



Northeast Nigeria Health Sector Humanitarian Response Strategy 2025 - 2027

December 2024

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ACRONYM

AAP	Accountability to Affected Populations
BAY	Borno, Adamawa and Yobe
CBOs	Community-Based Organizations
CHW	Community Health Worker
ES	Epidemiological surveillance
Five C's	Collaborative surveillance, Community protection, Safe and Scalable care, Access to countermeasures, and Emergency Coordination
GBV	Gender-Based Violence
HEPR	Health Emergency Preparedness and Response
HERAMS	Health Resources and Services Availability Monitoring System
HMIS	Health Management Information System
HRP	Humanitarian Response Plan
IDP	Internally displaced persons
INGOs	International Non-Governmental Organizations
IPC	Integrated Food Security Phase Classification
IPC	Infection Prevention and Control
IRC	International Rescue Committee
JIAF	Joint Intersectoral Analysis Framework
LGAs	Local Government Areas
MAM	Moderate Acute Malnutrition
MHPSS	Mental Health and Psychosocial Support
NEMA	Nigeria Emergency Management Agency
NGOs	Non-governmental organizations
NNGOs	National Non-Governmental Organizations
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PIN	People in Need
PHC	Primary Health Care
RUWASSA	Borno State Rural Water Supply and Sanitation Agency
SAM	Severe Acute Malnutrition

SMOH	State Ministry of Health
SOP	Standard Operating Procedure
SPHCDA	State primary healthcare development agency
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TWG	Technical working group
USD	United State Dollars
WASH	Water, Sanitation, and Hygiene
SMOH	State ministry of health
TOR	Terms of reference
WHO	World Health Organization
NiMet	Nigerian Meteorological Agency
NIHSA	Nigeria Hydrological Services Agency
SCP	Seasonal Climate Prediction
TBC	Tuberculosis
USD	United State Dollars
SPCG	Security Planning Coordination Group
HSC	Health Sector Coordinator
HSCoC	Health Sector Co-Coordinator
IMO	Information Management Office
ISCG	Inter-Sector Coordination Group
AWD	Acute Watery Diarrhea
IPD	Inclusion of People with Disabilities
PSEA	Prevention of Sexual Exploitation and Abuse
RCCE	Risk Communication and Community Engagement
EWARS	Early Warning, Alert, and Response Systems
DHIS	District Health Information System

EXECUTIVE SUMMARY

The protracted humanitarian situation in northeastern Nigeria, particularly in Borno, Adamawa, and Yobe (BAY) States, remains a concern due to ongoing insecurity, displacement, food insecurity, disease outbreaks, and climate-related shocks. To address these complex challenges, the health sector has developed a comprehensive humanitarian response strategy aligned with the three States Development plans, Durable Solutions for the Population Displacement Plan, and the Humanitarian Need Response Plan for 2025. This strategy aims to reduce morbidity and mortality among crisis-affected populations by ensuring timely, equitable, and effective delivery of lifesaving health services, while strengthen the resilience of health system and enhancing local and national capacities for sustainable health response in protracted emergency.

Supported by an in-depth analysis of the ongoing health humanitarian response using the Strengths, Weaknesses, Opportunities, and Threats (SWOT) methodology, the strategy is guided by three key objectives:

1. Provide access to lifesaving interventions and sustain an effective response to the prolonged health emergency.
2. Prevent, mitigate, and prepare for health risks from all hazards and respond to all health emergencies.
3. Advance the primary health care approach and essential health system capacities for universal health coverage.

To achieve these objectives, the strategy employs the “Five C” framework which refers to:

- Collaborative Surveillance: Enhancing collaborative efforts for effective monitoring.
- Community Protection: Implementing community-based protection measures.
- Safe and Scalable Care: Ensuring care that is both secure and scalable.
- Access to Countermeasures: Facilitating access to necessary countermeasures.
- Emergency Coordination: Coordinating emergency responses efficiently.

These proactive approaches are designed to be more anticipatory and preemptive rather than reactive, aiming to meet the needs of the crisis-affected population by providing lifesaving interventions, enhancing preventive and anticipatory actions, and ensuring the resilience of the health system. All actions are guided by International Humanitarian Standards and the Humanitarian Principles.

The implementation of the health humanitarian response strategy will involve collaboration with local authorities, non-governmental organizations (NGOs), and international organizations. The strategy emphasizes localization and resource mobilization, efficient logistics and supply chain management, mainstreaming protection, and the deployment and training of healthcare workers. Continuous monitoring and periodic evaluation will ensure the effectiveness of the response. Cross-sector collaboration with sectors such as WASH, Nutrition, Education, and Protection will be crucial to enhance the quality and reach of health interventions. Additionally, sustainability and transition

approaches will ensure long-term health outcomes and benefits, bridging the gap from humanitarian to development efforts.

By adopting this comprehensive approach, the humanitarian response in northeastern Nigeria, particularly in BAY States, can be effectively guided, ultimately reducing the suffering of affected populations.

1- SITUATION ANALYSIS

1.1. CONTEXT AND BACKGROUND

The humanitarian situation in northeastern Nigeria (BAY State) remains a pressing concern, driven by four key factors: ongoing conflict and displacement, food insecurity and malnutrition, disease outbreaks, and flood-related displacement.

The needs are multifaceted, requiring a comprehensive response to address the diverse challenges faced by the population. Food insecurity and malnutrition are pressing concerns, with emergency food aid being crucial, particularly for children under five who are at risk of acute malnutrition.

In addition to food insecurity, protection issues are a significant concern, with internally displaced persons (IDPs) and returnees facing substantial protection risks. The health sector is also under strain, with disease outbreaks, including cholera, meningitis, measles, Lassa fever and diphtheria, highlighting the need for improved healthcare and water, sanitation, and hygiene (WASH) services. Furthermore, adequate shelter and essential items, such as blankets and cooking utensils, are needed for IDPs and returnees. Education and livelihood support are also essential, as many children are out of school due to conflict, and livelihood support is critical for recovery and resilience.

In 2024, 2.3 million people were displaced, with significant protection concerns, while 4.4 million people face crisis or emergency food needs. Moreover, 1.53 million children under five are at risk of acute malnutrition, and disease outbreaks, including cholera, exacerbate already deprived living conditions(1). Seasonal floods displace communities, destroy infrastructure, and affect livelihoods, further complicating the humanitarian response.

Most IDPs are in Borno State. Displacement has disrupted livelihoods and undermined coping mechanisms and put stress on already threadbare basic services in the areas of displacement. Earlier this year, the BAY states launched durable solutions plans for IDPs with significant activities in the health sector, marking a significant milestone after 15 years of crisis. Borno's \$2.7 billion plan aims to aid 5.5 million people with housing, infrastructure, and livelihoods. Yobe's ₦2.1 trillion strategy targets 2.8 million people for safe returns, integration, and resilience. Adamawa's US \$1.2 billion initiative aims to support over a million people through community-driven sustainable development. However, these efforts require large scale and predictable funding, strong coordination, and long-term planning to complement humanitarian health activities effectively.

As a consequence of the crisis, it is essential to strengthen emergency preparedness, planning, and coordination mechanisms as part of the humanitarian response to avoid unnecessary duplication of service delivery. These efforts should include a shift toward localization to ensure an appropriate response, strengthening the capacity of the three BAY states to cope with the increased number of displaced people requiring health services, and improving the collection, collation, analysis, and dissemination of health information. Additionally, it is crucial to strengthen the alignment of global

responses with national and state structures, enhance coordination amongst humanitarian and development sectors at all levels, and map health sector development and peace nexus initiatives.

The key humanitarian challenges in northeast Nigeria include insecurity and access constraints, funding constraints, logistical challenges, and protection concerns. The humanitarian access is hindered by insecurity, and aid deliveries are at risk of attack while the funding constraints limit the scope and scale of assistance, with only 42.7% of the required funds received as of 2024(1). The logistical challenges, including insecurity and inadequate infrastructure, restricted access to affected areas. Civilians, especially girls, women, and children, face significant protection concerns, including risk of gender-based violence, abduction, and exploitation.

Climate change, combined with rapid population growth (Nigeria's population is projected to reach 400 million by 2050 according to the World Bank) will pose a significant risk with greater population density in flood prone areas. The impact of climate, ailing infrastructure and poor urban planning have made Nigeria one of Africa's most flood-prone countries. Recent floods affected 34 out of 36 states, with Borno being the most severely impacted, according to NEMA fourth Situation Report, 2024. The floods impacted 1.3 million people, claiming close to 320 lives, displacing 729,310 people. In addition to destroying 119,690 homes, other critical infrastructure including health facilities were either damaged or destroyed. Additionally, 194,637 hectares of farmland was flooded in the middle of the harvest(2). Beyond displacement and agricultural losses, the floods also triggered waterborne disease outbreaks, specifically cholera and exacerbated other seasonal diseases. Displacement into crowded emergency shelters also increased health risks. This combination of natural disasters affecting people already rendered vulnerable by conflict further compounded protection risks and vulnerabilities.

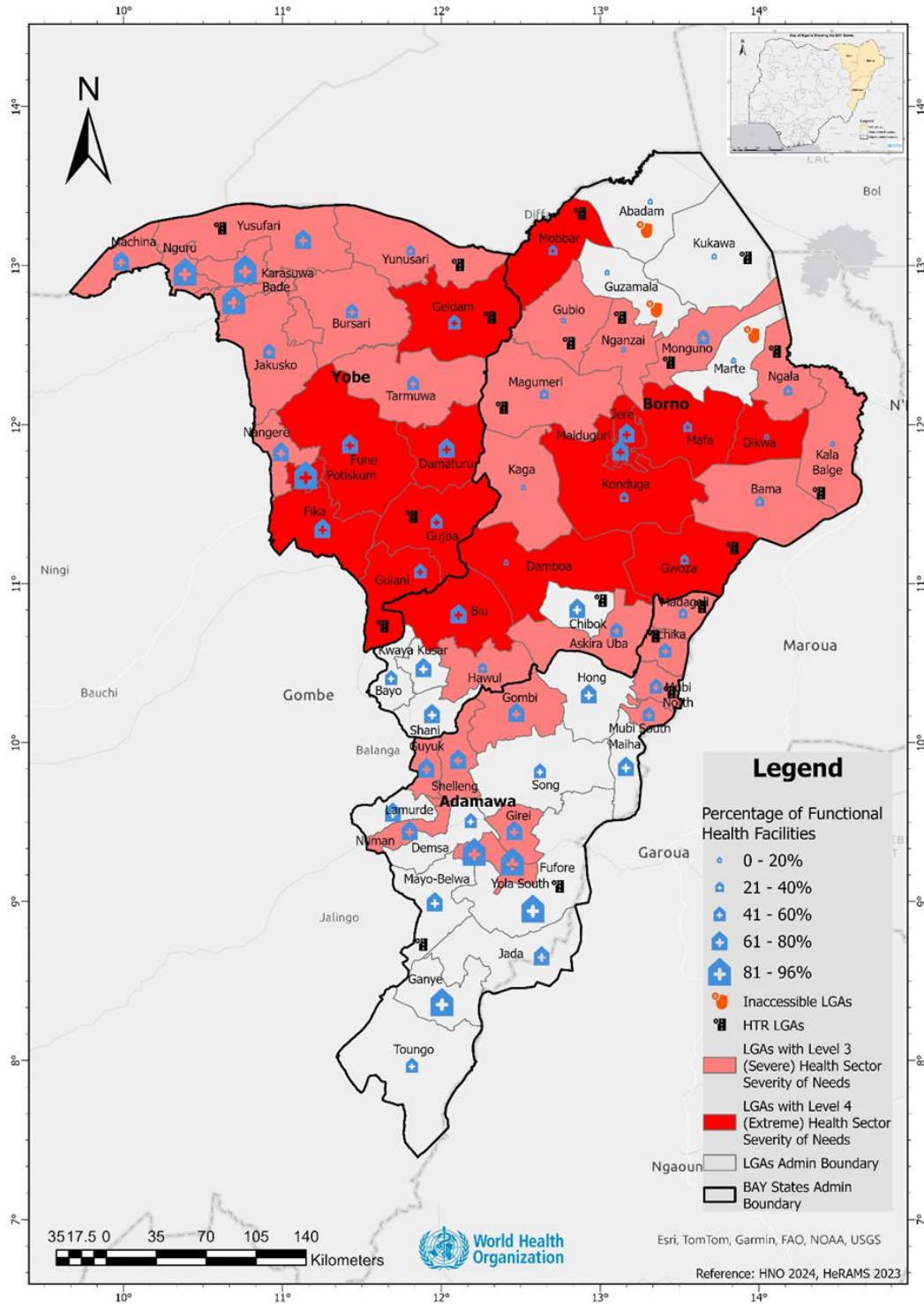
In 2024, a total of \$89.9 million was required by the health sector to address these challenges, only 42.7% were received from various sources, including the Central Emergency Response Fund, Nigeria Humanitarian Fund, and donors. Collaboration between humanitarian actors and the government is facilitated through mechanisms such as the Humanitarian Country Team, sector coordination, and joint planning.

Efforts to build resilience and strengthen the health system while providing lifesaving interventions have been ongoing through various initiatives. The provision of medical equipment and supplies has been a key focus area to ensure healthcare workers have the necessary resources. Investing in health workforce development has also been a priority, with training and capacity-building programs for healthcare workers, as well as support for their integration into government schemes. Furthermore, integrated health services delivery has been promoted to provide comprehensive care to patients. Community Health Worker (CHW) programs have received ongoing support to foster community engagement and health service delivery.

To address health emergencies, emergency preparedness and response mechanisms have been strengthened to enable rapid response. Additionally, health management information systems (HMIS)

have been established and strengthened to enhance data collection, analysis, and use, informing decision-making and policy development in the health sector.

Figure 1: Map of BAY States.



As of December 2024, humanitarian health assistance has reached 2.56 million beneficiaries, representing 69% of the targeted population, through 58 implementing partners in 411 wards, 60 local government areas (LGAs), across the BAY states.

1.2. PROBLEM NEEDS AND RISK ANALYSIS.

The humanitarian crises in the BAY states of Northeast Nigeria are marked by escalating conflict, widespread displacement, and climate-related shocks. These challenges worsen existing vulnerabilities in health, nutrition, mental health, and protection services, particularly for gender-based violence (GBV), creating significant gaps in the humanitarian response. Additional challenges include deteriorating infrastructure and equipment, a shortage of qualified personnel, gaps in the supply of medicines and medical resources, insufficient funding, and high demands, as evidenced by low life expectancy rates and the world's highest infant and under-five mortality rates.

The Health Sector Overview Needs Assessment for the 2025 Humanitarian Response Plan (HRP) for the BAY states identifies a total of 4,930,892 people in need of health sector assistance. The assessment reveals that 1 LGA is at a minimal level, 10 LGAs are stressed, 45 LGAs are severe, 9 LGAs are extreme, and none are catastrophic. The health sector targets a total population of 3,158,720, including 631,214 IDPs, 401,026 returnees, and 2,126,480 host communities.

Table 1: Health Sector Overview Needs Assessment for the 2025: PIN and target population per severity level.

	Severity 5	Severity 4	Severity 3	Severity 2	Severity 1	Total
Number of LGAs	0	9	45	10	1	65
PIN	0	895,000	3,137,553	860,609	37,730	4,930,892
People targeted	0	784,463	2,132,741	241,516	0	3,158,720

Table 2: Health Sector Overview Needs Assessment for the 2025: population target group per state.

	Adamawa	Borno	Yobe	Total
IDPs	67,667	515,467	48,079	631,213
Returnee	118,180	182,598	100,248	401,026
Host Community	594,827	565,989	965,665	2,126,480
Total	780,674	1,264,054	1,113,992	3,158,720

Access to Health Services: Only 30% of households in the BAY states have access to healthcare facilities within a 30-minute walk without barriers. Access is further constrained in conflict zones, where insecurity has led to the closure or destruction of health facilities. Consequently, 70% of households face barriers to accessing health services due to insecurity, lack of functional facilities, and inadequate transportation.

The 2023 Health Resources and Services Availability Monitoring System (HERAMS)(3) assessment report provides baseline data on health facilities across the BAY states:

- **Borno State:** The assessment covers 927 health facilities across 27 LGAs. Among the 596 health facilities that were either undamaged or partially damaged, 71% (423) were fully functional, 12% (69) were partially functional, and 16% (104) were non-functional. Additionally, 35 facilities (6%) were completely damaged, 194 (30%) were partially damaged, and 402 (64%) were undamaged.
- **Adamawa State:** Out of the 1,188 health facilities assessed, 67% (793) were fully functional, 12% (144) were partially functional, and 21% (251) were non-functional. Among these, 35 facilities (3%) were fully damaged, 325 (33%) were partially damaged, and 633 (64%) were undamaged.
- **Yobe State:** The assessment covered 596 health facilities that were either undamaged or partially damaged. Among them, 71% (423) were fully functional, 12% (69) were partially functional, and 16% (104) were non-functional.

Increased new displacements have contributed to shrinking humanitarian access in the Northeast states, resulting in shifts in access and potential increases in humanitarian needs. Frequent outbreaks of cholera, measles, malaria, and diphtheria remain a public health emergency.

Disease Burden and Outbreaks: Frequent outbreaks of cholera, measles, malaria, and diphtheria remain a public health emergency. In 2024, cholera outbreaks affected 5,850 people in the Northeast, with a case fatality rate of 2.5%. Diphtheria cases also surged, exacerbating the public health crisis.

Workforce and Equipment Deficits: Over 60% of health facilities lack essential medicines and skilled personnel. A shortage of qualified healthcare workers, particularly doctors, nurses, and midwives, were reported in most surveyed LGAs. Most available workers are Junior Community Health Extension Workers (JCHEWs) and Community Health Extension Workers (CHEWs). Health service disruptions are worsened by limited cold-chain systems, hampering vaccination campaigns and routine immunizations. Key service gaps include maternal and child healthcare, emergency obstetric care, and outbreak response services. Less than half of women of reproductive age reported being attended to by skilled birth attendants(4).

Malnutrition (Severe Acute Malnutrition - SAM): In the Northeast, 10 LGAs are in critical (Phase 4), 21 in serious (Phase 3), and 31 in alert (Phase 2). Nigeria's northeast regions are facing a severe nutrition crisis, with approximately 5.44 million children under five projected to suffer from acute

malnutrition between May 2024 and April 2025, according to the Integrated Food Security Phas Classification Acute Malnutrition Analysis (IPC AMN) report from October 2024(5). This alarming figure includes 1.8 million cases of SAM and 3.7 million cases of Moderate Acute Malnutrition (MAM). Additionally, an estimated 787,000 pregnant and lactating women are expected to experience acute malnutrition, underscoring the need for targeted nutrition support. The current situation is particularly dire, with over half of the 133 LGAs analyzed already in IPC Acute Malnutrition Phase 3 or above, emphasizing the urgent need for nutrition interventions.

Mental Health and Psychosocial Support (MHPSS): Mental health support remains underdeveloped, with limited services available at primary healthcare levels. The protracted conflict has led to widespread trauma, particularly among IDPs and returnees, increasing the prevalence of psychosocial issues that remain largely unaddressed amidst limited availability and access to community based MHPSS services. An estimated portion of the affected population reports symptoms of depression, anxiety, or PTSD, driven by displacement, violence, and economic hardships. Barriers to care include cultural stigma around mental health, preventing many from seeking help. Primary healthcare centers lack trained professionals and resources to deliver integrated MHPSS services.

Gender-Based Violence (GBV): Gender-based violence (GBV), including sexual exploitation, forced marriages, and physical abuse, remains prevalent. In the Northeast, 30% of women and girls report experiencing GBV, often in displacement camps. Support services for GBV survivors, such as psychosocial counseling, legal support, and safe spaces, are severely inadequate, with significant gaps in referral systems and case management. Only 20% of identified GBV survivors received assistance due to stigma and inadequate services. In 2024, an estimated 1.8 million people required GBV-related response services, with significant needs identified in the BAY states(4).

Sexual and Reproductive Health: Northeast Nigeria has witnessed significant improvements in the management of sexual and reproductive health (SRH) due to collaborative efforts by the Nigerian government, UN organization, and other humanitarian partners, despite being impacted by insecurity, climate change and displacement. According to the NDHS 2023-24, the modern contraceptive prevalence among married women aged 15-49 is 12.9%, with an unmet need for child spacing at 22.9%. The teenage pregnancy rate is alarmingly high at 18.3%, which substantially contributes to maternal morbidity and mortality. Young mothers face higher health risks during pregnancy and childbirth. About 50.6% of pregnant women seek antenatal care for four or more visits; however, less than half (32.3%) of them deliver with the assistance of skilled providers.

The prevention and treatment of sexually transmitted infections, including HIV, remain insufficient. The NDHS 2023-24 survey revealed that only 24.2% of young women and 13.9% of young men have knowledge about HIV prevention. Access to Prevention of Mother-to-Child Transmission of HIV (PMTCT) services for pregnant women in Northeast Nigeria faces several challenges. These include low awareness, stigma, limited health infrastructure and workforce, and poor integration of PMTCT services with other reproductive health services to ensure comprehensive care.

1.3. TARGET GROUPS AND BOUNDARY SETTING FOR HUMANITARIAN INTERVENTION.

The humanitarian crisis in Northeast Nigeria has far-reaching consequences, affecting millions of people across various categories. According to the 2025 Humanitarian Needs Response Plan(6), approximately 7.8 million individuals require humanitarian assistance in 2025. Women and children comprise 80% of those in need and are disproportionately vulnerable to the devastating impacts of conflict, climate change, food insecurity, and limited access to basic services. There are over 1.8 million Internally Displaced Persons (IDPs) in the region, primarily displaced due to conflict and climate change. Additionally, a 1.4 million of returnees and 2.6 million host community and refugees, including those from neighboring countries, are also in need of humanitarian support.

The Joint Intersectoral Analysis Framework (JIAF)(7) identified that 69% of Local Government Areas (LGAs) are at Severity 3 (Severe), suitable for life-saving interventions, while 13.8% of LGAs are at Severity 4 (Extreme), requiring targeted assistance. This transparent and inclusive approach, validated through workshops in each state and by the Humanitarian Country Team, concluded that in 2025, 4,930,892 people will need health sector assistance, with a target population of 3,158,720. Two-thirds of the target population are host communities.

Due to dwindling resources emphasis should be on life saving and targeted response so that development efforts address poverty, lack of access to health services and rule of law. Coordination of these efforts should be Government led and to the extent possible be funded by the Government at all levels specially at the LGA level. The health sector’s role will include supporting the development of strategic, policy and technical frameworks and guidance, providing technical assistance, that feed the model and supporting capacity building as well as being a provider of last resorts.

Table 3: JIAF Severity level description and the correspondent health interventions recommended.

Severity Level	Description	Health Interventions
Severity level 5 (catastrophic)	The situation is extremely dire, with widespread and severe humanitarian needs	Immediate Life-Saving Assistance: Health Services: Deployment of mobile clinics and emergency health teams to provide urgent medical care, including vaccinations and treatment for injuries and diseases.
Severity level 4 (Extreme)	The humanitarian needs are severe and widespread, but not yet at the catastrophic level.	Enhanced Life-Saving Assistance: Health Services: Strengthen health services by providing essential medicines, supporting health facilities, and deploying mobile health units.

Severity level 3 (Severe)	The humanitarian needs are significant and require substantial intervention to prevent further deterioration	Targeted Assistance: Health Services: Strengthen local health services by supplying essential medicines, supporting health facilities, and conducting health outreach programs.
Severity level 2 (Stressed)	the situation is concerning but not yet critical	Preventive and Supportive Assistance: Health Services: Strengthen local health systems by providing essential medicines, supporting health facilities, and promoting preventive healthcare measures
Severity level 1 (Minimal)	the situation is relatively stable, but there are still some vulnerabilities that need to be addressed to prevent deterioration.	Preventive Measures and Capacity Building: Health Services: Strengthen local health systems through training healthcare workers, improving health infrastructure, and promoting preventive healthcare measures such as vaccinations and health education.

1.4. THE FIVE CS OF HEALTH EMERGENCY PREVENTION, PREPAREDNESS, RESPONSE, AND RESILIENCE

This approach guides the response to an acute event within a protracted emergency while contributing to building the resilience of the health system, support emergency preparedness and response and one health approach. It is a flexible and adaptability approach that will be an advantage in the development of our strategy document.

“Five C” stand for Collaborative surveillance, Community protection, Safe and Scalable care, Access to countermeasures and Emergency Coordination(8).

Collaborative surveillance: Collaborative surveillance involves enhancing the capacity and cooperation among various stakeholders, both within and outside the health sector, to improve public health intelligence and decision-making. It builds on existing public health surveillance, health service monitoring, and laboratory surveillance, incorporating insights from diverse data sources and advanced analytical methods. The core of collaborative surveillance is fostering intentional collaboration across four key dimensions including diseases and threats surveillance system, multisector, throughout emergency cycles and in various geographical areas.

Community Protection: Community Protection involves actions centered around the community to safeguard health and wellbeing, such as vaccinations. To ensure effective health emergency responses these approaches prioritize communities, ensuring interventions like vaccinations, emergency nutrition, vector control, and WASH (Water, Sanitation, and Hygiene) measures are co-created with

them. These efforts are integrated with multisectoral actions at all levels to protect health, social and economic welfare, mental health, livelihoods, food security, and dignity.

Safe and Scalable care: Safe and Scalable care actions ensure the health systems are well-prepared and capable of responding swiftly to emergencies, to guarantee communities access to high-quality health services in safe environments during and after emergencies. These actions rely on resilient health systems demonstrated by a strong primary health care and the capacity to reorganize and deploy resources flexibly to meet increased demands while maintaining essential services and supporting health workers and patients. These actions also promote equitable access to care and address financial, contextual, and cultural barriers.

Access to countermeasures: These measures refer to diagnostics tools, therapeutics, vaccines, medical devices, and equipment needed for effective testing, treatment, and protection of communities during health emergencies. The medical countermeasures ecosystem is diverse, involving a complex network of collaborations across various functional areas, regions, and phases of the health emergency cycle. Coordinating these efforts is crucial for better preparedness and response, necessitating the creation of a medical countermeasures coordination platform to support collaboration among different stakeholders to ensure timely, sufficient, and equitable access.

Emergency Coordination: Effective coordination of Health Emergency Preparedness and Response (HEPR) systems is essential for mobilizing and deploying the necessary resources—such as knowledge, data, financial, material, technical, and operational resources—to prepare for, prevent, detect, alert, and respond swiftly to health emergencies. This requires accountable leadership and robust multisectoral and multidisciplinary coordination, especially in incident management and workforce development. The Emergency Coordination subsystem supports the capabilities of all other subsystems at global, regional, national, and sub-national levels through effective coordination.

The approach applied have been proven effective in the preparedness and response to emergency in acute and protracted phase.

1.5. PARTNERS MAPPING AND STAKEHOLDER'S ENGAGEMENT

Key stakeholders are crucial to the success of the implementation of this strategy, as they possess significant influence. The government, specifically the Ministry of Health, regulatory agencies, and local government health departments, plays a vital role in the healthcare system. The government's responsibilities include developing national health policies, regulating healthcare standards, allocating public resources, ensuring universal access to healthcare, providing oversight, and responding to health emergencies.

Technical and donor agencies will provide critical support to health initiatives by offering funding, technical assistance, and policy advocacy. They will bridge the gap between local needs and global resources, enabling governments and organizations to implement sustainable health programs.

United Nation Agencies, International Non-governmental organizations, will work to address global health challenges by providing technical expertise, advocating for funding, and offering policy

guidance and deliver health services directly to communities. These organizations will collaborate with governments, national partners, and private entities to improve public health and achieve sustainable development goals.

National Nongovernmental Organization and community-based organizations will deliver health services directly to communities, advocate for marginalized populations, promote health awareness, and facilitate community mobilization for public health initiatives.

2- SWOT ANALYSIS BY THEMATIC AREAS

The SWOT analysis is designed to comprehensively assess the ongoing health humanitarian response by identifying and examining its strengths, weaknesses, opportunities, and threats. This analysis aims to provide insights into the response's effectiveness and efficiency, leveraging available data, information, and expertise from participants.

To ensure a systematic and structured approach, the analysis is focused on selected seven key thematic areas, each comprising three to five specific dimensions. This framework enables a detailed examination of the response's critical aspects.

Table 4: SWOT Analysis framework.

No	Thematic areas	Dimensions
1	Governance and leaderships	<ol style="list-style-type: none"> 1. Management and leadership. 2. Policy influence and advocacy. 3. Government relations and partnerships. 4. Humanitarian law and policy compliance. 5. Media and public relations.
2	Financing	<ol style="list-style-type: none"> 6. Funding sources and tracking mechanisms. 7. Budgeting and financial management. 8. Cost-effectiveness and efficiency. 9. Financial sustainability and scalability.
3	Operational capacity	<ol style="list-style-type: none"> 10. Logistics and supply chain management. 11. Infrastructure and equipment. 12. Communication and information management. 13. Security and safety protocols. 14. Staff capacity and training.
4	Infrastructure and environmental health	<ol style="list-style-type: none"> 15. Environmental health and safety. 16. Infrastructure and equipment availability. 17. Access to basic services (water, sanitation, hygiene). 18. Climate change and disaster resilience.

5	Community and social welfare	<ul style="list-style-type: none"> 19. Community engagement and participation. 20. Social and cultural sensitivity. 21. Protection and safety of vulnerable populations. 22. Community-based initiatives and empowerment.
6	Partnership and coordination	<ul style="list-style-type: none"> 23. UN agencies and international Non-Governmental Organizations. 24. Local governments and authorities. 25. National NGOs and community-based organizations. 26. Private sector entities and donors.
7	Programmatic approaches	<ul style="list-style-type: none"> 27. Service delivery models. 28. Quality of care. 29. Access to services.

2.1. GOVERNANCE AND LEADERSHIPS

Policy and advocacy provide a framework for action, mobilize resources, and ensure that the voices and needs of affected populations are prioritized in decision-making processes. They are crucial for making humanitarian responses effective, inclusive, and sustainable. By shaping decisions, mobilizing resources, and aligning with global standards, they help save lives, uphold human dignity, and foster resilient communities.

Table 5: Governance and leaderships SWOT analysis outcomes.

Policy and Advocacy Thematic area				
Dimension	Strength	Weakness	Opportunities	Threats
Management and leadership	<ul style="list-style-type: none"> • Ability to develop and implement comprehensive humanitarian strategies, addressing complex needs with yearly Humanitarian Response Plan • Fosters strong partnerships among humanitarian agencies, government entities, and local stakeholders, ensuring coordinated and effective responses. • Flexibility and adaptability in managing humanitarian programs 	<ul style="list-style-type: none"> • Difficulties in managing hard to reach and inaccessible areas. • Weak registration and monitoring of partner's activities. • Bureaucratic bottle neck with registration of new partner • Inadequate funding, insufficient skilled personnel, and limited logistical capacity, hindering the effectiveness and scale of humanitarian responses. 	<ul style="list-style-type: none"> • Empowering local organizations, governments, and communities to take ownership of humanitarian responses, building their capacity and promoting sustainable solutions. • Strengthening of government and partners communication systems that enable remote management and support to ensure the efficiency of the implementation of the intervention. 	<ul style="list-style-type: none"> • Cultural and social norms can create barriers to effective management and leadership, particularly in a complex and sensitive context. • Security concerns, attack of health facilities and kidnapping can pose significant risks to staff, facilities, and operations. • Communication challenges, including limited connectivity, and misinformation, can hinder effective

	<p>and addressing emerging challenges.</p> <ul style="list-style-type: none"> • Functional and effective inter-sectoral and technical working groups coordination to address cross cutting needs. 		<ul style="list-style-type: none"> • Opportunity in advocacy, and influencing to address root causes of humanitarian crises, promote durable solutions, and support sustainable development. • Exploring new funding opportunities, diversify donor base, and mobilize resources to support humanitarian responses and address funding gaps. 	<p>management and leadership.</p> <ul style="list-style-type: none"> • Donor fatigue and shifting priorities can lead to reduced funding and support for health humanitarian response.
Policy influence and advocacy	<ul style="list-style-type: none"> • Response aligned to national and international guidelines and standard. • Availability of annual Humanitarian Response Plan. • Access to key decision-makers, such as state government and officials. • Participation in national policy forums to shape national policies that impact health humanitarian response. 	<ul style="list-style-type: none"> • Insufficient advocacy resources and guidelines for partners and government to conduct successful advocacy. • Limited partner engagement (NNGOs) in developing relevant documents. • Absence of Health sector humanitarian strategic response plan. • Restrictive (non-consultative) government directive on continuity of partners' implementations. 	<ul style="list-style-type: none"> • The increasing focus on the humanitarian-development nexus presents opportunities for advocacy on sustainable solutions that address the root causes of the humanitarian crisis. • The Nigerian government's commitment to healthcare, as evident in the National Health Act, presents an opportunity for advocacy and policy influence. 	<ul style="list-style-type: none"> • Limited data and evidence can weaken advocacy efforts and limit the ability to influence policy. • The ongoing insecurity can hinder advocacy efforts, limit access to decision-makers in the remote areas and increase risks for advocates. • Bottle necks with international procurement

			<ul style="list-style-type: none"> • Utilizing digital platforms, social media, and other technologies can enhance advocacy efforts, increase reach, and mobilize support. • Supporting community-led advocacy initiatives can amplify local voices and promote inclusive policymaking. 	
Government relations and partnerships	<ul style="list-style-type: none"> • Good synergy with the health sector. • Functional PHEOC. • There is strong partnership with the implementing partners. 	<ul style="list-style-type: none"> • Weak integration of the polio and public health EOC in Yobe & Borno. • Transparent and timely information sharing is weak among partners and government. • Accountability remains work in progress. 	<ul style="list-style-type: none"> • Increasing advocacy and working with governments to raise awareness about humanitarian issues, promoting advocacy and action. 	<ul style="list-style-type: none"> • Distrust between governments and humanitarian organizations can impede effective partnerships and coordination. • Misunderstanding on security risks concerns can limit humanitarian access, create obstacles, and increase risks for humanitarian workers.
Humanitarian law and policy compliance	<ul style="list-style-type: none"> • Ongoing synergy with the government to suit the cultural and local context of the state government. • Humanitarian communities are well informed about humanitarian principles & imperatives. 	<ul style="list-style-type: none"> • Accountability to affected population reporting mechanisms are weak. • Weak government sanctions against erring partners. • Slow response of government & the humanitarian partners 	<ul style="list-style-type: none"> • Integrating humanitarian law and principles into humanitarian programming, promoting a culture of compliance and respect. • Engaging with local communities and promoting education on 	<ul style="list-style-type: none"> • Conflicting interests and priorities among humanitarian stakeholders, potentially leading to non-compliance. • Evolving nature of conflict and crisis, potentially creating new challenges for

		in addressing humanitarian abuses	humanitarian law and policy, enhancing compliance, and promoting peaceful coexistence.	compliance with humanitarian law and policy.
Media and public relations	<ul style="list-style-type: none"> • Availability of communication channels for information dissemination. • Availability of partner's led RCCE to underserved communities. • Ongoing strengthening intersectoral collaboration on infodemic management. 	<ul style="list-style-type: none"> • Weak community information demand for action. • Difficult access to some communities due to insecurity. • Inadequate regular update sharing by partners & government to the communities. 	<ul style="list-style-type: none"> • Utilizing digital platforms and storytelling techniques to share humanitarian stories, promoting emotional connection and engagement. • Building capacity of humanitarian staff and partners through media training, enhancing their ability to effectively communicate humanitarian messages. 	<ul style="list-style-type: none"> • Misleading information, potentially damaging humanitarian organizations' reputation and credibility.

2.2. FINANCING RESOURCES

Financial resources are essential for successful humanitarian responses, allowing organizations to save lives, uphold human dignity, and foster resilience. Securing sufficient and timely funding from governments, donors, and other partners is crucial to effectively meet the complex and changing needs of affected populations.

Table 6: Financial thematic area SWOT analysis outcomes.

Financial thematic area				
Dimension	Strength	Weakness	Opportunities	Threats

<p>Funding sources and tracking mechanisms</p>	<ul style="list-style-type: none"> • Multiple funding sources through partners, UN agencies and national and international donors. • Availability of CERF funding on need basis for emergencies • Availability of funding tracking mechanisms 	<ul style="list-style-type: none"> • Declining funding • Delayed registration of partners especially NNGOs to access NHF and other donor funds. • Knowledge gap of partners on other alternative sources of funding other than NHF. • Inability of government to access funding directly from some donors. 	<ul style="list-style-type: none"> • Expanded resource mobilization strategy. • Availability of multilateral donors (World bank) supporting state programs under sustainable solutions such as engagement with private sector for humanitarian funding and resources. 	<ul style="list-style-type: none"> • Constantly dwindling funds • Worsening economic situation of the country. • Misplaced priorities on expenditure. • Lack of sustainability in allocation of funding.
<p>Budgeting and financial management dimension</p>	<ul style="list-style-type: none"> • Availability of annual budget lines (annual operation plan) • Current SWAp strategy adoption. • Availability of Basic Health care provision fund 	<ul style="list-style-type: none"> • Funds are not often released adequately and timely to the ministries for adequate implementation from the government. • Funding gaps on part of partners to meet programmatic and operational deliverables. • Weak adoption of joint management approach resulting in low-cost efficiency • Weak accountability from both government and partners. 	<ul style="list-style-type: none"> • Leveraging digital financial technologies, such as mobile payments and online platforms, can increase efficiency, reduce costs, and enhance financial inclusion. • Implementing cash-based programming can provide beneficiaries with greater flexibility, reduce logistical costs, and enhance financial efficiency. • Implementation of the Swap (Sector wide approach) strategy. 	<ul style="list-style-type: none"> • Unpredictable and inadequate funding can lead to budget shortfalls and financial instability. • Volatile exchange rates can impact budget stability and financial planning.

<p>Cost-effectiveness and efficiency</p>	<ul style="list-style-type: none"> • Availability of preparedness and response plans. 	<ul style="list-style-type: none"> • Inadequate qualified workforce. • Inadequate quantities and varieties of prepositioned commodities. • Administrative and logistic challenges to accessing prepositioned commodities. • Inadequate trained and ready to deploy surge capacity staff. • Suboptimal joint monitoring and supervision. • Weak LGA level coordination. 	<ul style="list-style-type: none"> • Empowering local communities and decentralizing decision-making can increase efficiency, reduce costs, and improve responsiveness to local needs. • Leveraging digital financial technologies, such as mobile payments 	<ul style="list-style-type: none"> • Excessive bureaucratic processes delays response times, increasing costs and reducing efficiency. • Limited access to affected populations due to security concerns increase costs and reduce efficiency. • Environmental degradation and climate-related disasters disrupt operations, increasing costs and reducing efficiency.
<p>Financial sustainability and scalability</p>	<ul style="list-style-type: none"> • Availability of innovative strategies for emergency mapping, forecasting including budgeting 	<ul style="list-style-type: none"> • Weak exit strategies • Poor community participation in Projects' implementation. 	<ul style="list-style-type: none"> • Government and partners commitment on joint development and implementation of exit strategy. 	<ul style="list-style-type: none"> • Operating in insecure or politically unstable environments can disrupt operations and impact financial sustainability. • Partner's over-reliance on donor funding creates vulnerability which threatens continuity when there is a change in donor priority or funding envelope.

KEY RECOMMENDATIONS/ ACTION PLANS FROM THE SWOT ANALYSIS FINDINGS FOR THEMATIC AREAS 1 AND 2:

Table 7: Key recommendations/ action plans from the SWOT analysis findings for thematic areas 1 and 2.

Action plans	Responsible	Timeline
1. Strengthen engagement with national non-governmental organizations (NNGOs) in the development of relevant policy documents, ensuring their active participation and contribution to enhance ownership, relevance, and effectiveness.	SMOH, relevant ministries, agencies/ boards and Partners	12 months
2. Strengthen reporting mechanisms that ensure accountability to affected populations, providing transparent, accessible, and regular channels for feedback, complaints, and response.	SMOH, relevant ministries, agencies/ boards, LGAs and Partners	12 months
3. Strengthen community engagement and timely information dissemination efforts to stimulate demand for action, ensuring that affected populations are informed, empowered, and motivated to advocate for their needs and rights	SMOH, relevant ministries, agencies/ boards, LGAs and Partners	12 months
4. Provide capacity-building programs for National NGOs and CSOs to enhance their knowledge and understanding of alternative funding sources beyond the National Humanitarian Fund (NHF), enabling them to diversify their funding portfolios and reduce dependence on a single source.	International NGOs and UN Organization.	12 months
5. Develop and implement a comprehensive stockpiling and prepositioning strategy for essential commodities, ensuring adequate quantities, strategic locations, and timely replenishment to enhance response readiness and reduce lead times.	SMOH, relevant ministries, agencies/ boards, LGAs and Partners	12 months
6. Conduct regular joint monitoring and supervision missions with all relevant stakeholders to ensure effective oversight, identify areas for improvement, and enhance the quality and impact of humanitarian responses.	SMOH, relevant ministries, agencies/ boards, LGAs and Partners	Quarterly, for the period of 36 months
7. Strengthen coordination mechanisms at the Local Government Area (LGA) level through regular meetings, clear communication channels, and defined roles and responsibilities to enhance collaboration and response effectiveness.	SMOH, relevant ministries, agencies/ boards, LGAs and Partners	Monthly and Ad hoc for the period of 36 months
8. Develop and implement clear, context-specific exit strategies for humanitarian programs, outlining measurable criteria, timelines, and transition plans to ensure sustainable outcomes and minimize dependency on external aid.	SMOH, relevant ministries, agencies/ boards, Gas and Partners	Yearly
9. Establish and strengthen the monitoring mechanisms for effective utilization of financial resources to ensure accountability.	SMOH, relevant ministries, agencies/ boards, LGAs and Partners	Bi-annually

10. Increase funding allocation from the Government for procurement of medical commodities also for prepositioning and timely release.	SMOH, relevant ministries, agencies/ boards, LGAs and Partners	Yearly

2.3. OPERATIONAL CAPACITY

Operational capacity is vital for humanitarian response, involving the logistical, technical, and managerial systems needed to deliver aid efficiently and effectively. Without strong operational mechanisms, even well-funded responses may fail to meet the needs of affected populations. Investing in these systems ensures resources are used effectively, aid is delivered efficiently, and needs are comprehensively met, ultimately saving lives, building trust, and fostering recovery and resilience.

Table 8: Operational thematic area SWOT analysis outcomes.

Operational thematic area				
Dimension	Strength	Weakness	Opportunities	Threats
Logistics and supply chain management	<ul style="list-style-type: none"> Establishment of emergency logistics and supply chain agencies in BAY states (by law) Prepositioning of essential drugs for outbreaks (mobile storage units prepositioned in key LGAs). NGOs have access to international supply of drugs to cover the gaps. Strong intersectoral collaboration to provide the needed supply. 	<ul style="list-style-type: none"> Centralization of supply chain management system at the state level resulting in delayed supplies to end users especially at deep field locations. Limited tracking of prepositioned drugs (can expire or be misused). Lack of manpower to handle the supply chains. Inadequate quantity of medical drugs and pharmaceutical supplies (state and LGA levels). 	<ul style="list-style-type: none"> Presence and availability of partners to support the supply chain to implement activities in hard-to-reach locations. Availability of drugs management agencies to support the procurement and timely distribution. Support of local pharmaceutical companies to get the certification. Creation of mechanisms for logistics coordination among humanitarian stakeholders and governments, to ensure a 	<ul style="list-style-type: none"> On-going conflicts and insecurity Delays in procurement

		<ul style="list-style-type: none"> • International procurement delays. • Procurement of some drugs require framework agreement (psychotropic drugs for example) and can delay its procurement. 	cohesive and effective response.	
Infrastructure and equipment	<ul style="list-style-type: none"> • Existence of functioning health facilities in main cities including some outreach centers. 	<ul style="list-style-type: none"> • Facilities are not well equipped, are lacking water and electricity supply. • Inadequate maintenance of current equipment and limited local repair options for damaged equipment. • Lack of solar panels as an alternative source of power in the infrastructures and equipment like the cold chain system for vaccine storage. 	<ul style="list-style-type: none"> • Partnerships between humanitarian organizations, governments, and private sector entities to support infrastructure development, resource sharing, expertise, and risk. • Mapping the presence of bio-medical technicians and strengthening their capacity for periodic maintenance of equipment 	<ul style="list-style-type: none"> • Infrastructure and equipment can be damaged or destroyed due to conflict, natural disasters, or other crises, disrupting humanitarian operations. • Difficulty in accessing spare parts and supplies can hinder maintenance and repair efforts, leading to equipment downtime and reduced operational capacity.
Communication & information management	<ul style="list-style-type: none"> • Functional District Health Information System (HIS) • Multiple sources of information for surveillance and humanitarian management: SOMAS, IDSR and 5Ws report in addition to the activation of tracking data and information system during 	<ul style="list-style-type: none"> • Limited necessary communication capacity, including skilled staff, equipment, and infrastructure, to support effective communication. • Vulnerability to political influence and interference in information management • Insufficient feedback mechanisms to gather information from affected populations, reducing the 	<ul style="list-style-type: none"> • Increasing use of digital tools for data collection and analysis (Kobo collect, COMM CARE) and social media to enhance communication, information sharing, and engagement with affected populations. • Developing targeted communication and information management 	<ul style="list-style-type: none"> • Misuse of social media to spread misinformation, propaganda, or hate speech, exacerbating humanitarian crises. • In complex or high-risk environments humanitarian organizations may struggle to protect sensitive data and maintain the privacy of affected populations.

	<p>outbreak response at the PHEOC.</p> <ul style="list-style-type: none"> • Presence of DSNO at the LGA level for information facilitation between the LGA and the state 	<p>effectiveness of humanitarian responses.</p>	<p>strategies to engage donors, share impact stories, and demonstrate the effectiveness of humanitarian programs.</p>	
<p>Security and safety protocols</p>	<ul style="list-style-type: none"> • Collaboration with security agencies (INSO, UNDSS) • Civil and military coordination • Engagement and collaboration with community leaders at local level • Up-to-date security Sops and guidelines • Capacity building of frontline workers on security, safety awareness and preventive measures 	<ul style="list-style-type: none"> • Physical access challenges and constraints especially in crisis affected areas. 	<ul style="list-style-type: none"> • Presence of Security Planning Coordination Group (SPCG) and Joint task force providing security for humanitarian operations. • Community-led security initiatives that promote social cohesion, community engagement, and participatory decision-making. 	<ul style="list-style-type: none"> • Attacks on community and health workers, IEDs, illegal check points
<p>Staff capacity and training</p>	<ul style="list-style-type: none"> • Humanitarian staff adaptability and flexibility in responding to evolving contexts, priorities, and community needs. • Staff development policy exist in international organization. • Humanitarian staff have skills and knowledge in areas such as emergency response and health services. • Humanitarian staff actively collaborate with the 	<ul style="list-style-type: none"> • Healthcare workers may lack training on emergency response, including crisis management and disaster response. • Poor remuneration and incentives • Shortages of skilled healthcare workers in specialized areas, such as surgery, anesthesia, and mental health, compromise the quality of care. • The conflict in Northeast Nigeria has led to a brain drain, and, or migration of 	<ul style="list-style-type: none"> • Establish mentorship programs to support healthcare workers in developing their skills and expertise. • Leverage e-learning and online courses to provide healthcare workers with access to training and capacity-building programs. • Provide simulation-based training for healthcare workers to enhance their skills and preparedness in responding to emergencies. 	<ul style="list-style-type: none"> • The psychological toll of conflict and displacement can lead to increased mental health concerns among healthcare workers. • Ongoing conflict and insecurity hinder staff training and capacity building efforts. • Inadequate funding compromises staff training and capacity building. • Competing priorities for funding, such as emergency response, may divert

	governments and other stakeholders.	<p>health workers to safer locations and greener pastures.</p> <ul style="list-style-type: none"> • Healthcare workers may lack training on infection prevention and control measures, increasing the risk of hospital-acquired infections. • Healthcare workers may lack training and capacity in mental health and psychosocial support, compromising the quality of care for affected populations. • Healthcare workers may face safety and security risks due to inadequate staff safety and security protocols. 	<ul style="list-style-type: none"> • Establish staff exchange programs to facilitate knowledge sharing and skill transfer among healthcare workers. • Provide coaching and on-the-job training for healthcare workers to enhance their skills and confidence. 	resources from staff training and capacity building.
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2.4. INFRASTRUCTURE AND ENVIRONMENTAL HEALTH

Infrastructure and environmental health are crucial elements of humanitarian response, directly impacting the health, safety, and well-being of affected populations. Addressing these areas ensures effective aid delivery, and access to essential services, prevents disease outbreaks, and supports long-term recovery and resilience. Prioritizing these aspects in humanitarian efforts not only meets immediate needs but also lays the groundwork for sustainable development and long-term stability.

Table 9: Infrastructure and environmental thematic area SWOT analysis outcomes.

Infrastructure and environmental thematic area				
Dimension	Strength	Weakness	Opportunities	Threats
Environmental health and safety	<ul style="list-style-type: none"> • Presence and availability of relevant government policies at all levels. • Presence of environmental officers at state level • Environment considered into NGOs policies (waste management, etc.) • Availability of environmental health services, including vector control, sanitation, and hygiene promotion, to reduce the risk of disease transmission. • Water quality tracking for the affected population. 	<ul style="list-style-type: none"> • Environmental officers at health facilities lacking prerequisite skills • Inadequate access to clean water, sanitation, and hygiene (WASH) facilities. • Limited community engagement and awareness on environmental health issues, reducing the effectiveness of environmental health interventions. 	<ul style="list-style-type: none"> • Environmental protection agencies in the BAY states involved in waste management and environmental control. • Presence of “One health coordination” mechanism. 	<ul style="list-style-type: none"> • Multiple disease outbreaks (Cholera, Viral hemorrhagic fever (Lassa fever, yellow fever) • Climate change and disasters.
Environmental Infrastructure and equipment availability	<ul style="list-style-type: none"> • Effort of the government to have PHCs at LGA level. 	<ul style="list-style-type: none"> • Insufficient waste management infrastructure and practices. • Equipment is not available locally – must be bought far away. • Insufficient maintenance and repair of WASH infrastructure compromise 	<ul style="list-style-type: none"> • Borno State Rural Water Supply and Sanitation Agency (RUWASSA) can increase the capacity to provide safe water supply to the affected communities. • Companies supporting installation of solar power. 	<ul style="list-style-type: none"> • Destruction of health infrastructures by natural disasters (flooding, storms)

		their functionality and effectiveness.	<ul style="list-style-type: none"> Promoting energy-efficient cooking solutions, such as fuel-efficient stoves, to reduce energy consumption. 	
Access to basic services: water, sanitation and hygiene.	<ul style="list-style-type: none"> Operationalizing general sanitation at state level Commitment of partners and health sector to strengthen the WASH pillar on health facilities. Joint health/WASH responses between partners in case of outbreaks WASH integrated into the State Rapid Response Teams 	<ul style="list-style-type: none"> WASH is lacking in health facilities at LGAs level (source of water, latrines) Government policies on sanitation are only at state level and fewer LGAs. Weak capacity to manage and maintain WASH services compromises their effectiveness. 	<ul style="list-style-type: none"> Integrating WASH services with other sectors, such as health, nutrition, and education. <ul style="list-style-type: none"> Promoting community-led sanitation initiatives and improve hygiene practices. 	<ul style="list-style-type: none"> Displacement and migration of populations due to conflict strain existing WASH infrastructure and services. Damage to WASH infrastructure due to conflict compromises access to basic services.
Climate change and disaster resilience	<ul style="list-style-type: none"> Community-based disaster risk reduction committee in Yobe Establishment of working group on climate interventions in Adamawa state Availability of climate related agencies 	<ul style="list-style-type: none"> Limited efficiency of early warning and alert system on alert sharing and usage for decision making. Limited access to documented research on climate change trends to help us prepare for emergencies. Limited multisectoral coordination regarding climate data and communication from agencies (SCP, NIMeT, NIHSA). Inadequate funding for contingency plans to handle climate-related shocks. 	<ul style="list-style-type: none"> More tendency in incorporating climate change adaptation strategies into humanitarian programs to enhance resilience and reduce vulnerability. Ongoing analysis on climate change impacts and vulnerabilities in Northeast Nigeria to inform humanitarian programming and policy decisions. 	<ul style="list-style-type: none"> Rising temperatures, changing precipitation patterns, and increased frequency of extreme weather events threaten to undermine resilience efforts. Rapid population growth and urbanization increase vulnerability to climate-related disasters and put pressure on already strained resources. Ongoing conflict and insecurity in Northeast Nigeria compromise the delivery of humanitarian

				assistance, including climate change and disaster resilience programming.
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KEY RECOMMENDATIONS/ ACTION PLANS FROM THE SWOT ANALYSIS FINDINGS FOR THEMATIC AREAS 3 AND 4:

Table 10: Key recommendations/ action plans from the SWOT analysis findings for thematic areas 2 and 3.

Action plans	Responsible	Timeline
1. Strengthen existing tracking system to monitor the expiration dates and usage of prepositioned drugs, ensuring their effective management and minimizing the risk of misuse.	SMOH, relevant ministries, agencies/ boards and Partners	12 months
2. Train additional manpower for supply chain management to handle supply chain operations, ensuring efficient and effective management of medical supplies.	SMOH, relevant ministries, agencies/ boards and Partners	12 months
3. Renovate and equip at least one PHC per Ward and one secondary facility per LGA. with necessary medical equipment and ensure reliable access to water and electricity supply to support quality healthcare delivery.	SMOH, relevant ministries, agencies/ boards and Partners	36 months
4. Develop and implement a comprehensive equipment maintenance plan: Establish a regular maintenance schedule for all equipment, provide training for local technicians, and establish partnerships with local repair services to ensure prompt and effective repair of damaged equipment.	SMOH, relevant ministries, agencies/ boards and Partners	24 months

<p>5. Negotiate and establish framework agreements with SMOH, Partners, Drugs Regulation agencies and suppliers for controlled substances, such as psychotropic drugs, to facilitate and streamline procurement processes in emergency and reduce delays in acquiring these essential medications.</p>	<p>SMOH, relevant ministries, agencies/ boards and Partners</p>	<p>36 months</p>
<p>6. Reinforce robust feedback mechanisms to gather insights from affected populations with the design and implementation of effective feedback systems including surveys, focus group discussions, and complaint response mechanisms, to collect timely and accurate information from affected populations, enabling data-driven decision-making and improving the effectiveness of humanitarian responses.</p>	<p>SMOH, relevant ministries, agencies/ boards and Partners</p>	<p>12 months</p>
<p>7. Improve access to clean water, sanitation, and hygiene (WASH) facilities: Train health facility on the WASH FIT tolls which is a risk-based, continuous improvement framework for undertaking WASH improvements in health care facilities; Construct, rehabilitate, and maintain WASH infrastructure, including water points, latrines, and handwashing stations, to ensure affected populations have safe and equitable access to clean water, sanitation, and hygiene facilities.</p>	<p>SMOH, relevant ministries, agencies/ boards and Partners</p>	<p>36 months</p>
<p>8. Strengthen community engagement and awareness on environmental health issues: Design and implement targeted community outreach and education programs to raise awareness about environmental health risks, promote healthy behaviors, and encourage community participation in environmental health interventions, ultimately enhancing their effectiveness.</p>	<p>SMOH, relevant ministries, agencies/ boards and Partners</p>	<p>24 months</p>
<p>9. Develop and implement a comprehensive maintenance and repair plan for WASH infrastructure: Establish a regular maintenance schedule, provide training for local maintenance personnel, and allocate resources for timely repairs to ensure the functionality and effectiveness of WASH infrastructure.</p>	<p>SMOH, relevant ministries, agencies/ boards and Partners</p>	<p>24 months</p>
<p>10. Strengthen the early warning and alert system by improving alert sharing protocols, ensuring timely dissemination of critical information, and promoting data-driven decision-making.</p>	<p>SMOH, relevant ministries, agencies/ boards and Partners</p>	<p>12 months</p>

11. Establish partnerships with research institutions and organizations to access documented research on climate change trends and integrate this knowledge into emergency preparedness and response planning. Establish research repository where documents and other vital information relating to climate change and clinical adaptation can be easily accessed	SMOH, relevant ministries, agencies/ boards and Partners	24 months
12. Facilitate regular coordination meetings and information-sharing among key agencies (SCP, NIMeT, NCDC, NIHSA) to enhance collaboration, ensure consistent messaging, and leverage climate data for informed decision-making.	Governments and partners	36 months

2.5. COMMUNITY AND SOCIAL WELFARE

Community and social thematic areas are vital to the success of humanitarian responses, as they focus on the human aspect of crises. By promoting inclusivity, fostering resilience, and ensuring cultural relevance, these approaches empower affected populations to recover with dignity and establish a foundation for sustainable development and social harmony.

Table 11: Community and social thematic area SWOT analysis outcomes.

Community and social thematic area				
Dimension	Strength	Weakness	Opportunities	Threats
Community engagement and participation	<ul style="list-style-type: none"> Health humanitarian responses have effectively mobilized local communities for initiatives like mass vaccination drives, disease prevention, and awareness campaigns. Humanitarian health programs in Northeast Nigeria are culturally sensitive, tailoring health messages to local culture, language, and traditions 	<ul style="list-style-type: none"> Human resources and financial support limitations impact the effectiveness of health programs. Accessibility issues disrupt continuous community engagement, especially in remote and conflict-affected areas. 	<ul style="list-style-type: none"> Expanding digital platforms to enhance community engagement. Integration and coordination of LGA/Authority Leveraging local community leaders as advocates for implementing health programs. Leveraging the influence of traditional healers and local 	<ul style="list-style-type: none"> The ongoing security challenges in Northeast Nigeria limit access to some communities and hinder effective health interventions. Political dynamics and changes in government policies may affect the continuity and funding of humanitarian health initiatives.

	<p>for greater accessibility and impact.</p> <ul style="list-style-type: none"> • The integration of community engagement across sectors such as water, sanitation, and hygiene has made health interventions more holistic. • Collaboration with local NGOs, religious organizations, and civil society groups strengthens the effectiveness of health initiatives due to their strong community connections. 	<ul style="list-style-type: none"> • Lack of baseline data and monitoring mechanisms makes it challenging to systematically incorporate community feedback into health program design and implementation. • Sustaining community participation over time is challenging due to factors like fatigue, mistrust, or lack of visible long-term impact from interventions. 	<p>leaders to support health interventions could enhance acceptance and effectiveness.</p> <ul style="list-style-type: none"> • Community engagement can be a pathway to expanding health services in underserved and conflict-affected areas. • Mobile health technologies can improve outreach by engaging communities, delivering health education, and monitoring health outcomes. • There is an opportunity to build local capacity by training more community health workers, leaders, and other stakeholders, leading to sustainable health improvements. 	<ul style="list-style-type: none"> • In certain areas, traditional beliefs and practices may resist new health approaches, especially about family planning, vaccinations, or gender-based health issues. • Resistance from local communities due to inadequate consultation. • The affected population is highly vulnerable to conflicts and displacement.
Social and cultural sensitivity	<ul style="list-style-type: none"> • Humanitarian responders possess an understanding of community norms, values, and power dynamics, and exhibits flexibility and responsiveness in navigating diverse cultural contexts. • Strong partnerships with local community leaders and organizations, ensuring culturally appropriate responses. • Regular community consultations and inclusion of local knowledge in program design. 	<ul style="list-style-type: none"> • Variability in cultural competences among different health response teams. • Limited understanding of the diversity within ethnic groups in the region. • Language barrier and Insufficient availability of interpreters and materials in local languages like Hausa, Kanuri, and Fulfulde. • Communication gaps lead to misconceptions and mistrust. 	<ul style="list-style-type: none"> • There is an opportunity to invest in ongoing cultural sensitivity training for health workers to improve their ability to understand and respect local practices and beliefs. • Strengthening partnerships with local community organizations, women’s groups, and youth leaders can enhance the acceptance and success of health interventions, particularly in remote or conflict-affected areas. • Creating more inclusive healthcare models that 	<ul style="list-style-type: none"> • The ongoing conflict in Northeast Nigeria complicates the delivery of culturally sensitive health responses, especially in areas where significant disruptions to traditional societal structures occur. • Political instability and social unrest can prevent health programs from consistently engaging with local communities, undermining the effectiveness of culturally sensitive interventions.

	<ul style="list-style-type: none"> • Adapting healthcare services to respect local customs, beliefs, and languages. • Leveraging existing traditional and religious systems for health promotion and trust-building. • Programs that align with community values and use community health workers as bridges between locals and healthcare providers. • Programs addressing gender-specific health needs, particularly maternal and child health. • Engagement with women’s groups to increase female participation and access to services. 	<ul style="list-style-type: none"> • Challenges reconciling modern medical practices with deeply rooted traditional healing methods. • Insufficient focus on vulnerable subpopulations, such as people with disabilities or minority ethnic groups. 	<p>integrate traditional medicine with modern practices can help improve health outcomes and build trust with local communities.</p> <ul style="list-style-type: none"> • Developing more gender-sensitive health services, including addressing sexual and reproductive health needs and empowering women in health decisions, can strengthen the overall response. • Expanding digital platforms to enhance community engagement. 	
Protection & safety of vulnerable populations	<ul style="list-style-type: none"> • Humanitarian organizations regularly practice of risk assessment and management. • Humanitarian organizations have made efforts to engage and raise awareness within communities. This includes promoting protection strategies, informing vulnerable groups about available health services, and providing education on safety and rights. • Successful partnerships with local organizations, traditional leaders, and community structures have helped create a strong foundation for health response activities. 	<ul style="list-style-type: none"> • Despite efforts, the safety of healthcare providers and the accessibility of remote, conflict-affected areas remain challenges, hindering outreach efforts to vulnerable populations. • insufficient integration between health services and broader social protection efforts, such as education, shelter, and livelihood support, which would address the full spectrum of 	<ul style="list-style-type: none"> • Empowering local health workers and community-based organizations to deliver care and protection services can ensure more sustainable and culturally appropriate responses. • Increased collaboration between local, national, and international actors could help mobilize more resources for humanitarian health responses, addressing critical gaps in funding and logistics. • Expanding awareness programs on health, safety, and protection rights can help 	<ul style="list-style-type: none"> • The protracted conflict in Northeast Nigeria continues to pose significant risks to both the humanitarian workforce and vulnerable populations, limiting access to services and increasing the risk of violence and exploitation. • The large-scale displacement of populations due to the conflict creates overcrowded conditions in camps, which can lead to poor living conditions, disease outbreaks, and challenges in protecting individuals from harm.

	<ul style="list-style-type: none"> • Humanitarian programs have been adapted to respect cultural practices and local norms, ensuring greater community acceptance and participation. • Timely and effective interventions to provide essential health services to vulnerable populations, particularly in emergencies. 	needs for vulnerable populations.	<p>communities take proactive measures, reduce stigmas, and improve the uptake of essential services.</p> <ul style="list-style-type: none"> • Leveraging technology, such as mobile health applications, telemedicine, and real-time data collection tools, could improve the efficiency and effectiveness of the humanitarian response. 	<ul style="list-style-type: none"> • Environmental factors, such as flooding and droughts, can exacerbate existing vulnerabilities, increasing displacement and straining fragile health infrastructure.
Community-based initiatives & empowerment	<ul style="list-style-type: none"> • There has been a strong emphasis on involving communities in the planning and implementing of health programs. This has empowered local populations to take ownership of their health and wellness. • Significant progress has been made in health education through community-based initiatives, especially on issues like hygiene, disease prevention (e.g., cholera, malaria), and maternal health. • Collaborations with local leaders, community-based organizations (CBOs), and volunteers have proven effective in promoting health and mobilizing resources. • The humanitarian health response has tailored its interventions to reach vulnerable groups, including 	<ul style="list-style-type: none"> • Despite efforts to empower communities, resources (both financial and material) are often insufficient to meet the high demand for health services, leading to gaps in care. • Some initiatives struggle to maintain long-term impact after the humanitarian aid phase ends, as communities may not always have the means to continue programs without external support. • At times, there is poor coordination between humanitarian organizations, local authorities, and community leaders, which can lead to 	<ul style="list-style-type: none"> • Integrating community-based health services further with the formal healthcare system, ensuring better coordination and sustainability. • Training and empowering local health workers to take on more significant roles could enhance the local health system's capacity. • Digital health tools, including mobile apps and telemedicine, could expand the reach of health interventions and improve monitoring and data collection. • Innovation in healthcare delivery through mobile clinics, drones for delivering medical supplies, and telehealth can be expanded. • Opportunities exist for stronger collaboration between government, non- 	<ul style="list-style-type: none"> • Ongoing conflicts and insecurity in parts of northeast Nigeria pose significant threats to the safety of health workers, the delivery of services, and the stability of communities. • The displacement of populations further complicates access to communities, making it difficult to provide consistent health services. • Some communities may resist health interventions due to cultural or religious beliefs, which can hinder the uptake of services like vaccination or reproductive health programs. • Misinformation and mistrust about external organizations may lead to reluctance to

	<p>internally displaced persons (IDPs), women, and children.</p> <ul style="list-style-type: none"> • Training local health workers, such as community health workers (CHWs), has strengthened the local health system and made it more resilient. 	<p>inefficiencies and duplication of efforts.</p> <ul style="list-style-type: none"> • In certain areas, cultural and social norms can limit the effectiveness of health interventions, particularly when they are perceived as foreign or incompatible with local practices. 	<p>governmental organizations (NGOs), and local communities to leverage resources and expertise.</p> <ul style="list-style-type: none"> • Partnerships with universities, research institutions, and international bodies can enhance the knowledge base and provide additional funding. • Building on the knowledge and practices of traditional healers can enhance community acceptance and complement modern health interventions. • Involving local leaders and influencers in health initiatives can help mobilize communities effectively. 	<p>participate in health programs.</p> <ul style="list-style-type: none"> • Limited economic development and poverty in the region make it challenging for individuals to afford healthcare, even if it is provided at a subsidized rate.
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2.6. PARTNERSHIP AND COORDINATION

Effective humanitarian response relies heavily on robust partnerships and coordination. By promoting collaborative efforts, harmonizing strategies, and pooling diverse resources, these critical components ensure a comprehensive, equitable, and timely response to the needs of crisis-affected populations. Furthermore, prioritizing partnerships and coordination amplifies the collective impact of humanitarian efforts, lays the groundwork for recovery and resilience, and ultimately supports the achievement of sustainable development goals.

Table 12: Partnership and coordination thematic area SWOT analysis outcomes.

Partnership and coordination thematic Area				
Dimension	Strength	Weakness	Opportunities	Threats
UN agencies and international non-governmental organizations.	<ul style="list-style-type: none"> Specialized knowledge of UN agencies and international organizations brings decades of global experience and technical expertise in humanitarian health responses. Strong knowledge of emergency health care, including infectious diseases, maternal and child health, nutrition, and mental health. Ability to mobilize financial and material resources from donor countries and international funds, which ensures the availability of necessary medical supplies, personnel, and infrastructure. Significant progress in establishing coordination mechanisms between UN agencies, NGOs, government bodies, and local actors through frameworks like the Humanitarian Response Plan (HRP). The Health Cluster led by the World Health Organization (WHO) ensures better alignment of activities and response efforts across various organizations. Successful training of local health workers and strengthening local healthcare systems. Investing in 	<ul style="list-style-type: none"> Despite efforts to coordinate, there are instances of overlapping or fragmented services between different agencies, leading to inefficiencies or gaps in service delivery. Less presence in the remote conflict affected areas due to securities constraints. Heavy reliance on international donors for funding can create instability in long-term healthcare planning when funds fluctuate or dry up. 	<ul style="list-style-type: none"> There is an opportunity for stronger engagement and partnership with the Nigerian government, including local, state and non-state actors to better integrate humanitarian health initiatives into national health policies. The potential for greater collaboration with the private sector, including pharmaceutical companies, technology firms, and logistics providers, could improve access to essential health services and equipment. Opportunities for innovative health delivery models, such as mobile clinics, telemedicine, and digital health solutions, which can reach remote and underserved populations. Strengthening local capacity and ownership of health programs is essential for sustainability and effectiveness. 	<ul style="list-style-type: none"> Ongoing conflict and insecurity in the region continue to pose significant threats to the health response. Movement restrictions and direct attacks on healthcare workers and facilities undermine progress. The unpredictable nature of international funding and prioritizing other global crises can result in shortfalls that hinder the scale and sustainability of humanitarian responses. The region remains vulnerable to outbreaks of diseases such as cholera, Lassa fever, and malaria, which can complicate the health response and stretch existing resources. Cultural barriers, misinformation, and a lack of trust in external health workers can undermine the effectiveness of the

	human capital in Northeast Nigeria has led to a more sustainable approach to healthcare provision.			humanitarian health response.
Local governments and authorities	<ul style="list-style-type: none"> Local governments have deep knowledge of their communities, making them effective in identifying health needs and mobilizing resources. Local populations follow the governments established presence structures. Local authorities are often well-positioned to coordinate efforts between national government agencies, international organizations, and local health actors due to their understanding of regional dynamics. Local government and authorities mobilize and involve local leaders, community-based organizations, and volunteers, ensuring community acceptance and participation in health programs. Local governments are usually among the first responders in emergencies and can quickly scale up efforts, leveraging local resources and infrastructure. 	<ul style="list-style-type: none"> Many local governments face challenges related to insufficient funding, human resources, and technical expertise, which hinder effective response and coordination. Coordination among different tiers of government (local, state, and federal) can sometimes be disjointed, leading to inefficiencies and duplication of efforts. Inadequate healthcare infrastructure, including facilities, equipment, and supplies, is a common challenge that impacts the quality of response. political factors and bureaucratic red tape can delay the implementation of health programs or shift priorities away from urgent humanitarian needs. 	<ul style="list-style-type: none"> Collaborating with international humanitarian agencies (such as WHO, UNICEF, and NGOs) can provide technical assistance, funding, and additional expertise to strengthen local health responses. Investing in training programs for health workers, local government officials, and community leaders can improve coordination and response effectiveness. By implementing better health data systems and real-time monitoring, local governments can improve coordination and ensure that resources are allocated to the most urgent needs. Mobile health apps, information-sharing platforms, and geographic information systems (GIS) can improve communication, planning, and coordination efforts between local governments, humanitarian organizations, and the communities they serve. 	<ul style="list-style-type: none"> The security situation in Northeast Nigeria can disrupt humanitarian health operations, making it difficult to reach vulnerable populations and coordinate effectively. The high level of displacement in the region means that health responses must adapt to rapidly changing demographics, complicating coordination and service delivery.

<p>National NGOs and community-based organizations</p>	<ul style="list-style-type: none"> • National NGOs and CBOs have deep knowledge of local contexts and communities, which allows them to design culturally appropriate interventions and address specific needs more effectively. • CBOs have greater trust from local populations because of their long-standing relationships within communities, improving the acceptance and impact of health initiatives. • NNGOs and CBOs are often more flexible and responsive to emerging health needs, allowing for quick mobilization in times of crisis, such as disease outbreaks or displacement situations. • Some NNGO have established networks and relationships with donors, which enables them to secure funding and resources for their programs. • NNGOs and CBOs have ability to engage with and understand local customs, languages, and practices that strengthens community involvement in health interventions. 	<ul style="list-style-type: none"> • Despite local knowledge, many CBOs and NNGOs face challenges with insufficient resources, both financial support and human capital. This can lead to gaps in service delivery. • Poor coordination among NNGOs and between local, state, and international actors lead to duplication of efforts or missed opportunities for synergy. • Many interventions are short-term, depending on external funding affecting health initiatives' sustainability and long-term impact after the funding ends. • NGOs and CBOs sometimes face challenges in sharing and accessing data due to the fragmentation health systems leading to inefficiencies in tracking progress and outcomes. 	<ul style="list-style-type: none"> • There is a growing opportunity to strengthen partnerships with international NGOs, government agencies, and local health authorities to create more comprehensive, coordinated responses to health crises. • The integration of new technologies for health interventions (e.g., telemedicine, mobile health apps) presents an opportunity to enhance access and improve efficiency in service delivery. • There's an opportunity to focus on capacity-building initiatives, which can empower local organizations and communities to manage and sustain health programs long-term. • Donor interest in Northeast Nigeria due to its humanitarian needs and HDP nexus approach can provide more funding opportunities for health-focused interventions. • Strengthening partnerships with local community organizations, women's groups, and youth leaders can 	<ul style="list-style-type: none"> • Ongoing conflict and political instability in the region can threaten the safety of healthcare workers and limit the reach of health programs, especially in areas affected by insurgency. • The growing number of organizations operating in the region can lead to competition for limited resources, reducing the overall impact of interventions. • Misunderstandings or resistance from local communities, especially in the context of foreign NGOs, may hinder health initiatives if not addressed through appropriate communication strategies.
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			enhance the acceptance and success of health interventions, particularly in remote or conflict-affected areas.	
Private sector entities and donors	<ul style="list-style-type: none"> • Donors provide financial support, influence policy and advocate for innovative solution. 	<ul style="list-style-type: none"> • Many donor-funded interventions are short-term, leading to difficulties in ensuring long-term impact or continuity of healthcare services after funding ends. 	<ul style="list-style-type: none"> • Strengthening partnerships between the public, private, and international donors can improve coordination, leverage additional resources, and ensure more effective responses. • Donors and the private sector can help build local capacity by investing in training, infrastructure, and the development of local health systems. • With access to advanced data analytics, private sector entities can help track health needs more efficiently and tailor interventions accordingly. • The private sector's experience with technology can be harnessed to improve healthcare delivery, such as in data management, telemedicine, or vaccine distribution 	<ul style="list-style-type: none"> • Ongoing conflicts or political instability in the region can disrupt coordination efforts, delay the delivery of health services, and threaten the security of private sector workers and health professionals. • Multiple actors (private sector, donors, NGOs) may compete for the same limited resources (funding, medical supplies, human resources), leading to inefficiencies. • Prolonged crises and limited impact from interventions can lead to donor fatigue.

KEY RECOMMENDATIONS/ ACTION PLANS FROM THE SWOT ANALYSIS FINDINGS FOR THEMATIC AREAS 5 AND 6

Table 13: Key recommendations/ action plans from the SWOT analysis findings for thematic areas 5 and 6.

Action plans	Responsible	Timeline
1. Strengthen efforts to build long-term relationships with communities, ensuring consistent participation by providing continuous feedback loops and addressing fatigue or mistrust. Empower local leaders and community health workers to sustain engagement beyond the initial intervention phases.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
2. Provide ongoing training for health workers on cultural competence, addressing diversity within ethnic groups, and overcoming language barriers. Collaborate with local traditional healers and religious leaders to bridge gaps between modern healthcare and traditional practices.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
3. Improve coordination between UN agencies, local governments, NGOs, CBOs, and the private sector to avoid duplication and streamline efforts. This includes establishing more integrated response mechanisms and improving data-sharing platforms to track progress and optimize resources.	SMOH, relevant ministries, agencies/ boards and Partners	12 months
4. Focus on enhancing the safety of healthcare workers in conflict-affected areas and integrating health services with broader protection measures (education, shelter, and livelihood support). Increase community awareness programs to improve access to health services for vulnerable groups, including displaced persons.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
5. Enhance local capacity-building and training programs for health workers, local authorities, and community leaders.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
6. Strengthen partnerships with private sector entities and donors to ensure long-term resource sustainability and infrastructure development.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
7. Collaborate with government, INGO, NGOs, and CBOs to review and integrate humanitarian health interventions with national and state health strategies	SMOH, relevant ministries, agencies/ boards and Partners	24 months
8. Adopt technology for mobile Applications to track patient’s health, receive reminders and communicate with healthcare providers	SMOH, relevant ministries, agencies/ boards and Partners	24 months

9. Establish/strengthen one-stop centre into the government-owned facility which can meet the health and protection needs of women	SMOH, relevant ministries, agencies/ boards and Partners	24 months
10. Creation of health champions team among community leaders who are custodians of culture and religion to lead sensitisation on highly stigmatised health services such as family planning, Antenatal Care among others	SMOH, relevant ministries, agencies/ boards and Partners	24 months
11. Link traditional birth attendants in communities to health facilities and sensitize them for timely referral of all pregnant women.	SMOH, relevant ministries, agencies/ boards and Partners	24 months

2.7. PROGRAMMATIC APPROACHES

Programmatic approaches are essential for successful humanitarian responses. By focusing on needs-based planning model, access services modes, quality of care, and promoting accountability and community participation, they enable the delivery of targeted and effective assistance. These approaches support to meet immediate humanitarian needs but also supports long-term recovery, resilience, and sustainable development for affected populations.

Table 14: Programmatic approach thematic area SWOT analysis outcomes.

Programmatic thematic area				
Dimension	Strength	Weakness	Opportunities	Threats
Service delivery models.	<ul style="list-style-type: none"> Many organizations, provide integrated health services, including primary healthcare, maternal and child health, and mental health services. This approach ensures 	<ul style="list-style-type: none"> Limited mobile teams in inaccessible or under-served community. The scarcity of skilled health workers, particularly in specialized areas like mental health and nutrition, 	<ul style="list-style-type: none"> Availability of human resources personnel to support the health sector. Prioritizing mental health and psychosocial support can address the significant psychological toll of conflict 	<ul style="list-style-type: none"> Insufficient funding hinders the scale-up of health services, limiting the reach and impact of humanitarian responses.

	<p>comprehensive care for affected populations.</p> <ul style="list-style-type: none"> • Mobile health teams, deployed to reach remote and hard-to-reach areas, providing essential health services to displaced populations. • Community-based health services, supported by organizations like WHO and USAID, engage local communities in health service delivery, promoting ownership and sustainability. • Established monitoring and evaluation mechanisms, implemented by organizations to ensure accountability, track progress, and inform program adjustments. • More investment in capacity-building initiatives, strengthening local health systems and promoting sustainability. 	<p>compromises the quality of care.</p> <ul style="list-style-type: none"> • Limited data management and information sharing for effective decision-making, resource allocation, and program evaluation. • No clear exit strategy • Insufficient attention to mental health and psychosocial support. 	<p>and displacement on affected populations.</p> <ul style="list-style-type: none"> • Investing in health system strengthening initiatives, such as infrastructure development and equipment provision, can enhance the resilience and sustainability of local health systems. • The use of innovative technologies, such as telemedicine and mobile health applications, enhances access to health services, particularly in remote areas. • Collaborating with private sector entities can bring in additional resources, expertise, and innovation to support health humanitarian responses. 	
Quality of care	<ul style="list-style-type: none"> • Adoption of international best practices and availability and use of standardized treatment protocols and guidelines. 	<ul style="list-style-type: none"> • Lack of standard laboratory in rural areas • The shortage of skilled healthcare workers, particularly specialists, 	<ul style="list-style-type: none"> • Regularly include assessment and assure the quality of healthcare services, including clinical care, patient safety, and patient satisfaction. 	<ul style="list-style-type: none"> • Ongoing conflict and insecurity hinder access to healthcare services, compromise

	<ul style="list-style-type: none"> • Constant integrated supervision to ensure the quality of the care. • Humanitarian organizations deploy trained healthcare workers, including doctors, nurses, and midwives, to provide quality care. • Community-based health services, supported by organizations to promote community engagement and ownership, ensuring culturally sensitive care. • Efforts are made to prioritize infection prevention and control measures, minimizing the risk of hospital-acquired infections. 	<p>compromises the quality of care.</p> <ul style="list-style-type: none"> • Affected populations often lack access to specialized care, including surgical services, mental health care, and rehabilitation in addition to limited functional referral system. • Poorly equipped and maintained healthcare facilities hinder the delivery of quality care. • Inconsistent application of standardized treatment protocols can compromise the quality of care. 	<ul style="list-style-type: none"> • Establish mentorship programs to support mental healthcare workers in developing their skills and expertise. 	<p>healthcare worker safety, and disrupt healthcare delivery.</p> <ul style="list-style-type: none"> • Attacks on healthcare facilities and workers undermine the delivery of healthcare services and erode trust in the healthcare system.
Access to services	<ul style="list-style-type: none"> • Deployment of mobile health teams to provide essential health services to remote and hard-to-reach areas. • Expansion of Community-Based Health Services to promote community engagement, ownership, and sustainability. 	<ul style="list-style-type: none"> • Poor motivation for rural health workers • Nonfunctional or partially functional healthcare facilities hinder access to health services. • Remote and hard-to-reach areas often lack access to health services 	<ul style="list-style-type: none"> • Durables Solutions program implementation and Humanitarian Development and Peace program • Leverage technology, such as telemedicine and mobile health applications to enhance access to health services. • Expand community-based health services to promote 	<ul style="list-style-type: none"> • Ongoing conflict and insecurity hinder access to health services, compromise healthcare worker safety, and disrupt healthcare delivery.

	<ul style="list-style-type: none"> • Increase in number of partner agencies providing emergency obstetric and surgical services. • Increased Access to Vaccination Services to protecting vulnerable populations from vaccine-preventable diseases. • Focus on vulnerable populations including women, children, and internally displaced persons (IDPs), ensuring equitable access to health services. • Provision of Mental Health and Psychosocial Support to address the psychological toll of conflict and displacement. • Establishment of Referral Systems to ensure timely referrals for specialized care, reducing morbidity and mortality. 	<p>due to poor road networks and insecurity.</p> <ul style="list-style-type: none"> • Shortages of skilled healthcare workers, particularly specialists, compromise access to quality health services. • Affected populations often face financial barriers, including high costs of healthcare services and transportation. • Shortages of essential medicines, vaccines, and medical supplies compromise access to quality health services. • Weak referral systems hinder timely referrals for specialized care, increasing morbidity and mortality. 	<p>community engagement, ownership, and sustainability.</p> <ul style="list-style-type: none"> • Establish / Strengthen robust referral systems to ensure timely referrals for specialized care, reducing morbidity and mortality. 	
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KEY RECOMMENDATIONS/ ACTION PLANS FROM THE SWOT ANALYSIS FINDINGS FOR THEMATIC AREA 7

Table 15: Key recommendations/ action plans from the SWOT analysis findings for thematic areas 7

Action plans	Responsible	Timeline
1. Increase and invest in recruitment and capacity building and retaining skilled health work force particularly in specialized areas (like mental health and nutrition), into health care delivery to match both population and turnover of skilled personnel and ensure equity distribution of qualified health force in urban, rural, and remote places.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
2. Strengthen existing data management systems considering available technology to facilitate effective decision-making, resource allocation, and program evaluation.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
3. Establish a well-defined exit strategy to ensure a sustainable transition of healthcare services to local authorities and minimize disruption to healthcare delivery.	SMOH, relevant ministries, agencies/ boards and Partners	12 months
4. Integrate nutrition, mental health and psychosocial support services into healthcare delivery to address the nutritional and psychological toll of conflict and displacement on affected populations.	SMOH, relevant ministries, agencies/ boards and Partners	12 months
5.		
6. Increase funding from government and more solicitation of funds by partners during budgeting phase and proposals	SMOH, relevant ministries, agencies/ boards and Partners	12months

7. Implement measures to reduce financial barriers, such as free or subsidized healthcare services, transportation reimbursement, or vouchers, to ensure equitable access to healthcare for affected populations.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
8. Strengthen supply chain management systems to prevent stockouts and ensure consistent availability of essential medicines, vaccines, and medical supplies, thereby maintaining access to quality health services.	SMOH, relevant ministries, agencies/ boards and Partners	36 months
9. Develop or strengthen effective referral systems to facilitate timely referrals for specialized care, reducing morbidity and mortality and improving health outcomes for affected populations.	SMOH, relevant ministries, agencies/ boards and Partners	24 months
10. Invest in equipping and maintaining healthcare facilities to ensure the delivery of high-quality care.	SMOH, relevant ministries, agencies/ boards and Partners	36 months
11. Ensure consistent application of standardized treatment protocols to maintain and improve the quality of care- through trainings, compliance and accountability, resources availability, supportive supervision, quality of care monitoring systems, among others.	SMOH, relevant ministries, agencies/ boards and Partners	12 months

3- GUIDING PRINCIPLES

The guiding principle for this strategy in the complex protracted emergency, is based on international humanitarian standards and aims to ensure human centered, timely, equitable, and life-saving health services for affected populations while building the resilience of the community and the health system(9). The key guiding principles include:

- **Humanity:** Ensuring that health interventions prioritize saving lives and alleviating suffering without discrimination to protect life, dignity and health, well-being and ensure respect for fundamental human rights.
- **Impartiality:** Providing health services based on need alone, giving priority to the most vulnerable without bias based on gender, religion, or political affiliation.
- **Neutrality:** Ensuring that humanitarian health response does not take sides in conflicts or engage in controversies of a political, religious or ideological nature.
- **Independence:** Maintaining autonomy in health decision-making and operations from the political, economic, military to uphold humanitarian principles.
- **Do No Harm(10) :** Designing interventions that minimize risks and unintended negative impacts on communities.
- **Equity and Inclusion:** Ensuring access to healthcare for vulnerable groups, including women, children, elderly, and persons with disabilities.
- **Community Engagement:** Involving local communities in planning and delivering healthcare interventions.
- **Accountability and Coordination:** Aligning with federal and state policies, WHO guidelines, and humanitarian coordination mechanisms.
- **Resilience and Sustainability:** Strengthening local health systems to enhance long-term healthcare capacity.
- **Localization:** Empowering National and Local Authorities to enhance the local ownership and sustainability of the health care interventions.

These principles ensure that the humanitarian health response in Northeast Nigeria, guided by a commitment to effectiveness, ethics, and sustainability, ultimately will guarantee that the unique needs of conflict-affected populations are met with dignity and respect.

4- GOAL

The goal of this strategy is to reduce morbidity and mortality among crisis-affected populations by ensuring timely, equitable, and effective delivery of lifesaving health services, while strengthen the resilience of health system and enhancing local and national capacities for sustainable health response in protracted emergency.

Aligned with the 10-Year Strategic Transformative Initiatives(11), Borno State Strategy Durable Solutions for Internal Displacement(12); Homegrown Durable Solutions for Internal displaced population for Adamawa(13), Adamawa Medium Term Development plan 2021-2025(14); Yobe State

Action Plan on Solutions to internal Displacement(15) and the 2025 Humanitarian Need Response Plan(6). This three-year strategic plan will direct the health humanitarian response from 2025 to 2028, with an option for yearly updates.

In accordance with the 14th WHO General Program of Work, the Five Cs of health emergency prevention, preparedness, response, and resilience(8), the High-priority Health Services for Humanitarian Response (H3 package)(16), the Sphere Guidelines(17), and the Minimum Standards for Primary Health Care in Nigeria(18), the following strategic objectives, core services, pillars, and interventions have been prioritized to guide the humanitarian response strategy.

5- STRATEGIC OBJECTIVES, CORE SERVICES AND PILLARS OR INTERVENTIONS

4.1. STRATEGIC OBJECTIVE 1:

Provide access to lifesaving and sustain an effective response to protracted health emergency.

The approaches outlined here support the provision of life-saving interventions in conducive geographical areas while maintaining targeted, effective responses in other regions. This is aligned with the "5C" framework in a protracted emergency setting.

Table 16: Strategic objective 1 core services and pillars.

"5C" Core health emergency components	Core Services	Pillars	
Safe and Scalable Care	Foundations of Care	Primary Health Care: Basic outpatient services, including diagnosis and treatment of common illnesses.	
		Maternal and Child Health: Antenatal care (including Folic Acid supplementation in line with the state relevant policy), safe delivery services, postnatal care, and immunizations. (including Vitamin A supplementation in line with the state relevant policy)	
		Nutrition Screening and treatment for malnutrition, especially in children, pregnant and lactating women.	
	Minimum Initial Service	Sexual and Reproductive Health	Prevention and Treatment of Sexually Transmitted Infections (STIs): Including HIV/AIDS, Hepatitis services.
		Family Planning:	Access to contraceptives and counseling.
	Emergency Obstetric Care	Management of complications including referral from primary to secondary health facilities during pregnancy and childbirth.	

	Package (MISP)	Gender-Based Violence (GBV) Services:	Prevent, Support and provide clinical management of rape (CMR), medical care for survivors of GBV, and refer for specialized services when necessary.
	Communicable Diseases		Prevention and treatment of common Infectious d and other priority diseases including HIV, TBC, Measles, Cholera Treatment of Common Infectious Diseases: Including malaria, tuberculosis, and diarrheal diseases.
	Vaccination Programs		Routine immunizations and emergency vaccination campaigns
	Noncommunicable Diseases		Chronic Disease Management: Care for conditions such as diabetes, hypertension, and cardiovascular diseases.
	Mental Health and psychosocial Services		Psychological first aid, counseling treatment and referral for mental health conditions. Management of substance use disorders.

4.2. STRATEGIC OBJECTIVE 2

Prevent, mitigate, and prepare for risks to health from all hazards and respond to all health emergencies.

The approaches mentioned here serve as a guide for core interventions in outbreak preparedness and response, aligned with the "5C" framework, to prevent, prepare for, and address all acute health emergencies occurring in the BAY State.

Table 17: Strategic objective 2 core services and pillars.

5C" Core health emergency components	Core Services	Interventions
Emergency coordination, Collaborative surveillance, Safe and Scalable Care and Access to Countermeasures	Outbreak preparedness and response	Surveillance, outbreak detection and early response including anticipatory actions.
Emergency coordination		Development of the high burden communicable diseases outbreak contingency plan
Emergency coordination		Conducting capacity Risk Assessment for disease outbreak

Emergency coordination		Establishing the coordination mechanism for the disease outbreak Response
Emergency coordination		Rapid deployment of trained personnel to respond to diseases outbreak.
Collaborative surveillance, Safe and Scalable Care and Access to Countermeasures		Access to effective diagnosis and case management.
Community Protection		Risk communication, community sensitization, engagement and infodemic management.
Safe and Scalable Care		Infection Prevention and Control (IPC); and Water Sanitation and Hygiene. (WASH) at the health facility
Access to Countermeasures		Logistic to support disease outbreak management

4.3. STRATEGIC OBJECTIVE 3

Advance the primary health care approach and essential health system capacities for universal health coverage.

The approaches outlined here provide direction on pertinent interventions within each pillar of the health system to reinforce health system’s building blocks in line with “5C” and ensure conducive conditions for the delivery of advance primary health care in achieving Universal Health Coverage.

Table 18: Strategic objective 3 pillars and Interventions.

5C” Core health emergency components	Health System - Pillars	Interventions
Emergency coordination	Health Workforce	<p>Training and Capacity Building: Continuous training programs for communities’ health and healthcare workers to improve skills and knowledge, especially in emergency response and management.</p> <p>Recruitment and Retention: Strategies to attract and retain qualified healthcare professionals, including incentives and support systems.</p>
Collaborative Surveillance	Health Information Systems	<p>Data Collection and Management: Implementing robust systems for collecting, managing, and analyzing health data to inform strategic decision-making and improve service delivery.</p> <p>Surveillance Systems: Strengthening disease surveillance to detect and respond to outbreaks promptly.</p>
Safe and Scalable Care	Service Delivery	Integrated Service Delivery: Ensuring that health services are integrated and coordinated, including referral across different

		<p>levels of care, from the community (mobile health services) to primary, secondary and tertiary services.</p> <p>Quality Improvement: Implementing quality assurance and improvement programs to enhance the effectiveness and safety of health services.</p>
Emergency coordination and community protection	Health Financing	<p>Sustainable Funding Models: Developing and implementing funding models that ensure the sustainability of health care services, including diversified funding sources and efficient resource mobilization and allocation.</p> <p>Financial Protection: Mechanisms to protect vulnerable populations from catastrophic healthcare expenditures, including expansion of health insurance coverage at the local level.</p>
Emergency coordination and Community Protection	Governance and Leadership	<p>Strengthening Leadership: Building the capacity of health leaders and managers to effectively oversee and coordinate health care services.</p> <p>Policy Development: Supporting the development and implementation of health policies that promote equity, access, and quality of care.</p>
Access to countermeasures	Medical Products and Technologies	<p>Supply Chain Management: Improving the procurement, storage, and distribution of medical supplies and equipment to ensure availability and accessibility.</p> <p>Regulation and Quality Control: Ensuring that medical products and technologies meet quality standards and are used appropriately.</p>
Community Protection	Community Engagement	<p>Community Participation: Involving communities in the planning, implementation, and evaluation of health services to ensure they meet local needs and are culturally appropriate.</p> <p>Health Education: Promoting health literacy, management of Infodemics, and raising awareness through education and communication campaigns.</p>

6- IMPLEMENTATION ARRANGEMENTS

5.1. Leadership, Coordination and Partnerships

The State Ministry of health of Borno, Adamawa and Yobe will continue to provide leadership, coordination, and oversight for the Health Sector. The World Health Organization (WHO), as the lead agency for the Health Sector, and International Rescue Committee (IRC) as Co-Coordinator organization, supported by the Global Health Cluster, will ensure collaboration with local authorities, International and National NGOs, UN organizations, OCHA and other stakeholders. The Strategic Advisory Group (SAG) will be established to guide the sector with regards to its strategy and policy lines implementation and reviewed.

The HSC, the HSCoC, the IMO and the Subnational Health Sector Coordination in Yobe and Adamawa will maintain the coordination core functions with support from Technical Working Groups (TWGs), including:

- Sexual and Reproductive Health (SRH)
- Mental Health and Psychosocial Support (MHPSS)
- Epidemiological Surveillance (ES)

The Health Sector will continue to align its priorities and strategies with the state governments, providing timely strategic guidance and technical advisory support to partners and the government for transparent and coordinated prioritization of interventions.

The Health Sector will continue to strengthen the coordination capacity of the state Ministry of Health to increase their effective participation in the response. This will include enhancing PHEOC capacities, training, joint monitoring analysis, and consultative decision-making.

The Health Sector will continue to strengthen field coordination capacities through the scaling up monitoring, supervision, and LGA coordination by distributing coordination roles to competent partners.

The Health Sector will continue to coordinate Humanitarian Response Cycle activities and annual analysis of the response and progress against the targets.

The health sector will continue to advocate for improved resources to address health needs, with emphasis on linking humanitarian emergencies to development and peace building programs, which will aim to ensure access to more resources as well as build durable systems and sustainability.

5.2. RESOURCE MOBILIZATION

The overall cost estimation for the strategy for 2025 follows the process used in developing the Humanitarian Response Plan 2025. The cost is based on unit costs per activity, extracted from various projects submitted in the HRP Project Module in 2024 by partners. Consequently, the total cost for the 2025 strategy is 74,121,904 USD(6).

The financing strategy considers various funding sources from the Federal and State governments, technical and financial partners, and the private sector. Resource mobilization will be achieved by:

- Strengthening advocacy for better funding allocation to the health sector.
- Pooling resources through improved coordination between the Government and technical and financial partners.
- Strengthening the localization process.

Given the previous year's resources mobilization efforts and limited resources allocated to the health sector, financial viability can only be ensured by the country's and state's economic growth, combined with the commitment of the Federal and State governments to improve health outcomes for the population.

The shifting global humanitarian and development funding landscape necessitates strategic resource optimization, understanding the impact of the shifting, including engagement with the State Ministry of Health for further funding for the health sector, implementation of cost-efficiency measures like localization and resource mutualization between partners and across sectors, reducing the duplication and exploration of alternative funding and financing sources.

5.3. LOGISTICS AND SUPPLY CHAIN MANAGEMENT

The health sector will ensure effective coordination and logistics as they are essential for the Health Sector to deliver healthcare services in a timely and efficient manner.

The health sector will strengthen Leadership and governance structures to ensure cohesive and transparent decision-making processes and management of the commodities. In addition, the inter-sector collaboration will support in fostering partnerships with other sectors, such as WASH, Nutrition, and Protection to enhances the quality and reach of health interventions, leading to better health outcomes. Through increasing local area coordination by assigning roles to competent partner to ensure effective monitoring, supervision and implementing inventory management systems, the Health Sector will be better positioned to track and manage medical supplies effectively, reducing waste and improving efficiency for quick response to emerging needs.

Health Sector will support the capacity building of health workers and logistics personnel to enhance their skills in supply chain management.

Health sector will also develop and maintain contingency plans which will enable it to respond swiftly to health emergencies and outbreaks, saving lives and reducing the impact of disasters.

5.4. HUMAN RESOURCES

To achieve the health sector's objectives, it is crucial to have knowledgeable, skilled, equitably distributed, and motivated staff. A coordinated and complementary set of strategies are recommended to ensure that community-based services and health facilities are appropriately maned to enhance the population's access to quality health services.

The strategies leading to enhance workforce development, include continuous training and education and the implementation of policy to attract and retain healthcare workers in underserved areas, promoting equitable distribution between urban and rural areas. In addition, partnerships with local and international organizations will support to acquire more staffs including retention plan.

5.5. AREAS OF CONVERGENCE: FOOD SECURITY, NUTRITION, EDUCATION, WASH AND PROTECTION

Under the Inter-Sector Coordination Group (ISCG) coordination platform, the Health Sector will strengthen practical collaborations with other sectors, including WASH, Nutrition, Education, Camp Coordinator and Camp Management and Food security, and Protection. This approach seeks to enhance the holistic and quality of interventions by promoting synergistic and complementary efforts in addressing areas of common goals and mandates: Gender-Based Violence (GBV), Accountability to Affected Populations (AAP), Mental Health, and Advocacy. This involves working collaboratively to develop strategic response plans, ensuring a cohesive approach to the response.

The Health Sector will continue to reinforce inter-sector collaboration, particularly with the WASH and Nutrition Sectors. The collaboration with WASH sector aims to prevent and respond to recurrent outbreaks of Acute Watery Diarrhea (AWD), cholera, and other vector-borne diseases. The collaboration with Nutrition purposes to increase access to services for detecting and managing acute malnutrition among children, pregnant women, and lactating mothers. Additionally, partnership with nutrition sector will enhances access to, and coverage of Expanded Program on Immunization (EPI) services through MUAC screening. Furthermore, WASH FIT(19) as a quality improvement (QI) methodology aimed at enhancing WASH (water, sanitation, and hygiene) services leading to improve healthcare quality and outcomes, in reducing infections, increasing service uptake, and boosting staff productivity and confidence will be an area of collaboration by integrating it into existing quality tools and processes.

5.6. PROTECTION MAINSTREAMING

The Health Sector will continue to be committed to delivering response actions that uphold the dignity and rights of affected individuals. Regardless of a partner's protection mandate, all health actors are obligated to promote core protection principles:

- Enhance people’s safety, dignity, and rights.
- Ensure people’s access to impartial assistance based on need and without discrimination.
- Assist people in recovering from the physical and psychological effects of threatened or actual violence, coercion, or deliberate deprivation.
- Help people claim their rights (Sphere, Protection Principles).

Gender-Based Violence (GBV) Mainstreaming: The Health sector will continue to prevent and respond to GBV in collaboration with the SRH TWG and GBV Sub Sector and ensures that healthcare services are sensitive to the needs of survivors.

Strengthening Accountability to Affected Populations: The Health Sector will continue to ensure all project design and implementation prioritize actions that promote community engagement and participation, and establish Feedback Mechanisms through implementing hotlines, suggestion boxes, and feedback committees.

Accessibility and Inclusion of People with Disabilities: To ensure impartial access to healthcare for people with disabilities, the Health Sector will continue to collaborate with the IPD TWG to advocate for minimum standards that facilitate the inclusion of people with disabilities in healthcare services.

Prevention of Sexual Exploitation and Abuse (PSEA) Mainstreaming: Health sector will continue to be committed and ensure that all partners adhere to minimum standards for PSEA, ensuring a zero-tolerance approach to sexual exploitation and abuse.

5.7. GENDER INCLUSIVITY

The Health Sector will continue to ensure equal access to resources, opportunities, and protection for all individuals, regardless of gender in line with the IASC guideline(20) to addresses unique challenges faced by different genders, particularly women and girls, who are disproportionately affected in humanitarian crises. In addition, the Health Sector will ensure access to Youth, and youth led organizations, considering the inclusivity in humanitarian response.

Key aspects of gender inclusivity implementation will include gender-responsive planning and implementation, protection from gender-based violence, participation and leadership, access to resources and services, monitoring and accountability.

7- MONITORING AND EVALUATION

Monitoring and evaluation will be conducted using a strategic framework that outlines the goal, strategic objectives, and indicators for output, outcome, and impact. The necessary data and information for quarterly monitoring of strategy implementation will be gathered through the health sector 5W, reports from partners, the State Ministry of Health, and the Surveillance, Sexual and Reproductive Health, and Mental and Psychosocial Technical Working Group.

An annual evaluation will be based on reports on strategy implementation to determine the rationale for updating the strategy.

Table 19: Monitoring and evaluation framework.

Indicators	Baseline	Target	Timeline	Means of Verification
Goal: to reduce morbidity and mortality among crisis-affected populations by ensuring timely, equitable, and effective delivery of lifesaving health services, while strengthen the resilience of health system and enhancing local and national capacities for sustainable health response in protracted emergency.				
Percentage of population that can access primary healthcare within one hour's walk from dwellings.		Minimum 80 per cent	Yearly	Annual Mortality Survey, NDHS, MICS.
Percentage of fully functional health facility	Borno: Adamawa: Yobe	Minimum 90 per cent	Yearly	MOH, Partners, NDHIS and MICS, MPDSR,
SO1: Provide access to quality lifesaving and sustain an effective response to a protracted health emergency.				
Proportion of target population in fragile settings provided with essential health services (%)	65%	75%	Quarterly	Health sector 5W
Proportion of health facilities that provide comprehensive post-rape care as per WHO guidelines	NA	75%	Quarterly	Health sector 5W, HeRAMS assessment
Number of patients referred from primary to tertiary health facilities for specialized mental health care services	NA	60%	Quarterly	Health sector 5W
. Penta 3 coverage	Borno. Yobe: Adamawa	127, 111	Quarterly	Health sector 5W
Percentage of births attended by skilled personnel (doctors, nurses, midwives)	Borno. Yobe: Adamawa	minimum 80 per cent		SRH Technical Working Group Report
Number of children aged 0 - 59 months (girls & boys) with severe acute malnutrition (SAM) treated at health facility		90,792	Quarterly	Health/Nutrition sector 5W
SO2: Prevent, mitigate, and prepare for risks to health from all hazards and respond to all health emergencies.				

Number of contingency plans for high burden communicable diseases outbreak developed	NA	4	Yearly	Report of plan development activity and the plan
Timeliness of detection of communicable diseases outbreak	24-48 hours	24-48 hours	Quarterly	Surveillance TWG Report
Timeliness of notification of communicable diseases outbreak	24-48 hours	24-72 hours	Quarterly	Surveillance TWG Report
Timeliness of response to communicable diseases outbreak	24-48 hours	24- 72 hours	Quarterly	Surveillance TWG Report
Number of CTCs/CTUs/ORPs OR isolation treatment unit fully operational	20	23	Quarterly	Outbreak SITREP and 5w
Percentage of health staff in high-risk areas trained on outbreak response plan and protocols	NA	75%	Yearly	Outbreak SITREP and 5W Training Report
SO3: Advance the primary health care approach and essential health system capacities for universal health coverage.				
Service utilization rate (primary, and secondary health care visits and admission),			Quarterly	5Ws,
Number of public PHC facilities supported with essential health service package.	Borno. Yobe: Adamawa	80%	Quarterly	5Ws
Percentage of PHC facilities with adequate essential drugs and medical commodities	Borno. Yobe: Adamawa	80%	Quarterly	5Ws
Percentage of Community Health Worker trained and equipped to provide sustained community health services.	NA	75%	Quarterly	5Ws
Percentage of health facilities registered and reporting on HeRAMS	NA	100%	Quarterly	HeRAMS Report and Surveillance TWG

8- RISK MANAGEMENT

In the fast-changing environment of NE Nigeria, it is crucial to identify potential and uncertain risks and challenges when programming humanitarian interventions(21). Developing strategies to mitigate

these risks and address challenges is essential to ensure the program's ability to deliver its intended outcomes and benefits(22). The table below summarizes and systematizes the risks and challenges, along with the mitigation measures to reduce their impact on the implementation of the strategy.

Table 20: Risk management analysis framework.

Categories of Risk	Type of the Risk	Risk identification and description.	Mitigation Measures
Contextual Risks: These include external factors that can impact the humanitarian response.	Natural hazards: Floods, earthquakes, droughts, and other environmental events.	<ul style="list-style-type: none"> • Drought: Climate change-induced droughts impact the agricultural sector, leading to food insecurity, hunger, and malnutrition. Insufficient rainfall also hampers farming during dry seasons. • Water Shortage: Reduced rainfall affects both animals and humans, increasing susceptibility to waterborne diseases. • Flooding: Floods displace people, hindering their access to essential healthcare services. 	<ul style="list-style-type: none"> • Deforestation Awareness: Promoting awareness about deforestation and encouraging tree planting to mitigate drought and famine. • Climate Change Collaboration: Working with climate change organizations to develop preparedness plans.
	Armed conflicts and civil unrest: Situations of violence and instability.	<ul style="list-style-type: none"> • Destruction and Vandalism: Civil unrest and armed conflicts result in the destruction and vandalization of healthcare facilities and essential services. • Displacement: Civil unrest displaces people, which can overwhelm local health facilities as they struggle to provide basic services to an increased population. • Loss of Healthcare Personnel: Violence and civil 	<ul style="list-style-type: none"> • Civil and military coordination: Strengthening the coordination between the civilian and the military in the humanitarian context to enhance trust and foster lifesaving intervention. • Community Security: Strengthening community structures and engaging gatekeepers to enhance local security. • Awareness Creation: Educating community leaders on the importance of securing properties and lives to foster a sense of ownership.

		<p>unrest can lead to the loss of healthcare service providers.</p>	<ul style="list-style-type: none"> • Youth Empowerment: Creating job opportunities and empowering youths to keep them engaged. • Local Intelligence Gathering: Collecting local intelligence to enable proactive measures.
	<p>Epidemics and pandemics: Outbreaks of diseases that can affect large populations.</p>	<ul style="list-style-type: none"> • Malaria: An endemic disease in the sub-Saharan coast, with seasonal surges influenced by various factors. • Cholera: A recurring annual issue linked to poor infection prevention and control (IPC) and waste management. • Vaccine-Preventable Diseases: Diseases such as measles, diphtheria and yellow fever are notifiable and have a high burden in Nigeria. 	<ul style="list-style-type: none"> • Malaria control: Implementing intervention plans targeting all stages of the Plasmodium lifecycle. • Mosquito Burden Awareness: Conducting risk communication and community engagement (RCCE) on the various stages of mosquito burden. • WASH Policy: Adopting policies to align with the Sphere standards on water, sanitation, and hygiene (WASH). • Local Government Sanitation: Activating local government interventions on sanitation and monitoring. • Safe Water and Waste Management: Providing safe water and effective storage and waste management systems. • Early Warning Systems: Activating Early Warning, Alert, and Response Systems (EWARS) for all outbreaks. • Outbreak Monitoring Tools: Providing essential tools and databases for monitoring outbreaks.
	<p>Socio-economic changes: Economic crises, human rights</p>	<ul style="list-style-type: none"> • Inflation: Rising prices of goods and commodities, creating market uncertainty. 	<ul style="list-style-type: none"> • Digital Literacy: Educating adolescents and young people to participate in their

	<p>violations, and other significant societal shifts.</p>	<ul style="list-style-type: none"> • SGBV Cases: Rising cases of Sexual and gender-based violence (SGBV) as result of gender power imbalances. • Societal and Cultural Shifts: Resulting in negative influences and impacts of the uncontrolled information streams and low literacy. • Human Rights Violations: Persons with disabilities and marginalized groups face inequity in access to basic need. 	<p>communities and make informed health decisions.</p> <ul style="list-style-type: none"> • Women Empowerment: Empowering women to curb SGBV, identify gender-based violence (GBV) cases, and know where to report them. •
<p>Programmatic Risks: Relating to the implementation of the humanitarian programs themselves.</p>	<p>Operational challenges: Issues with logistics, supply chains, and resource allocation.</p>	<ul style="list-style-type: none"> • Programmatic Delays: Delays in programmatic activities can disrupt logistics and supply chains, affecting vaccine delivery and general service provision. • Cold Chain Maintenance: Challenges in maintaining the cold chain, especially in remote areas, can compromise the effectiveness and quality of service delivery. • Access Issues: Difficulty accessing roads and locations in hard-to-reach areas can lead to near-expiry of commodities, essential medicines, and vaccines. • Budget Allocation: The bureaucratic process for government budget allocation can be lengthy, and even when 	<ul style="list-style-type: none"> • Capacity Building: Strengthening the capacity of focal persons to raise memos for budget release and allocation. • Collaboration: Enhancing engagement and collaboration between SMOH and the Budget Office to emphasize the importance of health sector funding. • Coordination: Strengthening coordination and collaboration with the logistic sector to leverage alternative transportation such as air, to convey commodities, materials and personnel in the hard-to-reach area

		resources are allocated, the key personnel may lack the capacity to raise the necessary memos.	
Beneficiary targeting: Ensuring aid reaches the intended recipients without exclusion or bias.	<ul style="list-style-type: none"> • Exclusion of Persons with Disabilities: This creates a higher risk of vulnerability for these individuals. • Aid Diversion: Aid may be diverted and not reach the intended beneficiaries. • Inappropriate Aid: Poor quality or inappropriate goods given to beneficiaries can make them more vulnerable. 	<ul style="list-style-type: none"> • Inclusive Environment: Creating an inclusive and friendly environment to reach out to beneficiaries with disabilities. • Bias-Free Healthcare: Ensuring healthcare services provide care for persons with disabilities without bias. • Inclusivity Awareness: Raising awareness among partners and stakeholders to include inclusivity in their program planning and services rendered. • Community Involvement: Engaging local communities in the planning and distribution processes. This helps ensure that aid is delivered to those who need it most and reduces the risk of diversion. • Use of Technology: Leveraging technology such as blockchain, mobile money, and digital tracking systems to enhance transparency and traceability of aid distribution. 	
Monitoring and evaluation: Effectively tracking and assessing the impact of interventions.	<ul style="list-style-type: none"> • Inadequate AAP and Feedback Mechanisms: Lack of adequate Accountability to Affected Populations (AAP) and feedback mechanisms within the community. • Inadequacy of Data Collection Tools: Data collection tools insufficient at the local level and 	<ul style="list-style-type: none"> • Enhanced Coordination: Ensuring proper coordination from ward level to LG and state levels. • Capacity Building: Developing and building the capacity of Monitoring and Evaluation (M&E) focal persons and enumerators on the use of data collection tools, such as laptops. • Quality Supervision: Implementing quality supervision with checklist tools led by the government. 	

		<p>not align with District Health Information System (DHIS).</p> <ul style="list-style-type: none"> • Lack of Coordination: Irregular information sharing, coordination, and alignment of health facility catchment areas with local government (LG) and state government levels. • 	<ul style="list-style-type: none"> • Data Integrity: Establishing data and working technical groups to ensure the quality and accuracy of collected data. • Unified Data Collection: Harmonizing data collection efforts between partners and the government.
	<p>Technology and Information Management Risks: Ensuring adequate technology infrastructure (hardware, software, or internet connectivity)</p>	<ul style="list-style-type: none"> • Data Falsification and Low-Quality Data: Issues with data integrity and quality. • Impact on Policy Decisions: Poor data quality can negatively affect policy decision-making, preparedness, and response plans. 	<ul style="list-style-type: none"> • Personnel Training: Training staff on electronic data tools, such as Kobo Collect. • Strengthening Feedback Mechanisms: Enhancing feedback mechanisms at all levels (ward, LG, and state). • Data Management Policy: Establishing a written policy on data management.
<p>Institutional Risks: These involve internal factors within the organizations conducting the response.</p>	<p>Governance and leadership: Decision-making processes and leadership effectiveness.</p>	<ul style="list-style-type: none"> • Inconsistent Policy Frameworks: Variations in policy frameworks among government and partner agencies hinder effective collaboration and coordination. • Weak Coordination: Poor inter- and intra-agency coordination at national, regional, and local levels leads to fragmented efforts, duplication, and inefficiencies. 	<ul style="list-style-type: none"> • Policy Socialization and Adherence: Ensure all stakeholders are aware of, understand, and comply with relevant policies and frameworks. • Enhanced Coordination and Monitoring: Hold regular coordination meetings at all levels (national, regional, local) to facilitate information sharing and collaborative decision-making. • Conduct periodic monitoring of the coordination system at all levels to identify gaps and areas for improvement. • Share monitoring reports and recommendations with decision-makers to

			inform policy adjustments and corrective actions.
Financial management: Budgeting, funding, and financial accountability.	<ul style="list-style-type: none"> • Non-Declaration of Budgets and Commitments: Lack of transparency in budget declarations and commitments. • Poor Internal Control Systems: Weak internal controls, leading to issues such as theft. • Inadequate Resource Mobilization: Insufficient mobilization of resources for project implementation and response efforts. • Fraud: Incidents of fraud, including cyber fraud. 	<ul style="list-style-type: none"> • Mandatory Budget Sharing: Ensure transparency and financial accountability by mandating the sharing of budgets and commitments. • Standardized Financial Processes: Implement standardized financial procedures, conduct regular financial audits, and ensure the implementation of audit report recommendations. • Resource Mobilization Advocacy: Advocate for effective resource mobilization to support project implementation and response efforts. • Anti-Fraud Measures: Establish and enforce an anti-fraud policy, ensure compliance, and implement robust checks and balances through accounting automation. 	
Staff safety and security: Protecting the well-being of humanitarian workers.	<ul style="list-style-type: none"> • Lack of Regular Security Updates: Non-availability or failure to share regular security assessment updates or reports. • Inadequate Security Risk Sensitization: Poor sensitization regarding security risks. • Absence of Standard Safety and Security Policies: Lack of established safety and security policies. 	<ul style="list-style-type: none"> • Regular Security Updates: Provide periodic updates on security trends and risks and engage in regular advocacy with key security stakeholders. • Compliance with Security Advisories: Ensure adherence to security advisories and clearance protocols. • Security Training: Conduct periodic security training and sensitization sessions for staff. • Standard Security Framework: Establish and maintain a standard security and safety framework for staff. 	

<p>4.Reputation and Compliance Risks</p>	<p>Reputation risks: Risks related to the organization's reputation, including negative media coverage, social media backlash, or loss of public trust.</p>	<ul style="list-style-type: none"> • Confidentiality Breach: Unauthorized disclosure of sensitive information. • Ethics and Protocol Violations: Breaches of organizational ethics and operational protocols. • Inadequate Due Diligence: Poor due diligence practices and conflicts of interest. • Deficient Data Management Policy: Lack of a robust data management policy. 	<ul style="list-style-type: none"> • Confidentiality Standards: Establish and enforce confidentiality standards and set up a reporting channel/feedback mechanism for breaches of confidentiality and other violations. • Sanctioning and Record Keeping: Implement sanctions for violations and maintain thorough records. • Due Diligence: Ensure rigorous due diligence to protect against reputational risks. • Data Management Policies: Enhance and improve data management policies.
	<p>Compliance risks: Risks related to non-compliance with laws, regulations, or standards, including humanitarian law, human rights law, or donor requirements.</p>	<ul style="list-style-type: none"> • Increased Human Suffering: Actions that inadvertently cause more harm, leading to greater human suffering. • Funding Inaccessibility: Challenges in securing necessary funding. • Reduced Accountability: Decreased accountability to the affected population. • Disharmony: Lack of harmony among government, partners, community, and stakeholders. 	<ul style="list-style-type: none"> • Comprehensive Due Diligence: Conduct thorough due diligence on all risk factors, including operational and management risks. • Risk Rating: Implement a risk rating system for stakeholders, partners, staff, and vendors. • Compliance Checklist: Utilize a compliance risk checklist to ensure adherence to standards and protocols.

9- SUSTAINABILITY APPROACHES

Sustainability aims to ensure long-term health outcomes and benefits through:

- Ensuring the continuity of Care by providing ongoing services to prevent gaps and maintain health conditions.
- Strengthening local capacity building by empowering local health systems to enhance resilience and reduce dependency on external aid.
- Guaranteeing resource efficiency by optimizing resource use to ensure lasting benefits and attract long-term funding.

Sustainability also aims to ensure through the active involvement of partners, government agencies including LGA structures, and community stakeholders, from the design and inception phases to implementation of the project and beyond. It is highly recommended that partners develop and implement a comprehensive exit plan, a collaborative tool to be utilized jointly with government and community stakeholders to guarantee the sustainability and long-term health outcomes of the affected communities.

The table below outlines the challenges, lessons learned, best practices, and recommendations from partners and government practices moving forward.

Table 21: Sustainability approach framework.

Sustainability Approach	challenges	lessons learned	best practices	Recommendation
Community Engagement: Involving local communities in planning and decision-making to ensure programs meet their needs and are culturally appropriate	<ul style="list-style-type: none"> • Inadequate stakeholder engagement and prioritization of community-centered approaches in humanitarian programming, exacerbated by ineffective communication. 	<ul style="list-style-type: none"> • Engaging communities in the planning and design phases of program development guarantees their active participation and ownership throughout implementation. 	<ul style="list-style-type: none"> • Effective community engagement through identification of appropriate entry points • Collaborative partnerships with stakeholders to ensure inclusive and participatory approaches 	<ul style="list-style-type: none"> • Empower local communities through inclusive planning and decision-making processes, • Ensure programs are tailored to their specific needs and respectful of their cultural context.

<p>Building Local Capacity: Training local health workers and strengthening local health institutions to continue providing services.</p>	<ul style="list-style-type: none"> • Insufficient foundational knowledge due to limited access to basic education • Significant knowledge gaps among staff. • Prohibitive costs associated with funding training programs. • Inefficient use of training resources, resulting in repetitive training for the same personnel • High staff turnover rates, leading to loss of trained personnel and institutional knowledge. 	<ul style="list-style-type: none"> • External recruitment practices, resulting in a workforce disconnected from the local community. • Reluctance of staff to relocate to rural areas, despite being compensated, leading to absenteeism and decreased program effectiveness. • Misalignment of human resources, resulting in trained staff being overburdened with multiple, responsibilities that divert attention from their primary duties. 	<ul style="list-style-type: none"> • Utilizing local languages for effective communication and ensure culturally sensitive program delivery. 	<ul style="list-style-type: none"> • Implement collaborative cost-sharing initiatives between government and partners to optimize resource utilization. • Identify and provide relevant training to locally recruited staff, enhancing their capacity, and promoting community-driven program implementation. • Provide optimal wages /improved work environment and motivation to health care workers
<p>Resource Mobilization: Ensuring stable and diverse funding sources to support ongoing health services</p>	<ul style="list-style-type: none"> • Inadequate government funding for programs and inefficient budget allocation, limiting the efficient use of resources. • Complex and restrictive donor requirements, limiting program flexibility. • Short-term funding cycles, creating 	<ul style="list-style-type: none"> • Exploring diverse funding streams to reduce dependence on a single source. • Fostering collaborative partnerships across multiple sectors to leverage resources, expertise, and impact. 	<ul style="list-style-type: none"> • Facilitating intersectoral collaboration to enhance program effectiveness and impact. • Proactive advocacy efforts to secure sustainable funding and resource commitments. 	<ul style="list-style-type: none"> • Secure reliable health care and diversified funding streams to sustain essential health services. • Foster collaborative partnerships among stakeholders to facilitate joint planning, implementation, and delivery of health programs,

	uncertainty and undermining long-term program sustainability.			enhancing impact, efficiency, and sustainability. <ul style="list-style-type: none"> • Advocate for flexibility in donor policies and program.
Policy Integration: Aligning health interventions with national health policies and systems to ensure they are supported and maintained by local governments	<ul style="list-style-type: none"> • Failure to adapt international policies and national policies to local context. • Inadequate financial resources to support policy implementation. • Lack of coordination and harmonization among policies, resulting in inconsistencies and inefficiencies. 	<ul style="list-style-type: none"> • Limited dissemination and awareness of policies at the local level, hindering effective implementation and uptake. 	<ul style="list-style-type: none"> • Policies are always developed and made available for government and partners for implementation. 	<ul style="list-style-type: none"> • Align health interventions with national health policies to ensure coherence and maximize impact. • Improve dissemination and awareness of national health policies at the local level to enhance understanding and implementation. • Advocate for the domestication of national policies at the Local Government Area (LGA) level to facilitate effective adaptation and enforcement.
Alignment with Global Health Initiatives: Ensure humanitarian health programs align with global health initiatives.	<ul style="list-style-type: none"> • Limited awareness and understanding of global health initiatives at the local level, restrains their adoption and impact. • Contextual barriers posed by deeply ingrained cultural norms, practices, and values hinder the acceptance and effectiveness of health interventions. 	<ul style="list-style-type: none"> • Domestication of policies requires thoughtful consideration of unique local needs and circumstances. 	<ul style="list-style-type: none"> • Conduct thorough sensitization and awareness creation activities to promote global health interventions, to ensure community understanding, acceptance, and uptake of these initiatives 	<ul style="list-style-type: none"> • Align humanitarian health programs with global health initiatives to ensure coherence, maximize impact, and avoid duplication of efforts. • Internalize and domesticate all policies: to adapt them to local contexts, ensure their relevance, effectiveness, and sustainability.

10- TRANSITION APPROACHES.

Effective transition ensures long-term health outcomes and benefits through:

- Facilitating a smooth handover that integrates seamlessly, builds local ownership, and fosters accountability.
- Aligning with broader long-term development goals and promote holistic approaches in addressing the social determinants of health.
- Enhancing coordination among stakeholders to reduce redundancy and ensure the efficient use of resources.

The table below outlines the challenges, lessons learned, best practices, and recommendations from partners and government practices moving forward.

Table 22: Transition approach framework.

Transition Approach	challenges	lessons learned	best practices	Recommendation
Early Recovery: Initiating recovery efforts that bridge the gap between immediate relief and long-term development.	<ul style="list-style-type: none"> • Insufficient involvement of government and stakeholders in early recovery program planning and decision-making during the crisis • Some Partners unawareness of donor flexibility rules restrict the 	<ul style="list-style-type: none"> • Incentives have a significant impact on the transitioning process, motivating stakeholders to adapt to new roles and responsibilities. • Capacity building plays a vital role in transitioning, enabling individuals and institutions to acquire the necessary skills, knowledge, and expertise to assume new 	<ul style="list-style-type: none"> • Engage relevant stakeholders throughout the transition process to foster a sense of ownership, ensure their buy-in, and promote sustainability. 	<ul style="list-style-type: none"> • Develop a comprehensive transition strategy guideline to provide a clear framework for stakeholders and ensure a smooth handover. • Foster collaboration and ownership by involving relevant stakeholders at every level of project implementation, from planning to execution. • Advocate for government improve support for staff retention, remuneration, and motivation to

	smooth and sustainable transition of programs.	responsibilities and sustain programs.		ensure continuity and sustainability of project outcomes. <ul style="list-style-type: none"> • Set/Strengthen and institutionalized community structure and coalition for seamless transition
Linking Humanitarian to Development peace nexus (HDPN): Integrating short-term humanitarian actions with long-term development goals to create a seamless continuum of support	<ul style="list-style-type: none"> • Operationalize the policies and guideline on bridging the humanitarian response with longtime development and peace interventions hinders effective transition and sustainability. 	<ul style="list-style-type: none"> • Effective integration of humanitarian and development initiatives is crucial for successful transitioning, as poor integration can hinder sustainability and impact 	<ul style="list-style-type: none"> • Foster Government willingness to transition: Encourage and support governments to take ownership and leadership in transitioning humanitarian programs to sustainable development initiatives. • Cultivate collaboration between partners and Government: Promote effective partnerships and collaboration between government agencies, international partners, and local stakeholders to ensure seamless transition and sustainable outcomes. 	<ul style="list-style-type: none"> • Government and partners should proactively engage with donors to align priorities, leverage resources, and facilitate a smooth transition. • Government and partners should fulfill their commitment to transitioning by developing and disseminating clear guidance, policies, and frameworks to support sustainable development initiatives. • Closer collaboration between the durable solution desk at HCT and triple nexus academy in University of Maiduguri and AUN Yola to continue training government partners and other stakeholders on the priorities towards achieving the durable solution

<p>Exit Strategies: Developing and implementing plans for gradually handing over responsibilities to local authorities and existing government health leadership structures/bodies.</p>	<ul style="list-style-type: none"> • lack of effective partnership between government and partners in the early stage for exit strategy development hinders effective transition and sustainability. • Insufficient community involvement in the design and implementation of exit strategies pose a significant challenge to ensuring local ownership, relevance, and long-term impact. 	<ul style="list-style-type: none"> • The absence of stakeholder engagement and involvement in program planning and transition can lead to reluctance and resistance to taking ownership and sustaining programs, ultimately undermining long-term impact and success 	<ul style="list-style-type: none"> • Some partners have developed and share clear, aligned, and flexible exit strategies to facilitate seamless transitions, minimize disruptions, and maximize sustainability. 	<ul style="list-style-type: none"> • Encourage MOU between government, relevant stakeholders in the design and development of exit strategies at all project stages to foster ownership, collaboration, and effective transition. • Invest in strengthening the capacity of government and partners managers to ensure they possess the necessary skills, knowledge, and expertise to effectively manage and sustain programs beyond the transition period.
<p>Coordination and Collaboration: Working with local governments, NGOs, and other stakeholders to</p>	<ul style="list-style-type: none"> • insufficient capacity and commitments delay the successful transition of programs, threatening sustainability and impact. 	<ul style="list-style-type: none"> • Effective coordination among stakeholders is crucial for optimal resource utilization, as it prevents duplication of efforts and services, ensures synergy, and maximizes impact. 	<ul style="list-style-type: none"> • Foster ongoing coordination and collaboration amongst stakeholders, including government agencies, donors, and implementing partners, ensures 	<ul style="list-style-type: none"> • Strengthen local-level capacity and coordination activities amongst stakeholders, including government agencies, civil society organizations, and community groups, to ensure a unified and impactful transition.

ensure a smooth transition and avoid gaps in service delivery	<ul style="list-style-type: none">• Maintaining quality of service delivery during transition poses a significant challenge, with potential gaps and disruptions compromising program effectiveness.		seamless transition, effective resource allocation, and sustained impact.	
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With the aims to reduce morbidity and mortality through the provision of equitable, accessible, and effective delivery of lifesaving health services, while building the resilience of the health system. This strategy prioritizes providing essential health services to vulnerable populations, including those displaced by conflict and other crises achieving durable solutions that promote long-term health and well-being of the crisis affected population. Guided by the “The five Cs of health emergency prevention, preparedness, response, and resilience”, by focusing on lifesaving interventions, emergency preparedness, and health system resilience, the strategy purposes to build the capacity of the health system to respond to current and future challenges. Collaboration with local and international partners, effective resource mobilization, and community engagement are critical to the success of this strategy. Continuous monitoring and evaluation will ensure that the interventions remain relevant and effective, ultimately improving health outcomes and contributing to the stabilization and development of the region.

ANNEXES

14TH WHO GENERAL PROGRAMME OF WORK, THE FIVE CS, H3 PACKAGE), AND THE MINIMUM STANDARDS FOR PRIMARY HEALTH CARE IN NIGERIA ALIGNMENT

The five Cs of health emergency prevention, preparedness, response, and resilience				HNRP 2025 Health Strategic Objective 1:	GPW 14 (General Program of Work): Strategic objective 6: Strategic objective 4:
Core health emergency components	Objective	Capability	Sub capability	To deliver quality, lifesaving integrated essential health care services to the affected populations, particularly the most vulnerable and those impacted by disasters.	Rapidly detect & sustain an effective response to all health emergencies. Improve health service coverage and financial protection to address inequity and gender inequalities
				Core Services GHC H3	Interventions

Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations, and care settings	Foundations of Care	Primary Health Care: Basic outpatient services, including diagnosis and treatment of common illnesses.
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations and care settings		Maternal and Child Health: Antenatal care, safe delivery services, postnatal care, and immunizations.
Community Protection	Multisectoral action for social and economic protection	Ensuring food security	Establishment of systems to procure and distribute food, nutrition, and raw materials for food production during health emergencies		Nutrition: Screening and treatment for malnutrition, especially in children and pregnant women.
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific	Sexual and Reproductive Health – Minimum Initial Service Package for Sexual and Reproductive Care	Family Planning: Access to contraceptives and counseling.

			hazards, patient populations and care settings		
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations and care settings		Emergency Obstetric Care: Management of complications during pregnancy and childbirth.
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations and care settings		Prevention and Treatment of Sexually Transmitted Infections (STIs): Including HIV/AIDS services
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations and care settings		

Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations and care settings		Gender-Based Violence (GBV) Services: Prevent, Support and medical care for survivors of GBV.
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations and care settings		
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations, and care settings	Communicable Diseases	Prevention of Common Infectious Diseases and other including HIV, TBC and vector control

Community Protection	Population and environmental public health interventions	Vector control	Harnessing of local knowledge and data to actively inform planning, design, development, and scaling of vector control tools and interventions <ul style="list-style-type: none"> • Mobilization and supporting communities to develop and implement local vector control interventions 		
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations, and care settings		Treatment of Common Infectious Diseases: Including malaria, tuberculosis, and diarrheal diseases.
Community protection	Population and environmental public health interventions	Vaccination	Plan and implement vaccination of vulnerable populations in humanitarian settings in collaboration with humanitarian actors <ul style="list-style-type: none"> • Monitor and evaluate vaccine rollout 		Vaccination Programs: Routine immunizations and emergency vaccination campaigns

Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations, and care settings	Noncommunicable Diseases	Chronic Disease Management: Care for conditions such as diabetes, hypertension, and cardiovascular diseases.
Community protection	Multisectoral action for social and economic protection	Addressing indirect health and mental health impacts	Design of mechanism to scale community health and mental health services pre-response, established procurement systems, and providing health and mental health services	Mental Health and psychosocial Services	Psychological first aid, counseling, and treatment for mental health conditions.
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Development of functional and adaptable clinical care pathways spanning the end-to-end patient journey that can be adapted to specific hazards, patient populations, and care settings		Management of substance use disorders.

				HNRP 2025 Health Strategic Objective 2:	GPW 14 (General Program of Work) : Strategic objective 5 : Strategic objective 6 :
				To improve health security through a multi-hazard approach by ensuring timely and coordinated preparedness, readiness, and response to outbreaks and other emergencies.	Prevent, mitigate and prepare for risks to health from all hazards. Rapidly detect & sustain an effective response to all health emergencies.
Emergency coordination	Strengthening health emergency preparedness, readiness, and resilience	Capacity, risk and vulnerability assessment	Assessment of preparedness and response capacities, building on existing frameworks <ul style="list-style-type: none"> • Comprehensive and up-to-date threat and vulnerability analysis and readiness assessments • Updated risk profile and agreement of strategic objectives based on capacity assessments and threat 	Emergency preparedness, preparedness and early recovery	Surveillance, outbreak detection and early response diseases, including anticipatory actions, and other health events that contribute most significantly to morbidity and mortality.

			and vulnerability analysis		
Emergency coordination	Public health and emergency workforce	Strengthening health emergency preparedness, readiness, and resilience	Scope of emergency preparedness and response functions, practice activities and the associated competencies aligned with the Essential Public Health Functions (EPHFs) <ul style="list-style-type: none"> • Competency-based education and learning pathways strengthened and informing capacity development of public health and emergency workforce 		
Community protection	Population and environmental public health interventions	Vaccination	Plan and implement vaccination of vulnerable populations in humanitarian settings in collaboration with humanitarian actors		

			<ul style="list-style-type: none"> • Monitor and evaluate vaccine rollout 		
Emergency coordination	Health emergency alert and response coordination	Standardized triggers and rapid resources for immediate response	Standardized methods for hazard identification, alert, rapid risk assessment and grading to declare onset of emergency		<p>Coordination and leadership: Conducting capacity Risk Assessment,</p>
Emergency coordination	Health emergency alert and response coordination	Standardized triggers and rapid resources for immediate response	Established multisectoral response coordination mechanism and coordination infrastructure (such as public health emergency operations centers), activated in line with emergency categorization and grading and in line with global guidance		<p>Coordination and leadership: Establishing the coordination mechanism for the outbreak Response</p>

Emergency coordination	Health emergency alert and response coordination	Standardized triggers and rapid resources for immediate response	Rapid deployment mechanisms for the release of available contingency resources (human, financial, technical) for immediate initial response on a no-regrets basis		Coordination and leadership: Rapid deployment of trained personnel.
Access to Countermeasures	End-to-end health emergency supply chains	Resilient logistics and distribution	Strategic stockpiles of medical countermeasures are established and provide for rapid response, prevention, response and stopgap needs.		Diagnosis and case management: People have access to effective diagnosis and treatment for infectious.
Collaborative surveillance	Effective diagnostics and laboratory capacity for pathogen and genomic surveillance	Decentralized testing capabilities at or near the point of care	National distribution plans for point-of-care diagnostics developed and aligned with public health surveillance and clinical care strategies and guidelines, with clearly outlined responsibilities at each appropriate subnational level <ul style="list-style-type: none"> • Routinely updated and validated central register of public and 		

			<p>private diagnostic capacity, and a stock management system linked to replenishment mechanisms</p> <ul style="list-style-type: none"> • Quality management systems for point-of-care testing • Integration of point-of-care diagnostic results into national surveillance systems for priority diseases 		
Community Protection	<p>Community engagement, risk communication and infodemic management to guide priority actions and strengthen community resilience</p>	<p>Risk communication and community engagement</p>	<p>Engagement with and involvement of communities to codesign activities, advice, and messaging</p> <ul style="list-style-type: none"> • Communication of risk and distilling science, through coordinated and evidence-based multi-channel communication with affected populations and through trusted channels and tailored messages • Tools and trainings to build health literacy and resilience to mis/disinformation 		<p>Risk communication and community engagement and infodemic management.</p>

			including risk communication platforms and infodemic management systems		
Safe and Scalable Care	Protection of health workers and patients	Infection Prevention and Control (IPC) in the context of Health Emergency	<p>Development of evidence-based standards, guidance and Strengthening health emergency prevention, preparedness, response and resilience 23 protocols for IPC and occupational safety and health (OSH)-related practices, including for individual and site-level risk assessments, and the safe reception, movement and care of patients in isolation</p> <ul style="list-style-type: none"> • Implementation of alternative service models such as telemedicine to minimize risk of spread and support containment efforts • Development of 		Outbreak preparedness and response: Infection prevention and control

			<p>capacities of health workers to perform continuous risk assessments, ensure appropriate flow of patient care, and detect and report health care associated infections through development of competency standards and creation of appropriate training modules</p> <ul style="list-style-type: none"> • Development of responsive stockpiling processes to ensure adequate supply of PPE and IPC equipment 		
Access to Countermeasures	End-to-end health emergency supply chains	Resilient logistics and distribution	<p>Export and import processes for medical countermeasures streamlined.</p> <ul style="list-style-type: none"> • Supply chains monitored against counterfeit and falsified products as a part of robust regulatory oversight • A cooperative network of health emergency supply chain actors 		Outbreak preparedness and response: Logistic to support outbreak management

				HNRP 2025 Health Strategic Objective 3:	GPW 14 (General Program of Work) : Strategic objective 3 :
				3.1 To enhance health system resilience by empowering local communities, promoting a whole-of-society approach, and implementing localization and the Humanitarian-Development-Peace Nexus	Advance the primary health care approach and essential health system capacities for universal health coverage.
				HS - Pillars	Interventions
Emergency coordination	Strengthened workforce capacities for health emergencies	Public health and emergency workforce	Scope of emergency preparedness and response functions, practice activities and the associated competencies aligned with the Essential Public Health Functions (EPHFs)	Health Workforce	Training and Capacity Building: Continuous training programs for healthcare workers to improve skills and knowledge, especially in emergency response and management.
Emergency coordination	Strengthened workforce capacities	Public health and emergency workforce	Action plans define workforce education, development and retention strategies		Recruitment and Retention: Strategies to attract and retain qualified

	for health emergencies		based on service needs, gap assessments and national health workforce policies		healthcare professionals, including incentives and support systems.
Collaborative Surveillance	Collaborative approaches to event detection, risk assessment, and response monitoring	Tools for data collection, analysis, and sharing	<p>A global collaborative agenda to continuously inform the development of data collection, management, analysis, and modelling tools based upon national and local needs</p> <ul style="list-style-type: none"> • A global 'marketplace' of tools available to countries and adaptable to various contexts • Technical support for countries to build, customize or adapt, and use advanced analytical tools 	Health Information Systems	<p>Data Collection and Management: Implementing robust systems for collecting, managing, and analyzing health data to inform decision-making and improve service delivery.</p>
Collaborative Surveillance	Strong national integrated disease, threat, and vulnerability surveillance	Contextual, community, and One Health insights	Multisectoral understanding of vulnerabilities – demographic, environmental, social, and economic drivers of health risks, based on local contexts		<p>Surveillance Systems: Strengthening disease surveillance to detect and respond to outbreaks promptly.</p>

			– established and applied towards both the design of surveillance (e.g., prioritization of risks and vulnerable populations) and interpretation of surveillance findings		
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Supporting post-response transition and recovery of clinical services and pathways through risk and vulnerability assessments, prioritization of key services and engagement of multisectoral stakeholders	Service Delivery	Integrated Service Delivery: Ensuring that health services are integrated and coordinated across different levels of care, from primary to tertiary services.
Safe and Scalable Care	Scalable clinical care during emergencies	Scalable clinical care pathways	Monitoring, evaluation, and improvement of clinical pathways and operations using quality performance indicators		Quality Improvement: Implementing quality assurance and improvement programs to enhance the effectiveness and safety of health services.

Emergency coordination	Strengthening health emergency preparedness, readiness, and resilience	Resource mapping and mobilization	Mapping of existing financial resources for prioritized actions and identification of gaps • Mobilization of additional financial resources and development of funding proposals	Health Financing	Sustainable Funding Models: Developing and implementing funding models that ensure the sustainability of health services, including diversified funding sources and efficient resource allocation.
Community Protection	Multisectoral action for social and economic protection	Strengthening social welfare and protection	Development of social protection policies to address health, economic and social impacts, based on regular risk and vulnerability assessments		Financial Protection: Mechanisms to protect vulnerable populations from catastrophic health expenditures.
Emergency coordination	Strengthened workforce capacities for health emergencies	Connected health emergency leadership	• Trusted and supported health emergency leadership embedded within the competent national structure	Governance and Leadership	Strengthening Leadership: Building the capacity of health leaders and managers to effectively oversee and coordinate health services.
					Policy Development: Supporting the development and

					implementation of health policies that promote equity, access, and quality of care.
Access to countermeasures	End-to-end health emergency supply chains:	Resilient logistics and distribution	<ul style="list-style-type: none"> • Export and import processes for medical countermeasures streamlined. • Supply chains monitored against counterfeit and falsified products as a part of robust regulatory oversight • A cooperative network of health emergency supply chain actors 	Medical Products and Technologies	Supply Chain Management: Improving the procurement, storage, and distribution of medical supplies and equipment to ensure availability and accessibility.
Access to countermeasures	End-to-end health emergency supply chains:	Resilient logistics and distribution	Strategic stockpiles of medical countermeasures are established and provide for rapid response, prevention, response and stopgap needs.		
Community Protection	Community engagement, risk communication and infodemic	Risk communication and community engagement	Engagement with and involvement of communities to codesign activities, advice, and messaging	Community Engagement	Community Participation: Involving communities in the planning,

	management to guide priority actions and strengthen community resilience		<ul style="list-style-type: none"> • Communication of risk and distilling science, through coordinated and evidence-based multi-channel communication with affected populations and through trusted channels and tailored messages • Tools and trainings to build health literacy and resilience to mis/disinformation including risk communication platforms and infodemic management systems 		implementation, and evaluation of health services to ensure they meet local needs and are culturally appropriate.
Community Protection	Multisectoral action for social and economic protection	Continuity of education and learning	<ul style="list-style-type: none"> • Development and implementation of relevant curriculum and evaluation tools to ensure quality education for children, adolescents, and adults • Policies and services to provide education-based social support and food security for children 		Health Education: Promoting health literacy and awareness through education and communication campaigns.

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This document is the result of a participative and comprehensive consultative process, including a development workshop held from December 9-11, 2024, and a validation workshop held from February 11-12, 2025, in Maiduguri, Borno State. The workshops brought together representatives from the Ministries of Health of Borno, Adamawa, and Yobe, as well as SEMA, UN organizations, international and national NGOs, and CSOs. The list of participants from both workshops is provided below.

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10	Dr Mujibullah Dahiru Abdu	Executive Director	Center for Childcare and Human Development (C3HD)
11	Falmata Dunlami	Focal Person	Gender Equality Peace and Development Center (GEPADC)
12	Ayuba Hama Bwala	Monitoring Evaluation and Learning Coordinator	Gender Equality Peace and Development Center (GEPADC)
13	Oche Mercy	Clinical/Supervisor Nurse	Care Best Initiative (CBI)
14	Dr Wenom Luka	Health Coordinator	Care Best Initiative (CBI)
15	Isaiah Yakubu	Program Coordinator	Care Best Initiative (CBI)

16	Soyege Adewunmi	Program Manager	Royal Heritage Health Foundation (RHHF)
17			
18	Emmanuel Habila	Project Coordinator	Novel Alliance for Development Aid (NADA)
19	Terrer Mathew	Monitoring Evaluation and Learning Coordinator	Novel Alliance for Development Aid (NADA)
20	Dauda Joel Misaya	Accountability Assistant	Novel Alliance for Development Aid (NADA)
21	Stephen Bitrus Gwary	Program Manager	Community Engagement and Social Development Initiative (CESDI)
22	Abdullahi Edeka Ogwuche	State Programs Manager	African Youths for Peace, Development, and Empowerment Foundation (AFRYDEV)
23	Samuel I. Adesida	Gender & Protection	Action Health Incorporated (AHI)
24	Dr Omaye mathew	Executive Director	Albarka Health Spring Foundation (AHSF)
25	Mohammed Olatunji Bello	Project Coordinator	Albarka Health Spring Foundation (AHSF)
26	Huna Samuel Aondona	Project Coordinator	First Step Action for Children Initiative (FIRST STEEP)
27	Ismaila Abdullahi	Head of operations	Valfasam care initiative (VCI)
28	Aishatu Yakubu S	Executive Director	Goggoji Zumunchi Development Initiative (GZDI)
29	Felix Apir	Program Officer	PETUNIYA children, Youth & Women Initiative
30	Danladi Usiju	Monitoring Evaluation and Learning Coordinator	(Health Care Development Focus Initiative) HECADF
31	Zubairu Musa	Community Engagement Officer	Light a Candle Health Initiative (LACH-Initiative)
32	Marngayu	Health Officer	Centre for Comprehensive Promotion of Reproductive Health (CCPRH)

33	Yakubu Ahmed Atte	Program Officer	Cedar Foundation for Disability (CFFD)
34	Baba Hassan	Executive Director	Interaction Initiative for Community Development (iACTION)
35	Solomon Tashara	Executive Director	Sorasun Foundation (SRF)

HEALTH SECTOR PARTNER LOGOS



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