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## Highlights of Adamawa State Health Sector Humanitarian Response

- North East Mental Health & PSS Operational Framework by the MHPSS Sub-sector
- 90 days’ response plan; Lamurde LGA captured for Adamawa State
- Updates on the Operational Health Sector Working Group meeting (OHSWG) and the MOFCOM Meeting in Mubi North LGA
- Lassa Fever Case Management in response to the outbreak in Adamawa State
- Active case search for TB amongst Nomads and host communities
- ACT distribution in Yola North
**Objective 1:** To provide life-saving and life-sustaining humanitarian health assistance to affected IDPs, returnees and remaining population

**Objective 2:** To establish, expand and strengthen the communicable disease surveillance, outbreak prevention, control and response

**Objective 3:** To strengthen health sector coordination, information management and restoration of health services with an emphasis on enhancing protection and access to health care.

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**DISPLACEMENT TRACKING FOR ADAMAWA STATE**

**ADAMAWA STATE DISPLACEMENT MATRIX BY LGA; ROUND 25/IOM-DTM**

[Chart showing displacement matrix by LGA for Adamawa State, Round 25/IOM-DTM]

IDO POP/NO. OF HH

LOCAL GOVERNMENT AREAS (LGA)

SUM OF ESTIMATED NUMBER OF IDPS BY LGA

SUM OF ESTIMATED HOUSEHOLD NUMBER BY LGA

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FUNDING OVERVIEW FOR THE HUMANITARIAN RESPONSE IN NIGERIA

- FUNDING REQUIREMENT FOR NIGERIA HUMANITARIAN RESPONSE 836.9 USD HRP 2019 (FTS/OCHA)

- FUNDING PROJECTION FOR THE HEALTH SECTOR 2019 HUMANITARIAN RESPONSE 73,674,152 USD is required

**Nigeria 2019**

https://fts.unocha.org/appeals/714/summary

**Response plan/appeal snapshot for 2019** 19-FEB-2019

**US$847.7m** total requirements of plan

- $10.8m $836.9m
  - 1.3% funded through this plan
  - 98.7% unmet requirements

**US$101.7m** total funding to Nigeria (2019)

- $9.6m 10.6% funded through this plan
- 89.4% outside this plan

Take me to the funding towards the Response plan/appeal data

Available at: https://fts.unocha.org/appeals/714/summary
WHO Health Operations in Adamawa State January 2019

Highlights

WHO commenced support to the Lassa fever outbreak in the state through the provision of Infection Prevention and Control items to the designated Isolation unit in FMC Yola. This effort is geared towards preparing the center to admit and provide quality case management of Lassa fever cases in the state.

ICCM; In the month of December 2018, 3,073 children were treated for malaria, diarrhea and Pneumonia by 123 CoRPs in 14 LGAs of the state. 2,267 of the children were screened for malnutrition using MUAC. 145 (6.4%) of the children screened had MAM and were counseled on proper nutrition, while 3 (0.1%) of them had SAM demonstrated by Red on MUAC and were referred to CMAM sites for proper management.

HTR; In January 2019, 30,686 clients were seen by WHO supported 20 H2R teams providing services in 20 LGAs of Adamawa state. The teams treated 9,539 persons with minor ailments and dewormed a total of 8,503 children during the month. Pregnant women were provided FANC services with 1,999 of them receiving Iron folate to boost their hemoglobin concentration while 1,053 received Sulphadoxine Pyrimethamine (SP) as IPTp for prevention of malaria in Pregnancy.

Nutrition Screening

In January 2019, 19,103 children were screened for Malnutrition using MUAC by WHO supported 20 H2R teams. Of this number, 209 (1.1%) children had MAM and their caregivers were counseled on proper nutrition, while 75 (0.4%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers, while the SAM cases with medical complications were referred to the stabilization centers across the state for proper management.

Stabilization Care

WHO Supports 4 stabilization centers in the state, reports received from 2 of them showed that a total of 21 children having SAM with medical complications were managed in January 2019. 17 (81%) of the patients recovered during the month and were discharged to the OTP centers for follow up care.
WHO supports the Isolation unit in FMC Yola with Infection Prevention and Control (IPC) materials as part of Lassa fever case management

**Surveillance activities**

**SURVEILLANCE WORKPLAN DEVELOPMENT**

Supported the SMOH to review surveillance activities of 2018, identify the surveillance priorities for 2019 and develop a comprehensive surveillance work plan for 2019

**LASSA FEVER OUTBREAK RESPONSE**

- 1 Confirmed case of Lassa Fever reported on the 18th January 2019. 27 contacts were line listed in Adamawa. Information shared with Ebonyi State where the index case travelled to led to the tracing of 39 contacts out of which 3 were confirmed positive.
- Trained 66 health workers in FMC Yola on Lassa Fever surveillance, infection prevention and control
- Trained 15 Burial team members drawn from FMC Yola, Specialist Hospital Yola and General Hospital Mubi on how to conduct safe and dignified burial of infectious corpses

**Janna Health Foundation (JHF)**

JHF is implementing 3 projects in Adamawa State. These are:
- The STOP TB Partnership’s Challenge Facility for Civil Society (CFCS) Round 8 project
- The Nomads TB REACH Wave 6 Scale up Project
- The IDP Wave 5 Scale up Project

**CFCS R 8 Project:**

JHF’s STOP TB Partnership’s Challenge Facility for Civil Society (CFCS) Round 8 project in Nigeria is in its 7th month of implementation. The project started in June 2018 and is being implemented in 12 of the 21 LGAs (Northern and Central Senatorial Zones) of Adamawa State. The CFCS R8 intervention focuses on Nomadic schools and their host communities with emphasis on the detection of childhood TB cases. Through strategic advocacy, JHF was able to secure the support from some of the host LGAs who have been providing diagnostic kits for malaria, anti-malarial drugs, multi-vitamins and anti-helminthic drugs. JHF’s collaboration with the State
Agency for Control of AIDS led to sustained supply of HIV Rapid Test Kits for use in the target population across the 12 LGAs. All CFCS R8 activities planned in the month under review were successfully implemented. These activities include:

- Active screening for TB and HIV in the nomadic schools and Host Communities
- Active transportation of presumptive TB Case sputum samples and retrieval of results to the presumptive TB cases
- Transportation of children under 5 years to the facilities where childhood TB cases can be diagnosed by trained Medical Officers
- Active linkage of diagnosed TB & HIV cases to identified TB/HIV service delivery points for treatment, care and support
- Awareness creation among target population on TB, HIV, Cholera and Malaria
- Community outreach targeting school children and their immediate Host Communities.

These activities were implemented by trained Community Volunteers under the supervision of JHF, the State TB programme Team and the State Project Team headed by the Agency for HIV/AIDS Control.

**CFCS R 8 Project Results:**

In January 2019, 21 Nomadic Schools and 16 Nomadic Communities were screened by the project. A total of 6,872 persons were verbally screened for TB/HIV, 611 presumptive TB cases were identified including 42 under 5 presumptive childhood TB cases. Of all presumptive TB cases identified, sputum samples were collected from 598, out of which 31 all forms of TB cases were detected including 27 Bac+ and 3 under 5 Childhood TB cases. Of all presumptive TB cases detected, 602 had HCT out of which 4 were found to be HIV+ and were referred to treatment, care and support.

**TB REACH Wave 5 IDP Scale-up Project:**

This project aims to actively detect TB (and HIV) cases from IDP Camps and Host Communities in 4 LGAs of Adamawa State which are Mubi North, Mubi South, Yola North and Yola South. The project started on 1st October 2018, however, active TB case search started in November. 15 Volunteers, 5 DOTS staff and laboratory focal persons were oriented on the project in each of the 4 LGAs.

**Results from the TB REACH Wave 5 IDP Scale-up Project:**

In January 2019, 4,439 IDPs were verbally screened in camps and host communities, 391 presumptive TB cases were detected out of which 300 were tested by Xpert. A total of 34 all forms of TB cases were detected including 30 Bac+ TB cases. A total of 389 presumptive TB cases had HCT out of which none were found to be HIV+. All TB cases detected were enrolled on treatment in the 4 LGAs.

**Nomads TB REACH Wave 6 IDP Scale-up Project:**

JHF is also implementing the above project in collaboration with KNCV TB Foundation in Adamawa and Taraba States. In Adamawa State, the project covers 17 of the 21 LGAs and aims to detect TB cases from Nomadic Communities, settlements and grazing reserves in the State. 102 Volunteers and 50 DOTS Staff have been trained on the project which will be officially flagged off in Adamawa State this January, 2019.

**Results from the Nomads TB REACH Wave 6 IDP Scale-up Project:**

In January 2019, 15,187 persons were verbally screened across 17 LGAs of Adamawa State, 1,059 (7%) presumptive TB cases were detected out of which 841 had their sputum samples transported and analyzed using Xpert TB diagnosis technology. A total of 92 All Forms of TB cases were detected including 91 B+ TB cases. 91 of the 92 TB cases detected were enrolled on treatment at the nearest DOTS centres. Of the 1,069 presumptive TB cases detected, 873 had HCT out of which 15 were found to be HIV+. These were linked to ART sites for Treatment, care and support.

Key challenges encountered across these interventions include:
• Accessibility problems to some hard to reach areas
• Difficulties in transporting childhood presumptive TB cases
• Security challenges in some targeted LGAs (especially Madagali and Michika)

The following are recommendations proposed to meet the stated challenges:

• JHF will continue to advocate for the establishment of DOTS sites within (or proximal to) Nomadic Communities and schools
• JHF would ensure that health education is strengthened by CVs during TB screening exercises to improve on efforts by community leaders to support transportation of <5s for TB screening by Medical Officers
• JHF will continue to liaise with security agents as communities are reached with TB services

UNICEF HUMANITARIAN SERVICES: NUTRITION SUB-SECTOR

IDP Camps
• MUAC Screening
  A total of 1,092 children 6-59 months were screened across the camps and host communities of which 1,032 were green (Normal), 50 were yellow (MAM) and 10 were red (SAM). The 10 children identified with severe acute malnutrition was admitted into CMAM programme.

• CMAM Programme
  Of the 17 discharges across the camps within the reporting period, 17 children were cured, 0 deaths, 0 defaulter. Therefore, cured rate was 100% defaulter’s rate was 0%, death rate was 0% and non-recovery rate was 0%.

• Infant and Young Child Feeding (IYCF)
  972 pregnant and lactating women were counselled on key IYCF messages.

• Micronutrient Powder (MNP)
  Healthy children 6-23 months in the camps with either a green or yellow MUAC reading or eligible for micronutrient powder (MNP) were given MNP with accompanying counseling on appropriate usage, benefits and optimal dietary intake. A total number of 33 children 6-23 months were new enrollees in MNP program.

1. Integrated medical Outreach services in host communities and hard to reach settlements
UNICEF also supported the integrated package of care provided by outreach Teams from 225 Health facilities (PHCs). The package of services includes MNP, IYCF counseling and MUAC screening, with CMAM at the Health facility post. The client reach in this intervention is

MUAC screening total – 9,196
- Green – 8,462
- Yellow - 542
- Red – 192 (and referred)

2. Health Facility CMAM, IYCF and MNP supplementation
125 Primary Health Care Centers in the State are supported to provide nutrition CMAM services. A total of 1,608 new admissions have been reported with cure rate of 89.9%, and 6,882 were reached with IYCF messages. Children received MNP 6,945 (1st dose –3,485, 2nd dose –2,166 and 3rd dose –1,294)

Other activities
Training of Health workers and establishment of Stabilization centres in secondary Health facilities in Adamawa

- UNICEF supported training of Health Workers (16 Doctors, 32 Nurses, 16 Nutrition focal Persons, 2 Dieticians, 4 Nutrition Program Officers and 2 Directors on management of severe acute Malnutrition at stabilization centers and is supporting the establishment of the centers in all the 16 Hospitals in the State.

Cross section of Participants at the training

UNICEF-HEALTH

Coordination meetings
- UNICEF continued to support the monthly Humanitarian IDP camp coordination meetings held in Malkohi and Fufure camps and discussed key issues in the camp and actions to resolve them. Key issues discussed include hygiene promotion in the camp.

Provision of integrated outreach service
Integrated outreach services by PHC Staff
- UNICEF has continued to support 1 PHC/Ward across the State to conduct integrated outreach services in their Health facility and ward catchment communities. The services reached 2,707 for ANC 4th Visit,
6,283 Mothers and Newborn with PNC, 2,572 Children under 1 with Measles antigen, 2,944 and 2,862 with Pentavalent antigen 1 and 3 respectively.

**Service delivery in IDP Camps and host communities**

- UNICEF has continued to support provision of integrated PHC service delivery in 4 IDP camps through the engagement of 24 Community Health Workers, 4 Nurse Midwife, 2 Medical Doctors and 20 other support Staff. 3 NHKs were supplied to the camps to provide services. A total of 5,156 Persons, including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities.

  A total of – 3,271 (Under 5 years: 1,279 and Other age: 1,938) consultations were reported, with
  - malaria – 921 (Others: 571 and Under 5 years: 350) being the major cause of morbidity;
  - ARI 1,211 (Others: 586 and Under 5 years 625)
  - AWD – 90 (Others: 48 and Under 5 years 42); 14 cases of measles cases reported in under 5 Children and
  - other medical conditions – 1,035 (Other age group: 787 and Under 5 years: 248).

A total of 1,885 (Under 15 years: 1,453 and Women: 432) prevention services were recorded, out of which were
- 63 children 6months-15 years vaccinated against measles
- 973 children and pregnant women were reached with various other antigens
- Vitamin A supplementation – 196
- Albendazole tablets for deworming 380 and
- ANC visits – 185, out of which 56 women received 1 LLIN each during ANC clinic in Adamawa State.

A total of 43 deliveries and 45 postnatal visits were recorded during the reporting period.

**ICCM CORPS intervention hard to reach host communities**

UNICEF provided technical and logistic support for activities of 2,318 ICCM CORPS in 1,785 hard to reach and return communities and reached 17,357 Under 5 Children. The review meeting of ICCM CORPS and Supervisors at all level was also supported across all 21 LGAs in the State to discuss program challenges and identify way forward.
Monitoring and Supportive supervision
UNICEF also continued supporting in monitoring of humanitarian response activities in all the UNICEF supported sectors (Health inclusive). Interventions monitored include Hard to reach mobile medical Team, ICCM CORPS and PHC services. The findings of the activity have continued to inform coverage and quality and elucidate further humanitarian needs for effective planning that targets the existing needs.

ORN OF HOPE VISION FOR PEACE AND COMMUNITY DEVELOPMENT OF NIGERIA (HOHVIPAD)
Creating awareness about the distribution of free Artemisinin Combination Therapies (ACTs) in Yola –North Local Government Area from Monday 7th – Tuesday 22nd January, 2019. This programme was drawn up for the benefit of for Internally displaced persons and Vulnerable communities in Yola North local Government Area of Adamawa State.

Intended beneficiaries: 4, 400 Children and their care givers were reached and planned to be distributed free of charge through six (6) designated Health centers in Yola North Government Area of Adamawa State.
This programme when implemented in February 2019, would reduce the incidence of widespread malaria and its attendant death cause within the target beneficiaries. This program when embark upon will relieve our target beneficiaries of the financial burden of sourcing for Artemesinin Combination Therapy (ACTs).

INTERNATIONAL RESCUE COMMITTEE (IRC)

IRC-CMAM update.

Within the month of January Routine CMAM program activities were successfully conducted in all the four supported LGAs of Adamawa State. In the 30 supported program OTP/SC clinics, IRC with the support of CHVs, MtMSGs and Health workers were able to carry out MUAC screening of 21844 (10526M and 11318F) under 5 children, with 1393 (603M and 790F) MAM who their caregivers received nutrition education on proper feeding practices and 210(114M and 96F) SAM cases were identified and admitted into various programs.

For the program discharges, 196(96M and 100F) were discharged from the program as cured, 7(3M and 4F) death was recorded and 51(22M and 29F) clients defaulted. 458 (176M and 282F) SAM children are on admission receiving treatment. For SC’s program, 19 SAM cases with medical complication were admitted, 13 clients were transferred to OTP for further treatment with no Death and defaulters Overall program performance for the month were 75.67% cured rate, 2.7% death rate and 19.69% default rate.

IRC- IYCF Update

The IRC team with the support of CHVs, MtMSGs and Health Workers were able to conduct awareness and sensitizations seasons on infant and young child feeding practices in the various supported LGAs of Adamawa State. 2024 Pregnant mothers, 3061 Lactating mothers, 653 old women, 815 young girls and 683 men beneficiaries were reach with IYCF topics which include importance of early initiation of breastfeeding, breastfeeding on demand, importance of exclusive breastfeeding, good attachment and good hygiene practices were discussed.

DOBIYAN WOMEN AND YOUTH EMPOWERMENT INITITIATIVE (DWYEI)

DWYEI carried out Community Sensitization in Toungo Ward, Mbamba Ward, Mbamoi Ward, Boyle-Yolde Pate Ward, Bako Ward, Makama A Ward of Yola South LGA between 24th – 29th January, 2019 on Sexual Reproductive Health and Rights. SGBV cases were referred to Hope Centre for Psychosocial and medical services and reported cases needing legal help to the Police in collaboration with Hope Centre for Justice.

The activity was a success and it recorded positive result and acceptance from members of the community. The Activity was carried out in close supervision with IPAS staff, Mr. Yinka Abiola. The results were as follows:

a) 27 individuals were reached in all the locations
b) 2 Rape cases were reported within the period of the intervention. A 14-year-old primary from Yola South was a survivor of rape and was referred to Hope Centre, the victim was found 4 months
pregnant. An 18-year-old survivor from Shagari Bole Yokde Pate ward was also referred to Hope Centre and is reported pregnant.

c) Utilization of health facilities was found to have improved. The parents started bringing their young girls for Family planning.

**DISEASE SURVEILLANCE AND NOTIFICATION**

In Epidemiological Week 1-5, 2019, a total of 21 out of 21 LGAs (including 06 IDP camps) submitted their weekly reports.

- **Measles**: 52 cases of suspected measles reported
- **AFP**: 16 cases of AFP reported
- **YELLOW FEVER**: 2 case of suspected YF reported
- **CSM**: No case of suspected CSM reported
- **LASSA FEVER**: 2 case of suspected Lassa fever reported.
- **MONKEY POX**: No case of suspected monkey pox reported and cumulative case count is 06
- **NNT**: No case of suspected neonatal tetanus reported
- **CHOLERA**: no suspected case was recorded

**HEALTH SECTOR COORDINATION**

**Lamurde LGA of Adamawa State captured in the 90 days’ response plan**

Following the recommendation of the HC/RC with the OISWG in Borno on his visit to carry out on the spot assessment of the recent upsurge of the new displacements in Borno and neighboring states, the 90-days response plan was agreed on. This is intended to address the urgent humanitarian needs in seven sectors: Protection, Health, Food Security and Livelihood, Nutrition, WASH, Education, and Emergency Shelter and Camp Coordination & Management, based on the 2019 HRP. An estimated 280,000 people from the 16 priority LGAs will be targeted for humanitarian assistance including Lamurde LGA in Adamawa State and Damaturu in Yobe State. The projected population of 8,000 IDPs have been estimated for the response plan in Lamurde LGA of Adamawa State. Although Borno State accounts for the most case load of the displacements, civil clashes also play a role in the displacements recorded in some quarters. The financial requirement of the 90-day plan is $53.2 million, which represents six per cent of the $848 million appeal for 2019, under the 2019-2021 Humanitarian Response Strategy.

**Health Sector Working Group Meeting**

The maiden HSWG meeting of Adamawa State was held at the conference hall of the State Ministry of Health. Key deliberations were on the ongoing planned repatriation of refugees from Cameroon. Updates on the three months’ response plan for the BAY States, Preparedness and response plan for epidemic prone diseases, IM training on the real time submission of information products, Epidemiological Updates of Diseases and the Mental Health & PSS sub-sector updates.

The government of Nigeria has approved the budgeted amount for the planned repatriation of refugees from Cameroon. These individuals will be repatriated by air from Cameroon to Yola International airport in Adamawa State. Details of the dynamics are still sketchy as a result of the poor information sharing between Adamawa level and Abuja levels.

**North East Mental Health & PSS Operational Framework by the MHPSS Sub-sector**
The framework is currently at its final stage and waiting the inputs of major stakeholders before endorsement by the government of the respective BAY states. The contents of the operational framework address the following key areas with clear roles and responsibilities;

1. Identification of key actors
2. Operationalization of MHPSS services in the State
3. Constraints to MHPSS services in the State (Manpower, Material & Money)
4. MHPSS information management
5. How MHPSS services in response to the Insurgency relate to the MOH Mental Health services
6. How are mental health services financed? Does MOH have a budget line for mental health? How about the HMB and the SPHCDA? Is mental health included in PBF?
7. Sources of funding especially for local partners

Updates on the Operational Health Sector Working Group meeting (OHSWG) and the Monthly Field Coordination Meeting (MOFCOM) in Mubi North LGA

In the last concluded MOFCOM Meeting in Mubi North of Adamawa State, sectors gave the following updates of their activities and challenges being encountered in the fields.

Protection

- Partner mapping carried out and no clear Referral pathway and follow-up processes.
- Non-flexibility due to donor requirements restricts actors from accepting referrals which is restricted to only specify location of activities. This makes actors turn down referrals.
- Communication gaps is challenging between Yola and Mubi PSWG activities reporting and representation.
- Poor visit by Sector Coordinators to field working group offices need to be encouraged to strengthen field capacity and identify working challenges.

Nutrition

- Hospital and health centers have limited supplementary stabilizing drugs for MAM and SAM cases referred to the clinics.

Health

- There are limited health actors for Adamawa state. There is need for increasing health partners.
- Poor referral due to funding.
- Mubi IRC health team plan a post cholera activity by the end of the year.

WASH

- Too much overlap and duplication of effort by WASH agencies in communities particularly on boreholes, need to be addressed.
- DRC are in Chibok for distribution of 3,000 hygiene kits and call for increasing advocacy to donors by actors for funding and increasing support.

Education

- There are limited humanitarian actors in Education for Adamawa. There is need to activate Education SWG to increase impact particularly in Adamawa north.

Food Security & Livelihood

- Poor turn out and representation by actors to SWG meeting for all cash base intervention whether conditional or unconditional funding, actors are advised to join the periodic WG meeting (IRC).
- Re-targeting of beneficiaries to reduce adjusted beneficiaries was carried out across Madagali by SWNI and complains were received for using a door to door selection to target most vulnerable by locals.

The map below is a graphical presentation of the presence of partners by LGA and the frequency of reporting the 5Ws for the month of January, 2019.
IMPORTANT HUMANITARIAN RESPONSE LINKS SITES

- DTM NIGERIA; https://www.globaldtm.info/nigeria/
- NIGERIA/OCHA CERF; https://www.unocha.org/cerf/category/country/africa/nigeria
- PRIME WHO; https://primewho.org/marketplace/map
- HDN NIGERIA; http://earlyrecovery.global/case-studies/humanitarian-development-nexus-implementation-nigeria
- Adamawa State Ministry of Health; http://adsmoh.org.ng/
- Relief Web; https://reliefweb.int/country/nga
- Development Initiative; http://devinit.org/themes/humanitarian/#
- WHO| Nigeria crisis; http://www.who.int/emergencies/nigeria/en/
- Humanitarian Response; https://www.humanitarianresponse.info/
- NHF CONTACTS (OCHA); http://www.unocha.org/country/nigeria/nigeria-humanitarian-fund/contacts
- Nigeria/Humanitarian Response; http://reliefweb.int/country/nga
- PCNI; https://pcni.gov.ng/
- NEMA; http://nema.gov.ng/
HEALTH SECTOR PARTNERS

- **GOVERNMENT:** ADSMOH, FMOH, ADPHCDA, PCNI, NEMA, ADSEMA, SMS, ADSPC, MOENV, ADEDP, SSH, FMCY, ADHIS, LMCU

- **LOCAL NGOs:** Nigeria Red Cross (NRCS), Centre For Women and Adolescents Empowerment (CWAE), Global Palliative Care, Education, & Development Initiative (GPCEDI), Action Health Incorporated (AHI), First Step Action For Children Initiative, Life Saving Grassroots Outreach (LESGO), Agaji Global Unity Foundation (AGUF), Women Orphans and Vulnerable International (WON), Centre for Health & Development In Africa (CHEDA), Vatidava Foundation (VAF), Centre For Islamic Thought (CIT), Against All Odds Foundation (AGAOF), Destitute Children In Education and Health Initiative (DCEHI), Hope and Rural Aid Foundation (HARAF), Child Protection and Peer Learning Initiative (CPPLI), Janna Health Foundation (JHF), Grace and Hope Youth Emancipation (GHYF), DOBIYAN, Binta Mercy Foundation (BMF), KAPDA, PARE, NEPWAN, ROHI, CFI, WHEAH, Bege House Foundation (BHF), Spring of Hope

- **UN/INGO:** WHO, UNICEF, UNFPA, IOM, PLAN, IRC, ICRC, IFRC, FHI360, SFH, DRC, ADRA,

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