In Yobe state, total of 133 acute watery diarrhoea (AWD) cases have been reported in Bade & Yusufari LGAs since the inception of the outbreak, with 12 associated deaths (CFR, 9.0%). Of the reported cases, 130 were from Bade LGA (with 6 affected wards) while 3 were from Yusufari (2 affected wards). Of the 15 samples that were tested with cholera RDTs, 12 were positive. Culture tests are ongoing and results are being awaited.

The cholera cases in Kukawa LGA are on decline and no further cases were reported during the last 4 days. Active case search and surveillance activities are ongoing. WASH sector partners are ensuring chlorination of water sources, disinfection of latrines along with health and hygiene promotion.

Epidemic outbreak preparedness and readiness ahead of the rainy season is the Health Sector's priority to mitigate morbidity and mortality related risks. The cholera preparedness plan has been revised and updated. In the revised version "hotspots" locations are updated based on the experience of 2017 cholera outbreak. Similarly, scenarios are revised based on the new displacements and returnees population, availability of health services in host communities and IDPs camps, access to hard to reach areas, partners capacities etc. Ongoing trainings of staff on outbreak management and treatment protocols are part of the plan. Partners capacity mapping in terms of medicines, cholera kits and medical supplies is ongoing.

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
- 689,509 PEOPLE REACHED****
- 850 REFERRALS

EPIDEMIOLOGICAL WEEK 4
- 113,182 CONSULTATIONS- HARD TO REACH TEAMS

EARLY WARNING & ALERT RESPONSE
- 253 EWARs SENTINEL SITES
- 163 REPORTING SENTINEL SITES
- 38 TOTAL ALERTS RAISED*****

SECTOR FUNDING, HRP 2018
- HRP 2018 REQUIREMENTS $109,571,527
- FUNDED $ 4,163,718 (3.8%)
- UNMET REQUIREMENTS $ 105,407,809

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

* Total number of IDPs in Adamawa, Borno and Yobe States by IOM DTM XXI
**MoH/WHO Borno HeRAMS September/October 2017
***Number of health interventions with people reached provided HRP partners as of 28 February, 2018.
****Cumulative number of medical consultations through Hard to Reach teams 2018 Epidemiological Week 1-12.
*****The number of alerts change from week to week.
Situation updates:

Over 30,000 IDPs households in Maiduguri (Dalori I&II, NYSC and host communities) have been registered by the government with 3,670 HHs booked for possible return to Bama. The modalities of their return and allocation of shelters is not yet clear even as the OHCT engages the government to ensure the returns are in safety and dignity. A planned relocation package of NGN 10,000, some ration of food and NFIs is reportedly expected to be given to the returnees. This is the first batch of returns out of over 120,000 IDPs HHs expected to be returned to Bama by the government. Bama LGA is currently hosting about 16,000 IDPs - relies exclusively on humanitarian aid and such large-scale returns will further strain already limited resources. Although public infrastructure is being reconstructed, it will take months before they can be operational, and the camp facilities are already over stretched.

Inter-agency Contingency planning process has started across all sectors for the humanitarian response during upcoming rainy season in the region. Health sector partners are prioritizing the hotspot locations in Borno state for pre-positioning of medicines and medical supplies ahead of the rainy season.

According to Nigerian Meteorological Agency (NiMet) yearly Seasonal Rainfall Predictions 1, 2018 will likely see a normal rainfall amount. Nonetheless, flood risks remain, thus resulting in predictable humanitarian impacts and exacerbating already-existing needs on the ground.

The risks in Borno State are generally related to compounded vulnerabilities connected to an ongoing humanitarian crisis with continued displacement, paired with deepening poverty and limited-to-no infrastructure. Additionally, during the rainy season, in Rann (Kala Balge LGA), Ngala (Ngala LGA), Banki (Bama LGA) and Dikwa (Dikwa LGA) flooding results in physical access constraints where the roads to these locations become either completely cut off or limited. In 2017, Rann was cut-off for travel by road from July 2017 to January 2018. As a result, movement of humanitarian cargo and personnel was affected, further hindering abilities to deliver life-saving assistance.

Floods/rainy season impact on health system:

The major impact of rainy season on health is increase of water-borne diseases like cholera, malaria and hepatitis etc. High number of malnutrition cases with medical complications are also expected to increase. Disruption of health services due to inundated health facilities and health clinics in IDPs camps. Lack of staff and supplies due to disruption of roads. Immediate risk assessment with disease surveillance system in communities for timely mitigation and response to outbreaks. Vaccination/immunization of children under 5 for major vaccine preventable diseases (VPDs). Provision of medical supplies and kits to high risk areas to avoid disruption of health services. Mental health and psycho social support is needed as people loss livelihood and family members. Demand for drugs and supplies especially diarrheal diseases kits, malaria medicines, Rapid Diagnostic Tests (RDTs), mosquito bed nets will drastically increase. More mobile health teams will be needed to deliver health care services at community level. Pre-positioning of medical supplies and kits will be undertaken in advance of rainy season.

---
1 http://www.nimet.gov.ng/seasonal-rainfall-predictions
Early Warning Alert and Response System (EWARS)

- **Number of reporting sites in week 12**: A total of 163 out of 253 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 12**: Total consultations were 36,432 marking a 2% decrease in comparison to the previous week (n=37,008).
- **Leading cause of morbidity and mortality in week 12**: Malaria (suspected n= 10,564 and confirmed n=3,759) was the leading cause of morbidity while acute respiratory infection was the leading cause of mortality (n=2) reported through EWARS, accounting for 38% and 29% respectively.
- **Number of alerts in week 12**: Thirty-eight (38) indicator-based alerts were generated with 87% of them verified.

**Morbidity Patterns**

- Malaria: In Epi week 12, 3,759 cases were reported through EWARS. Of the reported cases, 360 were from General Hospital in Biu, 213 were from Gamboru C MCH in Ngala, 163 were from Mandafuma dispensary in Biu, 162 were from Logumane PHC in Ngala, 113 were from Madinatu Camp Clinic in Jere, and 103 were from Farm Centre Camp Clinic in Jere. No associated malaria death was reported in week 12.

*Figure 2: Trend of malaria cases by week, Borno State, week 34 2016 - 12 2018*
- **Acute respiratory infection:** There was a 2% increase in the number of reported cases of acute respiratory infection (n=6,850) in comparison to the previous week (Fig. 3). Of the reported cases, 602 were from Herwa PHC in MMC, 465 were from Dikwa general Hospital in Dikwa, 334 were from Gamboru C MCH Clinic in Ngala, 256 were from Logumane PHC Clinic in Ngala, 186 were from FHI360 Banki PHC in Bama and 181 were from 505 Housing Estate Clinic in Jere. Two associated deaths were reported from Herwa PHC and FHI360 Banki PHC.

![Figure 3: Trend of acute respiratory infection cases by week, Borno State, week 34 2016 - 12 2018](image3)

- **Acute watery diarrhea:** In Epi week 12, 2,823 cases were reported through EWARS. Of the reported cases, 488 were from Dikwa general Hospital in Dikwa, 249 were from Herwa PHC in MMC, 228 were from Gamboru C MCH Clinic in Ngala and 162 were from Logumane PHC Clinic in Ngala. No associated death was reported.

![Figure 4: Trend of acute watery diarrhoea cases by week, Borno State, week 34 2016 - 12 2018](image4)

- **Malnutrition:** 1,935 cases of severe acute malnutrition were reported through EWARS in week 12. Of the reported cases, 143 were from FHI360 Banki PHC in Bama, 115 were from Gamboru C MCH Clinic in Ngala, 96 were Kurbagayi MCH in Kwaya Kusar, 64 were from Uba Dispensary in Askira Uba and 59 were from Logumane PHC Clinic in Ngala. No associated death was reported.

![Figure 5: Trend of malnutrition cases by week, Borno State, week 34 2016- 12 2018](image5)
• **Neonatal death:** One neonatal death was reported from Limanti Dispensary in Bayo.

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

• **Suspected Measles:** Seventeen cases of suspected measles were reported in week 12. Of the reported cases, 4 were from EYN (CAN Centre) Camp Clinic in MMC, 2 were from Abbaganaram MCH in MMC and 2 from State Specialist Hospital in MMC. No death was reported.

• **Suspected Yellow Fever:** No suspected yellow fever cases were reported through EWARS in week 12.

• **Suspected Cholera:** Twenty-one suspected cholera cases were reported through EWARS in week 12. Of the reported cases, 15 were from Doro PHC and 6 were from Baga PHC both in Kukawa.

**Alerts and Outbreaks**

Thirty-eight alerts were generated from the weekly reports submitted through EWARS in week 12. Eighty-seven percent of the alerts were verified.

Regarding the outbreak in Kukawa LGA, a total of 658 cases have been reported since the inception from the 3 affected wards (Doro, Baga, and Kukawa). The number of reported cases continue to decrease as only 10 cases were reported in the LGA in the past week, all from Doro ward. No cases have been reported from Kukawa ward for over three weeks and in Baga for 10 days. Response activities have been sustained particularly active surveillance in affected communities, case management, house-to-house community sensitization and WASH interventions under the supervision of the state RRT and partners. Regular state level coordination meetings continue to be held in the Public Health Emergency Operations Centre (PHEOC) in Maiduguri to oversee the outbreak.

**Health Sector Actions**

**INTERSOS:** Through its static health and nutrition services across three local government areas (LGAs) within Borno State, attended to 1274 patients (27.7% children under 5). In Bama LGA, INTERSOS started static health facility in the new IDP camp at Government Secondary School (GSS), reaching a total of 1274 patient so far. In collaboration with the SPHCDA, 24 health staff were trained on IYCF, MCH, Hygiene promotion and WASH prior to commencement of health and Nutrition integrated with WASH in the 3 supported LGAs.

Malaria has contributed to 23.1% of morbidity and ARI 15.9%. Diarrhea infection has increased to 10.2% while measles is at 0.2%. Other causes of morbidity remain at about 50. 3% of the total causes of morbidity.

In regards to reproductive health services, the clinic attended to 36 ANC consultations, of which 23 were first visits while second or more visits were 13. One post-natal visit was also conducted. One of the major challenges of ante-natal care is lack of HIV test kit for screening of pregnant women and PCV test. Set up of static clinics in Dikwa and Ngala were completed in March.

Finally, on health/hygiene promotion, INTERSOS has engaged 70 community health volunteers (CVs) who will be engaged in delivering behavioural change messages and disease surveillance. So far the CVs in Bama have delivered health and hygiene promotion messages to 2727 beneficiaries through home visits and 36 patients in the health facility. On exclusive breast feeding a total of 331 mothers of children between the ages of 6 – 12 months were interviewed out of 138 were reported to be practicing exclusive breastfeeding. The team continues to strengthen referral linkages from the community to the health facility and total of 69 patients have since been referred to the health facility in the last week of February.

Figure 1: Training of community health volunteers
IRC: In the month of March, IRC reached 15,441 (F 9,887, M 5,554) through medical consultations in supported outreach locations and health facilities. 738 children received vaccination against communicable diseases at health facilities. In Yobe State, training of health workers was conducted on IMCI, CCSAS and BeMONC in order to improve the quality of health services offered. Mutai Health center received medical equipment and furniture donated by the organization and there was distribution of 500 blankets across some communities supported by IRC. In Askira Uba, Community Ward Development Committee’s meeting aimed at ensuring community participation held with actionable points around considering beneficiaries’ feedback were discussed. After months of advocacy and awareness raising on the need for Antenatal Care (ANC) sessions at Uda community, the first session of ANC was conducted at the health facility with 32 pregnant women present. On reproductive Health, the Comprehensive Women’s Centers have continued to offer services to beneficiaries on ANC, PNC, and FP among others.

Mental Health and Psychosocial Support (MHPSS) Sub Working Group: A joint effort training on “Staff Care and Support for Humanitarian Actors” was held in Maiduguri, on 21 March 2018. It was organized by Mental Health and Psychosocial Support Sub Working Group (MHPSS SWG), IOM Capacity Building Unit and Humanitarian Hub (Staff Counsellor). A total of 30 participants from Plan International, Save the Children, Translators without Borders, IOM and UNICEF attended the session. Staff care refers to self-cares and institutional responses to stress among humanitarian actors in difficult and stressful environment. It is also related to create a healthy and productive workforce, well-being among staff and improve the quality of his/her work by promoting cognitive, emotional, spiritual and physical health. The three objectives of the training are: (a) understand the important of managing staff care and learning from the local context of Northeast Nigeria, (b) recognize sources and symptoms of stress among the humanitarian actors and understand on how to manage the stress, (c) develop resilience and positive coping strategies, and know when to seek further professional support. The participants are considering the relevance of resilience and positive coping strategies for staff’s daily work, the important knowledge on identify the symptoms of stress and the useful practical self-help activity of breathing techniques and progressive muscle relaxation.

FHI360: For more than one year, FHI 360 has been providing primary and reproductive health services at Dikwa General Hospital. In addition to antenatal care, postnatal care, deliveries and treatment of cases of sexual violence, FHI 360 has recently brought an ultrasound machine to the hospital to allow for close monitoring of pregnancies, especially those that demonstrate bleeding or other complications. Community Health Extension Workers (CHEWs) at Dikwa General Hospital are providing counselling to pregnant and lactating women on proper child feeding practices and breastfeeding. Across Dikwa, Ngala and Banki, FHI 360 currently supports more than 100 CHEWs to work directly in the IDP camps where they cover a range of duties including disease surveillance, malaria testing, dispensing of basic medications, malnutrition screening, referral of pregnant women to receive antenatal/postnatal care and others. “Since beginning this job, FHI 360’s staff have built our capacity to provide treatment for people,” one of the CHEWs said. Moreover, she described how in a short time they have been trained in infant and young child feeding (IYCF), prepping supplements to care for severely acutely malnourished children, malnutrition screening and treatment of severe cases.
PUI: In MMC LGA, Bolori 2 ward conducted a total 11,855 OPD consultations: in Herwa Peace PHC (3,852), Ngaranam PHC (3,537) and Mobile Health Teams (Bayan Texaco, Jajeri Kantudua and Fillin Bayan Makaranta), 4,466 OPD consultations. Admitted 126 SAM cases with no complications: Herwa Peace PHC – 51; Ngaranam PHC – 63 and Mobile Health Teams (Bayan Texaco, Jajeri Kantudua and Fillin Bayan Makaranta) – 12. Provided 4,813 Sexual and Reproductive Health services, in Herwa Peace PHC (1,617), and Ngaranam PHC (2,699) and through the Mobile Health Teams (497).

UNFPA continued to support the sexual and reproductive health needs of the IDPs and host community during the month of March. Among other interventions, the agency supported the coordination efforts for SRH response in the three states of Borno, Yobe and Adamawa through the State Ministries of Health. Two SRH sub working group coordination meetings were held in Borno and Adamawa states with increasing participation of partners. In collaboration with the Nigerian Red cross Society, UNFPA distributed Emergency Reproductive Health and dignity kits to 29 health facilities in Borno, Yobe and Adamawa States. These kits will support the SRH needs of a population of 457,000 over the next three months. Supported the training of 25 health care workers on Clinical Management of Rape in collaboration with Mercy Corps and the Borno SMOH in Maiduguri. The health workers will be provided with supplies to provide timely and quality medical services to survivors of sexual assault.

In Yobe state, UNFPA has deployed health workers and Psycho-social counsellors to respond to the Reproductive Health and Psychosocial needs of the recently released Dapchi school girls. Reproductive Health Commodities, Dignity kits and other supplies have already been delivered in Yobe for this response.

UNFPA has supported the Borno SMOH, CARE International, and Royal Heritage Health Foundation to conduct outreach activities in the LGAs of Ngala, Dikwa, Kala Balge, Gwoza, Bama, Mafa, Konduga, Jerre, Kaga and Magumeri. 19,675 women and girls were reached with SRH services and information during March while 1,432 men also received the same services. Supported the referral of 79 pregnant mothers for comprehensive emergency obstetric care (Caesarean Sections and secondary care for Post Abortion complications) to four hospitals in Borno.

UNICEF: During the reporting period, 178,414 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 77,618 consultations were reported, with malaria (20,589) being the major cause of morbidity followed by ARI (18,788); AWD (9,115); Measles (97); and other medical conditions (29,029). For prevention services, 62,596 children and pregnant women were reached with various antigens (including 3,915 children aged between 6 months- 15 years vaccinated against measles). A total of 10,203 Vitamin A supplementation capsules and 10,448 Albendazole tablets for deworming were distributed and 13,547 ANC visits; 1,933 deliveries and 2,069 postnatal visits were recorded during the reporting period. During the reporting period, UNICEF donated 257 Nigeria Health Kits (NHKs) to the SMOH in Borno (195) and Yobe (62) 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 Hard-to-Reach (HTR) Teams in Yobe State are Providing HIV Testing Services (HTS) to Pregnant Women in Remote Communities:** HTR teams have been trained by WHO in collaboration with Yobe State Agency for the Control of AIDS (YOSACA) and State Primary Health Care Management Board (SPHCMB) to provide counselling and testing for pregnant women in remote hard to reach communities where there are no health facilities and no laboratory services. Following the training, teams were provided with data tools, medical consumables and HIV Rapid Test Kits (RTKs) to carry out counselling and testing in remote communities and refer positive pregnant women to receive care for Prevention of Mother to Child Transmission (PMTCT) and for their own health. In addition to these inputs, WHO technical teams are conducting intensive supportive supervision to ensure that testing services are provided in accordance with national guidelines. In March 2016, HTR teams have provided HIV counselling and testing to 438 pregnant women in security compromised communities i.e. counselled, tested and received results. In addition, 34,770 other clients were treated for common ailments, 53,133 children were reached with immunization services, 30,771 children aged 6-59 months were screened for malnutrition and 24,330 women of reproductive age were reached with health education messages on reproductive health and key household practices.

**WHO in Yobe state Conducted refresher training for 74 DSNOs, ADSNOs and Local Government Facilitators (LGFs) on Disease Surveillance and Response:** In the bid to improve the knowledge and skills of frontline workers and strengthen surveillance system in Yobe state, WHO has conducted refresher training for 74 DSNOs, ADNOs and Local Government facilitators in Damaturu, Yobe state. The training came on the heels of growing number of suspected cases of Cerebro-spinal Meningitis (CSM) and measles across the state. It is aimed to provide adequate capacity building opportunities for DSNOs and other staff to detect disease outbreaks early and support response efforts to minimize morbidity and mortality. In a parallel effort to strengthen the capacity of SMOH and its agencies to respond adequately to disease outbreaks, WHO has donated stocks of commodities for Infection prevention and Control in health facilities. Commodities donated by WHO include disinfectants, hand gloves, apron, waste disposal bins and boxes, cotton wool and safety boots etc.

**WHO/Borno:** WHO Participated in a planning meeting for Measles Reactive Vaccination Campaign (MRVC) in Kukareta ward of Damaturu LGA, Yobe State. The meeting followed the request of the MOH to MSF-Spain to conduct MRVC in Kukareta and adjourning inaccessible/partially accessible communities where measles outbreak is taking place. WHO HTR teams and CORPS supported the 5 days MSF-led Measles Reactive Vaccination exercise from Wednesday 28th March 2018 and targets 12,135 children for vaccination, 4233 for MUAC screening, 11,656 for deworming and 4,233 children for Vitamin A supplementation. 720 CORPS, supported by 100 CORPs supervisors, in Borno and Yobe state have provided integrated Community Case Management of childhood illnesses and health promotion. A 5 days training on mental health gap action programme intervention guide (mhGAP-IG) was conducted for 70 primary health workers from 26th – 30th March, 2018

**WHO/Adamawa:**

**Capacity building:** 101 Doctors and 40 Nurses from FMC and Specialist Hospital Yola were trained on CSM and viral haemorrhagic fever, infection prevention and control and risk communication. 31 laboratory scientists were trained on the use of pastorex, a rapid latex agglutination test for the diagnosis of meningitis.
Health Operations: In the month of March 2018, 1,054 children were treated for malaria, diarrhoea and Pneumonia by 57 CoRPs in 9 LGAs of the state. 839 of the children were screened for malnutrition using MUAC with 3 (0.4%) of them with SAM demonstrated by Red on MUAC and were referred to OTP sites for proper management.

H2R: In March 2018, 31,637 clients were seen by the WHO supported 20 H2R teams in 20 LGAs of Adamawa state. A total of 16,685 children were dewormed by the teams during the month. Pregnant women were provided FANC services. 2,337 of them received Iron folate to boost their haemoglobin concentration while 1,746 received Sulphadoxine Pyrimethamine as IPTp for prevention of malaria in Pregnancy.

AGUFA: Health education on personal and environmental hygiene were conducted for 226 people were in malkohi camp.

LESGO: Supervision of TB screening and administration of drugs in Girei 1, Girei LGA. 10 new cases of TB were discovered and placed on drugs.

DOBIYAN: A quarterly meeting for 13 DR TB patients and 12 Treatment supporters was held in Numan, for the southern senatorial zone. Adherence counsellling was key in the deliberation.

Nutrition updates

FHI360: More than 200 cases of SAM with medical complications have been admitted across our three operational sites. For more than one year, FHI 360 has been providing primary and reproductive health services at Dikwa General Hospital. In addition to antenatal care, postnatal care, deliveries and treatment of cases of sexual violence, FHI 360 has recently brought an ultrasound machine to the hospital to allow for close monitoring of pregnancies, especially those that demonstrate bleeding or other complications.

IRC-CMAM: Within the reporting period, IRC continue with the routine CMAM program in Hong, Maiha, Michika and Mubi South LGAs of Adamawa. All the supported program clinics successful conduct their activities to community beneficiaries with below details; Anthropometric screening of 24,904 (Males =12,359, Females =12,545) under 5 children using MUAC and Edema checking with 283 (137M, 146F) as SAM admitted cases. 1433 (705 Males and 728 Females) among the screening children were MAM whom their caregivers were nutritional educated on how to prepare balance dietary using locally available food.

WHO/Nutrition: as part of its effort to build capacity and ensure quality of service delivery at the SCs, WHO has been conducting training for MoH and partners on inpatient management of SAM. The Six-day intensive course is designed for doctors, senior nurses, nutritionists and other allied health care providers that provide inpatient care for the management of Severe Acute Malnutrition with complications. In the last two months, 46 participants (Doctors, Nurses, nutritionists and dieticians) drawn from SMoH and partner organizations working in stabilization Centres across Borno and Yobe states were trained. The course taught skills and knowledge specifically needed for management of children 0-59 months with SAM according to the WHO adapted National
guideline on in-patient care. The course content includes principles of care, Initial Management, Feeding, Daily Care, Monitoring problem solving and reporting and Involving care givers in care. The methodology of the course included Individual or group reading, written exercises, discussions, role plays, video, demonstrations, practice in real in-patient care site. It is expected that participants will return to their hospitals and begin to implement the case management practices described in this course.

WHO also conducted supportive supervisions to the SCs in Molai, Damboa, Banki and Dikwa. There is generally much improvement in service delivery especially in terms of documentation and adherence to the National treatment protocol. However, there are still challenges with high staff turnover, ventilation, drugs and therapeutic food storage in some of these SCs. In March 2018, 21,466 children were screened for Malnutrition using MUAC strap by WHO supported H2R teams. Of this number, 233 (1.1%) children had MAM and their caregivers were counselled on adequate nutrition, while 53 (0.25%) of them had SAM as demonstrated by Red on MUAC. The WHO Supported stabilization centers in the state managed a total of 15 children having SAM with medical complications in March 2018. 13 (86.7%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.

Public Health Risks and Gaps

- High risk of epidemic outbreaks especially cholera, meningitis, measles, yellow fever. The region is 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

For more information, please contact:
Dr. Haruna Mshelia
Commissioner for Borno State Ministry of Health
Email: harrynmshelia@gmail.com
Mobile: (+234)08036140021

Mr. Mustapha Bukar Allau
Permanent Secretary, BSMOH
Email: mushuk2012@gmail.com
Mobile (+234)08061301165

Dr. Adandji Yaoklou
Health Sector Coordinator-NE Nigeria
Email: adandjiyaokloua@who.int
Mobile (+234)09075093496

Mr. Muhammad Shafiq
Borno State Sector Coordinator
Email: shafiqm@who.int
Mobile: (+234)07031781777