cerebrospinal Meningitis (CSM) and Viral Haemorrhagic Fever (VHF). The exercise is aimed to build the capacity of frontline health workers on surveillance, laboratory investigation, prompt case management, and infection prevention and control. As the training is being conducted in phased manner, SMOH, WHO and NCDC have so far conducted the sensitization training to 115 HCWs from primary and secondary facilities and many more expected to be trained in the coming days and weeks. In addition to this capacity building efforts, SMOH and WHO have donated and prepositioned stocks of drugs and laboratory commodities in health facilities and offices in strategic locations and high-risk areas of the state. Items donated in this round include stocks of Ceftriaxone (150 vial packs), Pastorex (15 packs (x25)), and TI Media (100) to improve case management and Laboratory confirmation of cases. Others commodities distributed are 20 packs of 1L IV infusion and stocks of Infection Prevention and Control (IPC) materials.

**WHO in Adamawa State** trained 65 participants on IDSR at the State level from 11- 15th January 2018. On the 29th January, 19 doctors, 46 nurses and 18 laboratory scientists at the secondary health facilities, private clinics, and clinics of tertiary institutions were trained on CSM and Lassa Fever and on the 30th – 31st January, 73 nurses and 24 paramedical staff from FMC Yola were sensitized/trained as well in the subjects.

### Nutrition updates

**IRC** Community Management Acute Malnutrition (CMAM) program supports four LGAs in Adamawa state; Hong, Maiha, Michika and Mubi South. IRC provides CMAM support to 31 operational OTP and SC clinics. In this month of January, the statistical figure indicates that: 27,231 U5 children were anthropometrically screened using MUAC measurement and oedema checking, among which 1,533 were identified as MAM and 329 as SAM. All identified SAM children have been enrolled into the program and are currently receiving both therapeutic and pharmaceuticals rehabilitation. 2,297 SAM children have been receiving treatment in the OTP/SC, exit has been carried out to some of these client in the program clinics with 122 children being discharge as cured and 12 defaulters.

At selected communities IRC conducted sensitization on Infant and Young Child Feeding best practice (IYCF) which include the role and contribution of early initiation of breast milk, good breast feeding attachment, frequency of breastfeeding, exclusive breast feeding in the first six months, good hygiene practices and many others. on these activities, a total number of 3,808 Lactating mothers, 2,236 pregnant mothers, 693 old women, 841 young girls and 869 men beneficiaries were reached.

**WHO** has been working with SMOH, SPHCMB, UNICEF and other partners to prevent malnutrition and improve clinical management of Severe Acute Malnutrition (SAM) with medical complications in Yobe state.
In furtherance of these efforts, **WHO** has recently provided **Hospitals Management Board** and **COOPI** with technical support; trainings for HCWs and donated SAM Kit, to establish new 15-bed capacity Stabilization Centre (SC) in General Hospital (GH) Jakusko, in the Northern state, thereby increasing the number of functional SCs from 6 to 7 in Yobe state. The new SC began operations about 1 week ago and has so far admitted and currently treating 14 children with complicated SAM. This is part of the series of interventions WHO is undertaking to support nutrition services in Yobe state. Hitherto, WHO has trained up to 80 HCWs and SMOH programme officers on inpatient management of SAM, distributed SAM Kits to other 6 functional SCs, conducted comprehensive technical assessment and supervisions, and provided commodities and equipment to the SCs. WHO has continued engaging donors and is now supporting SMOH to have SCs in the 13 GHs in Yobe state including GH Geidam, GH Buni-Yadi, GH Dapchi, scaling-up inpatient care in areas and health facilities affected by violence.

In a parallel effort to prevent malnutrition in the communities and increase access to hospital-based care for SAM cases, WHO 35 Hard-to-Reach (HTR) teams and 110 CORPs are screening children, 0-59 months, for malnutrition and linking severe cases to health facilities. In January 2018 alone, HTR teams in Yobe state have screened 34,961 children for malnutrition and provided health promotion and counselling on young child feeding practices to 25,681 caregivers. HTR have also treated 39,131 other clients for common ailments and referred 354 severely malnourished children to OTP sites and SCs across the state.

**Public Health Risks and Gaps**

- Increased daily bomb blasts during the festive period exacerbated the insecurity and negatively affected 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.
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