HIGHLIGHTS (MARCH 2018) OF ADAMAWA STATE HEALTH SECTOR HUMANITARIAN RESPONSE

- Distribution of drugs and hospital equipment by the Presidential Committee for the North East (PCNI) in Adamawa State
- Preparedness and response plan for Cholera in Adamawa State
- Updates on joint health sector supervision and monitoring in Malkohi Camp, Yola South LGA.
- Updates on the Voluntary and Safe repatriation of over 4,600 refugees of Adamawa State extraction from Cameroon.
- Proposed OISWG Mission from Borno State to the Northern senatorial zone of Adamawa State due to threatened food security issues in April
- Epidemiological updates of diseases.
- Humanitarian access in Madagali LGA and the burden on nutrition and food security.
- Logistic Management and Coordination Unit (LMCU) and partners’ compliance on drugs and commodities supply chain.
- Outcome of the ISWG meeting
**Objective 1:** To provide life-saving and life-sustaining humanitarian health assistance to affected IDPs and host community population.

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

**Objective 3:** To strengthen health sector coordination, health information management and health system restoration leading to improved service delivery with focus on enhancing protection and increased access to health care.

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**FUNDING OVERVIEW FOR THE HUMANITARIAN RESPONSE IN NIGERIA**

**FUNDING REQUIREMENT FOR NIGERIA HUMANITARIAN RESPONSE HRP 2018:** 1.05 Billion USD

**FUNDING PROJECTION FOR THE HEALTH SECTOR 2018 HUMANITARIAN RESPONSE:** 109.6 USD is required

**Nigeria 2018**

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

**Funding progress by cluster**  
13-APR-2018

Not specified: US$24,173,621
Multiple clusters/sectors (shared): US$9,007,614

[Take me to the requirements and funding by cluster](https://fts.unocha.org/appeals/642/summary)
HEALTH SECTOR PARTNERS ACTIVITIES

IRC
IRC-CMAM update.

Within this reporting period of March, IRC continued 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 (M=12,359, F=12,545) under 5 children using MUAC and Edema checking with 283 (137M, 146F) as SAM admitted cases. 1433 (705M and 728F) among the screening children were MAM whom their caregivers were nutritional educated on how to prepare balance dietary using locally available food. Discharges where carried out as exit from the program with 312(145M and 167F) as cure, 8(5M and 3F) as died and 33(15M and 18F) defaulting clients.

Currently, 688 SAM admitted children are receiving both therapeutically and medical care in the government supported OTP and SC program clinics.

IRC- IYCF Update

- For the infant and young child feeding awareness and sensitization program, activities have also been carried out in the same location and also through outreach within program LGAs. The daily activity conducted in the month include all breastfeeding related topic and issues as well good hygiene practices. In this march, a total number of 1,295 Pregnant mothers, 2,841 Lactating mothers, 519 old women, 638 young girls and 645 men beneficiaries were reach.

- Other activity carried out include Distribution of 100 Bicycle to all the 10 clinic supported community volunteers in Michika LGA to aid in carrying outreach activity and to cover wider communities and population. Training was carried conducted to 100 CV and 125 Members of MTMSG from Michika.
WHO Health Operations in Adamawa State March 2018

Highlights

- WHO supports outbreak response in Federal Medical Centre Yola and 6 other strategically located General Hospitals in the state through the distribution of Infection Prevention and Control materials to the hospitals. This is part of WHO’s Preparedness for both Viral Haemorrhagic fever (VHF) and Cerebrospinal meningitis (CSM) outbreak in the state.

- WHO supported CoRPs and CoRP supervisors held their March 2018 quarterly review meeting with over 95% attendance. The meeting provided an opportunity to interact directly with the CoRPs and address their challenges. We built their capacity on case management of diarrhea, Pneumonia and Malaria and also sensitized them on CSM and VHF Outbreak in the state and how to prevent themselves.

ICCM

In the month of March 2018, 1,054 children were treated for malaria, diarrhea 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.

HTR

In March 2018, 31,637 clients were seen by the WHO supported 20 H2R teams in 20 LGAs of Adamawa state. A total of 16,681 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 hemoglobin concentration while 1,746 received Sulphadoxine Pyrimethamine as IPTp for prevention of malaria in Pregnancy.

Nutrition

Screening: 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
counseled on adequate nutrition, while 53 (0.25%) of them had SAM as demonstrated by Red on MUAC. The SAM cases were referred to the Outpatient Therapeutic Program (OTP) centers across state for proper management.

**Stabilization Care**

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.

**Supportive Supervision**

WHO Staff provided supportive supervisory visits to 4 HTR teams in Girei, Michika and Mubi LGAs and 6 CoRPs in Michika and Mubi LGA to further support the provision of basic health services to the population by the team and strengthen ICCM services at the community level respectively.

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**UNICEF HEALTH SECTOR UPDATE ADAMAWA – 1st – 31st MARCH 2018**

**Coordination meetings**

- UNICEF continued to support the monthly camp coordination meetings. These meetings help brought key Partners together to discuss implementation and coordination of humanitarian health interventions in the at the IDP Camps - gaps, challenges and way forward

- UNICEF has participated at the Health sector and inter sector working group meeting to contribute in discussing humanitarian support in the State and way forward for coordinated Partners support in implementation.

**Service delivery**

- UNICEF provided logistic support for delivery of integrated PHC services by IDP camp clinics, host community clinic and outreach medical Teams - in hard to reach and health facility catchment host communities.

- A total of 4,241 persons, including women and children were reached with integrated PHC services in UNICEF supported health facilities in the IDP camps and host communities in the State.
  - A total of 2,150 consultations were reported, with Malaria – 658, ARI – 548, AWD – 227, Measles – 58, Other medical conditions – 659
  - A total of 2,091 prevention services were recorded, (87 children 6months-15 years vaccinated against measles; 1,111 children and pregnant women were reached with various other antigens, Vitamin A supplementation – 181, Albendazole tablets for deworming – 418, ANC visits – 211, out of which 14 women received 1 LLIN each during ANC.
  - A total of 43 deliveries and 40 postnatal visits were recorded during the reporting period)
Monitoring and supervision

- UNICEF participated in the Partners joint monitoring and supervision conducted at Malkohi IDP camp clinic, Daware host community Clinic and Daware PHCC. This enabled the Partners support integrated supportive supervision, conduct active case search and take inventory of Partners support with identified gaps. Action points were draw for follow up to improve service delivery and welfare of IDPs in the camp.

- UNICEF supported monitoring, supervision and social mobilization activities for March 18 SIPDs implementation in the State. A total of 1,083,813 eligible Children were vaccinated.

- ICCM CORPs Activities

ICCM CORPS have continued to provide support in community management of Malaria, Diarrhea and cough in hard to reach and host communities in 21 LGAs of the State. 2,700 CORPS are being supported by UNICEF with commodities, monitored and supervised to provide these services. In February the ICCM CORPS attended to 12,604 (Fever 6,105, Malaria 5,991, Treated with ACT 5,858, Cough 3490, Treated with Amoxicillin 1,706, Diarrhea 3009, Treated with ORS 451, Treated with ORS and Zinc 1,973)
• UNICEF supported the training of trainers for the Cient Oriented Provider Efficient (COPE) services and 20 Participants were trained as the State trainers. This is a concept designed to manage and improve quality health services for the host communities and IDPs. The concept is now introduced to the State.

Cross section of Participants during COPE TOT

LESGO

LESGO in the month under consideration was able to carry out supervision of TB screening and administration of drugs in Girei 1, Girei LGA. 10 new cases of TB were discovered. They were linked up to the STBLCP in the State via the LTBLS and have been commenced on treatment. Active case serch and contact tracing is ongoing in the communities involved.

AGUF

Health education on personal and environmental hygiene was conducted for 226 people in Malkohi camp. This exercise was carried out in the school and the tents within the camps.
A quarterly meeting for 13 DR TB patients and 12 Treatment supporters was held in Numan, for the southern senatorial zone. Adherence counseling was key in the deliberation. Challenges noticed were the gross cut in allowances to DR TB patients and this is affecting Patients adherence to drugs. Actions to be taken was proper counseling and education on the importance of taking drugs to their health and their family members.

ACHIEVEMENT MADE BY THE NRCS IN COLLABORATION WITH IFRC IN MARCH 2018

Assessment of Damaged Staff Quarters at Kwarhi Health facility in Hong LGA

The Red Cross branch engineer was deployed to kwarhi Health Facility to get an in depth understanding of materials required for the renovation of the Staff quarters.
Meeting with volunteer supervisor from Gombi and Hong LGA

Volunteer supervisor’s meeting was conducted at the NRCS branch office Yola in which volunteers from Garaha, Kuva Gaya, Kwarhi, Daksiri and Pella in Hong LGA and from Guyaku and Dzangula in Gombi LGA attended the meeting. The volunteers were briefed on their roles and responsibility as volunteer supervisor in their communities.

Mother Support Group Activities

In Gombi and Hong LGAs 19 mother support groups were formed, 4 in Gombi LGA and 15 in Hong LGA. The mother support groups have started activities in their various communities. These activities involve sensitization of women on the importance of exclusive breastfeeding and complementary feeding and lots more.

Mother Support Group presenting a drama in Gashaka Community at Hong LGA
**Epidemic Control Training:** 27 community Base volunteers from 20 communities of Hong and Gombi LGAs were trained for three days on Epidemic control at Yola. The objective of the training is to familiarize the volunteers with most common epidemics and also to define their roles as volunteers in epidemic control in their communities.

**JANNA HEALTH FOUNDATION (JHF)**

JHF is implementing a Wave 5 TB REACH Project funded by STOP TB Partnership through the Gombe State Agency for HIV/AIDS Control (GomSACA) which started in July, 2017 and will come to an end on 30th June 2018. The intervention targets Internally Displaced Persons (IDP) camps and Host Communities with Active TB and HIV Case Finding, linkage to treatment, care and support. This intervention is being implemented in 4 LGAs of Adamawa State namely Yola North, Yola South, Fufure and Mubi South. All activities planned in the month under review were successfully implemented among the target population. These activities include:

- Active screening for HIV and TB in the IDP Camps and Host Communities
- Active transportation of presumptive TB Case sputum samples and retrieval of results to the presumptive TB cases
- Active linkage of HIV positive and diagnosed TB cases to identified HIV/TB service delivery points for treatment, care and support
- Awareness creation among target population on HIV and TB
- Community outreach targeting IDP Host Communities.

These activities were implemented by Community Volunteers under the supervision of Janna Health Foundation, the State TB programme Team and the State Project Team headed by the Agency for HIV/AIDS Control.
Results:

In the 4 targeted LGAs for this intervention, 633 presumptive TB cases were identified in March, sputum samples were collected was 554, out of which 44 new TB cases were detected. All 554 presumptive cases that submitted sputum had HCT out of which 20 were found to be HIV+.

All TB and HIV cases detected are linked to treatment, care and support services while Rifampicin resistant TB cases are linked to the State TB Programme for further management.

JHF Community Volunteers screening presumptive TB cases among IDPs in the IDP Camps

Key challenges encountered include:

- Low Capacity of CVs to conduct HCT
- Difficulties in managing childhood presumptive TB cases
- Inadequate numbers of CVs to cope with the inflow of IDPs especially in Mubi LGA

HEALTH PARTNERS FORUM (HPF)

The HPF is an innovative forum which is designed to run a rotational secretariat, that gives all involved a sense of belonging and responsibility. It is presently under the leadership of WHO. The arrangements of the forum are to support the timely management and deployment of resources to support the government especially in emergency situations for prompt response. The HPF is a subset of the larger HSWG that consolidates on deliberations and follow up on actions plan to enhance desired outcomes in the sector. It comprises of UN and INGO. With the proposed taking off of the operational HSWG meeting in the northern senatorial zone, the membership is going to increase. Wide consultations have started this month among the forum members to be proactive in terms of developing contingency plans for the Cholera preparedness and response plan for this year. This will further be discussed at the wider State platform.
DISEASE SURVEILLANCE AND NOTIFICATION

ACTIVITIES OF THE IDSR TEAM IN ADAMAWA STATE

In Epidemiological Week 12 2018, a total of 21 out of 21 LGAs (including 06 IDP camps) submitted their weekly reports as timeliness and completeness of reporting were 100% and 100% respectively at LGA level (target 80% timeliness, 90% completeness).

**Measles:** 30 cases of suspected measles reported with cumulative case count of 273 and 03 deaths. CFR is 1.1

**AFP:** 05 cases of AFP reported with cumulative case count of 99.

**YELLOW FEVER:** No case of suspected YF reported and cumulative case count is 06

**CSM:** 02 case of suspected CSM reported and cumulative case count is 25 with 8 deaths. CFR stands at 32.0

**LASSA FEVER:** No case of suspected Lassa Fever reported and cumulative case count is 03 and 03 deaths.

**MONKEY POX:** No case of suspected monkey pox reported and cumulative case count is 06 with 01 deaths. CFR is 16.7

**NNT:** No case of suspected neonatal tetanus reported and cumulative case count is 03.

**Activities Done**

- Detection and surveillance on IDSR diseases in 21 LGAs of the State through DSNOs and network of surveillance focal sites.
- Training of Laboratory scientists/technicians from all Secondary and Tertiary Hospitals across the 21 LGAs of the State on Use of Pastorex for initial CSM confirmatory test from CSF samples.
- 3 samples of Suspected Monkey Pox taken to National Reference Lab, Abuja were all negative for Monkey pox but positive for Chicken Pox.
- 1 suspected meningitis from Guyuk LGA tested positive to Nm C. This brings total positive cases of Nm C to 2 and total suspected cases in the LGA to 11.
- Distribution and prepositioning of Infection Prevention and control materials to 6 strategically located General hospitals in the state. It was geared towards supporting the hospitals serve as treatment center for VHF and CSM in the state.
- 14 cases of Pertusis with 1 death reported from Demsa LGA.

Case distribution by Cases and Deaths per disease, 2018

<table>
<thead>
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<th>Disease</th>
<th>Week 12</th>
<th>Cumulative 2018</th>
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<tbody>
<tr>
<td></td>
<td># cases</td>
<td># deaths</td>
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<tr>
<td>AFP</td>
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</tr>
<tr>
<td>Suspected Measles</td>
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<tr>
<td>Suspected CSM</td>
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<td>Suspected Cholera</td>
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</tr>
<tr>
<td>Suspected VHF - Lassa Fever</td>
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<td>0</td>
</tr>
<tr>
<td>Suspected Yellow Fever</td>
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<td>0</td>
</tr>
<tr>
<td>Suspected Monkey Pox</td>
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<td>0</td>
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<tr>
<td>Guinea worm</td>
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<tr>
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<tr>
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Case distribution by Sex per disease, 2018

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<th>Disease</th>
<th>*Week 12</th>
<th>*Cumulative 2018</th>
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</thead>
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<td># Females</td>
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<td>Suspected Yellow Fever</td>
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<td>0</td>
</tr>
<tr>
<td>Suspected VHF - Lassa Fever</td>
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<td>0</td>
</tr>
<tr>
<td>Suspected Monkey Pox</td>
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<td>0</td>
</tr>
<tr>
<td>Suspected NNT</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*This may not equal the total on Table 1 as not all cases have been line-listed yet.

Trend of weekly number of Suspected Measles cases, Week 01 – 12, 2018.

Weekly trend of suspected cases of CSM, Week 01 – 12, 2018.
Weekly trend of suspected cases of Yellow Fever, Week 01 – 12, 2018.

Weekly trend of AFP Cases, Week 01 – 12, 2018.
HEALTH SECTOR COORDINATION

- The Adamawa State HSWG has 49 partner organization carrying out various intervention in the State. This is likely to increase in the coming month due to the planned setting up of an operational HSWG in Mubi North LGA. 37 of these partner organizations are United Nations, International NGOs and Local NGOs while 12 are Government partners. The HSWG operates under the leadership of the Honorable Commissioner of Health and the co-leadership of W.H.O. The Health Sector Working Group meetings hold every fortnight. ISWG meetings hold every last Wednesday of every month, but mostly on ad-hoc basis. W.H.O. represents the sector as the co-lead in the meeting. Eight (8) subcommittees targeting critical areas of health response has been set up and are currently carrying out their TORs. These subcommittees include, surveillance, nutrition, reproductive and family health, medical referral, surveillance, LMCU, blood transfusion and the Mental Health and PSS subcommittees respectively.

- In the last ISWG meeting the HSWG via WHO tabled the issue of lack of adequate essential drugs supply in the camp clinics. Most of the drug supplies comes from UNICEF and the classes of drugs supplied were limited in categories. Referral services and capacity building for Health care workers continue to be reoccurring issues in the sector. On a general note, the issue of advocacy visits to traditional rulers as part of accountability to the affected population came up. It was agreed that OCHA will share relevant documents to guide the process. OCHA was asked to take up the non-inclusion of the health and protection sectors in the newly commissioned GBV referral center in the State Specialist Hospital supported by the British government/EU.

- The Presidential Committee for the North East (PCNI) in Adamawa State distributed drugs and hospital equipment to the State Ministry of Health, Federal Medical Center Yola and the Federal College of Education Yola. The major beneficiary was the SMOH. Top most priorities were Mubi and Numan LGAs. These drugs and hospital equipment were well received by the Hon. Commissioner of health and handed over to LMCU for proper documentation and distribution. Hospital equipment ranges from ultrasound scanning machines, x-ray machines, ECG machines, hospital beds, laboratory machines and surgical equipment.

- Preparedness and response plan for Cholera in Adamawa State; the HSWG has shared a draft from the Borno State Cholera preparedness and response plan to all partners in the sector. UNICEF, WHO, SMOH, ADPHCA have been delegated the responsibility with other stakeholders to develop a draft for Adamawa State. The document is expected by the first or second week of next month.

- Updates on joint health sector supervision and monitoring in Malkohi Camp, in Yola South LGA; major findings from the assessment was the lack of adequate essential drugs in camp, poor capacity of health care workers on PMTCT, PEP, FP and TB/STI managements. The health education and social mobilization on camp is not structured. However, the IMCI, RI, Surveillance activities and the CMAM programs are doing quite well. There is therefore the need for continuous supportive supervision in the camps.

- Updates on the Voluntary and Safe repatriation of over 4,600 refugees of Adamawa State extraction from Cameroon; the timeliness are not clear. The federal Ministry of Budget and National Planning has agreed to pay a projected amount for the renovation of the Namtari transit camp, although unconfirmed reports are saying that the Adamawa State Government wants the NYSC camp to be used. The clearer pictures of the repatriation exercise will be available in the
next coming months, but the second week of June is currently the proposed time for the commencement of the exercise.

- Humanitarian access in Madagali LGA and the burden on nutrition and food security; following reports of the threats to food security in the Northern senatorial zone of the State, the OISWG team from Borno will be embarking on a mission to the zone from the 23rd to 25th of April. Cases of SAM is quite prevalent in these areas. Following the last year’s joint sector assessment carried out in 11 LGAs, nutrition partners carrying out intervention in these areas were grossly inadequate and calls for more concerted efforts.

- Logistic Management and Coordination Unit (LMCU) and partners’ compliance on drugs and commodities supply chain; commodity supply chain and compliance by relevant partners still continue to remain a huge gap in the response for both developmental and humanitarian activities. Various instances have been cited in the past and still been perpetuated by partners acting independently of LMCU and government in the distribution of their commodities. This has resulted in duplicated distribution of commodities to same locations, short shelled life drugs, poor or lack of documentation of supplies and poor conditions of supplied commodities. The HSWG impress on the LMCU to develop a monthly tracking tool and also advised all partners to provide details of focal persons or desk officers who will be responsible to LMCU.

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, 2018.
Available at: https://www.humanitarianresponse.info/en/operations/nigeria/infographic/nigeria-adamawa-health-sector-partners-presence-mar-2018
IMPORTANT UPCOMING ACTIVITIES

- LMCU Quarterly PSM TWG meeting for all stakeholders that supply commodities to the response in Adamawa State.
- Visit of the OISWG from Borno to Mubi North in Adamawa State with emphasis on nutrition and food security 23rd-25th April, 2018.
- WHO will continue with sensitization of healthcare workers on epidemic prone diseases across the senatorial zones of the state.
- UNFPA/UNICEF will be anchoring the Core Technical Committee meeting for the MNCH services on monthly basis.
- Bimonthly joint supervision and mentoring visits by a team of three from the HSWG will commence by the third week of this month.
- Monthly Humanitarian-Developmental nexus meeting on MNCH activities by SMOH.

IMPORTANT HUMANITARIAN RESPONSE LINKS SITES

- PRIME WHO; https://primewho.org/marketplace/map
- 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
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 (CWAVE), Global Palliative Care, Education, & Development Initiative (GPCEDI), Action Health Incorporated (AHII), 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), DOCIYAN, Binta Mercy Foundation (BMF), KAPDA, PARE, NEPWAN, ROHI, CFU, WHEAHI, Bege House Foundation (BHF), Spring of Hope

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

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