



**BORNO STATE GOVERNMENT**



Seasonal Malaria Chemoprevention (SMC) campaign in IDP camps (Photo: WHO)

# Northeast Nigeria Response

## BORNO State Health Sector Bulletin #27

1<sup>st</sup> – 15<sup>th</sup> July 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>The number of cases of Hepatitis E has doubled in Ngala and Damasak; and it has slightly increased in Monguno compared to the previous epidemiological reporting weeks. A total number of 42 blood samples were positive out of 66 (64%).</li> <li>In Ngala camp MSF-Swiss has completed an isolation unit for pregnant women &amp; newborn with Hepatitis-E.</li> <li>UNICEF and FHI-360 clinics are managing the increasing caseload of HEV infected patients. Case management training is planned for clinicians</li> <li>Under the Nigeria Humanitarian Fund (NHF) four projects were received with total amount of around 6.6 m US\$ while 3 projects amounting 2.2m US\$ were shortlisted for advisory board review and approval.</li> <li>A recent analysis commissioned by WHO through the Global Malaria Program showed Seasonal Malaria Chemoprevention can decrease malaria morbidity by around 50% when implemented at the peak season.</li> <li>WHO in collaboration with SMOH implemented the first round of SMC from July 8 – July 12 targeting 1,116,052 children between 3 and 59 months of age in 4 LGAs of Borno state (MMC, Jere, Monguno and Konduga) hosting around 51% of the target group in the state.</li> <li>UNHCR reported that over 800,000 Nigerian refugees were accommodated at Minawawo resettlement camp, while 50,000 others were randomly resettled in Cameroon alone.</li> </ul>	<div style="background-color: #0070C0; color: white; padding: 5px; margin-bottom: 5px;"> <b>21 HEALTH SECTOR PARTNERS</b> </div> <div style="background-color: #A6A6A6; padding: 5px; margin-bottom: 5px;"> <b>HEALTH FACILITIES**</b> </div> <table border="0"> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>288</b></td> <td>FUNCTIONING*** (OF TOTAL 749 ASSESSED HEALTH FACILITIES)</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>262</b></td> <td>FULLY DESTROYED</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>215</b></td> <td>PARTIALLY DAMAGED</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>66</b></td> <td>REHAB/RENOVATED</td> </tr> </table> <div style="background-color: #A6A6A6; padding: 5px; margin-bottom: 5px;"> <b>IDP CAMPS CUMULATIVE CONSULTATIONS</b> </div> <table border="0"> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>293,718</b></td> <td>MEDICAL CONSULTATIONS****</td> </tr> </table> <div style="background-color: #A6A6A6; padding: 5px; margin-bottom: 5px;"> <b>WEEK 26: EARLY WARNING &amp; ALERT RESPONSE</b> </div> <table border="0"> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>198</b></td> <td>EWARS SENTINEL SITES</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>104</b></td> <td>REPORTING SENTINEL SITES</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>26</b></td> <td>TOTAL ALERTS RAISED****</td> </tr> </table> <div style="background-color: #A6A6A6; padding: 5px; margin-bottom: 5px;"> <b>SECTOR FUNDING, HRP 2017</b> </div> <table border="0"> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"><b>93.8M US\$ – HRP 2017</b></td> <td><b>REQUIREMENTS</b></td> </tr> <tr> <td></td> <td style="text-align: center;"><b>9.05 M US\$ FUNDED (9.7%)</b></td> <td><b>2016 UNMET REQUIREMENTS</b></td> </tr> <tr> <td></td> <td style="text-align: center;"><b>11.8</b></td> <td>MILLION USD FUNDED (22%)</td> </tr> <tr> <td></td> <td style="text-align: center;"><b>53.1</b></td> <td>MILLION USD REQUESTED</td> </tr> </table>		<b>288</b>	FUNCTIONING*** (OF TOTAL 749 ASSESSED HEALTH FACILITIES)		<b>262</b>	FULLY DESTROYED		<b>215</b>	PARTIALLY DAMAGED		<b>66</b>	REHAB/RENOVATED		<b>293,718</b>	MEDICAL CONSULTATIONS****		<b>198</b>	EWARS SENTINEL SITES		<b>104</b>	REPORTING SENTINEL SITES		<b>26</b>	TOTAL ALERTS RAISED****		<b>93.8M US\$ – HRP 2017</b>	<b>REQUIREMENTS</b>		<b>9.05 M US\$ FUNDED (9.7%)</b>	<b>2016 UNMET REQUIREMENTS</b>		<b>11.8</b>	MILLION USD FUNDED (22%)		<b>53.1</b>	MILLION USD REQUESTED
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\* Total number of IDPs in Borno State by IOM DTM XV April 2017.  
 \*\* Number of Polio vaccinated children in the Outbreak and Response campaign (IPV Inactivated Polio Vaccine & OPV Oral Polio Vaccine) as April 2017  
 \*\*\* MoH/WHO HeRAMS December 2016.  
 \*\*\*\* Cumulative number of medical consultations at the IDP camps from 2017 Epidemiological Week 1- 26.  
 \*\*\*\*\* The number of alerts change from week to week.

## Situation update:

- The number of Hepatitis-E cases has doubled in Ngala and Damasak, and it has slightly increased in Monguno compared to the previous weeks. Sixty-four per cent (64%) of collected samples were positive for Hepatitis-E confirming the ongoing outbreak.
- Suspected Yellow Fever cases blood samples are confirmed negative.
- The influx of new arrivals/returnees to border frontier cities as Damasak, Banki, and Rann has resulted in an additional burden on the health services, which were already overstretched, and with limited /low capacity. Some 200,000 Nigerian refugees hosted in neighbouring countries – Cameroon, Chad and Niger –have started to return to Nigeria, especially from Cameroon, which received 62% of those refugees. Since 12<sup>th</sup> May 2017, around 15,000 returnees have arrived in Banki, Bama LGA from Cameroon.
- UNHCR reported that over 800,000 Nigerian refugees were accommodated at Minawawo resettlement camp, while 50,000 others were randomly resettled in Cameroon alone. The eight-year Boko Haram insurgency has displaced about 2.6 million people who are taking refuge in neighbouring countries of Niger, Chad and Cameroun.
- The SEMA chairman, Ahmed Satomi said that the state government with support from the Nigerian Army, other security agencies and humanitarian partners, facilitated the repatriation of the over 800,000 Nigerian refugees from Cameroon in the last two years.

## Public Health Risks and Needs

- There is a high risk of hepatitis E spread cross-border to Cameroon. Inter-country and cross border, collaboration will be required in high priority risk areas at the border with Cameroon (Rann, Ngala and Banki) as well as at the border with Niger (Damasak/Mobbar).
- The rainy season, overcrowding IDP camps and the limited availability of WASH services will increase the risk of outbreaks.
- Access remains a challenge and will be worsened by the rainy season.
- Following the start of the rainy season, health partners started prepositioning supplies and drugs in high risk LGA and health facilities to prepare for mitigation of deterioration of the health situation.
- 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 26 - 2017, a total of 17 out of 25 LGAs and 104 out of 198 reporting sites (including 20 IDP camps) submitted their weekly reports. Timeliness and completeness of reporting were 56% and 76% respectively at LGA level (target 80% respectively). Of the 26 indicator-based alerts received, 73% were verified.

Figure 1a | Proportional morbidity (W26)

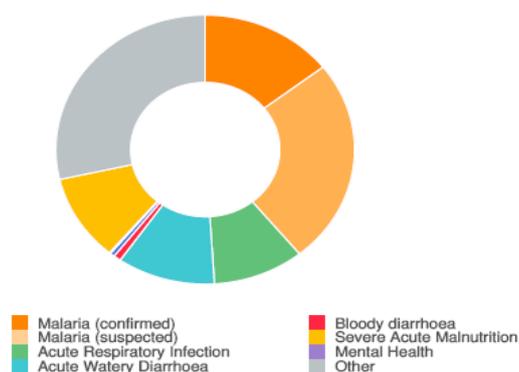
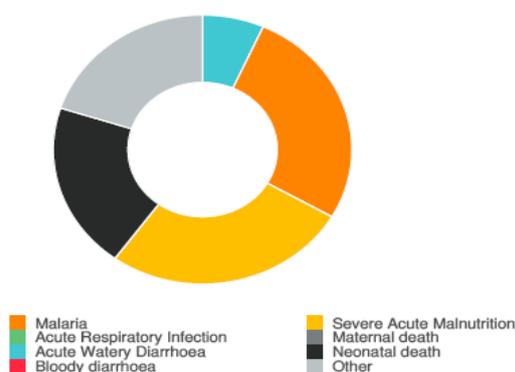


Figure 1b | Proportional mortality (W26)



- **Malaria:** In Epidemiological Week 26, 2,269 cases of confirmed malaria cases were reported representing 14.5% of reported morbidities. Of the reported cases, 161 were from Farm center IDP camp clinic in Jere,

155 from General Hospital Biu, 129 from EYN (CAN center) IDP camp clinic in MMC, and 122 from 250 Housing Estate IDP camp in Konduga. Four deaths were reported from Walama dispensary Shani (1), Lassa General Hospital Askira Uba (1), and Wurodboki dispensary Shani (2).

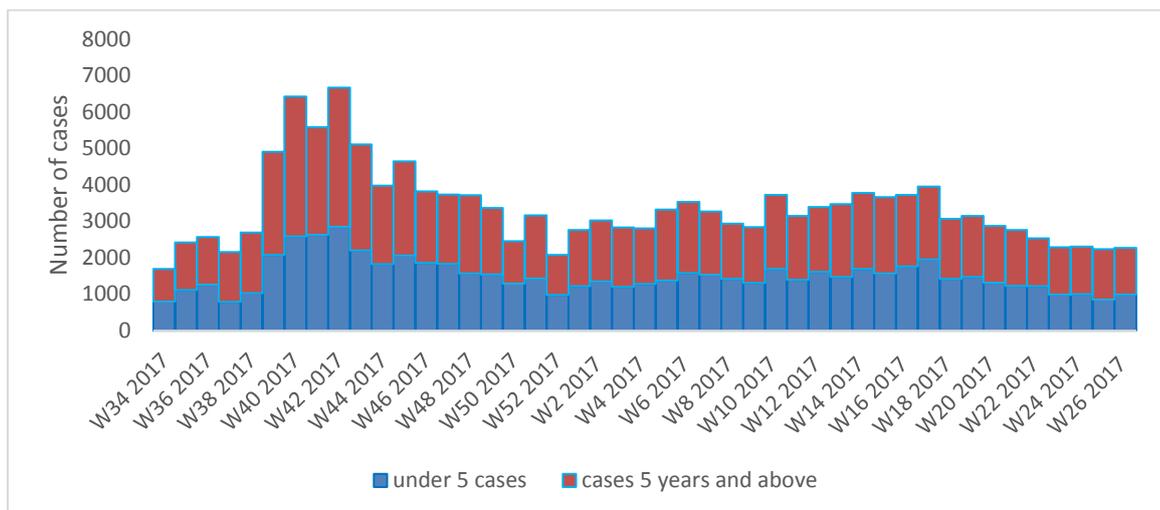


Figure 2: Number of confirmed Malaria cases, week 39 2016- week 26 2017, Borno State

- Acute watery diarrhea:** In Epi Week 26, 1,665 cases of acute watery diarrhea were reported through EWARS with 68% of cases occurring in children under 5 years. Of the reported cases, 207 were from Muna Garage Camp Clinic A in Jere, 80 from Shehu Masia IDP Camp Clinic in Dikwa, 80 from Rann PHC Kala Balge, 72 from Madinatu IDP camp Clinic Jere, 68 from ISS IDP camp clinic in Ngala, and 68 from Benisheikh MCH Kaga. One death was reported from Muna Garage IDP camp clinic A.

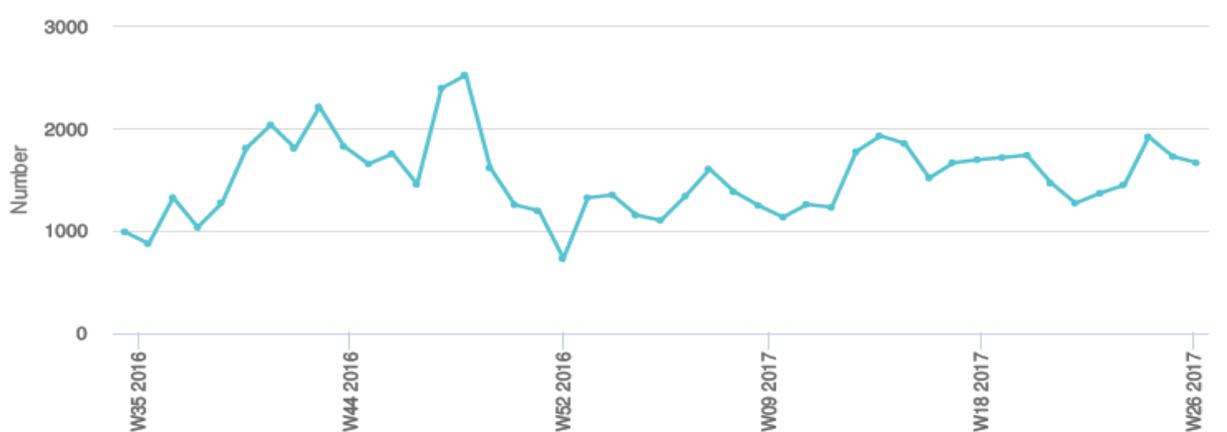


Figure 3: Trend in number of acute watery diarrhoea cases, week 39 2016- week 26 2017, Borno State

- Acute respiratory infection:** In Epi week 26, 1,548 cases of acute respiratory infection were reported. Of the reported cases, 95 from 250 Housing Estate (Kofa) camp clinic Konduga, 93 from Shehu Masia IDP camp clinic, 81 from EYN (CAN center) camp clinic in MMC, 79 from Bakassi Gwoza IDP camp clinic in MMC, 76 from UNICEF GGSS IDP camp clinic, and 74 from Ajari IDP camp clinic Mafa. No death was reported.
- Hepatitis E:** The number of cases of hepatitis E has doubled in Ngala (256 cases) and Damasak (35 cases) and it has slightly increased in Monguno (15 cases) compared to the previous week. A total number of 42 samples were positive out of 66 (64%). Borno state and Ngala LGA RRTs conducted coordination meetings with the bulamas and the partners and operated sensitization campaign in the IDP camp. In Monguno, a coordination meeting was held to develop a work plan for WASH and health education intervention. In Damasak, the LGA RRT team and WHO conducted sensitization among pregnant women during ANC, reviewed surveillance documentation, and conducted community sensitization.

- **Measles:** The cumulative number of cases since January 2017 is 1,788. In Epidemiological Week 26, 18 cases of measles were reported through EWARS with 82% occurring in children under 5 years.
- **Malnutrition:** In Epi week 26, 1,621 cases of severe acute malnutrition were reported with four deaths from Rann PHC clinic in Kala Balge. Of the reported malnutrition cases, 298 were from Giwa Barracks clinic in Jere, 203 were from Maimusari PHC Jere, 176 were from Giwa barracks Jere, 151 were from Gwange PHC in MMC, and 130 were from Rann PHC clinic Kala Balge. Four deaths were reported from Rann PHC in Kala Balge.
- **Neonatal death:** Three neonatal death were reported this week from Rann PHC clinic in Kala Balge.
- **Maternal death:** No maternal death was reported this week.

## Health Sector Coordination

Under the HRP-2017, Health Sector has prepared indicator based Periodic Monitoring Report (PMR) for the reporting period of Jan-June, 2017. Following are key highlights from the report.

The Health Sector selected eleven indicators to monitor and measure the progress in fulfilling the sector objectives. In terms of service delivery, ***the health sector provided medical consultations from health facilities and mobile teams to almost 3 million people*** during the reporting period, which have successfully reached the mid-year target and is on track.

In Borno State, a ***103 Mobile Health teams provided over 1.5 million medical consultations*** or 80% of target population. Although access is improving, safety continues to hamper the full access to the most remote communities. In addition, the rainy season will also have limited the accessibility to-hard-to reach communities.

Although partners have supported the ***rehabilitation of over 60 health facilities***, the referral system to secondary and tertiary health care services continue to be limited an only 28% of the facilities have reported a functional referral.

To ensure coordination, the Health Sector coordination meetings were timely and regularly (96%) conducted as per target under the chair of permanent secretary State MoH in Adamawa and Borno, and chaired by WHO in Yobe State. Sector products including Health Sector Bulletins, 4W/5Ws matrix, and dashboard, needs and gaps analysis were prepared and shared with all partners, successfully exceeding the year target. The Inter Agency Emergency Health Kits (IEHKS), Inter-Agency Diarrheal Disease kits (IDDKs), Nigerian Health Kits, Reproductive Health Kits and Severe Acute Malnutrition (SAM) were delivered and as needed prepositioned in priority identified "hot spot" in Local Government Areas (LGAs) to more than 127 health facilities.

***The medical supplies and medicines covered around 1.2 million population*** (average 10,000 people/health facility). Preparedness and response plans were developed, for a coordinated respond to the threat of Meningitis (CSM) for the northeast Nigeria in consultation with the sector partners and under overall leadership of the State Ministries of Health of affected states. A Cholera Preparedness Plan, as well was prepared in close consultation with the MoH Disease Control Department, the WASH Sector and the Health Sector Partners to timely respond to any acute watery diarrhoea or cholera outbreak in the states. The Rapid Response Team (RRT) mechanism is in place to respond to different outbreaks such as Meningitis, Acute water Diarrhoea (Cholera), Hepatitis, and possible 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 risk of outbreaks are high due to congested living environment in IDPs camp after the arrival of returnees/refugees from the neighbouring countries. 68% of epidemic prone disease alerts were investigated and responded within 48 hours.

There is ongoing Reproductive Health support from UNFPA and Partners through 155 health facilities and 14 IDP camp clinics in Borno, which include medical supplies of 1,078 cartons of reproductive health Kits and 7,400 cartons of dignity kits, reached 22,749 assisted deliveries, 72 received clinical management of rape in UNFPA assisted facilities, 4,632 attended ANC, 4,504 received PNC, 7,496 accessed Family planning services.

Health System restoration is one of the Health Sector priority during 2017-18. Some of the partners have started renovation or basic rehabilitation of the health facilities, which were damaged or destroyed during the insurgency. More than 60 health facilities have been renovated/rehabilitated by partners. The health facilities with little damages like broken water supply system, damaged electricity cables or connection, cleaning and

white wash can be done to make the health facility functional. The prioritization of health facilities for rehabilitation/revitalization is criteria based like accessibility, geographical location/catchment area of the health facility, nature of damages etc. Close coordination is in place with state MoH and Ministry of Reconstruction, Rehabilitation and Resettlement (RRR).

## Health Sector Action

**International Rescue Committee (IRC)** runs integrated health and nutrition mobile clinics within MMC, Jere, Monguno and Konduga, and two PHC clinics in Gwoza. During the month of June, these services reached 6,093 patients (40% children under 5, 61% female). In preparation of a possible response to an outbreak of acute watery diarrhoea, the IRC conducted a training in Monguno for 22 health volunteers on the management of diarrhoea and oral rehydration points. The IRC has prepositioned supplies for up to 50 ORPs targeting Monguno, Konduga and MMC-Jere, according to needs.



IRC team consultations in Gwoza 20 Housing Camp.

In addition, the reproductive health (RH) services at Bakassi IDP camp, and the comprehensive women centres in Monguno, Konduga and Gwoza assisted 3,387 women and adolescent girls with comprehensive RH services in the month of June. Support is also been provided to four health facilities in Dala, Yerwa, Gamburu, and Gwange, which reached an additional 4,145 clients with RH services.

The IRC trained 24 health care providers (10 MoH and 14 IRC) on Antenatal and Postnatal care for four days, and 33 participants (11 MoH and 22 IRC staff) in a 6 days competency based training on Sexually Transmitted Infections and Post Abortion Care. These capacity-building activities were followed by joint supportive supervision visits by the Borno State Primary Health Care Development Agency and IRC within MMC/Jere and Konduga supported Primary Health Care Centers.

Through the Mubi office (Adamawa), the IRC supports seven health facilities in Askira Uba and five health facilities in Michika. Outreach and awareness activities are ongoing to further increase access to PHC and linkages to nutrition services as well. In the coming week assessments will be done, to select priority rehabilitation projects in coordination with the local and state authorities.



IRC outreach activity at Sabon Grai, Askira Uba LGA

**Premiere Urgence Internationale (PUI)** reported a total of 4,603 patients were seen at OPD during the first half of July 2017. About half of the consultations were from the mobile Health clinics while the other half came from the PHCC. The major morbidities remained as Upper Respiratory Tract Infections, Malaria (without complications - clinically and RDT diagnosed) and Watery and bloody diarrhoea. There is an increase in number of malaria cases confirmed with RDT from 54 in the last reporting season to 280 seen during the season under review, which is more than 200% increase.

A total of 673 doses of different vaccines were given to the children under one year. This is a result of continuous follow up of all children who are coming for any reason to the PHC and advice their mothers to vaccinate their children. PUI started providing Penta 3, measles and yellow fever vaccination. As well distributed mosquito net to encourage others to follow up with their vaccination schedule. PUI has continued to do passive search of unvaccinated children - whenever they come to the facility for any reason to use that opportunity to vaccinate them if they were never vaccinated or if they are defaulters. Eight cases of suspected measles cases attended the agency supported facility (7) and mobile health clinics (1) during the first two weeks of July. This has shown 100% drop compared to the previous reporting season.

In addition, a total of 667 Ante-Natal Care consultations were held in June, with 296 of the cases being generated by Mobile Health teams.

The health awareness continued to play a vital role. 2,670 people were given health awareness on different topics in Herwa PHC among which 1959 were female. The health topics addressed diseases such as malaria, sanitation and hygiene and other topics. Apart from the health talk at the general OPD waiting area, all SRH clients who came for different services received health talk in the respective service unit as a mass and individually.

**WHO** recent analysis through the Global Malaria Program showed Seasonal Malaria Chemoprevention (SMC) can decrease malaria morbidity by around 50% when implemented at the peak season. With the aim of not missing this narrow window of opportunity, **WHO in collaboration with SMOH** implemented the first round of SMC from July 8 – July 12 targeting 1,116,052 children between 3 and 59 months of age in four LGAs of Borno state (MMC, Jere, Monguno and Konduga) hosting around 51% of the target group in the state.

The SMC first round was integrated with polio SIA and the process-involved training of 972 community based personnel who distributed the antimalarial medication (ASAQ) house to house over five days, 51 Ward level supervisors and 21 state monitors. According to the preliminary report 1,072,873 children in the target group were reached during this campaign.



WHO' supported Seasonal Malaria Chemoprevention campaign.

The lessons learned in the first round include:

- There was high acceptability of the intervention from the community. There was high demand for the interventions and house-to-house teams noted the high demand for inclusion of older children and adults.
- The integration was reported to have increased polio vaccine uptake. Some non-compliance households willingly accepted the polio vaccine because of the accompanying malaria intervention.
- Integration benefitted the malaria program as they rode on the polio infrastructure and machinery to reach out to the population.
- There is a need to expand SMC to other LGAs and include interventions such as LLINs distribution and IRS to optimize the impact of SMC.

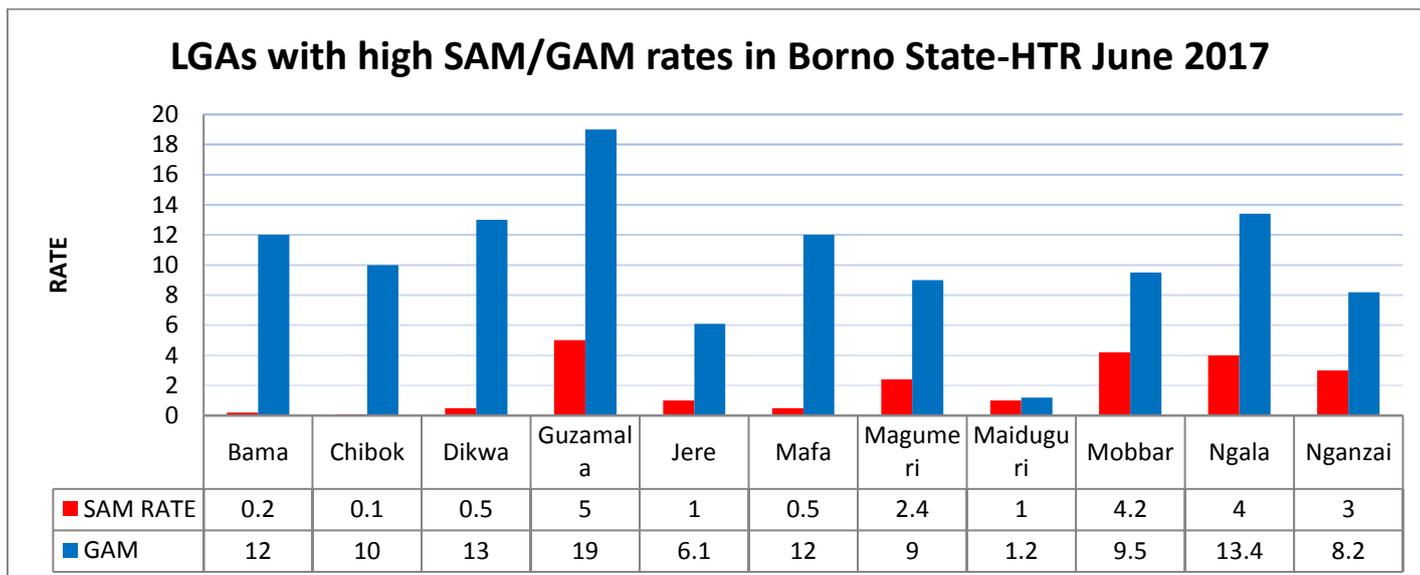
## Nutrition

**PUI** reported 135 SAM children in the OTP by the end of the month, with 41 new admissions and 16 Exits cured and 7 defaulters. Defaulter training continued in the period and the seven defaulted cases are under tracing, to be returned to the program. Distance and claims of caretakers forgetting OTP day are the main reason given for defaulting. On the passive screening at the facility, 1,543 children U5s were screened, about 3% SAM and 44% MAM.

According to the Nutrition screening by **WHO HTR team**, 38,740 children were screened using MUAC in the month of June. 234 (1%) children were identified as SAM and 1,207 (3%) were identified as MAM. Though the data is not alarming, however it points out some of the LGAs with high SAM and GAM rates. In particular, the burden of SAM and GAM is higher in Guzamala LGA (SAM: 5% and GAM: 19%). Both the SAM and GAM rates are above the WHO emergency threshold of 2% and 15% respectively in LGA Guzamala. The HTR team also found higher rates of SAM (above the emergency threshold) in Mobbar, Ngala and Magumeri LGAs 4.2%, 4%, 2.4% respectively. (The graph below is showing LGAs with high SAM or GAM rates.

The children identified with severe acute malnutrition were referred to the nearest OTPs for further treatment. As preventive approach, WHO reached more than 33,000 mothers and caregivers with key messages on infant and young child feeding.

To control micronutrient deficiencies among children 6-23 months, WHO was able to provide more than 2,600 children with micronutrient powder supplementation.



**Achievements in the reporting month of June 2017:**

- 20 SAM kits for Stabilization Centres (SCs) delivered at 16 LGAs at health facilities with operational SCs in Borno and Yobe state.
- About 2,000 children 0-59 months with medical complications been treated at the SCs in Borno state.
- 25 health care professionals trained by WHO supporting the inpatient management of SAM in various parts of Borno state.
- Capacity assessment of the stabilization centre in Umaru Shehu Ultra-Modern Hospital conducted to assess the knowledge and skills of staff and quality of care.
- Coaching session on inpatient management of SAM held at the stabilization centre at state specialist hospital with MoH staff.
- Ten rapid response team trained on nutrition screening and nutrition program.
- More than 38,000 children 0-59 months screened. 234 (1%) children detected as SAM and 1207 (3%) as MAM. The SAM children were referred to the nearest OTP sites in their respective LGAs.
- More than 33,000 mothers and caregivers have been reached with appropriate infant and young child feeding messages.
- Over 2,600 children 6-23 months received micronutrient powder.

**Gaps in response**

- Limited access to populations due to security threats and difficult terrain hampers the control of ongoing outbreaks like Hepatitis E, polio and measles.
- Revitalization and strengthening of the health system is vital. Re-establishing functional, staffed and equipped health facilities to deliver health services to vulnerable populations is the Health Sector priority during 2017-18 response. Health delivery continues to be hampered by the breakdown of health infrastructure, as an example in Borno State alone over 60 per cent of health facilities are partially damaged (29%) or destroyed (35%).
- Secondary health care and referral services is a big challenge population facing in the remote areas due to lack of ambulance services and specialized health care providers. Most of the secondary health care facilities are damaged/destroyed and non-functional. Mental health and psychosocial support need more efforts to help the population affected by the insurgency.
- Low vaccination coverage due to access and security issues as well as challenges ongoing polio outbreak, measles and CSM outbreaks in the neighbouring states.
- Insufficient number of skilled and appropriately trained health care staff.
- Malaria has become endemic in the northeast region increasing the risk in child mortality in malnourished children.

- Nutrition screening is not regularly conducted in all the catchment areas to timely detect severe acute malnourished children with complications.
- NGOs medicines importation is a long process, which significantly hampers their programme implementation and timely health service delivery.
- The rainy season, overcrowding IDP camps and the limited availability of WASH services will increase the risk of outbreaks. To prevent and mitigate outbreaks, especially in IDP camps, WASH support is needed for health and hygiene awareness as well as community mobilization
- Mental health services are one of the serious gap in the ongoing health services delivery. Partners will work with the communities and state institutions to ensure that mental health services are supported including referral, medication and psychiatric care. This will significantly support healing and stabilization in traumatized communities.

## Resource mobilization

In 2017, the Health Sector funding requirements under the Nigeria HRP-2017 are US\$ 93.8 million to provide essential health services to 5.9 million targeted people in three states of Adamawa, Borno and Yobe. The latest funding overview of the 2017 HRP reports shows that **health sector is currently 9.05M US\$ (9.7%) funded** of the **required appeal of 93.8 M US\$** (FTS/OCHA, 10/07/17).

## Health Sector Partners

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

*-Health sector updates and reports are now available at <http://who.int/health-cluster/news-and-events/news/en>*

### *For more information, please contact:*

Dr. Haruna Mshelia  
Commissioner for Borno State Ministry of Health  
Email: [harrymshelia@gmail.com](mailto:harrymshelia@gmail.com)  
Mobile: +23408036140021

Dr. Abubakar Hassan  
Permanent Secretary, BSMOH  
Email: [abubakarhassan60@gmail.com](mailto:abubakarhassan60@gmail.com)  
Mobile +2340805795680

Dr. Jorge Martinez  
Health Sector Coordinator-NE Nigeria  
Email: [martinezj@who.int](mailto:martinezj@who.int)  
Mobile +23408131736262

Mr. Muhammad Shafiq  
Technical Officer- Health Sector  
Email: [shafiqm@who.int](mailto:shafiqm@who.int)  
Mobile: +23407031781777