



NIDSG 2022 ANNUAL REPORT



***Our Motto: “Brighten the corner
you’re in!”***

1. About NIDSG

NIDSG (Nigerian IDP Diaspora Support Group) is a UK registered charity, established to help victims of conflict [from insurgency by Boko Haram, Islamic State West Africa and other insurgent groups](#), made up of Nigerians in diaspora and friends of Nigeria who felt a moral obligation to help internally displaced people (IDPs). Our Trustees and volunteers are mostly doctors and healthcare professionals with decades of experience. We work in collaboration with local people from IDP camps and host communities, Muslim and Christian organisations, community groups, local chapters of the Nigerian Medical Association, local and international NGOs NIDSG. These [Channels TV Interview](#) and [AIT TV Interview](#) highlight the work that we do (the NIDSG website is under re-construction). Our past initiatives are listed in Appendix C.



1.1 NIDSG's Focus Areas in 2022

Our 2022 Charity programme for 2022 addressed the following areas of need:

Lay Trauma Counsellor Training

A research report led by the Duke University Global Health Institute titled: *"Identifying Mental Health and Psychosocial Support Needs Among Internally Displaced Persons in Nigeria,"* detailed the severe mental health and psychosocial consequences of insurgency in Northern Nigeria and recommended focusing on *"low-skill mental health and psycho-social support (MHPSS) interventions that can be delivered by lay community members."*

Maternal and Child Health Clinics

The health indices on Women's Reproductive Health care in Nigeria are simply appalling, as Nigeria suffers one of the worst maternal mortality rates in the world. Nearly 20% of all under-five and maternal deaths in the world, occur in Nigeria. There are over *1 million new-born, infant and child deaths in Nigeria from birth related complications and six women die every hour, resulting in over 50,000 maternal deaths every year*). The situation in the areas of conflict is significantly worse than the national average, and horrendous for women in IDP Internally Displaced People (see: [Delivering babies in a Nigerian IDP camp:](#))

1.2 Summary of Outcomes in 2022

Although the effort, costs, time and resources involved in delivering an expanded charity programme were quite considerable, 2022 proved to be our most successful year to date:

- trained over 40 Lay Trauma Counsellors to help adults and children across nearly 10 states in Nigeria, including the Federal Capital Territory.
- saved the lives of two critically ill children in Durumi IDP camp

- delivered treatment clinics for mothers and babies trained local health workers in Wassa and Durumi IDP Camps, within the Federal Capital Territory in Nigeria
 - donated medical supplies to health clinics in the two IDP camps and to a local hospital
 - delivered life changing surgical interventions for two IDP children
- We hope to sustain and improve on this expanded programme in 2023.

1.3 The NIDSG Team



From left to right, Dr Femi Adebajo, Hafsat Dagazau, Tally Tripp, Fiona Lovatt, Adebola Aroboto, Dr Wale Lagundoye (MHPSS Programme Director), Kevin Obi, Dr Chris Piwuna, Dr Brigid Allagoa, Feyi Tinubu, Lorette Dye, Dr Ify Anidi, Prof Rotimi Jaiyesimi (MCH Clinical Director), Dr Zainab Imam, Tutu Asielue

1.4 Acknowledgements

NIDSG wishes to thank our trustees and the mission team (including Wendy Olayiwola and Dr Ijomah, who could not travel), our work is only made possible by the amazing effort and contributions of these talented individuals. We owe a huge debt of gratitude to the Minister for Mines & Steel of the Federal Republic of Nigeria, Arch Olamilekan Adegbite, who has provided NIDSG with security transport and Logistics support on recent charity programmes. Thank you to my honorable dear friend and his team. NIDSG would also like to thank our main sponsors, SCIB & Co Nig Ltd, and in particular to Mr Shola Tinubu, Solanke Ogunlana and Ms Olamipo Adeola, as well as “Friends of NIDSG” who each make a generous contribution to our charity every year. We’d also like to express our gratitude to our delivery partners, Lux Terra Leadership Foundation, NEEM Foundation and University of Abuja Teaching Hospital. Our highest appreciation goes to Barrister Chris Onyemanem and Mr Fed Ikhile for their steadfast support

and assistance. Many thanks also to the Association of Nigerian Physicians in the Americas (ANPA) and A Ray of Light Foundation for their donations of medicines and supplies. Last, but certainly not the least, thank you to the British High Commissioner to Nigeria, Ms Catriona Liang, and the Deputy British High Commissioner to Nigeria Gill Atkinson, for hosting the NIDSG team in Abuja, Nigeria, and to the Nigerian High Commissioner to Great Britain, His Excellency, Ambassador Sarafa Tunji Isola, for his continued support.

Kevin Obi
Chair, NIDSG

Section A: NIDSG Lay Mental Trauma Counsellor Training in 2022

2. Overview of NIDSG Lay Mental Trauma Counsellor Training in 2022

Between 11-13 October 2022, NIDSG's team of Psychiatrists and Psychotherapists delivered intensive 4-day training and skills development workshops. The training programme was hosted by our partners, Lux Terra Leadership Foundation in Abuja, who provided an excellent venue and facilities at no cost. We are extremely grateful for their support.



Mental Trauma Counselling delegates

A cross section of Lay

The Lay Mental Trauma Counselling Training Delegates were separated into 2 cohorts:

- **Adult Mental Health Psycho-Social Support (MHPSS) Trauma Counsellors** – Upskilled people from IDP Communities, Community support groups, local NGOs and government health workers supporting IDP populations – who are already counselling adults suffering mental trauma
- **Child Therapeutic Art Trauma Counsellors** – Trained individuals who are actively working with children suffering the effects of mental trauma, such as teachers in IDP communities. Many of whom have been orphaned or are unable to participate fully in education because of the trauma they have suffered. These children often find it difficult to express their trauma in words and act out as a result. Our “Art Therapy” uses art as its primary mode of expression, communication, and psychotherapy techniques to help them address their trauma issues.

Elective Workshops & Fiona’s Kitchen

For the first time, this year’s programmes included a choice between two half-day elective workshops and also, Fiona’s Kitchen Table:

- “Women-only” workshop to equip Counsellor help women and girls who have suffered sexual and gender-based violence
- “Trauma healing” workshop, facilitated by Father Richard from Lux Terra Leadership Foundation, to give delegates an understanding of wider societal trauma issues and healing techniques
- Our guest speaker, Fiona Lovatt, set up “**Fiona’s Kitchen Table**” to impart useful advice to the delegates, based on over 10 years’ experience as a lay counsellor, living with almajirai, displaced people, orphans, widows, and vulnerable children in conflict areas and helping hundreds of people through trauma and out of poverty.

Mission Team

This year’s training was all delivered in-person. Names and short bios of the Lay Mental Trauma Counsellor Training instructor and development team are detailed in Appendix A

Follow-On Training, Development and Support

- The MHPSS team organised delegates from both cohorts into geographically based **peer support networks**, led by delegates who presented back on to

all attendees and instructors how they would work together in their groups to help trauma sufferers in their communities.

- NIDSG added the 2022 Lay counsellors to **our remote mentoring and support forum**, which is set up via WhatsApp, and managed by the NIDSG instructors. Access to this expert resource will be available to NIDSG trained Lay Counsellors in perpetuity. We will add **further remote training** sessions, as needed through 2023.
- NIDSG is also in discussion with a local partner (Neem Foundation) about providing Lay Counsellors with **on the ground supervision and further professional training** through 2023

3. Delegates Attending NIDSG's 2022 Lay Trauma Counsellor Training Programme

Delegate numbers. A total of 42 Mental Trauma Counsellors attended the 2022 programme, 15 Child Arts Therapies Counsellors and 27 Adult Mental Health and Psych-Social Support Trauma Counsellors. The delegates were enthusiastic and engaging participants in the programme. 63 people had originally requested to attend, but there was an unusually high number of “no shows,” including 3 out of the 4 delegates nominated by the Federal Ministry of Health.

Geographical Spread of Delegates. Delegates attended from Adamawa, Bornu, Kaduna, Benue, Plateau, Kebbi, Kano, Niger, Zamfara, Katsina, and Nasarawa States and from the Federal Capital Territory of Nigeria. This perhaps reflects the increasing insecurity and breakdown in Civil society, and how trauma is now becoming more widespread across the middle belt and in Northern Nigeria.

Representation came from IDP Camps, faith groups, State government health authorities, local hospitals, and local NGOs. These included

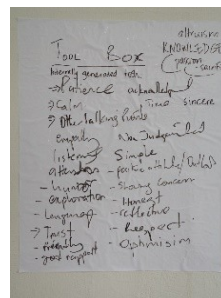
- State and Federal Governments - Representatives from Kaduna State, Niger State and from the Federal Ministry of Health also participated
- Local NGOs – Bukar Mandara Foundation, Mariacutty Empowerment Foundation, Neem Foundation, Stefanos Foundation, Foundation for Refugee Economic Empowerment, Salama Sexual Assault Referral Centre, Southern Kaduna Resilience Fund, Zamani Foundation
- IDP Camps – Wassa IDP Camp, FCT
- Hospitals - Yusuf Dantsoho Hospital

Skill of Delegates. The calibre of delegates attending the 2022 training were the best to date. Skills ranged from lay counsellors/volunteers to doctors, nurses, psychologists, teachers, NGO staff and health workers who are active in NGO communities. One key observation is that many of the delegates themselves had witnessed traumatic incidents themselves.

4. Training Programme Feedback and Outcomes

Adult MHPSS Course

The format used was a mixture of teaching and interactive workshops, with an emphasis on skills development. There were multiple practical role play exercises to enable delegates practice Counselling skills in small groups. The seminars were highly interactive, with delegates contributing their shared experiences, asking questions about the learning and providing valuable feedback.



Images from the Adult MHPSS Course

Child Art Therapy Course

The course delivery was a good blend of didactic information and experiential practice. The experiential focus (art making activities) supported a wide range of themes. There was good variation in the art activities, using different materials, focusing on different issues (such as grounding, managing trauma, finding safety, expressing feelings). It was helpful to have break delegates into pairs or small groups (2-4 people) to discuss experientials without having to talk in front of the large group. That allowed more intimate discussion. At the end of the training, we looked together at ALL the art they made and that provided a great overview of the experience. Taking time to do a “wrap up” - was important.



Images from the Child Art Therapy Course

Overall, what worked well

- The venue, facilities, and catering
- Interactivity - huge enthusiasm and engagement from delegates
- Teamwork and camaraderie of instructors
- Having two facilitators, Tally Tripp, and Lorette Dye, available in person for the Child Art Therapy Course
- Having Dr Piwuna, Dr Imam, Dr Lagundoye and Dr Adebajo available in person for the Adult MHPSS course
- Creating the networks and handing the operational responsibility to the participants
- The elective workshops and Fiona's Kitchen proved to be highly successful and will be added to future programmes
- Transport & Security arrangements
- Buying, Toiletries and cleaning materials for Lux Terra
- Delegate screening and selection

Key Outcomes Achieved

The Adult MHPSS Trauma Counsellor Training was successful in training local lay counsellors to recognise, work with and provide basic psychological interventions to internally displaced persons suffering from psychological trauma from their experiences from conflict and from being displaced from their homes.

The feedback from delegates following the course indicated that the programme was a successful and worthwhile endeavour. They appreciated the practical nature of the programme and felt that the skills they gained would very much help them make a positive impact on those in need. The participants engaged actively with each other and the mission team, throughout the four days of the course.

The art therapy delegates gained new awareness of how art can be a tool to manage, contain and express trauma. They were given information about the neurobiology of trauma and how it affects the mind and body. The delegates learned a range of art-based tools that can help with regulating overwhelming feelings. In the training, we practiced integrating somatic skills (breathing, mindfulness, focusing) and art directives (making masks, drawing about personal experiences, using clay to create a self-symbol) which can be used in a variety of settings (schools, camps, home). Because the training was highly experiential, each participant gained the experience of what it is like to create art in response to a given directive or theme. This will help them use the tools more effectively with the children they work with in their individual settings. Through the art making experiences and discussion, we explored themes of safety, self-image, managing trauma, and, most importantly, self-care, finding strength and resilience.

5. Recommendations for future programmes

Course Content and Delivery

- I. **Agreeing the agenda and creating the adult MHPSS delegate pack was late (again).** Instructors should conduct a review in December 2022 and commence making changes earlier. Potential improvements to the Adult MHPSS course include:
 - a) Overlap between Life Events and self-care modules. Allow some repetition, but adjust self-care to focus more on positive coping strategies
 - b) Include all case study materials as part of pack and better sign-post case studies better in the agenda
 - c) Strengthen CBT practical exercise, so delegates can gain some practical skills.
- II. **Course timing** - the 8.30am start proved problematic. The instructors were often late and so were some of the delegates, mainly due to traffic problems. Commence the sessions at 9am, end at 4.30pm and reduce the lunch break to 1hr.
- III. **Revise delegate application forms** to collect all relevant information in one go, such as if they can provide accommodation for themselves and if they are able to attend the training on the dates selected. Doing this will make delegate selection and screening easier.
- IV. **Share delegates experience and qualifications and occupations** in the information spreadsheet with instructors in advance. They should have this with them whilst teaching. Also create better name tags or labels for delegates
- V. **Elective workshops eat into the limited time for child art therapy course.** Extend Art Therapy course to 4.5days, and allow an afternoon of "sightseeing" for the non-Nigerian instructors, who will leave on the first Saturday after the course has ended
- VI. **Start early collaboration with UN Women** on a "Train the Trainer" approach, to expand the programme to Liberia
- VII. **Improve informal/social interaction** between delegates and instructors, perhaps by setting up an evening reception for delegates

- VIII. **Course evaluations should also reflect the Art Therapy Course.** The wrong course evaluations were distributed, and the correct version is geared towards adult mental health.
- IX. **Explore creating more joint sessions** and/or opportunities for the Adult MHPSS cohort to experience the Art Therapy instruction and vice versa
- X. **Review the Child Art Therapy Course.** Revise the objectives, desired outcomes, timing, content, and delivery of the course. Seek input of past delegates.
- a) Make time to explore how the activities relate to the populations and situations they work with
 - b) Incorporate ways to talk more with the group / think more about application of the art experientials: how might they use the tools with their clients? What is most needed for the children they work with?
- XI. At the end of every training programme, it is hugely important to emphasize to delegates that they have received training to help IDPs and other populations who have experienced mental trauma. They must use this to do good, by returning to their home communities to **“brighten the corner you’re in”**.

Logistics & Admin

- XII. **Budget for a donation to Lux Terra to cover some costs.** The huge increase in the cost of diesel, will make it difficult for Lux Terra to host the programme in the future at no cost. – Kevin to agree with Father George from 2023
- XIII. **Busing arrangements** for delegates did not work well. Put this in place earlier and explore using the Baptist Guest House bus as a backup
- XIV. **Accommodation. Book Baptist Guest House** using the Stefanos Foundation rate, which saves NIDSG a significant amount of money. Book and confirm rooms early. Arrange and agree items to be charged to rooms in advance with Valencia Hotel:
- XV. **Catering.** Provide tea and coffee for instructors only. Save costs by eliminating afternoon refreshments for delegates. Explore getting morning snacks for those not coming from BGH.
- XVI. **Printing and awarding Certificates did not go as planned.**
- Print certificates before travelling and use a calligraphy pen to write names by hand. The Programme co-ordinator is solely in charge of both printing and award, and Lux Terra must be represented
 - Select new printers from 2023. The current printer messed up for the second year running.

Delegates Issues

- XVII. **21 delegates initially did not show up** (particularly FMOH) Any organisation that fails to attend will be denied future attendance. Agree dates 1 year in advance to coincide with world mental health day (check and avoid Prophet Mohammed’s birthday)
- XVIII. **Delegates who will make an impact are critical to our success.** Screen delegates make sure that organisations that wish to send delegates in subsequent years have delivered on their promise to help IDPs

- XIX. **Not all delegates showed up on time every day.** It will be necessary to take rollcall at 8.45am each day from 2023. Any delegate not in attendance will not receive a certificate. Be clear upfront about sanctions for missing parts of the training
- XX. **Invite delegates from IDP Camps where MCH clinics are running,** (most likely volunteer Health workers) to also attend Trauma Counsellor Training. This proved to be very useful in strengthening building relationships with the IDP Camps. Include Durumi in 2023 and allow the teacher from Wassa (name) to attend the Child Art Therapy course.

Section B: Maternal and Child Health Clinics in 2022

1. Introduction

NIDSG's Maternal and Child Health (MCH) clinical mission, ran from 11th-14th October 2022. The team spent 11th-12th October treating patients from Durumi IDP camp and 13th-14th October 2022 at the Wassa IDP Camp in FCT, Nigeria. The NIDSG MCH comprised of an international team of 1 x Obstetricians & Gynaecologist, 1 x Midwife, and 2 x Paediatricians (See Appendix B).



The NIDSG MCH team worked alongside a medical team from University of Abuja Teaching Hospital and lay health workers to transfer expert knowledge. For example, to ensure that birth attendants have enhanced skills to reduce mortality rates in mothers and new-borns.

2. Objectives of the MCH Clinical Mission

- Treatment of women with reproductive health problems
- Maternal care for pregnant women
- Clinics for new-borns, babies, and toddlers (up to two years old)
- Capacity building to enable lasting change, by facilitating best practice knowledge transfer to local health workers and the local medical team through experiential learning



A cross section of the IDP population attended to in the maternal and child health clinics at Durumi and Wassa IDP Camps

3. Key Outcomes of the Maternal and Child Health Mission

The 2022 MCH clinical mission was a resounding success:

- Conducted treatment clinics for 100s of pregnant women and babies including providing patients with free medicines
- The MCH team's timely intervention saved the lives of two critically ill babies from Durumi IDP camp in Abuja during the morning session of Tuesday 11th October. NIDSG also arranged for their treatment in two local hospitals.
- NIDSG also diagnosed two children in the Wassa IDP Camp, with an Inguinoscrotal hernia and congenital glaucoma and arranged for follow-up in-hospital surgical treatment for the children at University of Abuja Teaching Hospital, Gwagwalada,

In addition to the clinics:

- Donated medical supplies to University of Abuja Teaching Hospital, Gwagwalada, and to Wassa IDP Camp and Durumi IDP Camps health clinic
- Provided on-the-job training and upskilling for Paediatricians, Nurses and Obgyn doctors from University of Abuja Teaching Hospital, Gwagwalada

4. Clinical Issues Encountered in the IDP Camps

4.1 Maternal Health

Although many patients attended the maternal and women's reproductive health clinics, our medical examinations resulted in relatively few remarkable ailments. One postnatal lady who was breastfeeding was diagnosed with mastitis. She had been in excruciating pain for days. The NIDSG team treated her with the appropriate antibiotics and analgesics. The heart-warming outcome was that she came back voluntarily to give feedback that she had experienced great relief and wanted to express her appreciation to the team. The maternity team diagnosed two women with pregnancy induced hypertension and instituted the appropriate treatment and advised the patients to attend the secondary care hospital in the area.



Patients attending the women's reproductive health clinics

4.2 Child Health

NIDSG's original plan was to treat children from birth to 2 years at the two camps. However, because of the wider needs, the MCH team treated ended up treating circa 200 sick children, aged between a few days old to 5 years over the 4 days. Many children encountered were malnourished and had upper respiratory infections, gastrointestinal conditions, infections, especially skin infections like scabies and impetigo. Overcrowded living conditions has led to easy spread of diseases amongst the inhabitants. The most common pathology amongst the children was malnourishment, restricted growth, and dehydration. Diarrheal illnesses were also rampant, and the Association of Nigerian Physicians in the Americas (ANPA) provided necessary oral rehydration solutions, and multivitamins, via a local distributor, that were distributed to patients.



Patients attending the child health clinics

4.3 Follow-On Treatment

On the first day of the MCH clinical mission at Durumi IDP camp the team attended to a child with hypovolemic shock and another with severe anaemia. The NIDSG team urgently transferred these children to nearby local hospitals and paid for the children to receive care till they were discharged.

In Wassa IDP Camp, the team identified 2 other children who required urgent specialist care (a 4-week-old child with a large inguinoscrotal hernia, also very malnourished with extensive bullous impetigo; a moderately severe skin infection that can lead to multi-organ failure if left untreated. Another 6-month-old boy, also malnourished and in constant pain was diagnosed with congenital glaucoma of the Left eye. Congenital glaucoma if not immediately treated, could result in loss of vision. It is worthy to note that the mother and his grandmother, had trekked several miles to get to the Wassa clinic to receive care when they learnt the NIDSG team was coming to the Wassa IDP camp. NIDSG was able to liaise with a local hospital for treatment and follow up care. NIDSG arranged and paid for specialist surgery for these children.



Child patient before treatment, after impetigo treatment and after inguinoscrotal hernia surgery

Unfortunately, the mother of the child with hypovolemic shock had been previously subjected to violent gang rapes two separate times. NIDSG has asked our Mental Health local partners, NEEM Foundation to help provide psychotherapy, although the language barrier has made this difficult. Options to overcome this barrier are still being investigated,

5. Malnutrition is a Key issue Impacting the Health of IDPs

Through our pre-mission investigations, NIDSG was made aware that malnutrition is a major issue faced by people in IDP communities. This has a significant impact on the future cognitive and physical development of children in particular. The obvious reason for this is the IDPs poor nutrition, and diet which consists mainly of maize with no protein source whatsoever. The malnutrition in children commences from birth, as the mothers who are already undernourished, breast feed their children up to 2 years of age or more. Mothers are also multiparas i.e., have had lots of children average 4 children to each mother. To address this issue, NIDSG also partnered with the FCT nutrition team, who provided health education to patients that were identified as being malnourished, commenced feeding regimens and disbursed multiple micronutrient supplements (MMS) to both mothers and children in Wassa and Durumi IDP Camps.

The MCH team were advised to provide some sort of sustenance alongside medical treatment. After debating various options, the MCH team decided not to do this for 3 reasons:

- The additional logistics and cost of providing food for IDP patients
 - The risk that genuinely ill patients would not receive treatment because perfectly healthy people line up to receive treatment just to get food
 - Risk of a stampede whilst people in the camp rush to get the food packs
- However, after the slow patient flow on Day 2, the MCH team decided to provide Indomie Noodles to every mother and child who attended the clinic to receive treatment. In Wassa IDP Camps the MCH clinic also gave out pencils and biscuits to children. These “incentives” proved very popular and were relatively inexpensive and easy to deliver. The learning is that the MCH clinic should come prepared to give the IDPS (sustenance and possibly gift items).

6. Stakeholder Engagement and Collaboration with local Partners

6.1 Engagement Stakeholders in IDP Communities

NIDSG engaged with local stakeholders to assess IDP needs, mobilization of patients in the IDP camps and mobile clinic set-up. NIDSG created an assessment form to gather information on patient needs and existing medical provision and worked with the IDP Camp Health Workers and Women Leaders to complete this. Permission was obtained from the Wassa and Durumi IDP Camp Chairmen to carry out the MCH mission in their camps. Close liaison with women leaders and volunteer health workers in the IDP Camp Health clinics, and significant effort by these indigenes, was critical for mobilizing pregnant women, mothers, babies, and toddlers to attend the clinics.

The Methodist Church in Durumi kindly offered their church premises for the MCH clinics for Durumi Camp. However, conducting the medical clinics in a Church near the Durumi IDP Camp led to a minor setback as some of the patients (of Muslim faith) were not comfortable going to the church to receive treatment, because they thought NIDSG was running a religious mission. This resulted in a delay in starting the clinics on day two. However, the medical team relocated the Durumi IDP Camp MCH clinic into a small medical facility in a shipping container within the Durumi IDP Campgrounds. The Wassa MCH clinics were also delivered from a small medical facility in a shipping container within the camp and in a couple of canopies erected by NIDSG outside the facility.

6.2 Collaboration with Local Partners

NIDSG worked in collaboration with the **University of Abuja Teaching Hospital**, who provided a Hausa speaking local medical team of doctors and nurses (1 x O&G, 1 x Paediatrics, 2 x Nurses) to support NIDSG's MCH mission, and transported them to and from the IDP Camps every day. The local medical staff were a valuable resource, as they provided most of the translation and were critical to the success of the mission. For example, the paediatric resident, provided targeted health education to the families attending the MCH clinics, gave explanations/directions given for the medications prescribed and helped to coordinate follow-up care for the 4 children requiring further specialist in-patient treatment. The local team worked very well under NIDSG supervision, and also gained on-the-job, mentoring and knowledge transfer from NIDSG's highly experienced MCH team. NIDSG is very grateful to them for doing a great job and to the Chief Medical Director of the University of Abuja Teaching Hospital, Prof Bishop Ekele, for providing the local medical staff and transportation for the staff.

NIDSG also partnered with **Health and Human Services Secretariat and Primary Health Care Board of the Federal Capital Territory in Nigeria**, where the Wassa and Durumi IDP Camps are based, and in particular the FCT Nutrition Coordinator, Mrs Clementina Okoro. The multiple micronutrient supplements (MMS) distributed to address malnutrition in both mothers and children in the IDP Camps visited were provided by [Vitamin Angels](#) – a global Non-for profit. The FCT Primary Health Care Board also used NIDSG's MCH mission as an opportunity to register babies presented for treatment in the IDP Camps.



The NIDSG MCH Team worked with local partners from the University of Abuja Teaching Hospital and a team from Primary Health Care Board of the Federal Capital Territory in Nigeria

7. Medicines and Medical Supplies

The MCH team travelled with a substantial number of medicines and supplies because of uncertainty over local availability, costs, and quality. However, some items were unavailable and the team topped supplies with purchases from local sources. The Association of Nigerian Physicians in the Americas (ANPA) also donated oral rehydration solutions and vitamins for children attending the NIDSG MCH clinics. The MCH Clinical team donated medical supplies such as gloves and other consumables, that were severely lacking, in Health Clinics in the IDP Camps. NIDSG also donated medical supplies and equipment to the University of Abuja Teaching Hospital.



The NIDSG MCH Clinical team handing over some of the medical supplies to the University of Abuja Teaching Hospital, to the Durumi Camp IDP clinic and receiving the ANPA donation of multi-nutrients for IDP children

8. Accommodation, Transport, Security and Logistics

Accommodation, Logistics, transportation, and security arrangements were excellent. The hotel accommodation for volunteers was relatively central and quite comfortable. The MCH team was co-located with the MHPP Trauma Counsellor Training Team. Durumi Camp was within the Abuja City Limits, However the Wassa IDP Camp was outside Abuja, but within the Federal Capital Territory. The Clinicians were transported in a Toyota people carrier and there was a 4-person armed security escort in a separate HiLux pickup (a second Toyota people carrier provided by Mrs Dagazau proved very useful). We are grateful to the Honourable Minister for Mines and Steel Arch Olamilekan Adegbite, for providing transport, security, and logistics support at the airport.

9. Recommendations for the future MCH Missions

The following key recommendations will be explored for future MCH clinical missions:

- I. Delivering 2 x two-day missions in different IDP Camps was quite challenging. more efficient at delivering the MCH clinics in two locations, for example:
 - a. Getting an early start, quick set-up, aiming to see the first patient from 0830-0900hrs and working straight through to 5pm
 - b. Having a separate individual dispense medicines, so the doctors do not have to do this themselves
- II. The main limiting factor, in terms of attending to patients quicker, was availability of translators. NIDSG should address the translation issue by employing more translators
 - a. Hausa speaking medical personnel (2 x paediatricians, 1 x O&G, 2 x midwives)
 - b. Also include in the NIDSG team “non-medical” volunteers, such Mrs Dagazau and Martina, who also speak Hausa
- III. Explore attending to the non-medical needs of IDP populations, that impact their health

- a. Making provision for sustenance is a major requirement especially on a medical mission- IDPs should not take medications on empty stomach
 - b. budgeting on basics needs of the patients i.e., food and summer clothes especially for the children.
- IV. Improve on sourcing medicines and supplies
 - a. Build a dedicated relationship with a reliable local pharmacy to source high quality medicines and supplies locally. This will greatly ease the logistics and reduce the cost of bringing medicines in from abroad.
 - b. Do a stock take after every mission to understand what medicines and supplies were used up and what remained. Use this data to inform the requirements for the next mission
 - c. The NIDSG team were not sure if we had the right number of medicines and supplies, and should review quantities required and order these much earlier in the year
- V. To deliver a MCH mission that meets the needs of the IDP Camps, the NIDSG clinical team should not be less than 1 x O&G doctor, 1 x Midwife, 2 x Paediatricians. The part played by Mrs Dagazau, the Hausa speaking NIDSG MCH programme co-ordinator, was also invaluable
 - a. On reflection, distributing pregnancy women especially with some of their still breast feeding with multivitamin is probably not a great ideal, most probably think that the multivitamin will trigger their appetite, hence we need to educate them better (health promotion/ education is needed)
 - b. Prepare and budget for referrals of dire patients requiring urgent secondary care.
- VI. Be selective about future partnerships
 - a. Establish a formal partnership with University of Abuja Teaching Hospital to provide a Hausa speaking medical personnel (2 x paediatricians, 1 x O&G, 2 x midwives). In return, the team will gain from knowledge transfer from world class experts and receive donations of medical equipment and supplies
 - b. Working with the FCT Nutrition Coordinator to disburse multiple micronutrient supplements (MMS) to mothers and babies was not a success, because the FCT team lacked professionalism and requested for financial support to deliver a service that the FCT government is obliged to deliver to residents for free. Therefore, NIDSG will not be continuing this collaboration and will not be repeated
- VII. One of the key objectives for the mission was skills transfer to local health workers. The NIDSG 2022 MCH clinical mission was unsuccessful in this respect (we could not implement “helping babies survive”) and will explore how to make this more successful next time.
- VIII. Improve Planning, Co-ordination, and Support Activities
 - a. NIDSG’s pre-mission recces and IDP camp site visits by the NIDSG MCH team on arrival in Abuja were not very effective for planning and delivery of the MCH clinics. NIDSG should explore ways of improving this in future missions, so the clinical team can hit the ground running
 - b. It is important to have daily team meetings to plan activities for the upcoming day. The MCH team wish to discover more about what the mental health team is doing and vice versa

- c. Improve monitoring of refugees regarding who have already received medical attention. For example, marking the thumbprint of every patient with inedible ink to ensure they do not return multiple times to receive “gifts”
- d. Find ways to improve documentation and record keeping for patients. A suggestion would be to have a non-medical volunteer, to capture all the data at the end of each day on a laptop/computer

IX. Logistics & Admin

- a. Secure toilet facilities for medical teams during the two days of the mission
- b. Lack of examination rooms was challenging. Prepare mobile examination rooms that can be erected very quickly on-site using raffia mats and timber
- c. Limit MCH team to 1 x minibuses (6-7people) and insist on 8-seater minibus (including driver’s seat) – or expand team and secure a bigger vehicle
- d. Procure more hardy canopies. The canopies used at Wass were very flimsy and presented a risk of falling over and hurting patients and clinical staff

Appendix A: NIDSG's Lay Trauma Counselling Team

Name	Experience	Nationality
Tally Tripp	Adjunct Professor at George Washington University's Graduate Art Therapy program and Founder and Director of the George Washington University Art Therapy Clinic. She is an expert in psychological care to survivors of sexual and gender-based violence (SGBV) and recipient of the International Society for the Study of Trauma and Dissociation (ISSTD) Fellow Award, 2017	USA
Lorette Dye	Psychologist, Art therapy expert, Rector of Art Healing Academy. Expert with an M.Sc. and vast experience in psychological care to survivors of sexual and gender-based violence (SGBV)	South Africa
Dr (Mrs.) Zainab Imam	Consultant and specialist in Rehabilitation Psychiatry, Psychodynamic Psychotherapy, Perinatal Psychiatry and Early Intervention in Psychosis. She is a Member of the Royal College of Psychiatrists	Nigerian
Dr Chris Piwuna	Chris Piwuna is Head of Department and Associate Professor in Psychiatry at Jos University Teaching Hospital.	Nigerian
Dr Femi Adebajo	Consultant Psychiatrist in the UK National Health Service and a member of the Royal College of Psychiatrists	Nigerian
Dr Wale Lagundoye	Clinical Director and Consultant Psychiatry in the UK National Health Service and Honorary Senior Clinical Lecturer in psychiatry at the University of Sheffield, UK, and member of the Royal College of Psychiatrists (MRCPsych)	Nigerian
Dr Geoff Ijomah*	Consultant Forensic Psychiatrist/ in the UK NHS and member of the Royal College of Psychiatrists, with qualifications and a special interest in psychotherapy	Nigerian
Adetutu Asielue	Spent over 15 years as a Senior manager supporting Mental Health Service Operations across severe, complex, and non-Psychotic services within a UK NHS Trust	Nigerian

*Dr Ijomah was unable to join the 2022 mission due to the lack of availability of remote delivery facilities at Lux Terra Foundation

Appendix B: Maternal and Child Health Team

Name	Experience	Nationality
Professor Rotimi Jaiyesimi	Consultant obstetrician and gynaecologist in the UK NHS with over 40 years' experience in a wide range of obstetric and gynaecological disorders. Recipient of the UK Health Service Journal National Award and Lifetime Achievement Award from University of Ibadan for services to medicine.	Nigerian
Dr Ify Anidi	is a Consultant Paediatrician for the Kaiser Permanente, one of the largest Health Maintenance Organizations in California, U.S.A. She has over 30 years' experience as a doctor and is a veteran of many several medical missions to the medically underserved countries	Nigerian
Dr Brigit Allagoa	Consultant Paediatrician in the UK National Health Service, with over 30yrs experience. Dr Allagoa is also a former British Army Lt Col (Reserve) and received an International Security Assistance Force (ISAF) medal for her service in Helmand Province in Afghanistan.	Nigerian
Wendy Olayiwola*	Is a UK registered nurse and midwife, President of Nigeria Nurses Charitable Association UK, she is a founding member of Better health for Africa UK an expert and resource group for shaping African healthcare, was awarded a British Empire Medal (BEM) for service to the NHS in the Queen's 2021 New year's Honours list, Global WHO/UN/WGH 100 outstanding women nurse and midwife leader, and NHS@70 women leaders Award	Nigerian
Mrs Adebola Aroboto	Is a UK registered Nurse and has been a midwife for over twenty years, who works as a female genital mutilation (FGM) and perineal health specialist midwife in the UK National Health. In 2020 she was awarded British Journal of Midwifery's Midwife of the Year Award and won the NHS@70 Excellence Awards UK for Outstanding Contribution to Midwifery	Nigerian
Comrade Lawal-Aiyedun Olubunmi	Has over 20 years' experience as a Nurse specialized in paediatric nursing and nutrition. Currently she serves as the Chief Executive Officer of the Spina Bifida and Hydrocephalus Care Foundation (SBH) and MARCH Care Initiative (MCI). She is the pioneer of Birth Defect Surveillance in Nigeria also served as the first and immediate Past President of the National Association of Nigeria Paediatric Nurses (NANPAN), and served as member committee on the National Surgical, Obstetrics, Anaesthesia and Nursing Plan (NSOANP) for Nigeria	Nigerian
Mrs Hafsat Dagazau	Mrs. Hafsat Dagazau is the NIDSG Country Administrator in Nigeria. She also serves as the Programme coordinator for the Maternal and Child	Nigerian

	Health programme. She is graduate of University of Maiduguri.	
Kevin Obi	Kevin is the Chair of NIDSG	Nigerian

*Wendy participated in planning, but was unable to join the 2022 mission for personal reasons

Appendix C: Examples of past NIDSG Charity Programmes

NIDSG has a proven track record and has delivered multiple humanitarian initiatives to support IDPs in the Middle Belt and Northern Nigeria, including:

1. Paediatric Clinical mission provided medical treatment for 471 IDP children
2. Life-saving follow-up treatment for two critically ill children, from the paediatric clinical mission at Jos University Teaching Hospital
3. Local surgery for IDP victims suffering gunshot wounds from Boko Haram at Vom Christian Hospital
4. Delivery of healthcare relief items to IDP refugee camps
5. Training of approximately 150 Mental Trauma Counsellors (2017,2019, 2021), some of whom have gone on to win National Awards



Draft NIDSG 2022 ACCOUNTS

	Item	Amount (£)	Notes
Income	Overseas Income		
	Private donations	2816.49	Donations from "Friends of NIDSG"
	Corporate Sponsorship	6335.3	Sponsorship by SCIB & Co Nig Ltd
	UK Income		
	Private donations	1114	UK Fundraising campaign and donations from "Friends of NIDSG"
	Funding for international flights ^A	9180.5	9 volunteers donated their own flight costs, and time and expertise for free
	Total Income	<u>19446.29</u>	
Expenditure	Maternal and Child Health (MCH) Clinics and local health worker training		
	Clinical Costs	1923.20	Costs associated with setting up and running mobile health clinics
	Follow-up Patient Treatment	367.44	Life-changing follow-up in-hospital treatment and surgery for 4 babies
	International Flights for MCH Clinical Team ^A	5702.77	From UK and USA - mostly self funded by volunteers.
	MCH Team Accommodation and subsistence	1,749	Accommodation and subsistence for MCH medical team for 1 week
	Sub-total MCH Clinics and health worker training costs	<u>9742.41</u>	
	Lay Trauma Counsellor Training		
	Accommodation & Subsistence	4687	For Instructors and trainee counsellors
	Course delivery	3252.37	Printing, catering, venue costs, admin expenses
	International Flights ^A	7575.49	From UK, USA, South Africa - mostly self-funded by volunteers
	Sub-total Lay Trauma Counsellor Training costs	<u>15514.86</u>	
	Sub-total Logistics & Admin costs	470.6983	2 x Security team and transportation and other miscellaneous costs for MCH Clinics and Lay Trauma Counsellor Training
	Total Expenditure in 2022	<u><u>25727.97</u></u>	

Draft NIDSG 2022 ACCOUNTS

	<u>-</u>	
Operating Surplus (deficit)	6281,6	
	<u>8</u>	Deficit for 2022 covered by reserves