













BORNO STATE GOVERNMENT



Health Sector partners united in the provision of humanitarian supplies.

# Northeast Nigeria Response (Adamawa, Borno & Yobe States) Health Sector Bulletin #29 1<sup>st</sup> – 15<sup>th</sup> August 2017

 <b>6.9 MILLION</b> PEOPLE IN NEED OF HEALTH CARE IN; ADAMAWA, BORNO AND YOBE STATES	 <b>5.9 MILLION</b> TARGET BY THE HEALTH SECTOR; ADAMAWA, BORNO AND YOBE STATES	 <b>1,496,995*</b> IDPS IN BORNO STATE	 <b>2,060,394</b> POLIO VACCINATED CHILDREN
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HIGHLIGHTS	HEALTH SECTOR
<ul style="list-style-type: none"> <li>WHO, MSF and partners are conducting monthly Seasonal Malaria Chemoprophylaxis (SMC) rounds from July through October targeting children under 5 years. With these joint actions against malaria, up to 10,000 deaths could be prevented in Borno State alone. The full impact will be not known until November 2017, after the full monthly rounds are completed.</li> <li>During the ongoing Hepatitis E Virus (HEV) outbreak the total number of confirmed and suspected cases reported from the 3 affected LGAs is 677 (Ngala), 71 (Mobbar), 45 (Monguno). The number of suspected cases of HEV reported has peaked in Epi week 27 with 148 cases and has been on the decline since then (34 cases in Epi week 31 and 14 cases in Epi week 32).</li> <li>The cumulative number of measles cases since January 2017 is 2,052. In Epidemiological Week 30, through EWARS 31 cases of measles were reported with 68% occurring in children below 5 years of age. There has been a steady decline of measles cases in Borno State from Epi week 17 to week 30.</li> <li>11 August 2017, members of the Nigerian security forces entered the UN base for humanitarian workers in Maiduguri without authorization. The security forces carried out a search of the tented camp.</li> </ul>	<div style="background-color: #0070C0; color: white; padding: 5px; margin-bottom: 5px;"><b>HEALTH SECTOR PARTNERS</b></div> <p> <b>22 HEALTH SECTOR PARTNERS</b></p> <div style="background-color: #0070C0; color: white; padding: 5px; margin-bottom: 5px;"><b>HEALTH FACILITIES**</b></div> <p> <b>288</b> FUNCTIONING** (OF TOTAL 749 ASSESSED HEALTH FACILITIES)</p> <p> <b>262</b> FULLY DESTROYED</p> <p> <b>215</b> PARTIALLY DAMAGED</p> <p> <b>67</b> REHAB/RENOVATED</p> <div style="background-color: #0070C0; color: white; padding: 5px; margin-bottom: 5px;"><b>IDP CAMPS CUMULATIVE CONSULTATIONS</b></div> <p> <b>562,026 MEDICAL CONSULTATIONS***</b></p> <div style="background-color: #0070C0; color: white; padding: 5px; margin-bottom: 5px;"><b>EPIDEMIOLOGICAL WEEK 30: EARLY WARNING &amp; ALERT RESPONSE</b></div> <p> <b>199</b> EWARS SENTINEL SITES</p> <p> <b>123</b> REPORTING SENTINEL SITES</p> <p> <b>53</b> TOTAL ALERTS RAISED****</p> <div style="background-color: #0070C0; color: white; padding: 5px; margin-bottom: 5px;"><b>SECTOR FUNDING, HRP 2017</b></div> <p> <b>HRP 2017 REQUIREMENTS: 93.8M US</b></p> <p><b>16.8 M US\$ FUNDED (17.9%)</b></p> <p><b>2016 UNMET REQUIREMENTS</b></p> <p><b>11.8</b> MILLION USD FUNDED (22%)</p> <p><b>53.1</b> MILLION USD REQUESTED</p>

\* Total number of IDPs in Borno State by IOM DTM XV April 2017.  
 \*\* MoH/WHO HeRAMS December 2016.  
 \*\*\* Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 1- 30.  
 \*\*\*\* The number of alerts change from week to week.  
 \*\*\*\*\*Number of Polio vaccinated children in the Outbreak and Response campaign (IPV Inactivated Polio Vaccine & OPV Oral Polio Vaccine) as April 2017

## Situation update:

Malaria experts' estimates up to 10,000 lives could be saved by November through malaria prevention and control, if more funds are secured. Following more than 8 years of conflict in NE Nigeria. It is estimated that every week, around 8,500 people are infected with the disease in Borno state alone. With the high transmission season for malaria lasting through October, these numbers will increase.

In Borno state, more than half of deaths recorded are currently due to malaria, more than all other causes of death combined, including cholera, measles and hepatitis E. A highly vulnerable population, consisting largely of children (58.8%), is at risk of disease outbreaks. In addition to security concerns, acute malnutrition caused by food insecurity is rising in parts of the state. Between malnutrition and death is virtually always disease, and malaria often turns cases of malnourishment deadly.

Following a recent visit to Borno state, malaria experts commissioned a modelling exercise to estimate malaria cases as well as how many deaths could be prevented if a basic set of initiatives were undertaken; with the right joint actions, up to 10,000 deaths could be prevented in Borno state alone. Turning scientific evidence into life-saving action, the health sector partners are taking the following steps:

- strengthening surveillance systems to monitor cases and outbreaks of malaria;
- increasing people's access to care in clinics and to health facilities;
- spraying insecticides and distributing bed nets as part of vector control; and
- administering malaria drugs to children under 5 every month (July to October).

In July, the first of four monthly rounds of mass drug administration reached more than 880,000 of the 1.1 million children under-five who were targeted. The health partners in selected LGAs are conducting monthly rounds through to October. In Borno state antimalarial drug are given to targeted children, whether they have malaria infection or not, to ensure they are cleared of parasites at that point and to protect them for four weeks. With the goal to reduce malaria deaths for the next 6 months.

WHO and partners has trained community health workers to provide a basic package of health services to communities where many people have not had consistent health access for several years. The health workers are always on the lookout for signs of malaria. They offer rapid diagnostic tests to determine if people have malaria, provide treatment, and advice on prevention. The full impact will be not known until November, after the full monthly rounds are completed.

During the ongoing Hepatitis E Virus (HEV) outbreak the total number of confirmed and suspected cases reported is 814: 677 (Ngala), 71 (Mobbar), 45 (Monguno). Coordinating partners supporting the Borno State Ministry of Health includes ALIMA, IRC, FHI-360, ICRC (working with Nigerian Red Cross), Médecins Sans Frontières, North East Regional Initiative (NERI), Oxfam (representing the Water, Sanitation and Hygiene (WASH) sector), UNICEF and WHO. Response activities for this outbreak include the following:

- Case management at no cost to patients and this includes hospitalization and medicines.
- Epidemiological surveillance system at health facilities exists with the support of local partners.
- Technical support.
- Public health awareness through sensitizations and announcements in mosques and other public places by LGAs' health educators.



UNICEF MNCH consultant, during the joint investigation of Hepatitis E outbreak with other health partners in Ngala IDP camp.

The health sector partners continues to work in a fragile security environment. Thousands of refugees increasingly have moved back from Cameroon to overstretched camps in Borno. In addition, Boko Haram, the Islamist terrorist group had intensified attacks in recent weeks claiming lives of both military and civilians.

## Public Health Risks and Needs

- Continuous influx of returnees and overcrowding of camps due to limited availability of shelter and WASH services continue to increase the risk of outbreaks. Diarrhea and malaria cases are in the raised.
- Imminent risk of disease outbreak due to poor water and sanitation conditions, poor nutrition status, population mobility and the weakened immune system. The lack of safe or limited access to safe water, latrines and shelter facilities increases the risks of communicable diseases including cholera especially among under five.
- Malaria has become endemic in the northeast region increasing the risk in child mortality in malnourished children.
- The low Yellow Fever (YF) vaccine coverage in the Ngala IDP camp indicates the risk of an YF epidemic.
- Although the HEV cases are decreasing, there still a risk of Hepatitis E spread cross-border to Cameroon.
- Geographical access remains a challenge and continues to be worsen by the rainy season.
- Health partners' prepositioning supplies and drugs in high-risk LGA and health facilities to prepare for mitigation of deterioration of the health situation during the rainy season is ongoing.
- There is a serious shortage of skilled health care workers, particularly doctors and midwives, and their reluctance to work in recently accessible areas is a major challenge for the provision of health assistance.

## Surveillance and communicable disease control

**Early Warning Alert and Response System (EWARS):** In Epidemiological Week 30 - 2017, a total of 19 out of 25 LGAs and 123 out of 199 reporting sites (including 20 IDP camps) submitted their weekly reports. Timeliness and completeness of reporting were 56% and 84% respectively at LGA level (target 80% respectively). Of the 53 indicator-based alerts received, 87% were verified. Out of the 22,455 reported cases, 3,692 (16.4%) were for confirmed malaria, 6,686 (29.8%) were for suspected malaria and 2,463 (11.0%) were for acute watery diarrhea.

Figure 1a | Proportional morbidity (W30)

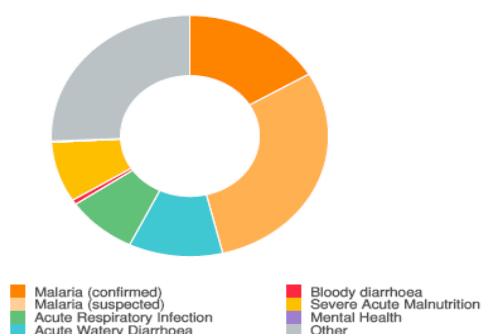
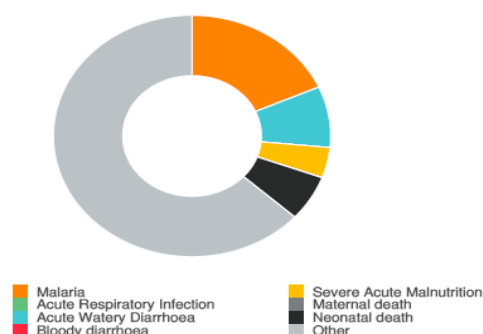


Figure 1b | Proportional mortality (W30)



- **Malaria:** In Epidemiological Week 30, 3,692 cases of confirmed malaria cases were reported representing 16.4% of reported morbidities. Of the reported cases, 271 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga, 304 from Gamboru C MCH Clinic in Ngala and 81 from Teli Clinic in Bayo. One death was reported from Chibok General Hospital.

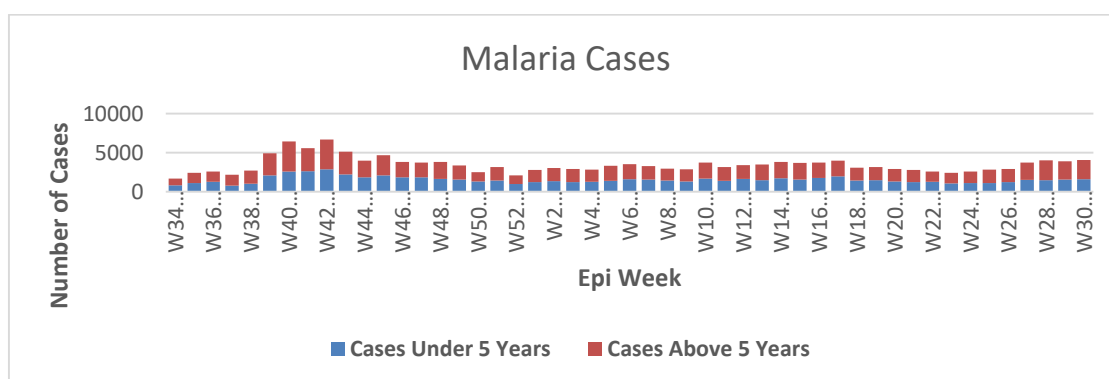


Figure 2: Number of confirmed Malaria cases, Week 34 2016- Week 30 2017, Borno State

- **Acute watery diarrhea:** In Borno State, 2,463 cases of acute watery diarrhea were reported through EWARS with 64% of cases occurring in children below 5 years. Of the reported cases, 207 were from Muna Garage Camp Clinic A in Jere, 201 from Dikwa General Hospital and 101 from State Specialist Hospital in MMC. Even though no deaths were reported, but there has been an increase in AWD cases in the State from week 26 to week 30.

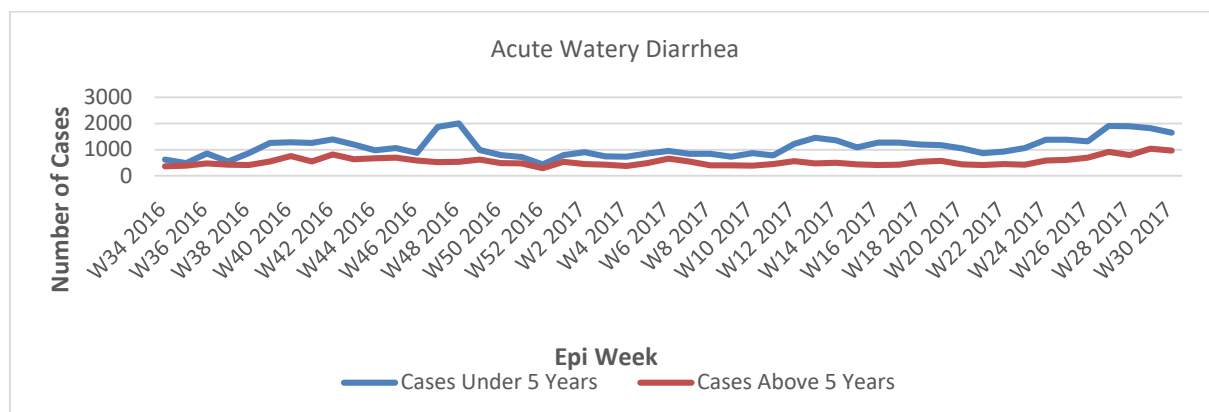


Figure 3: Trend in number of acute watery diarrhoea cases, Week 34 2016- Week 30 2017, Borno State

- **Acute respiratory infection:** In Epi week 30, 1,859 cases of acute respiratory infection were reported. Of the reported cases, 167 were from 250 Housing Estate (Kofa) Camp Clinic in Konduga, 164 from Biu MCH and 134 from Ngaranam PHC in Maiduguri. No death was reported within the reporting week.
- **Hepatitis E Virus (HEV):** In Epidemiological week 30, thirty (30) cases from Ngala and nine (9) cases from Mobbar and three (3) cases from Monguno were reported as suspected HEV cases. Since the beginning of the outbreak, Five (5) deaths were reported among suspected cases, three (3) in Ngala, one (1) each in Mafa and Mobbar LGAs.

A case reporting system has been set up with all three facilities (MSF, UNICEF, and FHI 360 Clinics) in Ngala IDP camp, through partners and active surveillance continues in all affected and neighbouring LGAs and retrospective reporting are ongoing. Weekly state outbreak coordination meeting continues to hold IEC posters for HEV in three languages (English, Hausa and Kanuri) were also distributed to all the health facilities in the affected LGAs, containing information on hygiene promotion and prevention of the disease.

- **Cerebrospinal meningitis (CSM):** No suspected case of CSM was reported within the week.
- **Malnutrition:** In Epi week 30, 1,817 cases of severe acute malnutrition were reported with two deaths from Gora Dispensary in Shani. Of the reported malnutrition cases, 337 were from Giwa Barracks MCH, Jere, 208 were from Kubodeno Dispensary, Shani, and 196 were from Gwange PHC in MMC.
- **Neonatal death:** Three neonatal deaths were reported from three health facilities: UNICEF GGSS IDP Camp Clinic in Monguno, Whitambaya Dispensary in Hawul and Tampul dispensary in Askira Uba.
- **Maternal death:** No maternal death was reported within the week.

## Health Sector Coordination

### *Guidelines for Integrating GBV Interventions in Humanitarian Action:*

As part of the Inter-Agency Standing Committee Gender Base Violence (IASC GBV) Guidelines for Integrating GBV Interventions in Humanitarian Action roll out in Maiduguri, a workshop took place with health sector partners to jointly, review the key priorities; identify areas of commonality and possibilities for coordination and collaboration.

Collectively the partners outline immediate next steps for follow up, including discussing opportunities for integration of GBV prevention and risk mitigation objectives in the upcoming HRP process. During the reporting

period, the health sector' action plan for Integrating GBV Interventions in Humanitarian Action was developed with all health partners inputs.

### ***Creation of Health Sector LGA Coordination Groups:***

The goal of the LGA Coordination is to provide a decentralised coordination platform amongst health partners' agencies to ensure a more effective, efficient, and timely humanitarian response. The key LGA NGO co-lead is IRC, as the NGO health sector co-lead. In locations where the co-lead is not present, the main health partner recommended by the health partners will add as the focal point at the LGA level. As per OCHA initiated approach, it should be noted that LGA Coordination Groups are not intended to duplicate cluster/sectors systems at the LGA levels, and they do not replace technical decision-making forums that will remain at state level working groups.

This initiative aims to support health partners at LGA levels to establish the health sector LGA Coordination where previously non-existent, and to strengthen and formalize coordination systems where previously established. The LGA Coordination approach is being established by health partners as needed, the geographical area of coverage will be influenced by the presence of implementing partners, existing municipal boundaries and population size. By the end of August, will finalised the first identified co-leads at the LGA/camp levels.

## **Health Sector Action**

**International Rescue Committee (IRC)** runs integrated health and nutrition mobile clinics in MMC (4), Jere (6), Konduga (4), Monguno (3), Gwoza (2) and Askira Uba (10) which attended to 7,443 patients during the month of July (45% children under five; 61% female). In addition, 10 health facilities in Askira Uba received support in supplies and capacity strengthening activities for the health staff.

In July, 3,013 consultations were conducted at these facilities (36% children under five, 56% female). In Michika LGA (Adamawa), the IRC supports a further five health facilities, reaching 1,873 patients (31% children under 5, 54% female). The IRC has also noted a gradual increase in the number of patients presenting with malaria and diarrhoea and has focused its sensitization sessions on the prevention and early treatment of these diseases.

In Monguno and Konduga, after training health workers and community volunteers, oral rehydration points (20) are being established for early treatment of diarrhoea especially in young children. Additional 10 ORPs may be set up within MMC-Jere and/or Konduga depending on the need. In MMC-Jere, Gwoza, and Askira Uba/Michika the IRC trained 236 community volunteers in their roles, how they can support the program and their community, including early referral of ill persons to the clinics.

At the IRC reproductive health facilities, 2,048 pregnant women initiated ANC, and 322 deliveries were assisted by skilled midwives in July. The IRC has conducted training in RH in Maiduguri, covering STIs, family planning and post abortion care for 18 participants from IRC run facilities as well as government staff. It has just completed a competency-based training on Basic Emergency Obstetric Care in collaboration with the MoH. Also in Mubi, refresher trainings on BEMONC and IMCI were done for the 25 and 29 health workers respectively, from Askira Uba and Michika. The IRC completed the construction of a comprehensive women centre (CWC) in Gwoza, providing RH services alongside case management and psychosocial support, while in Monguno a second CWC is near completion.

**FHI360:** General Hospital Dikwa is currently being run by the Borno State Ministry of Health (BSMoH) with support from FHI 360's through the Integrated Humanitarian Assistance for Northeast Nigeria (IHANN) project funded by USAID's Office of Foreign Disaster Assistance (OFDA). The hospital is currently providing general primary and reproductive health services. The outpatient department provides care for an average of 100 patients per day. The hospital is also providing laboratory and pharmacy services as well as inpatient admissions and maternity care. Additionally, the hospital provides critical emergency medical services for mass casualty cases related to suicide attacks, gunshot wounds and other violent injuries.

FHI 360 has vacant midwives positions in Dikwa and qualified midwives from Borno State are encouraged to apply via the following link: <https://jobs-fhi360.icims.com/jobs/18974/midwife---dikwa-lga/job>

**MSF** teams are working in Maiduguri, Pulka, Banki, Bama, Dikwa, Rann, Monguno, Ngala, Damasak Benisheikh and Dala. Teams are also running projects in Kukerita and Jakusko in neighbouring Yobe state.

**MSF-France** team is providing Primary health and basic secondary health care and Nutrition treatment programs in four Borno State MOH Health Facilities in Gwange, Maimusari, Bolori and Monguno.



**MSF Ngala camp isolation ward for Hepatitis E pregnant women.**

In Gwange they run a 78 beds in-patient Therapeutic Feeding Centre (ITFC), an 18 beds level 0 ICU, 30 stabilization beds, 10 IPD beds, 20 transition beds and 4 beds as isolation ward. The facility also offers laboratory, blood bank and emergency room services.

In Maimusari besides the outpatient clinic, a 47 beds paediatric IPD, 26 beds IPD and 15 level 0 ICU beds, 6 beds at emergency room and a 6 beds Isolation ward. The NGO supports the maternity services through Basic Emergency Obstetrics and Neonatal Care (BEmONC) and work in collaboration with the MOH. (Five pre-delivery beds, 2 delivery beds, 20 maternity IPD beds). In Bolori, outpatient clinic and ATFC. Support maternity services (BEmONC), 6 pre-delivery beds, 2 delivery beds and 10 postnatal beds. Complicated obstetric cases for C-section are referred to University of Maiduguri Teaching Hospital (UMTH).

In Monguno at the General Hospital, it provides 54 beds IPD, OPD clinic, laboratory and emergency room services. MSF-France have two MOH ambulances on standby (24 hours) in Bolori and Maimusari for the transfer of patients between clinic sites and to UMTH. In addition, mass and rapid health intervention in most vulnerable camps (new settlements in Maiduguri, Dikwa, Bama, Damboa and Monguno Camps) including MUAC screening, Food distribution, Vaccination, Mobile/OPD consultations, SMC.

**UNFPA** continues to support the humanitarian response in Borno through provision of quality and timely live saving SRH interventions. During the Period above, UNFPA Provided clean delivery kits to be distributed to 3,600 pregnant women at health facilities in Monguno, Gwoza, MMC and Jerre LGAs. ).

UNFPA in partnership with Premiere Urgence Internationale (PUI) conducted trainings on Gender Based Violence, Psychological First Aid and Minimum Initial Standard Package. 12 health workers comprising nurses and midwives based at Yerwa PHC and Mobile team on Clinical Management of Rape from the 1<sup>st</sup> to 5<sup>th</sup> August 2017. Supported PUI with a complete post abortion care kit with all accessories and drugs to be used at the facility in Yerwa.

**Premiere Urgence Internationale (PUI):** In Herwa PHC, we had 155 confirmed cases of malaria over last two weeks, which is less than the preceding two weeks. In three mobile health sites of Bayan Texaco, Jajeri Kantudua and Fillin Bayan Makaranta; 64 cases of Malaria were confirmed 278 cases of Malaria clinically diagnosed; 56 cases of Typhoid fever clinically diagnosed. There were three suspected cases of measles treated at the facility in two weeks and they are from Ngaranam village. There has not been any alert of AWD related to cholera over the reporting period. Staffs were given refresher training on cholera.

At Herwa Peace PHC 3,481, patients were attended at OPD, which is higher by 893 compared to the previous two weeks. This increase in number of patient could be attributed to the seasonal diseases such as diarrhea, skin infections and malaria. The most common morbidities were URTI, diarrheal diseases, malaria, skin infections and gastritis. 2,288 different vaccine doses were administered to target children. There is remarkable drop in dropouts from June to August from 32 % to 17% in Penta 3, which could be due to health awareness on immunization of children. The total doses were almost twice that of the previous two weeks.

In Herwa Peace PHC a total of 457 ANC consultations in the first two weeks of August, with distribution of 199 mosquito nets for pregnant women and administration of 448 DT vaccine (TT1 to TT3).

**UNICEF** distributed 86,996 Long Lasting Insecticidal Nets (LLINs) for 43,498 households in three Adamawa State LGAs; Madagali, Michika and Gombi to IDPs and returnees. Support with drugs clinics in 4 IDP camps, as well with HIV test kits for screening and linkages to treatment care.

UNICEF through the Adamawa State Primary Health Agency reached 35,360 conflict-affected persons with various services in 12 outreach teams in the returnees' areas in 12 LGAs (Madagali, Gombi, Michika, Song, Mubi North, Girei, Mubi South, Yola North, Maiha, Yola South, Hong, and Fufore).

**WHO** in continuation with the Borno State LGA RRT training that commenced in June this year, in collaboration and support of the SMOH/SPHCDA trained LGAs staff from Damboa, Gwoza and Konduga. Staff from 13 LGAs have been trained on their roles/responsibilities and functions as LGA RRT as well as State of preparedness and action plan for outbreak response. In the same vein, as a part of strategy to strengthen Surveillance system in Borno State, EWARS/IDSR training which started January this year and in continuation 3 LGAs(Askira Uba, Biu and Shani) were trained in southern part of the State with 186 participants and to continue with other 5 LGAs (Bayo, Kwaya Kusar, Damboa, Chibok and Hawul).

In addition, 9 WHO IDDK kits (each containing; Ringers lactate, cannula, IV giving sets, ORS, zinc tablets, ciprofloxacin, doxycycline, gloves equipment for reconstituting ORS, aqua tablets buckets, etc.) have been prepositioned to response to a cholera outbreak at high risk areas.

## Nutrition

**Premier Urgence Internionale (PUI)** 227 children currently in OTP of which 126 are female. With 77 new admissions in last two weeks in to the program while 14 children with additional medical complications were transferred to other facilities for stabilization. In terms of the passive screening activity at PHCC, 2,038 children between six months and five years were screened with MUAC for malnutrition and 4% of the total screened represented SAM cases who were admitted to the program. This is the highest rate of SAM reported in terms of percentage since our program started screening children. On average, the MAM cases stand at around 45% of those screened with MUAC

**IRC** officially opened (31<sup>st</sup> July) its second stabilization centre in Maiduguri at Mashamari PHCC, in attendance of SPHCDA and local government representatives. To date, 96 children with SAM and complications have been admitted to this SC, while at Umeru Shehu Hospital the SC has also been full to capacity in recent weeks. The IRC admitted 1,095 SAM children under five (59% female) in its outpatient treatment program in July, and runs an extensive community based infant and young child feeding program in MMC, Jere, Konduga, Monguno, Askira Uba, and 4 LGAs in Adamawa State.



**IRC new stabilization centre in Mashamari, Maiduguri**

**UNICEF** provided 105 health workers with a refresher training on the implementation of their nutrition interventions in the state with focus in gaps. In addition, 140 health workers were trained to commence Infant and Young Child Feeding (IYCF) counselling in the following wards: Michika, Madagali, Maiha, Mubi North, Mubi South, Hong and Gombi. 1,575 volunteers mostly women were trained on key IYCF messages to support mothers of children under 5 years of age on key messages for child nutrition.

**WHO** conducted a six-day training on inpatient management of Severe Acute Malnutrition (SAM) at Umaru Shehu hospital, Maiduguri from 7<sup>th</sup>-12<sup>th</sup> August 2017. Twenty-eight participants from MoH (Hospital Management Board and State Primary Health Care Development Agency) and INGOs (ACF, IMC, FHI360, IRC and Save the Children) attended the training from various LGAs of Borno and Yobe state. The training objective was to enhance the knowledge and skills of the staff working at stabilization centres in NE Nigeria in the management of SAM at nutrition stabilization centres. The participants took a pre and post-test to assess knowledge at start and end of the training course. The overall score of the pre-test was 30.5% whereas at the post test, it was 69.1% hence

almost 40% knowledge gain at end of the course. Overall, the results showed a remarkable improvement and uptake of knowledge and skills during the course.

## Gaps in response

- Secondary health care and referral services is a big challenge population facing in the remote areas due to lack of secondary care facilities, ambulance services and specialized health care providers. Most of the secondary health care facilities at LGAs are non-functional and referrals must be done to Maiduguri or cross borders to Niger and Cameroon.
- Mental health and psychosocial support need more efforts to help the population affected by the insurgency and the detrimental conditions as displaced populations.
- Low vaccination coverage due to access and security issues as well as challenges ongoing polio outbreak, Hepatitis E and other vaccine preventable diseases.
- Insufficient number of skilled and appropriately trained health care staff.
- NGOs medicines importation continue to hampers their programme implementation and timely health service delivery.
- The rainy season, overcrowding IDP camps and gaps in WASH services continue to increase the risk of outbreaks such as cholera.



A PHC facility surrounded by stagnant water during rainy season which can become a mosquito breeding ground.

## Resource mobilization

The latest funding overview of the 2017 HRP reports shows that **Health Sector is currently 16.8 M US\$ (17.9%) funded** of the **required appeal of 93.8 M US\$** (<https://fts.unocha.org/appeals/536/summary>)

## Health Sector Partners

- Federal Ministry of Health and Adamawa, Borno and Yobe State Ministries of Health
- UN Agencies: IOM, OCHA, UNFPA, UNICEF, UNDP, WHO, OCHA
- National and International Partners: ALIMA, Action Against Hunger, Action Health Incorporated, MSF (France, Belgium, Spain and Switzerland), ICRC, Medicines du Monde, Premiere Urgence Internationale, International Rescue Committee, FHI-360, International Medical Corps, Catholic Caritas Foundation of Nigeria, SIPD, Nigeria Centre for Disease Control, BOSEPA, BOSACAM, WASH & Nutrition Sectors, Nigerian Armed Forces, Nigerian Air Force & others.

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

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