



# Northeast Nigeria Health Sector Localization Plan

December 2024

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## LIST OF ACRONYMS AND ABBREVIATIONS

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|---|---|
| **AAP** | Accountability to Affected Populations |
| **BAY** | Borno, Adamawa and Yobe |
| **BSCEF** | Borno State Community Engagement Forum |
| **CBOs** | Community-Based Organizations |
| **CHIPS** | Community Health Influencers Promoters Services |
| **CHW** | Community Health Worker |
| **CSR** | Corporate Social Responsibility |
| **CBPF** | Country Based Pool Funds |
| **Five C's** | Collaborative surveillance, Community protection, Safe and Scalable care, Access to countermeasures, and Emergency Coordination |
| **GBV** | Gender-Based Violence |
| **HERAMS** | Health Resources and Services Availability Monitoring System |
| **HMIS** | Health Management Information System |
| **HRP** | Humanitarian Response Plan |
| **HSC** | Health Sector Coordinator |
| **HSCo** | Health Sector Co -coordinator |
| **IASC** | Inter-Agency Standing Committee |
| **IDP** | Internally displaced persons |
| **IMO** | Information Management Officer |
| **INGOs** | International Non-Governmental Organizations |
| **IPC AMN** | Integrated Food Security Phase Acute Malnutrition Classification |

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| **IRC** | International Rescue Committee |
| **L/NAs** | Local and National Actors |
| **LGA** | Local Government Area |
| **LGHDC** | Local Government Health Development Committee |
| **LNGOs** | local non-governmental organizations |
| **MHPSS** | Mental health and psychosocial support |
| **NCDC** | Nigeria Center for Disease Control and Prevention |
| **NHF** | Nigerian Humanitarian Fund |
| **NGOs** | Non-governmental organizations |
| **NNGOs** | National Non-Governmental Organizations |
| **MEAL** | Monitoring Evaluation Accountability and Learning |
| **MOU** | Memorandum of Understanding |
| **NPHCDA** | National Primary Health Care Development Agency |
| **ODA** | Overseas Development Agencies |
| **SEMA** | State Emergency Management Agency |
| **SOP** | Standard Operating Procedure |
| **SPHCDA** | State primary healthcare development agency |
| **SMART** | Specific, Measurable, Achievable, Reliable and Time-bound |
| **SN HSCs** | Sub National Health Sector Coordinators |
| **SWOT** | Strengths, Weaknesses, Opportunities, and Threats |
| **TWG** | Technical working group |
| **WASH** | Water, Sanitation, and Hygiene |
| **SMOH** | State ministry of health |
| **TOR** | Terms of reference |

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| **WHO** | World Health Organization |
| **WDC** | Ward Development Committee |
| | Village Health Committee |
| **HSC** | Health Sector Coordinator |
| **HSCoC** | Health Sector Co-Coordinator |
| **SN HSC** | Subnational Health Sector Coordinator |
| **IMO** | Information Management Officer |
| **ISCG** | Inter-Sector Coordination Group |
| **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 humanitarian crisis in Northeast Nigeria, driven by conflict, climate-related shocks, and food insecurity, has created immense challenges for the health sector in Borno, Adamawa, and Yobe (BAY) States. About 1.8 million people remain displaced(1), with inadequate access to healthcare services and persistent disease outbreaks, malnutrition, and mental health challenges. This strategy outlines a comprehensive localization approach to strengthen the health sector's capacity by empowering local and national actors (L/NAs) include state and local government structures to lead humanitarian responses at respective levels with minimal oversight functions.

The localization strategy aligns with the global commitments of the Grand Bargain 2.0, prioritizing equitable partnerships, capacity sharing, and resource mobilization to enhance sustainable, community-owned health systems(2). Key components include increasing the visibility and meaningful participation of L/NAs in health sector coordination, promoting direct funding to local actors, and addressing systemic barriers such as governance, leadership, capacity, and resource gaps.

The global humanitarian community made a commitment, as reflected in the Grand Bargain 2.0, to localization (3) to improve the efficiency and effectiveness of humanitarian aid. A key priority of this commitment is to empower local actors to take a leading role in delivering assistance, ultimately leading to better outcomes for affected communities. A localized health response, strengthened by partnerships, can achieve several key outcomes, including rapid response and access, community acceptance, cost-effectiveness, links to long-term development, and increased accountability to the community. Localization in health matters because it ensures sustainable and community-owned health responses.

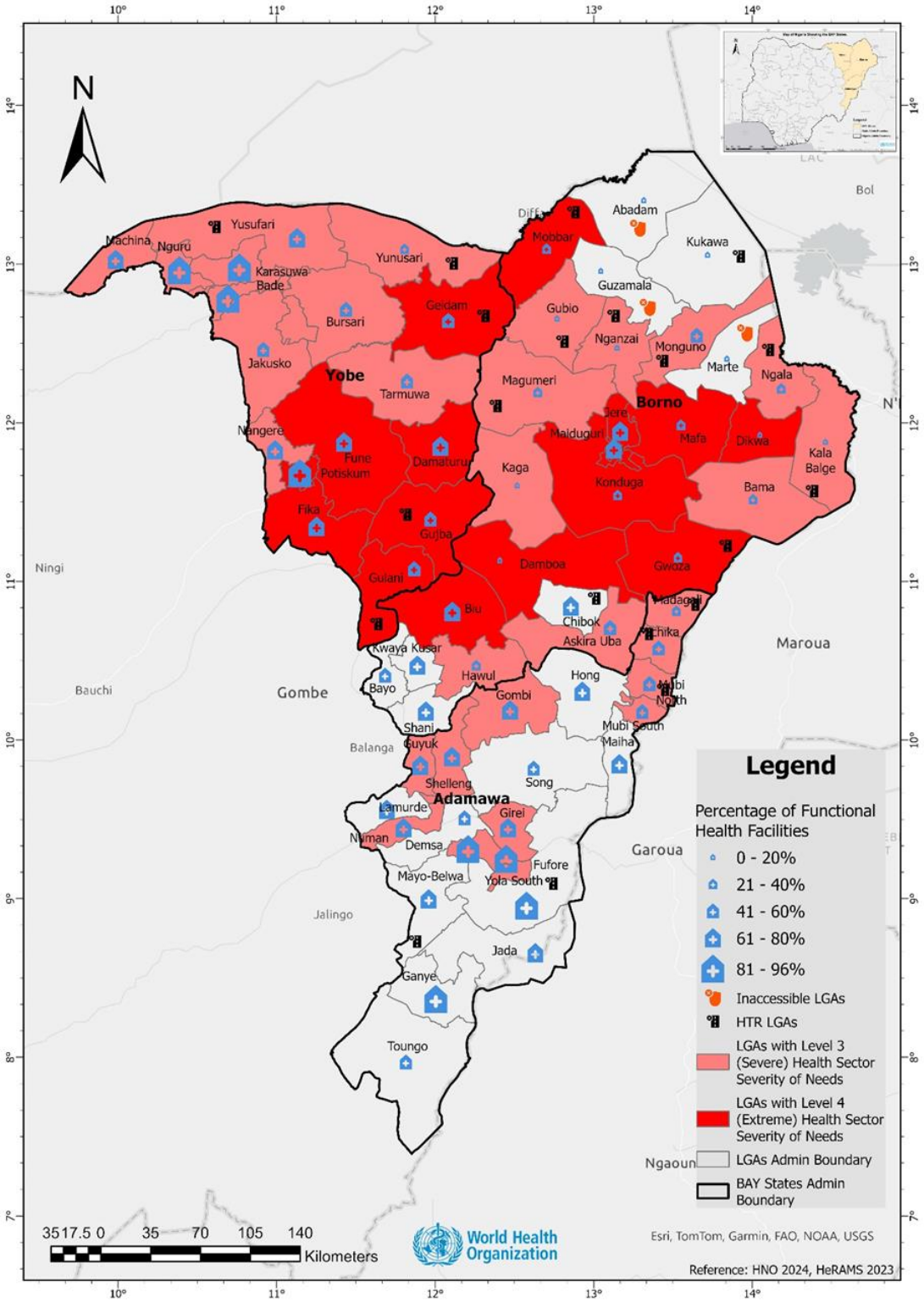
# I. BACKGROUND

The humanitarian situation in northeastern Nigeria (Borno, Adamawa, and Yobe State) remains a pressing concern, driven by four key factors: ongoing conflict and displacement, food insecurity and malnutrition, disease outbreaks, and flood-related displacements. Northeast Nigeria faces significant humanitarian challenges, including the displacement of about 1.8 million people due to conflict and climate change. Additionally, a 1,4 million of returnees and 2.6 million(1) host community and refugees, including those from neighboring countries, are also in need of humanitarian support. The region's health systems are severely strained, and emerging health crises, such as widespread malnutrition, cholera outbreaks, and limited access to maternal healthcare, exacerbate the situation. The needs are multifaceted, requiring a comprehensive response to address the diverse challenges faced by the population.

Local health actors play a vital role in responding to health crises in Northeast Nigeria. Local NGOs and CSOs are often the first responders, providing critical health services in hard-to-reach areas. Meanwhile, local government agencies, such as the State Ministry of Health, Nigeria Centre for Disease Control and Prevention (NCDC), National Primary Health Care Development Agency, Ministry of Agriculture and Natural Resources, Ministry Environment and other key stakeholders are instrumental in coordinating health responses and ensuring effective service delivery.

The global humanitarian community has made a commitment, as reflected in the Grand Bargain 2.0,on localization,(3) to improve the efficiency and effectiveness of humanitarian aid. A key priority of this commitment is to empower local actors to take a leading role in delivering assistance, ultimately leading to better outcomes for affected communities. Certainly, a localized health response, strengthened by partnerships, can achieve several key outcomes, including rapid response and access, community acceptance, cost-effectiveness, links to long-term development, and increased accountability to the community. Ultimately, localization in health matters because it ensures sustainable and community-owned health responses.

Figure 1: Map of BAY States.



## 1.1. DEFINITION OF LOCALIZATION IN THE HEALTH SECTOR

Localization is "a collaborative and dynamic process for an equitable and meaningful engagement of Local and National Actors in the Health Sector aimed at achieving a locally led health response in line with the humanitarian principles."(3) It implies empowering local actors, including governments, public and private institution, National Non-Governmental Organizations and CSOs, to lead humanitarian responses.

## 1.2. HISTORY

Before the insurgency, Northeast Nigeria's health sector was driven by community-led initiatives, government programs, and local partnerships. The National Primary Health Care Development Agency (NPHCDA), established in 1992, worked with State Ministries of Health (SMOH) to decentralize healthcare services. Community-Based Health Care committees such as Ward Development Committee (WDC), Borno State Community Engagement Forum (BSCEF) were formed to oversee local health centers, ensuring that community voices informed health priorities. Traditional rulers, religious leaders, and local influencers also played a key role in shaping health behaviors. Nigeria participated in the Expanded Programme on Immunization, launched in the 1980s, with local governments implementing vaccination campaigns. Local NGOs and community-based organizations complemented government health efforts, while institutions like colleges of medical sciences, Nursing and Health Technology trained and built the capacity of health professionals for underserved areas.

## 1.3. NATIONAL INITIATIVES

Building upon the history of community-led initiatives, government programs and local partnership, the Nigeria's first attempt at a response that aligns with the localization agenda was the Federal Government's design of the Presidential Humanitarian Response Plan for Northeast and the consequent establishment of the Presidential Committee on Northeast Initiative (PCNI)(4) as the coordinating organ. In 2019, the government developed the Humanitarian Response Strategy (2019-2021)(5)**,** the first of its kind in Nigeria, to consolidate on the gains of the PCNI.

Other initiatives implemented by humanitarian actors are:

1. Nigeria INGO Forum – Implementing and Promoting Local Response Capacity and Partnership (PLRCAP) initiative(6), which is a public-private partnership model currently being tested with 12 local and national NGOs.
2. Nigerian Joint Response – Active since 2016, involving collaboration with 5 civil society organizations (CSOs).
3. Lake Chad Project – Managed by NORCAP since 2018, focusing on the current Localization Strategy(7).
4. Share Trust Project – Fostering collective action to enhance community resilience.

## 1.4. KEY PARTNERS ROLE AND RESPONSIBILITY IN LOCALIZATION

For localization to be effective and efficient, it is essential that a wide range of stakeholders are involved. It is important that roles and responsibilities are defined and understood from the onset in addition to determining the demands/requirements of each partner. The table below shows the constituencies of partners, their illustrative roles and responsibilities and their strategic needs and demands(8).

*Table 1: Actors Role and Responsibility in Localization*

| No | Actors | Role and Responsibility in Localization |
|---|---|---|
| 1 | Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development | • Supportive policy and legislation on localization<br>• Strategic planning and coordination<br>• Adequate funding through annual budgetary allocation<br>• Political will and commitment<br>• Monitoring and documentation of humanitarian response activities<br>• Project localization agenda at international conferences<br>• Mapping of partners in humanitarian and developmental response<br>• Facilitate broadening of coverage of humanitarian response to all geo-political zones (states, LGAs)<br>• Oversight functions |
| 2 | National Emergency Management Agency | • National Leadership in emergency response<br>• Timely and coordinated response to emergency situations.<br>• Oversight functions |
| 3 | Ministry of Budget and National Planning | • Integrate localization policy into the operational guidelines of Overseas Development Agencies (ODA)<br>• Monitoring and Evaluation of activities of partners in humanitarian response<br>• Adequate financial allocation for Humanitarian response in national budget |
| 4 | Federal Ministry of Finance | • Budget releases and monitoring of humanitarian response funds<br>• |
| 5 | National Assembly /State Houses of Assembly | • Supportive legislation for localization<br>• Fund appropriation through annual budget allocation.<br>• Oversight on localized response to humanitarian issues |
| 6 | State Government (SEMA and other relevant MDAs) | • Effective State level coordination<br>• Adequate funding for humanitarian and emergency response<br>• Strengthening state structure for humanitarian service<br>• State level policies and plans.<br>• Mapping of partners in humanitarian response at the state level |

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| | | • Leadership, governance, and ownership across all clusters |
| 7 | Local Government Councils, , Departments and Agencies (Local Emergency Management Committee (LEMC in Yobe and Adamawa) (Emergency Preparedness Response Committee (EPRC) in Borno State) | • Identify health related needs of communities within the Local Government Areas<br>• Plan and budget for implementation of crisis response activities and present same to the LGA PHC Management Development Committee<br>• Plan for mobilization of local and external resources to enhance crisis response activities.<br>• Supervise and Monitor activities of humanitarian workers.<br>• Provide feedback to committees at all levels.<br>• Information gathering and sharing.<br>• Establish and manage structures for humanitarian/emergency response.<br>• Provide fund for immediate local response to humanitarian needs.<br>• Establish and maintain effective early warning signs.<br>• Mapping of crisis prone communities<br>• Leadership, governance, and ownership across all clusters |
| 8 | Donors Multi-lateral, Bi-lateral, Foundations | • Financial provisions for NNGOs/LNGOs for organization wide support in fund to INGOs for humanitarian response<br>• Direct funding of NNGOs/LNGOs<br>• Budget funds for capacity building for LNNGOs |
| 9 | INGOs, NNGOs, and UN Organisations. | • Build equitable partnerships that are conducive to localization.<br>• Conduct joint assessments of L/NAs that inform capacity strengthening plans/programs.<br>• Capacity building of NNGOs/LNGOs using a wide range of approaches<br>• Submit reports and data on their projects.<br>• Link NNGOs to resources.<br>• Provide technical support to NNGOs and LNGOs<br>• Establishment of sustainability framework |
| 10 | NNGOs/ LNGOs/CBOs | • Leading and linking international partners to local communities.<br>• Establish systems for recognizing and reporting early warning signs within community structures.<br>• Engage with governments, UN agencies, and donors to advocate for locally led solutions in humanitarian and development work, demonstrating transparency and accountability.<br>• Showcase capacities to support the implementation of health programs.<br>• Act as first responders during humanitarian crises, providing emergency relief.<br>• Strengthen local community-led interventions. |

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| | | • Align interventions with cultural, social, and political realities.<br>• Advocate for inclusive policies that prioritize local voices in decision-making.<br>• Play a critical role in conflict prevention, mediation, and reconciliation efforts.<br>• Build social cohesion by working directly with local leaders, religious groups, and marginalized communities.<br>• Provide real-time monitoring and feedback on aid effectiveness.<br>• Participate in coordination efforts to ensure a cohesive and comprehensive response to crises. |
| 12 | • Community structures: local councils, traditional leaders, women's groups, youth associations | • Provide information/local knowledge to NNGOs/LNGOs/INGOs<br>• Reduce barriers that impede response to humanitarian/emergency needs.<br>• Manage community response system established with support from NNGOs/LNGOs/INGOs<br>• Create community- based monitors.<br>• Liase with LEMC/EPRC to respond promptly to disasters and crises, providing immediate support.<br>• Coordinate efforts and share information before external assistance arrives.<br>• Foster community engagement, allowing local people to contribute to influencing developmental programs.<br>• Ensure fair resource distribution and transparent use.<br>• Establish accountability mechanisms for reporting issues.<br>• Mediate conflicts to prevent violence and promote peace.<br>• Liase with LEMC/EPRC to promote disaster preparedness and resilience.<br>• Advocate for local voices to be heard by government officials, UN agencies, and NGOs. |
| 13 | Private sector /Private Foundations | • Provide funding for country-wide humanitarian response.<br>• Partner with stakeholders to respond to humanitarian emergency situations and needs.<br>• Monitoring of the funding they provide to partners.<br>• Enhance the capacities of local organizations and communities through targeted training, technical assistance, and mentorship programs.<br>• Introduce innovative, context-specific solutions and technologies to bolster efficiency and effectiveness in addressing local challenges.<br>• Foster long-term economic development and environmental sustainability in local communities.<br>• Leverage influence to advocate for policies and practices that prioritize localization. |

### 1.5. KEY COMPONENTS OF LOCALIZATION IN HEALTH

The Key components of localization in health capacity strengthening comprise(9):

- **Capacity strengthening:** Localization in health capacity strengthening involves several key components. Training programs for local health workers are crucial, focusing on areas like outbreak management and maternal and child health. Additionally, technical support initiatives help local organizations enhance data collection, reporting, and service delivery.
- **Funding and resource mobilization:** A significant challenge in localization is the funding disparity, with less than 2% of international humanitarian aid directly supporting local actors. To address this, there is a need for increased direct funding to local health-focused organizations.
- **Decision-making power and visibility:** Localization also involves empowering local actors in decision-making processes. This can be achieved by involving them in National and Sub National Health Sector coordination and leadership's role and the Health Sector Working Group and promoting community-driven programming.
- **Service delivery:** Empowering local organizations is vital for improving access to basic healthcare in underserved areas. Successful health campaigns led by local civil society organizations, such as vaccination drives or maternal health clinics, demonstrate the effectiveness of localization in service delivery.
- **Sustainability:** Finally, building sustainable health systems that can transition from emergency responses to long-term development is essential. Initiatives like capacity-building partnerships between international non-governmental organizations and local actors can enhance resilience and promote sustainable development.

## II. SITUATION ANALYSIS

### 2.1. OVERVIEW OF THE HEALTH SECTOR IN NORTHEAST NIGERIA

The humanitarian crisis in the BAY states of Northeast Nigeria is a complex and multifaceted challenge. Insecurity, widespread displacement, and climate-related shocks have severely impacted the health and well-being of the population. Access to healthcare is severely limited for the majority of the population, with only 30% of households able to reach health facilities within 30 minutes. Insecurity, damaged infrastructure, and shortages of qualified personnel and essential medicines further exacerbate these challenges. The 2023 HERAMS assessment revealed significant damage to health facilities across the states, with a substantial proportion either non-functional or partially functional.

The region faces a severe disease burden, with frequent outbreaks of cholera, measles, malaria, and diphtheria. The lack of adequate cold-chain systems hinders vaccination efforts, increasing the risk of

disease spread. Malnutrition is a critical concern, with a significant proportion of children and pregnant women projected to suffer from acute malnutrition. The IPC AMN report highlights the severity of the situation, with many LGAs classified as being in critical or serious phases of acute malnutrition. Mental health and psychosocial support (MHPSS) services are severely underdeveloped. The protracted conflict has resulted in prevalent mental trauma, yet access to mental health services is limited due to stigma, lack of trained professionals, and inadequate resources. Gender-based violence (GBV) remains a serious concern, with high rates of reported incidents among women and girls. However, access to support services for survivors is limited, hampered by stigma, inadequate resources, and gaps in referral systems. These challenges are compounded by insufficient funding and high humanitarian needs, creating significant gaps in the response. Addressing these critical issues requires a comprehensive and multi-sectoral approach that includes improving access to healthcare, strengthening health systems, addressing malnutrition, providing mental health and psychosocial support, and enhancing the response to gender-based violence.

## 2.2. HEALTH SECTOR ACHIEVEMENT AND CHALLENGES ON THE LOCALIZATION

Notable achievements have been made in localizing health responses in Northeast Nigeria. Local NGOs have successfully led health interventions in remote areas, and collaboration between international NGOs and local civil society organizations has increased through capacity-building projects. Additionally, pilot programs have been established to fund local actors through Nigeria Humanitarian Fund and other donors funding mechanisms.

In 2024, localization efforts in the health sector have focused on three key areas: funding, capacity building and sharing, advocacy, visibility and participation in health coordination and decision-making structures. Funding has been facilitated through the National Health Fund (NHF), which supports local non-governmental organizations (LNGOs) in project design, management, and reporting. The NHF has a thorough validation process in place to select new LNGOs, and the health sector plays a crucial role in discussing priority areas, reviewing proposals, and conducting joint field monitoring. To ensure effective project planning, the health sector has organized training sessions for local NGOs, resulting in 39 projects from 35 health sector members. Notably, 24 (68.5%) of these projects are led by local NGOs mobilizing resources under the 2024 Humanitarian Response Plan (HRP). In terms of visibility, local actors have participated in Health Sector Events as key contributors, sharing expertise and knowledge through various roles such as training facilitators, panelists, and presenters. Additionally, advocacy efforts have championed localization in meetings and discussions, with a focus on sharing experience and knowledge with local professionals on coordination and leadership. To further enhance capacity building, information management mentoring and refresher training for LNGOs continue to ensure the quality of data collected and information generated. This comprehensive approach to localization is crucial for achieving sustainable and community-owned health responses.

Despite these achievements, challenges persist. Funding limitations hinder local health organizations, which rely heavily on short-term donor funding. Capacity gaps exist in technical expertise, monitoring, and compliance with donor requirements. Furthermore, coordination issues between international actors and local health stakeholders, as well as limited representation of local actors in strategic forums, remain significant challenges.

## 2.3. BARRIERS AND ENABLERS OF THE LOCALIZATION ANALYSIS.

Analyzing barriers and enablers is crucial for successful localization efforts. By identifying and understanding the challenges that may hinder implementation, such as governance and policy, contextual factors, programmatic factors, skill and capacity, practices and compliance and resource mobilization, organizations in Northeast Nigeria can proactively address them. Simultaneously, recognizing and leveraging existing strengths, such as local knowledge, community networks, and infrastructure, can significantly facilitate the localization process.

This analysis also informs strategic planning by ensuring that plans are realistic and tailored to the specific local context. It also fosters better collaboration among stakeholders by aligning goals, sharing resources, and coordinating efforts more effectively. Furthermore, this analysis promotes accountability and transparency in the implementation process by ensuring that all stakeholders are aware of potential challenges and opportunities, leading to more informed decision-making. In essence, this analysis is fundamental for creating effective, sustainable, and community-driven localization plans that can adapt to the unique needs and circumstances of the local context.

The analysis focuses on four key contextual relevant thematic areas: Governance and Policy, Practices and Compliance to policy and norms, Resource Mobilization, and Skill and Capacity of L/NAs. By examining these areas, we identify barriers that hinder progress, suggest mitigation measures, and highlight enablers, opportunities, and recommendations.

In this analysis, a barrier is defined as any factor that prevents or hinders progress towards a goal or outcome. An enabler, on the other hand, is a factor, tool, or resource that facilitates achieving a goal or seizing an opportunity. An opportunity refers to a favorable situation that offers potential for growth, success, or progress if acted upon.

The results of this analysis are presented in the table below:

*Table 2: Barriers and enablers analysis in Localization.*

| Thematic area | Barriers | Mitigations measures | Enablers | Opportunities and Recommendations |
|---|---|---|---|---|
| *Governance and policy* | • Bureaucratic process for L/NA getting the MoUs between government and Local Organizations.<br>• Unregulated and unclear transition and exit plan.<br>• Sub-optimal performance of the health cluster at the LGA level.<br>• Aid diversion/unrealistic implementation budget of project (income per capita). | • Establishing a clear absorption of local human resource currently receiving stipend from NGOs into the government payroll system.<br>• Activation and strengthening of local health at LGA (wards, community) e.g. WDC, LGHDC and Village Health committee (VHC) in line with National Minimum PHC standards.<br>• Establishment of accountability systems for check and balances. | • SMART Localization Framework.<br>• Availability of MoUs between government and International Organizations.<br>• Existence of coordination structures lead by Government/partners.<br>• Inclusion of Local partners into the humanitarian coordination structures. | **Opportunities**<br>• Operationalizing existing SMART Localization Framework.<br>• Leveraging on existing policies and strategies.<br><br>**Recommendations**<br>• Increased Government commitment and political will in effective healthcare service delivery.<br>• Establish/strengthen coordination platform.<br>• Advocacy for the reduction of the Bureaucratic bottle neck for L/NA in getting the MoUs between |

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| | | | | government and Local Organizations.<br>• Implement joint budget tracking of resources.<br>• Set up a Localization Technical working group. |
| **Practices and compliance.** | • Socio cultural barriers.<br>• Ineffective Participatory approach<br>• Inadequate engagement and integration of L/NA, stakeholders, communities, and organization in decision making.<br>• Limited presence at the leadership position in several humanitarian coordination platforms.<br>• Non domestication of Corporate and Social Responsibilities (CSR) policies at states.<br>• Inadequate policy, guidelines and adherence to the existing policies and guidelines.<br>• Insecurity in some locations<br>• Disease outbreaks are not always declared swiftly with | • Constant awareness sensitization to L/NA, stakeholders.<br>• Embracement of participatory approach to achieve the goal of localization agenda.<br>• Ensure adequate engagement and integration of stakeholders, communities in decision making.<br>• Build the capacity of the L/NA to have a sense of ownership.<br>• Avail access to all humanitarian coordination platforms.<br>• Promotion of the domestication of CSR policies at states | • Availability of Policies on Corporate Social Responsibilities (CSR)<br>• Availability of diverse policies for different units within the NA/ organization<br>• Availability of outbreak information bulletin and SITREP for timely information of risk. | **Opportunities**<br>• Existing functional policies<br>• Establishment of new policies.<br>• Existing programmatic/project structures<br>**Recommendations:**<br>• Buy in, integrate and strengthening the capacity of the L/NA<br>• Strengthen compliance of policies on CSR and encourage domestication a state.<br>• Ensure adherence to the available standards, policies, and guidelines. Additionally, compliance with humanitarian principles<br>• Improve coordination, information sharing and |

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| | impede the rapid and effective deployment of L/NA for response. | • Draft robust, relevant policies and domesticate global policies to fit into the local context | | preparedness and response to diseases outbreak.<br>• Establish a regulatory committee with representatives from the UN, Government, INGO and NNGO to ensure adherence to standards.<br>• Strengthen civil-military coordination at all levels and regular information sharing and security updates. |
| **Resource mobilization** | • Inadequate funding.<br>• Limited access to the targeted population.<br>• Delayed release of funds.<br>• Limited accountability in line with financial due process.<br>• Power imbalance by UN/INGO with L/NA in partnership and coordination.<br>• Lack of knowledge and capacity on resource mobilization. | • Submission of realistic and SMART budget.<br>• Promote accountability, transparency, and integrity in financial management.<br>• Institute financial monitoring mechanism including budget tracking.<br>• Promote annual audit, spot check and micro | • Availability of Consortium.<br>• Cost sharing approach<br>• Availability of philanthropist and companies.<br>• The availability of community structures (WDC, VDC, CHIPS (Community health influencers promoters services), Corps, etc. | Opportunities<br>• Global level commitment of 25% funding opportunities for L/NA<br>• Stakeholders' commitment to the allocation and release of funds.<br>• Availability of funding from private sector and local donors<br>Recommendations:<br>• Advocate for more allocations for local and national actors, under the |

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| | • Lack of accountability mechanisms on the side of the communities<br>• Limited access to funding from donors /Government to L/NA.<br>• Competition from other stakeholders in humanitarian landscape make it challenging to L/NAs in securing funding. | assessment procedures.<br>• Enhance power balance through principal partnership and coordination by UN/INGO with L/NA.<br>• Encourage consortium building.<br>• Capacity building on resource mobilization<br>• Strengthen accountability mechanisms at community level. | • Visibility of NNGOs at the health sector coordination level | country-based pool funds (CBPF), NHF, RRF etc. for health sectors.<br>• Engage philanthropist and companies to support community driven initiatives and actions.<br>• Encourage multiple consortiums among NGOs such that it provides a platform for medium-risk NNGOs to mentor smaller NNGOs to access fund.<br>• Advocacy be directed towards the private sector to priorities NGO funding opportunities.<br>• Budget provisions should be made, and funds should be released in a timely manner from the government coffers.<br>• Promoting equity in aid distribution, inclusivity by supporting effective partnership with formally established conflict resolution arrangements. |

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| | | | | • Enhancing Information sharing that is accessible to local and national NGO. |
| **Skill and capacity** | • Inadequate skilled personnel's work force.<br>• Staff attrition.<br>• Poor renumeration.<br>• Limited presence of local capacities<br>• Rural urban migration<br>• Security issues<br>• Lack of transparency in the recruitment process and posting within NNGOs. | • Training, capacity building and mentorship.<br>• Recruitment of more skilled staffs.<br>• Task shifting.<br>• Continues strong advocacy to stakeholders on collaboration.<br>• Strengthening the structures through the government, health sector, local and national actors.<br>• Standardized renumeration.<br>• Promotion of attractive policies that will create an enabling environment for persons working in the rural areas.<br>• UN agencies, INGO, in collaboration with the Government to fulfill their commitment to strengthening the capacity of the NNGO. | • Existing local capacity, trained personnel for service providers and institutional management strengthening.<br>• Collaboration and coordination (ability to develop and maintain partnership with local stakeholders).<br>• Availability of private sector organizations<br>• Competitive incentive package<br>• Participation in decision-making process<br>• Training /Professional development intuitions. | Opportunities:<br>• Improved quality of care, implementation and accountability<br>• Strengthening the locally available human resources for health<br><br>Recommendation:<br>• Map all the opportunities, mentorship, trainings, awareness and sensitization, accountability framework should be in place.<br>• Utilization of local capacities and resources to drive localization (Local health committee, Community based action team, Women group, National organization<br>Religious group) |

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| | | | | • Partnership opportunities under CSR with private organizations |

## III. SCOPE OF THE PLAN

The scope of the plan is to provide a practical and holistic approach to a meaningful engagement of L/NA in the health sector in Northeast Nigeria, in line with IASC Guidance supporting the 8 Key component pillars:

- Participation and Representation, Leadership
- Capacity Sharing and Strengthening
- Resourcing for Coordination
- Visibility.
- Preparedness, Response.
- Humanitarian, Development, Peace Collaboration.
- Accountability to the Affected Population.
- Monitoring of localization in humanitarian coordination.

## IV. GUIDING PRINCIPLES

The principles are the foundations of the humanitarian way of work. They govern conduct, decision-making, and problem-solving. We must all adhere to these principles in order to achieve effective localization processes(3):

- **Adherence to humanitarian principles:** We have to collectively prioritize, share and strengthen the capacity to uphold the principles of neutrality, impartiality, and a rights-based approach that ensure AAP.
- **Equitable partnership:** L/NAs and all stakeholders should engage as equals, through mutual respect of capacity/mandate, transparency, result-oriented approach and complementary partnerships.
- **Capacity sharing:** Adopt an open mindset to share capacity framed by adequate and proactive investment in capacity strengthening, strong accountability and monitoring
- **Multi-dimensional lens:** Go beyond funding domains, and tackle other equally important aspects for a holistic, meaningful engagement. These include integrating aspects of visibility, and leadership.
- **Risk Sharing and Risk Management:** Staff Safety, Security, and Wellbeing
- **Localization in coordination:** Maintain a multidimensional lens to localization in coordination.
- **Inclusion of Marginalized L/Nas**: Organizations for People with Disability/PWD, Gender Diverse Groups in the Health Sector.

# V. LOCALIZATION GOAL AND STRATEGY PRIORITY AND APPROACHES

## 5.1. GOAL FOR HEALTH SECTOR LOCALIZATION

Reduce the morbidity and the mortality among the crisis affected population in Northeast Nigeria through a positive transformation towards a more robust and inclusive engagement of L/NAs in the Health Sector.

## 5.2. STRATEGIC PRIORITY

### STRATEGIC PRIORITY 1:

**Leadership, Accountability, and Monitoring:** *Empower L/NA to effectively fulfil health sector coordination functions at national, sub-national and local/community coordination platforms in protracted emergencies.*

**Approaches:**

1.1 Health Sector co-coordination responsibility with L/NAs.
1.2 Collaborate with the local coordination mechanisms where they exist and establish where they don't exist.
1.3 Increase the role of L/NAs and community stakeholders in the Health Sector's strategic decision-making.
1.4 Strengthen the learning process to improve the knowledge and L/NA engagement in the Health Sector coordination.
1.5 Establish a Localization technical working group (TWG) to periodically review the local coordination mechanisms establishment, performance, impact and feedback.
1.6 Establish a monitoring evaluation accountability and Learning (MEAL) framework.

### STRATEGIC PRIORITY 2:

**Enhance Equitable Representation, Participation**, **and Visibility** in the Health Sector Coordination.

**Approaches:**

2.1 Diversify L/NA representation in the Health Sector coordination.

2.2 Ensure effective participation in Health Sector coordination mechanisms.
2.3 Increase the visibility of L/NA in the Health Sector coordination.
2.4 Bridge the different levels/layers of coordination within the sector and across sectors.

### STRATEGIC PRIORITY 3:

**Empower L/NA to Access and Control Resources** that are Fundamental to their Meaningful Engagement in the Health Sector

**Approaches:**

3.1 Include L/NAs in the governance and decision-making bodies that are responsible for funding prioritization and allocation in the health sector in the spirit of transparency and equity e.g, SAG, CBPF allocation committee. Engage partners in a transparent budgeting process.
3.2 Proactively provide technical support for L/NA project development processes- Provide project development information packages e.g., funding opportunities, assessment registry, situation analysis, HMIS data, and HSSPs, promote L/NA visibility among donors.
3.3 Strengthen capacity to engage in a principled: impartial, transparent, and coordinated multisectoral needs assessment and prioritization.
3.4 Advocate for donors and funding agencies (UN, INGO, Private Sector) formulti-year funding to support to the health sector coordination in igniting a scale up of mainstreaming localization among other crosscutting issues e.g., AAP, Gender mainstreaming,
3.5 Advocate to funding agencies/donors to ensure funding planning and decision integrates coordination inputs and requirements. In country donor conference partners including L/Nas
3.6 Advocate funding agencies to encourage partners to participate and engage in coordinated response and support capacity for leadership.
3.7 Promote tracking of funds in the Health Sector to assess the proportion of funds accessed by L/NAs.

## VI. IMPLEMENTATION PLAN AND TIMELINE

Detailed implementation plan with milestones and timelines are included below.

*Table 3: Action plan 2025.*

| Priorities, Actions, and Strategic Activities. | 2025 | | | | Primary Beneficiaries | Focal Point | Budget / Activity |
|---|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | | | |
| **Strategic Priority 1: Leadership, Accountability, and Monitoring: Empower L/NA to effectively fulfill health sector coordination functions at national and sub-national coordination platforms in acute and protracted emergencies** | | | | | | | |
| **Action 1.1 Scale up Health Sector co-coordination responsibility with L/NAs** | | | | | | | |
| Activity 1.1.1 Jointly identify/map out the Co-Coordination needs and other leadership opportunities in the health Sector, aimed at scaling up coordination capacity and structures at sub-national levels as a priority | X | X | | | All Health Sector Members | HSC, HSCo, IMO, SN HSCs | $ 60,000.00 |
| **Action 1.2 Engage with other local/decentralized coordination mechanisms linking with Areas Based Coordination (ABC) where they exist** | | | | | | | |
| Activity 1.2.1 Inform L/NA about the existing Health Sector strategic decision-making platforms aligned to the HCC am local Guide and local needs | | X | | | L/NAs | HSC, HSCo, IMO, SN HSCs | NV |
| **Action 1.3 Increase the role of L/NAs in the Health Sector's strategic decision-making process** | | | | | | | |
| Activity 1.3.1Setting Up Localization Technical Working Group (TWG) to periodically review the local coordination mechanisms establishment, performance, impact and feedback | X | X | | | All Health Sector Members | HSC, HSCo, IMO, SN HSCs | $ 6,000.00 |
| **Action 1.4 Strengthen the monitoring and learning processes to improve the engagement of L/NAs in the Health Sector** | | | | | | | |
| Activity 1.4.1 L/NAs Data and Program Manager trained to HS activities monitoring and evaluation processes. | X | X | | | L/Nas Data Managers | HSC, HSCo, IMO, SN HSCs | $ 20,000.00 |
| **Strategic Priority 2: Enhance Equitable Representation, Participation, and Visibility in the Health Sector** | | | | | | | |
| **Action 2.1 Diversify L/NA representation in the Health Sector** | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Activity 2.1.1 Routinely perform a wider coverage of the basic partner mapping (3W) using tools and techniques that are capable of deeper reach e.g use of social media platforms such as WhatsApp, X Facebook, | X | X | X | X | All Health Sector Members | HSC, HSCo, IMO, SN HSCs | NV |
| **Action 2.2 Ensure effective participation in Health Sector coordination mechanisms** | | | | | | | |
| Activity 2.2. Map all the opportunities of mentorship and trainings available to regular raise awareness and sensitize L/ANS. | X | X | | | L/NAs | HSC, HSCo, IMO, SN HSCs | NV |
| **Action 2.3 Increase the visibility of L/NA in the Health Sector** | | | | | | | |
| Activity 2.3.1 Proactively increase L/NA visibility in the health Sector by appropriately acknowledging and disseminating information and products reflective of L/NA contributions. Disaggregate major indicators and reflect % L/NA contribution in health Sector bulletins, infographics, reports. Bridge the gap between L/NAs donors: joint donor visits, involve L/NAs | X | X | X | X | L/NAs | HSC, HSCo, IMO, SN HSCs | NV |
| Activity 2.3.2 Apply communication strategies that promotes inclusive participation e.g., need-based use of local language, translation of crucial tools, virtual meetings, document repository, and accessible public health data and information. | X | X | X | X | L/NAs | HSC, HSCo, IMO, SN HSCs | $ 10,000.00 |
| **Action 2.4 Strengthen the linkage between the sub-national, national and global health sectors** | | | | | | | |
| Activity 2.4.12.1.4 Establish two-way information exchanges with L/NAs to clarify added value, coordination structures, roles, responsibilities, expectations, and accountabilities through induction sessions, and consultative meetings/workshops | X | X | | | L/NAs | HSC, HSCo, IMO, SN HSCs | $ 6,000.00 |
| **Strategic Priority 3: Empower L/NA to Access and Control Resources that are Fundamental to their Meaningful Engagement in the Health Sector.** | | | | | | | |
| **Action 3.1 Include L/NAs in the humanitarian response planning** | | | | | | | |
| Activity 3.1.1 Include NNGOs in the governance and decision-making bodies that are responsible for funding prioritization and allocation in the health Sector in the spirit of transparency and equity e.g, SAG, CBPF allocation committee. Engage partners in a transparent budgeting process | X | X | | | L/NAs | HSC, HSCo, IMO, SN HSCs | NV |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Action 3.2 Include L/NAs in the funding decision-making bodies that are responsible for funding prioritization and allocation in the health sector** | | | | | | | |
| Activity 3.2.1 Advocate for donors and funding agencies (UN, INGO, Private Sector) for quality funding to support to the health Sector coordination in igniting a scale up of mainstreaming localization among other crosscutting issues e.g., AAP, Gender mainstreaming, | X | X | X | X | L/NAs | HSC, HSCo, IMO, SN HSCs | NV |
| **Action 3.3 Strengthen L/NA capacity for resource mobilization** | | | | | | | |
| Activity 3.3.1 Proactively provide technical support for NNGOs project in development processes- Provide project development information packages e.g., funding opportunities, assessment registry, situation analysis, HMIS data, and HSSPs, promote L/NA visibility among donors | X | X | X | X | L/NAs | HSC, HSCo, IMO, SN HSCs | 6000 |
| **Total** | | | | | | | **$ 108,000.00** |

# VII. IMPLEMENTATION ARRANGEMENTS

## 7.1. COORDINATION AND COLLABORATION

The State Ministries of Health in Borno, Adamawa, and Yobe ensure the leadership fort the coordination of the Health Sector at the state and LGA levels in implementing this plan.

The World Health Organization (WHO), support the coordination of the Health Sector, in collaboration with International Rescue Committee, as Co-Coordinator, to ensure collaboration among local authorities, National and International NGOs, UN agencies, and other stakeholders. The Health Sector Coordination (HSC), the HSC Co Coordinator (HSCoC), the Information Management Officer (IMO), and Subnational Health Sector Coordination will provide operational guidance, supported by Localization Technical Working Group in respect to role and responsibility of each stakeholder. The Strategic Advisory Group (SAG) will be established to guide the sector with regards to its strategy and policy lines implementation and reviewed.

## 7.2. RESOURCE MOBILIZATION STRATEGY.

The estimated cost for implementing the plan is $108,000.00 USD. A financing strategy aims to secure funding from various sources, including the Federal and State governments technical and financial partners. To mobilize resources, efforts will focus on strengthening advocacy for increased health sector funding and improving coordination to pool resources from government and partner organizations.

## 7.3. 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(10) within the implementation of this plan.

## 7.4. PROTECTION MAINSTREAMING

The implementation of this plan will incorporate protection mainstreaming, including Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (PSEA). This will involve community engagement and participation, establishing feedback mechanisms, and adhering to minimum PSEA standards. A zero-tolerance approach to sexual exploitation and abuse will be strictly enforced.

# VIII. MONITORING AND EVALUATION PLAN

A monitoring and evaluation framework will guide the assessment of progress, outlining the overall goal, strategic objectives, and relevant indicators for output, outcome, and impact. To track quarterly progress in implementing the strategy, data will be collected from multiple sources, including the health sector's 5W, surveys, partner reports, and inputs from the Localization Technical Working Group.

*Monitoring and Evaluation Framework in Excel Sheet is enclosed to the document.*

# IX. CONCLUSION AND RECOMMENDATIONS

## 9.1. CONCLUSION

The localization strategy for Northeast Nigeria's health sector represents a pivotal step toward fostering a more inclusive, resilient, and sustainable response to the ongoing humanitarian crisis. By placing L/NAs at the forefront of health sector coordination, the strategy not only enhances community ownership but also ensures timely, context-specific interventions that address the unique needs of the BAY states.

To achieve the outlined goals, stakeholders must prioritize capacity building, equitable funding mechanisms, and strategic partnerships that empower local actors. Furthermore, robust monitoring and evaluation frameworks will ensure accountability, transparency, and continuous improvement of health outcomes.

This call to action invites all stakeholders—government entities, donors, international organizations, and community actors—to commit to operationalizing this strategy. Through collective efforts, we can realize a localized, community-driven health response that transforms the lives of vulnerable populations in Northeast Nigeria.

## 9.2. RECOMMENDATIONS FOR ADVANCING LOCALIZATION IN THE HEALTH SECTOR IN NORTHEAST NIGERIA:

1. **Strengthen Governance and Policy Frameworks**:
    - Advocate for the reduction of bureaucratic barriers (e.g., delays in Memoranda of Understanding between local organizations and the government).
    - Establish a Localization Technical Working Group to periodically review and improve local coordination mechanisms.
    - Ensure political will and government commitment by integrating localization policies into national and subnational health plans.

2. **Promote Equitable Partnerships and Representation**:
    - Diversify local and national actor (L/NA) representation in health sector coordination mechanisms, ensuring inclusivity of marginalized groups (e.g., women-led organizations, organizations for persons with disabilities).
    - Create opportunities for L/NAs to take leadership roles in decision-making bodies, such as funding allocation committees and strategic advisory groups.
3. **Enhance Capacity Building**:
    - Provide technical training for local health workers in outbreak management, maternal health, and data collection processes.
    - Establish mentorship programs and peer-learning platforms to strengthen the technical and operational capacities of L/NAs.
    - Encourage task-shifting and other innovative workforce strategies to address shortages of skilled personnel, particularly in rural areas.
4. **Mobilize Resources for Localization**:
    - Advocate for increased direct funding to local organizations from international donors, aligning with the Grand Bargain 2.0 commitment to allocate 25% of funding to local actors.
    - Engage private sector stakeholders and philanthropists to support community-driven health initiatives.
    - Develop and implement transparent budgeting and financial accountability mechanisms to track funds allocated to L/NAs.
    - Promote equity in aid distribution, inclusivity by supporting effective partnership with formally established conflict resolution arrangements.
5. **Promote Community Engagement and Ownership**:
    - Involve community stakeholders in the design and implementation of health interventions to enhance acceptance and sustainability.
    - Establish community-based monitoring and feedback systems to ensure accountability to affected populations (AAP).
    - Reduce barriers such as stigma and cultural resistance to accessing services like mental health and gender-based violence (GBV) support.
6. **Foster Coordination Across Sectors and Levels**:
    - Strengthen collaboration with other humanitarian sectors (e.g., WASH, Nutrition, Protection) to address the root causes of health challenges.
    - Establish two-way communication channels between national, subnational, and global health sectors to improve information sharing and alignment of goals.
    - Enhance Information sharing that is accessible to local and national NGO
7. **Monitor and Evaluate Localization Progress**:
    - Implement a robust Monitoring, Evaluation, Accountability, and Learning (MEAL) framework to assess localization impact and identify areas for improvement.
    - Track funding flows and measure the proportion allocated to local actors to ensure transparency and equity in resource distribution.
8. **Address Barriers to Localization**:
    - Mitigate governance and resource mobilization challenges through policy reforms and advocacy for streamlined processes.
    - Address capacity gaps by offering continuous training and improving recruitment and retention policies for skilled personnel.

- Promote compliance with existing humanitarian standards and policies, while encouraging their domestication to fit local contexts.

# ANNEXES

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## DETAILED MONITORING AND EVAUATION FRAMEWORK

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## LIST OF THE CONTRIBUTORS

| S/No | Account Name | Designation | Organization |
|---|---|---|---|
| | | **BORNO** | |
| **1** | Dr. Lawi Auta Mshelia | IM PHEOC | SMOH BORNO |
| **2** | Dr. Goni Imam Ali | DPH | BOSMOH |
| **3** | Muhammad Dauda | Director- Emergency | SMOH |
| **4** | Dr. Mala Abdulwahab | IM Polio | EOC BOSPCDB |
| **5** | Yerwama M. Tijjani | DHPRM&E | BSPHCDB |
| **6** | Mohammed Audu Malgwi | DEPSE | SMOH |
| **7** | Abdullahi Suleiman | Director | SEMA |
| **8** | Musa Madu Dibal | SLO/SSO | NCDC |
| **9** | Joshilagani Stephen | Senior Lecturer Consultant | Unimaid |
| **10** | Mohammed Modu | Sso/DC | SMOH |
| **11** | Hajara Audu | Rep. SE | SMOH |
| | | **ADAMAWA** | |
| **1** | Isaac Martins Kadala | DPH | SMOH YOLA ADAMAWA STATE |
| **2** | Abduljalal Isa Abubakar | SDSNO | ADSPCHDA |
| **3** | Kadabiyu G. Jones | State Epidemiologist | SMOH |
| **4** | Johnson Maxwell | Director Relief, Rescue & Rehabilitation) RRR | ADSEMA |
| **5** | Musa Sarki | DPRS | SMOH- Adamawa |
| | | **YOBE** | |
| **1** | Abdullahi Ali Danchua | ES | YEMABUS |
| **2** | Ibrahim Jalo Muhammad | Director Operation | YOBE SEMA |
| **3** | Adamu Usman | SHCWMO | YSPHCB |
| **4** | Muhammed Modu Kolo | Ex-Officer | YOSEMA |

| | | | |
|---|---|---|---|
| | **INTERNATIONAL NGO** | | |
| **1** | Dr Olufemi Akinola | Co-Health Sector Coordinator | International Rescue Committee |
| **2** | Ibrahim Balami | Research Manager | International Rescue Committee |
| **3** | Mercy Riungu | Health Coordinator | FHI-360 |
| **4** | Dr Akilo Folarin | Public Health Officer | FHI-361 |
| **5** | Dr Ibrahim Damina | Health Manager | INTERSOS |
| **6** | Mamza Joshua | Health Manager | IRC |
| **7** | Akahara Emeka | Medical Activity Manager | INTERSOS |
| **8** | Dr Emmanuel Anyanwu | Health Program Coordinator | IMC |
| **9** | Dr Christian Ntowa | Medical Referent | Alima |
| **10** | Dr Tarfa Haruna | Medical Activity Manager | Alima |
| **11** | Nfornuh Alenwi Blaise | Country Director | Mentor Initiative |
| **12** | Alhaji Saleh | Program Officer | Mentor Initiative |
| **13** | Leonie Zamo | Field Coordinator Borno State | Medecin du Monde |
| | **UN ORGANIZATION** | | |
| **1** | Dr Aurelien Pekezou | Health Sector Coordinator | WHO |
| **2** | Dr Salisu Ibrahim | State Coordinator Borno State | WHO |
| **3** | Dr Kumshida Balami | Emergency Manager ai | WHO |
| **4** | Dr. Ahemen T.A | State Coordinator Adamawa State | WHO |
| **5** | Amisu Dama | State Coordinator Yobe State | WHO |
| **6** | Dr Keli Chukwuemeka | SRH Specialist | UNFPA |
| **7** | Ooju Olufemi | IMO | WHO |
| **8** | Dr Bala Hassan | Pub Health Officer | WHO |
| **9** | Dr Simon Manuel | PHEOC Manager | WHO |
| **10** | Sinayoko Abdouye | HIM | WHO |
| **11** | Dr Adiel Apam | SN HSC | WHO |

| | | | |
|---|---|---|---|
| **12** | Ukanacho Chukwudi | HAO ISCG | OCHA |
| **13** | Samuel Tarfa | Mental. H. O | WHO |
| **14** | Dr Alasawe Talaat | S.O | WHO |
| **15** | Dr Bukar Abdulahi | SN HSC | WHO |
| **16** | Muttaka Iliyasu | AM | WHO |
| **17** | Danladi Samuel SAM | Nutrition and Physical Activity Officer | WHO |
| **18** | Dr. Kyaw Wai Aung | SRH in Emergency Specialist | UNFPA |
| **19** | Dr. Afomachukwu Okafor | Program Planning, Monitoring and Evaluation Officer | WHO |
| **20** | Christopher Agutu | Localization Advisor | OCHA |
| **21** | Dr Marie Marcos | Health Specialist | UNICEF |
| **NATIONAL NGO** | | | |
| **1** | Akemu Givayo | Health & Nutrition Lead | Unique Care and Support Foundation (CASFOD) |
| **2** | Kachalla Bukar Mustapha | ED | RAWYOD |
| **3** | Dlanga Musa Yusuf | E.D | Heed the child initiative |
| **4** | James Tizhe Siggi | Program Manager | LESGO |
| **5** | Frank Elochukwu U. | ED | SKF |
| **6** | Nafisat Usman Yusuf | Health Coordinator | AHI |
| **7** | Dr. Mujibulah Dahiru | ED | CSHD |
| **8** | Falmata Dunlami | Focal Person | GEPADC |
| **9** | Ayuba Hama Bwala | Meal Coordinator | GEPADC |
| **10** | Oche Mercy | Clinical/Supervisor Nurse | CBI |
| **11** | Soyege Adewunmi | Program Manager | Royal Heritage Heath Foundation |
| **12** | Isaiah Yakubu | Program Coordinator | CBI |
| **13** | Emmanuel Habila | Project Coordinator | NADA |
| **14** | Stephen Bitrus Gwary | PM | CESDI |
| **15** | Abdullahi Edoka Ogwuche | SPM | AFRYDEV |
| **16** | Samuel I. Adesida | Gender & Protection | AHI |

| | | | |
|---|---|---|---|
| **17** | Dr Mujibullah Dahiru Abdu | Director | C3HD |
| **18** | Dr Omaye mathew | ED | AHSF |
| **19** | Dr Emmanuel Anyanwu | H C | IMC |
| **20** | Huna Samuel Aondona | Project Coordinator | First Step Action for Children Initiative |
| **21** | Ismaila Abdullahi | Head of operations | Valfasam care initiative (VCI) |
| **22** | Aishatu Yakubu S | Executive Director | Goggoji Zumunchi Development Initiative (GZDI) |
| **23** | Ojo John Oluwafemi | PAD | SKF |
| **24** | Felix Apir | P/O | PETUNIYA children, Youth & Women Initiative |
| **25** | Danladi Usiju | MEAL Officer | HECADF |
| **26** | Terrer Mathew | MEAL Officer | NADA |
| **27** | Zubairu Musa | Community Engagement Officer | Light a Candle Health Initiative (LACH-Initiative) |
| **28** | Dr Wenom Luka | Health Coordinator | CBI |
| **29** | Hassana Abubakar | MHPSS Officer | CASFOD |
| **30** | Marngayu | CCPRH Health aOfficer | CCPRH |
| **31** | Yakubu Ahmed Atte | Program Officer | Cedar Foundation for Disability (CFFD) |
| **32** | Mohammed Olatunji Bello | Project Coordinator | Albarka Health Spring Foundation (AHSF) |
| **33** | Baba Hassan | Executive Director | Interaction Initiative for Community Development (iACTION) |
| **34** | Dauda Joel Misaya | Accountability Assistant | NADA |
| **35** | Solomon Tashara | Executive Director | Sorasun Foundation |