Cholera Outbreak and Rising Cases

Over 7,400 suspected cases in BAY states
199 Deaths in BAY states
41 affected Local Government Areas
3.7% fatality rate

Cholera cases continue to climb: Over 7,400 across BAY states

Cases of acute watery diarrhoea (AWD) and cholera climbed to over 7,400 across Borno, Adamawa and Yobe (BAY) states as the region continues to grapple with one of the worst cholera outbreaks in recent years. In Borno State, cases are spreading to hard-to-reach/high-risk locations such as Bama, Nganzai and Dikwa where access for humanitarian workers and movement of vital supplies has become more challenging due to worsening insecurity. An estimated 15 (out of total 17) local government areas (LGAs) have now been affected in Yobe State, raising concerns of overwhelmed health systems – further weakened by the impact of the 12-year conflict. Some 20 recent fatalities are being investigated for potential links to cholera in Adamawa State where cases are also on the rise. Government and partners continued to ramp up multi-sectoral response prioritising emergency actions including isolation and treatment of cases and also preventive measures across affected and vulnerable areas to mitigate risk of further spread. The resumption of Government health teams in Pulka town, the main cholera epicentre in Borno State, is expected to complement ongoing response by partners in the area. A central emergency response fund (CERF) application of US$ 6 million for the cholera response (across the entire country) has been approved and is being disbursed. The Nigeria Humanitarian Fund (NHF) is also finalising a standard allocation, with a health component for the cholera response, as the humanitarian community continues to intensify resource mobilization efforts to scale-up ongoing response across the BAY states. Despite these critical interventions, there is still a critical resource gap for both treatment and containment of the outbreak.

Over 87,000 receive vital food and agricultural support

Food security after scaling up emergency food assistance reaching 2.7 million people across the BAY states during the lean season (June-September). The impact of the lean season and food insecurity and nutrition concerns are extending well beyond the lean season. As a result, the multi-sectoral operational plan (costed at US$ 250) and the local task force is not being stood down.

An estimated 80,000 people across camps and host communities in Pulka, Gwoza LGAs of Borno and Adamawa states are the worst affected. Many nutrition facilities continue to receive record number of severe acute malnutrition (SAM) admissions as children arriving from the inaccessible areas. At least 107 SAM cases with medical complications were recorded in Askira Uba and Michika LGAs alone during the reporting period. Establishment of additional stabilization facilities and rollout out of supplementary feeding programmes were intensified by nutrition partners who also conducted mid-upper arm circumference screening across vulnerable locations to collate vital nutrition data for response planning.

Over 100 cases of SAM with medical complications as partners intensify screening and supplementary feeding programmes

The nutrition situation remains critical across many locations, especially in hard-to-reach areas across the BAY states which have been worst hit by acute food shortages during the lean season. High SAM admission trends persist the causes of which are: high prevalence of diarrhoeal diseases including cholera, influx of new arrivals IDPs from inaccessible areas and high rates of food insecurity due to food price increase (30% in past one year). The latest famine monitoring system report for inaccessible/unreached locations indicated global acute malnutrition (GM) rate of 28 per cent, based on assessment of new arrivals from the areas. This is the highest and most severe in recent months, and only a few steps away from 30 per cent GAM rate which is an indicator of famine-like conditions. Magumeri, Konduga, Madagali, Bama, Damboa and Gwoza LGAs of Borno and Adamawa states are the worst affected. Many nutrition facilities continue to receive record number of severe acute malnutrition (SAM) cases with medical complication, especially among children arriving from the inaccessible areas. The nutrition situation remains critical across many locations, especially in hard-to-reach areas across the BAY states which have been worst hit by acute food shortages during the lean season. High SAM admission trends persist the causes of which are: high prevalence of diarrhoeal diseases including cholera, influx of new arrivals IDPs from inaccessible areas and high rates of food insecurity due to food price increase (30% in past one year). The latest famine monitoring system report for inaccessible/unreached locations indicated global acute malnutrition (GM) rate of 28 per cent, based on assessment of new arrivals from the areas. This is the highest and most severe in recent months, and only a few steps away from 30 per cent GAM rate which is an indicator of famine-like conditions. Magumeri, Konduga, Madagali, Bama, Damboa and Gwoza LGAs of Borno and Adamawa states are the worst affected. Many nutrition facilities continue to receive record number of severe acute malnutrition (SAM) cases with medical complication, especially among children arriving from the inaccessible areas. At least 107 SAM cases with medical complications were recorded in Askira Uba and Michika LGAs alone during the reporting period. Establishment of additional stabilization facilities and rollout out of supplementary feeding programmes were intensified by nutrition partners who also conducted mid-upper arm circumference screening across vulnerable locations to collate vital nutrition data for response planning.

Civilians impacted by increasing attacks across Borno and Yobe

Multiple NSAG attacks and clashes with Government Forces across LGAs directly targeted or affected civilians in Borno and Yobe states. In Chibok LGA of Borno, scores of civilians were temporarily displaced in Shikakir community following an attack by NSAG fighters who looted and destroyed several civilian homes, churches, and the only health facility in the area. At least five civilians were killed in the incident. In Yobe State, one civilian was killed and two children seriously wounded in crossfire during a deadly armed clash between NSAGs and Government Forces near Damaturu, the state capital. NSAG illegal vehicle checkpoints (IVCPs) were also recorded along major highways and supply routes, especially along Damboa-Biu and Gubio-Damasak roads. Civilian commuters have been routinely stopped and robbed. In Kareto town, Mobbar LGA, NSAG operatives invaded the main community market and extorted money and valuables from traders for several hours and reportedly abducted five local individuals. A commercial vehicle carrying medical supplies was also looted along the same road. With the dry season agricultural activities starting across the BAY states, there are growing safety concerns for civilians moving to remote farming areas where the risks of NSAG attacks and abductions are high.

Cholera Outbreak and Rising Cases

Number of Cases by State

<table>
<thead>
<tr>
<th>ADAMAWA</th>
<th>BORNO</th>
<th>YOBE</th>
</tr>
</thead>
<tbody>
<tr>
<td>520</td>
<td>3,200</td>
<td>3,600</td>
</tr>
</tbody>
</table>

Sector Response - Reach

<table>
<thead>
<tr>
<th>Sector</th>
<th>Targeted</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>1.9M</td>
<td>(69%)</td>
</tr>
<tr>
<td>Health</td>
<td>5.3M</td>
<td>(30%)</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1.3M</td>
<td>(40%)</td>
</tr>
<tr>
<td>Shelter and non-food items</td>
<td>2.5M</td>
<td>(59%)</td>
</tr>
<tr>
<td>Water, sanitation and hygiene</td>
<td>1.1M</td>
<td>(46%)</td>
</tr>
<tr>
<td>Food security</td>
<td>4.3M</td>
<td>(72%)</td>
</tr>
<tr>
<td>Early recovery and livelihoods</td>
<td>0.4M</td>
<td>(28%)</td>
</tr>
<tr>
<td>Early recovery and livelihoods</td>
<td>0.9M</td>
<td>(63%)</td>
</tr>
</tbody>
</table>

Over 100 cases of SAM with medical complications as partners intensify screening and supplementary feeding programmes

The nutrition situation remains critical across many locations, especially in hard-to-reach areas across the BAY states which have been worst hit by acute food shortages during the lean season. High SAM admission trends persist the causes of which are: high prevalence of diarrhoeal diseases including cholera, influx of new arrivals IDPs from inaccessible areas and high rates of food insecurity due to food price increase (30% in past one year). The latest famine monitoring system report for inaccessible/unreached locations indicated global acute malnutrition (GM) rate of 28 per cent, based on assessment of new arrivals from the areas. This is the highest and most severe in recent months, and only a few steps away from 30 per cent GAM rate which is an indicator of famine-like conditions. Magumeri, Konduga, Madagali, Bama, Damboa and Gwoza LGAs of Borno and Adamawa states are the worst affected. Many nutrition facilities continue to receive record number of severe acute malnutrition (SAM) cases with medical complication, especially among children arriving from the inaccessible areas. At least 107 SAM cases with medical complications were recorded in Askira Uba and Michika LGAs alone during the reporting period. Establishment of additional stabilization facilities and rollout out of supplementary feeding programmes were intensified by nutrition partners who also conducted mid-upper arm circumference screening across vulnerable locations to collate vital nutrition data for response planning.

Civilians impacted by increasing attacks across Borno and Yobe

Multiple NSAG attacks and clashes with Government Forces across LGAs directly targeted or affected civilians in Borno and Yobe states. In Chibok LGA of Borno, scores of civilians were temporarily displaced in Shikakir community following an attack by NSAG fighters who looted and destroyed several civilian homes, churches, and the only health facility in the area. At least five civilians were killed in the incident. In Yobe State, one civilian was killed and two children seriously wounded in crossfire during a deadly armed clash between NSAGs and Government Forces near Damaturu, the state capital. NSAG illegal vehicle checkpoints (IVCPs) were also recorded along major highways and supply routes, especially along Damboa-Biu and Gubio-Damasak roads. Civilian commuters have been routinely stopped and robbed. In Kareto town, Mobbar LGA, NSAG operatives invaded the main community market and extorted money and valuables from traders for several hours and reportedly abducted five local individuals. A commercial vehicle carrying medical supplies was also looted along the same road. With the dry season agricultural activities starting across the BAY states, there are growing safety concerns for civilians moving to remote farming areas where the risks of NSAG attacks and abductions are high.
HIGHLIGHTS

- Suspected cholera cases climb to 520, an increase of more than 20 per cent from 421 in early October, with one additional fatality recorded. Authorities also investigated over 20 deaths in Numan Local Government Area (LGA) potentially caused by cholera.
- An upsurge of malnutrition cases sparks concern in Michika and Askira Uba LGAs, where at least 170 severe acute malnutrition (SAM) cases with medical complications were recorded across stabilization facilities.

SITUATION OVERVIEW

Suspected cholera cases climb to 520

The number of cholera cases continued to increase across Adamawa State during the reporting period, peaking at 520 as of 20 October. This was a 21 per cent increase from the 421 cases recorded in early October. This increase is less than the previous reporting period in which there was more than a 150 per cent jump in two weeks. However, the numerous fatalities and hospitalizations in recent weeks in Numan LGA have raised concern that some cases may be going undetected. At least 20 fatalities have been confirmed in the LGA and 16 others are being treated in the Numan General Hospital. Authorities and health partners are investigating potential links these fatalities and admissions may have to cholera. One new cholera-related fatality was confirmed during the reporting period, bringing the total number of deaths to 23 (a 4.42 case fatality rate). Nine LGAs have been affected by the outbreak: Girei, Lamurde, Yola South, Yola North, Shelleng, Fufure, Gombi, Song and Numan. Ongoing response activities led by the Government and Health and Water, Sanitation and Hygiene (WASH) partners include active case searching, isolation and treatment in cholera treatment centres (CTCs), chlorination and decontamination of water sources, and trucking potable water. Other activities being intensified in affected and vulnerable areas include the delivery of WASH kits (aqua tabs, chlorines, soap, etc.), risk communication and awareness at household level and management of emergency operation centres. Funding shortfalls continue to affect the level and scale of response coverage. Resources are stretched and insufficient, impacting all response pillars.

Upsurge of malnutrition in Michika and Askira Uba LGAs

A spike in malnutrition cases was reported across nutrition facilities in Michika and Askira Uba LGAs, especially among children. Some 107 SAM cases with medical complications were admitted across stabilization centres in the two LGAs over the past few days, raising the alarm among partners. Cases of acute malnutrition have been on the rise since the onset of the lean season, which has been worsened by the prevalence of measles and diarrhoea. OCHA is following up with the Nutrition Sector and partners to ramp up response across affected communities, including supplementary feeding programmes.
# HUMANITARIAN RESPONSE

## Food Security / Livelihoods

**Needs:**
- The Food Security Sector (FSS) and partners are intensifying advocacy efforts for the scale-up of livelihoods assistance, especially through the provision of livestock to vulnerable households.
- Agricultural extension services, including technical support to farmers, remain low across affected and vulnerable locations. This may continue to impact productivity and the yield of agricultural activities.
- Scale-up of assistance is required to improve access to safe and affordable energy solutions for affected populations across camps and communities.

**Response:**
- FSS partners commenced livestock and poultry restocking interventions, targeting 2,100 households across Michika, Madagali and Yola LGAs.
- Some 6,000 fuel-efficient stoves were distributed to vulnerable and affected households across LGAs to improve access to safe and efficient energy solutions.
- The FSS rolled out a training on the efficient management of livestock for farming households, using the farmer field school approach.

## Nutrition

**Needs:**
- High rates of SAM admissions were reported in Madagali LGA in the past two weeks, including a high proportion with medical complications. A new stabilization centre commenced operations in the LGA and has recorded a rise in SAM admissions with medical complications, especially caused by diarrheal diseases.

**Response:**
- Following reports of the deteriorating nutrition situation in Michika LGA, Nutrition partners rolled out mass mid-upper arm circumference (MUAC) screenings to assess the situation and ensure prompt referral of identified cases for treatment.

## Early Recovery

**Needs:**
- The spontaneous influx of refugee returnees from Cameroon and internally displaced persons (IDPs) from Borno State is posing major challenges in terms of economic opportunities and access to basic services across return areas. As these movements are informal, the refugee returnees and IDPs are not officially registered, making it difficult to access critical services or assistance from partners. Engagements are ongoing with partners and community leaders to ensure provision of initial basic assistance and access to communal assets.
- Floods caused by heavy downpours cut off road access to several communities and damaged the main bridge that connects Michika and Mubi LGAs. This is an obstacle for transporting staff and supplies to some of the worst affected communities in the area.
- Additional funding is required to enable the scale-up of livelihood restoration and skills acquisition programmes across the state, especially in areas of return.

**Response:**
- Partners provided monitoring and technical support to 20 village savings and loans association (VSLA) groups in Mubi North, Mubi South and Maiha LGAs, reaching 500 beneficiaries (392 women,108 men).
- Some 30 women who completed skills acquisition programmes in Michika and Mubi North LGAs received cash grants of 30,000 naira to establish small scale businesses.
- Partners are expanding Jaccingo and Malkohi markets in Yola South by constructing new blocks to promote trading and other livelihood activities for beneficiaries. Two of these blocks were completed during the reporting period.

## Health

**Needs:**
- Two new cases of COVID-19 were recorded in Adamawa State during the reporting period. This emphasizes the need to intensify risk mitigation measures, including awareness programmes across the state.
- Cholera cases continue to increase across nine LGAs. Girei, Gombi, Lamurde and Numan LGAs are among the worst affected.
Response:
- Out of over 56,000 Moderna vaccine doses allocated to the state, 32,929 people have received a first dose and 17,694 have received a second dose. 12,101 people have received the second dose of the AstraZeneca vaccine. Partners continue to intensify sensitization programmes to encourage higher turnout and address misinformation around vaccine safety.
- The Health Sector facilitated a training for health care workers on cholera prevention and control in the affected LGAs of Girei, Song, Gombi, Fufure, Yola North, Yola South and Lamurde.
- IRC and ICRC rolled out radio jingles with cholera prevention messages. Goal Prime launched a mobile campaign and distributed education, and communication (IEC) materials.

Protection

Response:
- The Danish Refugee Council (DRC) reached 327 vulnerable people in Michika and Madagali LGAs with psychosocial support services (PSS). This included literacy sessions, individual and group counselling, games and recreational activities.
- Information sessions were conducted by sector partners for 339 people to raise awareness on various protection issues, including gender-based violence (GBV), teenage pregnancy, child labour and child abuse. A total of 56 cases of protection issues and violations were recorded and referred for multi-sectoral assistance. 40 of these cases were with women and girls. Cases included GBV and child labour, among other issues.
- Some 5 survivors of explosive remnants of war (ERW) were referred to the ICRC facility in Maiduguri for comprehensive treatment.
- IRC and the Nigerian Bar Association (NBA) facilitated a training session for 23 justice focal points on conventions (on IDP rights), International Law, International Human Rights Law, and humanitarian principles to improve access to justice services and general protection for affected populations.

Gender-Based Violence (GBV) Sub-Sector

Needs:
- Limited access to information on GBV and sexual and reproductive health (SRH) services was reported across camps and host communities in Yola North and Yola South LGAs. Partners are following up on the reports and advocating for an increased presence of operational partners in the LGAs.

Response:
- UNFPA reached 894 individuals with antenatal, delivery and postnatal support services. Family planning support and treatment of sexually transmitted diseases and other medical conditions were also conducted.
- The Ministry of Women’s Affairs (MoWA) and UNFPA reached 341 people with psychosocial first aid, mental health and psychosocial support (MHPSS), and access to justice and referral services across LGAs.
- A total of 954 beneficiaries were reached with SRH services and sensitization messaging on GBV, COVID-19, and cholera through information sessions facilitated by sector partners, led by ROHI and Plan International in Yola North and Girei LGAs. Personal protective equipment (PPE) was also provided to beneficiaries.
- The Today for Tomorrow Foundation (TFTF) facilitated a training on GBV, protection from sexual exploitation and abuse (PSEA), and trauma healing for 15 focal points and youth advocates. Following the training they will deploy to communities to train others and lead awareness sessions.
- Two safe spaces for women and girls were established by Plan International in Wuro Hausa and Yolde Pate communities of Yola South LGA. These will scale-up GBV services for vulnerable populations in the areas.

Education

Needs:
- Education services across the state continue to be challenged by shortages of teaching and learning materials, and flood damage to school facilities. The damaged facilities contribute to low levels of enrolment, including among girls who have been exposed to risk of forced marriage and GBV.
- All 10 Tsangaya and Islamiyya schools need essential supplies like teaching and learning materials for optimal functioning. Teacher training is also required to ensure quality education services.

Response:
- The distribution of vital education materials for the current academic year was rolled out across LGAs by education partners. This was led by the Adamawa Education in Emergency Working Group (EiEWG) and Adamawa State Universal Basic Education Board (ADSUBEB).
• UNICEF and ADSUBEB facilitated training for classroom teachers on the Teaching at the Right Level (TaRL) methodology to improve learning outcomes.
• Government and partners marked the 2021 International Day of the Girl Child with renewed commitments to prioritize integrated services, including health and education for women and girls. To mark the day, UNICEF and the State Government supported the participation of 50 girls in national activities.
• ADSUBEB organized a 2-day workshop on the Safe School Declaration (SSD) that was ratified by the Government. It aimed to build a common understanding of the commitments to strengthen the protection of education from attacks and use of schools for armed activities.

### Camp Coordination and Camp Management (CCCM) / Shelter / NFIs

#### Needs:
- Limited presence of operational partners in the major return areas of Michika and Mubi has created a significant response gap for the sector. Efforts are ongoing to ensure more operational presence in the areas.
- Funding shortfalls continue to impact the shelter and non-food items (NFI) response, especially in Madagali LGA. The sector is intensifying resource mobilization to address this.
- The Sector Site Tracker tool recorded major gaps in WASH, Shelter, and NFI assistance across camps in Adamawa State. Lack of shelter repair kits (damaged by floods), NFI kits, WASH and health facilities were among the major complaints received, which were channelled to the appropriate sectors for response.
- Sector partners identified 135 households in need of shelter assistance following the recent flooding. The mobilization of response kits is ongoing.
- The CCCM Sector and shelter partners recorded a spike in the number of beneficiaries facing major shelter and NFI gaps across LGAs, especially in Mubi, Michika and Yola.

#### Response:
- CCCM partners scaled-up critical services, including risk awareness campaigns, to halt the spread of COVID-19, cholera and other diseases across camps and camp-like settings. Community engagement measures were strengthened across IDP sites to ensure consultation and accountability to affected populations. These measures included focus group discussions and complaints and feedback mechanisms.
- Sector partners continued to ramp up the piloting of the mudbrick transitional shelters to ensure durable housing solutions able to withstand extreme weather conditions, such as heavy rainfall and windstorms.

### Water, Sanitation and Hygiene

#### Needs:
- Shortages of WASH NFI kits were reported across locations. The WASH Sector commenced mobilization to address the situation through the core pipeline as part of the cholera response.
- Sector partners identified several water points in urgent need of repair. Plans are being finalized to roll-out integrated maintenance across LGAs.

#### Response:
- Water point chlorination was conducted by Solidarités International (SI) in Girei LGA. SI also supplied a total of 1.2 million litres of chlorinated water to households, distributed cholera kits and conducted hygiene promotion sessions in the LGA.
- Sector partners intensified household latrine disinfection across LGAs. Some 530 households were reached.
- SI deployed 20 community health promoters to conduct hygiene promotion activities, cholera and COVID-19 risk awareness, and related issues. They reached 320 households in Girei LGA.
- A total of 182,000 people were reached with hygiene and cholera prevention messages across Yola North, Yola South and Girei LGAs. Some 14,000 people were also reached with household disinfection services across the three LGAs.
**Funding Overview**

Out of $1.0 billion required for the 2021 humanitarian response in north-east Nigeria, $225 million is required for Adamawa State.

For further information, please contact:

- **Esty Sutyoko**, Deputy Head of Office, OCHA Nigeria
  - Email: sutyoko@un.org
  - Phone: +234 903 781 0095

- **Moseray Sesay**, Head of Sub Office, OCHA Adamawa State
  - Email: sesay26@un.org
  - Phone: +234 703 171 8734

- **Abiodun Banire**, HAO/Reports Officer, OCHA Nigeria
  - Email: abiodunb@un.org
  - Phone: +234 703 171 8735
The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to coordinate the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

www.unocha.org

This report is compiled by OCHA Nigeria in collaboration with humanitarian partners.

**HIGHLIGHTS**

- Cholera cases climb to over 3,200 in 17 local government areas (LGAs), with 139 fatalities – the highest in the northeast region. High-risk/hard-to-reach towns of Dikwa and Bama are among four new LGAs reporting cases, raising concerns of rapid spread.
- Over a dozen aid trucks carrying food and humanitarian hub rehabilitation kits arrived in Damasak town. The hub was severely damaged during attacks in April, impeding the ability of aid workers to stay and deliver in the border town hosting nearly 100,000 people.
- Government commences health response in Pulka, four months after the departure of a major health partner.
- Government registers internally displaced persons (IDPs) in Bakassi camp, Maiduguri, for imminent relocation. The camp hosts over 40,000 IDPs who fled attacks in Gwoza, Guzamala, Monguno and Marte LGAs.
- In a growing wave of attacks across LGAs that has claimed five lives, armed fighters carjack a food truck and burn homes and a hospital.

**SITUATION OVERVIEW**

**Cholera cases climb to over 3,200 in 16 LGAs, with 139 fatalities, amidst growing concerns over the spread in high-risk locations**

Cases of cholera continue to climb across Borno State, hitting over 3,265 as of 30 October. This is more than a 94 per cent increase from the 1,680 cases on 1 October. Fatalities also jumped to 139, which is a 45 per cent increase from 96 in early October (at 4.25 per cent case fatality rate). The spread of cases to high-risk locations with limited humanitarian footprints or health care services is a major concern. Dikwa LGA, where humanitarian presence has been very limited since April due to a surge in violence, reported cases of cholera. Cases were also confirmed in hard-to-reach Bama LGA, where an increasing influx of new arrivals has further stretched the limited health and WASH services.

The confirmation of a cholera outbreak in Hajj Camp, a holding facility to process people previously associated with armed groups, triggered concerns across communities. Several (index) cases recorded in recent weeks were linked to new arrivals from the Hajj Camp, including camps and communities such as Muna Garage, Shuwari, and Dusuman (where health systems are particularly weak). Partners are working with the Government to consider the establishment of a health unit at the camp to conduct screening and isolation of suspected cases before people move out of the facility.

A total of 17 LGAs have so far been affected. The major epicentres are Gwoza (Pulka town), Damboa, Jere, Hawul and Konduga LGAs, which account for nearly 80 per cent of cases. Government teams and partners comprised of the Health and Water, Sanitation and Hygiene (WASH) sectors are leading the response and managing cholera treatment centres (CTCs) and emergency operation centres (EOCs). Chlorination and disinfection of water points and latrine desludging is ongoing across multiple locations. WASH teams are delivering hygiene kits (aqua tabs, knapsack sprayers, soap, chlorines, etc.) and other vital supplies to vulnerable and affected households. The Health Sector has deployed rapid response teams (RRTs) and hard-to-reach (HTR) teams to lead active case searches and implement response protocols. Nearly six million
litres of chlorinated water was supplied across affected and vulnerable communities around Maiduguri, the state capital, during the week. Resource mobilization efforts, including through the Central Emergency Response Fund (CERF) and Nigeria Humanitarian Fund (NHF), are ongoing to scale-up the ongoing response across the north-east.

Government registers IDPs in Bakassi camp for imminent relocation

The Borno State Government (BSG) has commenced registration of IDPs in the Bakassi camp in Maiduguri, suggesting imminent relocation and closure of the camp. A high-level BSG delegation visited the camp on 13 and 14 October to supervise the distribution of tokens, which are used as a form of identification for IDPs to receive return/relocation packages. However, details of when and where IDPs will be moved are remain unclear. Bakassi camp hosts more than 40,000 IDPs who fled conflict across Gwoza, Guzamala, Marte and Monguno LGAs. OCHA and camp coordination and camp management (CCCM) partners are leading engagements with the BSG to obtain more information and ensure a principled approach to the planned relocation. Returns and relocations in recent months to places like Auno and Marte have raised concerns over acute shortages of food, water and livelihood opportunities and limited access to critical services. Marte is still inaccessible to international aid agencies.

Government commences health response in Pulka town as partners deliver food and nutrition supplies to over 80,000

The Borno State Ministry of Health (MoH) has officially commenced comprehensive health care services in Pulka town, Gwoza LGA, which hosts nearly 100,000 people, including IDPs and returnees. MSF, a major health care partner and the exclusive provider of secondary health care services in the area, ceased operations in Pulka in July, citing funding shortages. MSF had handed their facility over to the MoH but delays in the deployment of government health staff led to major response gaps. Civilians had to travel several kilometres along insecure routes to access critical medical services. Pulka is the epicentre of the ongoing deadly cholera outbreak in Borno State. The commencement of services by the MoH will boost access to critical health services and complement partners’ response operations. Food Security Sector (FSS) partners during the week also completed a general food distribution for 74,000 people in Pulka town. Beneficiaries received food baskets to last 4-8 weeks. Some 4,063 of the most vulnerable under-2 children and 2,680 pregnant and lactating women (PLW) were also reached with nutrition support through a blanket supplementary feeding programme in the town.

Borno Government announces plan to close all camps in Maiduguri by December

Governor Babagana Zulum on 22 October announced plans to close all formal camps in Maiduguri, the state capital, and relocate IDPs to their ancestral homes/original communities by end of December 2021. Governor Zulum who spoke to local media after a meeting with President Muhammadu Buhari added that arrangements are being finalized in collaboration with the Ministry of Humanitarian Affairs to facilitate the return of refugees (over 100,000) from Niger Republic on 27 November. The refugees will be settled in Abadam LGA which currently has no civilian presence following multiple attacks and clashes that displaced the entire population. More than 50,000 IDPs have been moved from Maiduguri IDP camps including Mocgolis, NYSC and Farm Centre, to return areas/communities in Marte, Auno and Shuwari and over 33,000 households (an estimated 165,000 plus individuals) overall. Some of the return areas/sites including Marte are still inaccessible to international aid agencies due to ongoing insecurity. Reports from some of the locations including Auno and Marte indicate acute gaps especially in the areas of access to food, water, health and also livelihood opportunities. The Humanitarian Coordinator, OCHA and humanitarian partners continue to advocate with State Government leadership for returns and relocations to take place in line with the Kampala convention, i.e. any movement is voluntary, in safety, dignity and that people affected by such movements have access to critical services, livelihoods and humanitarian assistance, if needed.

Over a dozen aid trucks bring food and repair kits to damaged humanitarian hub in Damasak

On 21 October 13 aid trucks arrived by military escort to the high-risk border town of Damasak, near the Niger Republic. Most of the trucks carried vital food and nutrition supplies as the FSS continues to ramp up emergency food assistance to IDPs, refugee returnees and host community populations in the town. Damasak has witnessed an escalation of violence since the beginning of the second quarter of 2021. Some of the trucks also carried repair kits for the humanitarian hub, a space for accommodation and offices for several aid agencies. The hub was badly damaged during attacks by non-state armed group (NSAG) actors in early April. The attacks forced a temporary suspension of aid operations in the town. Although relative stability in recent months has enabled the gradual resumption of aid operations in the area, the rehabilitation of the hub is critical for aid staff to stay and deliver vital services to affected populations town, which hosts over 80,000 people. The OCHA-led civil-military coordination (CMCoord) platform continues to work with the military high-command to expedite approvals for aid convoy movements to deliver vital supplies across hard-to-reach/high-risk locations.

Civilians impacted increasing attacks across LGAs

Multiple NSAG attacks and clashes with Government Forces across LGAs directly targeted or affected civilians in Borno State. In Chibok LGA, scores of civilians were temporarily displaced in Shikakir community following an attack by NSAG
fighters who looted and destroyed several civilian homes, churches and the only health facility in the area. At least five civilians were killed in the incident. NSAGs have also targeted the southern Borno communities of Biu, Askira Uba, Damboa and Gwoza in recent weeks. NSAG illegal vehicle checkpoints (IVCPs) were also recorded along major highways and supply routes, especially along Damboa-Biu and Gubio-Damasak roads. Civilian commuters have been routinely stopped and robbed. In Kareto town, Mobbar LGA, NSAG operatives invaded the main community market and extorted money and valuables from traders for several hours and reportedly abducted five local vigilantes.

**HUMANITARIAN RESPONSE**

### Food Security / Livelihoods

**Needs:**
- Bama LGA continued to receive new arrivals from various locations, indicating the need for food assistance scale-up. Some arrivals have come from unreached areas on the outskirts of the Sambisa Forest.
- Some 1,236 refugees (226 households) who returned to Damasak town from the Niger Republic in August have been living without food assistance, resulting in negative coping mechanisms such as begging for survival. The FSS is following up with partners to prioritize the new arrivals for assistance.
- Floods along major routes are anticipated to heavily impact road access in the coming months, risking severe food shortages for IDPs and other vulnerable populations in the border town of Rann.

**Response:**
- The National Emergency Management Agency (NEMA) launched an agricultural programme to support some 7,000 farmers across 11 LGAs with inputs such as seeds, fertilizers, herbicides, and tools for dry season farming. The programme is prioritizing farmers and communities who have been most affected by flooding incidents.
- FSS partners in Banki town have successfully transitioned from in-kind food assistance to a cash and voucher assistance (CVA) modality for affected populations in the area. With relative stabilization and gradual pickup of the local economy the switch to CVA programming will provide beneficiaries with flexibility to make their own choices. It will also encourage livelihood activities in the area.
- In Damasak border town, FSS partners commenced registration of returnees for a general food distribution (GFD) programme scheduled for the coming weeks. The returnees are also being included in the beneficiary lists of partners for regular assistance.

### Nutrition

**Needs:**
- High rates of severe acute malnutrition (SAM) admissions were recorded during the reporting period across LGAs with high prevalence of cholera cases especially Gwoza, Mafa, Damboa, MMC/Jere and Konduga areas.
- The extremely high SAM rates among new arrivals in Bama LGA continue to overstretch nutrition services in Bama and Banki towns.

**Response:**
- Nutrition partners continue to scale-up targeted supplementary feeding programmes (TSFP) to treat cases of moderate acute malnutrition (MAM). Partners facilitated a training for health workers across Southern Borno in preparation for a major roll-out of TSFP in November.

### Early Recovery

**Needs:**
- The ongoing returns and relocation of IDPs by the BSG is amplifying needs and gaps in most of the return areas, particularly in terms of livelihood opportunities and access to basic services.
- Returnees across locations require support in restoring their livelihoods to guarantee sustainability and avoid secondary displacements. Additional pressure on communal resources and services is triggering tension and could compromise peaceful co-existence across return areas.
- The situation in host communities in Bama LGA is particularly concerning. There is a lack of livelihood opportunities, particularly for youth, as many IDPs live outside of camps and have no means for livelihoods.

**Response:**
- In Mafa partners supported 1,010 beneficiaries (134 men, 876 women) with conditional cash transfer for productive assets and livelihood activities. In the same LGA, 727 beneficiaries received guidance on business management, record keeping and customer relations.
- Partners intensified monitoring and technical support to 58 village savings and loans associations (VSLAs) recently established in Mafa to ensure a funding facility for beneficiaries to establish and expand small-scale businesses.
• Some 350 beneficiaries completed vocational skills training and were supported with cash grants to start their business in Hawul LGA. Similar skills acquisition programmes that covered financial literacy and micro business management were conducted in Konduga, MMC, Bama and Ngala LGAs, reaching some 445 beneficiaries.

• Across Damasak, Nangere and Nganzai LGAs, 1,962 people (812 women, 1,150 men) were engaged in cash-for-work activities such as drainage evacuation, solid waste disposal, community sanitation, road rehabilitation and flood control.

Education

Needs:
• Additional training and capacity building programmes are required for teachers across Dikwa, MMC, Jere, Konduga, Bama, Biu, Shari LGAs to improve student learning outcomes.

• Sector partners reported there are 6,800 children (more than half female) who are out of school in Mohammed Goni IDP camp, Maiduguri. Discussions are ongoing among partners to respond and to mitigate exposure to risk of abuse and exploitation.

• The absence of secondary schools in Pulka town, Gwoza LGA, remains a major education response gap and concern for partners. Only one primary school is functional in the town that hosts over 70,000 people, more than half of whom are children.

Response:
• UNICEF and the Borno State Universal Basic Education Board (SUBEB) rolled out teaching at the right level (TaRL) training for teachers across LGAs to improve quality of education services.

• Terres des Hommes enrolled 1,837 children (971 girls, 866 boys) in non-formal education at a temporary learning space (TLS) in Mohammed Goni camp, Maiduguri. This covers literacy, numerals, and social and emotional learning. Another 1,200 out-of-school children were enrolled in a similar programme in Bolori host community, also in Maiduguri. The children will transition to formal education in February 2022.

• Some 180 children who completed non-formal education in Pulka town were enrolled into formal education on 13 October and provided with vital supplies such as uniforms and scholastic materials.

Health

Needs:
• Suspected cholera cases continue to rise across the state, with over 2,300 cases and 133 fatalities (a 5.6 case fatality rate). Cases have spread to 16 LGAs, with hard-to-reach/high-risk Bama and Dikwa LGAs among the new locations reporting cases. Limited water quality testing and heavy reliance on vendors sourcing water from contaminated sources were identified as risk factors for the increasing cases, indicating the need to ramp up awareness messaging.

• Seven new cases of COVID-19 were reported across the state, bringing the total to 1,363 confirmed cases with 38 associated deaths. Response measures including contact tracing and risk communication-awareness programmes are being intensified following the new confirmations.

• Cases of measles continue to drop across the state, although risk awareness and vaccination campaigns are required to sustain the trend. A total of 13,878 measles cases and 123 fatalities have been recorded across the state, with no new cases reported over the last two weeks.

Response:
• Partners continued to support COVID-19 vaccinations during the reporting period, with 27,917 people receiving the first dose of the Moderna vaccine. Some 5,058 people also received the second dose, indicating 18 per cent being fully vaccinated with Moderna. Of a total 7,043 (second) doses of AstraZeneca vaccines deployed across the state, 3,116 were administered during the reporting period. This indicates a 44 per cent coverage of those who received the first dose. Partners continue to intensify awareness and community mobilization to sustain and encourage higher turnout.

• Partners continue to ramp up preparedness and response activities to mitigate the spread of diseases such as measles, cholera etc. through vaccination, active case search, risk communication, case management and contact tracing across LGAs. WHO-led health teams reached 42,324 people with awareness messaging on the prevention of cholera and COVID-19 LGAs during the reporting period. Health Sector partners also rolled out an awareness campaign on the use of facemasks and hand washing practices.

• The Health Sector, with the support of WHO, continued to mobilize cholera kits and deploy hard-to-reach (HTR) teams to implement emergency response and risk mitigation activities across affected and vulnerable LGAs.

Protection

Needs:
• An influx of new arrivals was recorded in Bama, Ngala and Dikwa LGA, mostly people previously associated with armed groups. Critical assistance and services for the new arrivals (who are mostly women are children) are very limited and could heighten risks of negative coping mechanisms and exposure to abuse and violations.
• With cholera cases spreading across communities in the state, there is a need for additional investment in the translation of information, education, and communication (IEC) materials into local languages and also radio jingles to ensure wider coverage of risk mitigation messaging.

• Sector partners emphasized the need to expand complaints and feedback mechanisms across camps and host communities in the state, especially in view of the ongoing influx of new arrivals to already congested locations, increasing protection risks.

• Capacity gaps and limited understanding of principles are major issues in mainstreaming protection in response activities. The roll-out of training on protection mainstreaming and its guiding principles is being considered.

Response:

• The Danish Refugee Council (DRC) reached 1,411 people in Mafa, MMC, Dikwa, Ngala and Gwoza LGAs with sensitization messaging on protection issues. The messaging covered domestic violence, forced and early marriage, child labour, sexual exploitation and abuse, and services for survivors, including emergency care and legal assistance. Some 397 people were also provided with psychosocial support services (PSS) through basic literacy sessions, skills acquisition, and individual and group counselling sessions facilitated by DRC.

• Sector partners led by DRC documented 175 people (mostly women) with protection concerns. These included lack of access to critical assistance, child labour, domestic violence, sexual and gender-based violence (SGBV), and loss of property and documents. These individuals were referred to relevant sectors/partners for assistance.

• The International Rescue Committee (IRC) facilitated 12 awareness sessions across IDP camps and host communities on access to justice, fundamental human rights, referral pathways, complaint, and feedback mechanisms (CFMs) and reporting channels for abuse and violations. Protection mainstreaming training was also conducted for 20 focal points of different agencies to ensure accountability and protection of beneficiaries before, during and after programming.

• Translators Without Borders (TWB) conducted an assessment of existing CFMs/protection actors, referral pathways/mechanisms and communication with communities (CWC) mechanisms across the state. The report of the assessment is expected in the coming weeks and will provide clarity on the current situation and possible next steps to strengthen protection and accountability measures across the response.

• Pictorial IEC materials were developed by TWB for sector partners. These covered messaging on child protection, gender-based violence, referral mechanisms for measles, flood risk mitigation, and explosive ordnance risk education (EORE) for use across the north-east region.

Gender-Based Violence (GBV) Sub-Working Group

Needs:

• Post-intervention monitoring for the distribution of dignity kits two weeks ago in Bama indicated GBV/sexual and reproductive health (SRH) gaps, especially among new arrivals.

• Flash flooding during the reporting period destroyed several WASH facilities, food, and non-food items in Monguno LGA. This exposed affected households, especially women and girls, to protection risks, including GBV and abuse.

• The security situation continued to reduce humanitarian access in locations such as Dikwa, Rann, Mobbar and other conflict-affected areas, impacting GBV response and services.

Response:

• To mitigate GBV risks, partners are intensifying the monitoring and engagement with BSG on IDP returns and relocations. After the registration of IDPs at the Bakasssi camp for possible relocation, sub-sector partners are following up to ensure protection, particularly of women and girls, for GBV, exploitation and abuse.

• UNFPA and other sub-sector partners supported a camp closure and decommissioning training for some 80 government local points and other stakeholders to mitigate GBV risks and to incorporate the intentions of women and girls during return and relocation programmes.

• The GBV sub-sector worked with the Ministry of Women’s Affairs and Social Development (MOWASD) to strengthen protection measures and scale up services across Bama, Monguno, Damboa, Dikwa and Kala-Balge LGAs, where additional frontline workers were deployed during the reporting period.

• The sub-sector supported 21 organizations with GBV information management services and case management tools to build capacity in data collection and referral pathways for improved service delivery. Information management training was also organized for 65 focal points on operational presence, capacity, and coverage of services to guide prioritization of resources and activities.

Child Protection Sub-sector

Needs:

• Absence of Government staff to support ongoing and planned child protection interventions is a major gap in Pulka town, especially around care arrangement and services.

• Immediate scale-up of support services including mental health and psychosocial support services (MHPSS) is required for children previously associated with armed groups (CAAGs) who continue to arrive in Gwoza LGA.
• Inadequate life skills and livelihood support for caregivers is a general concern across LGAs, which is exposing children to child labour, exploitation, and abuse

Response
• Some 597 children (244 boys and 353 girls) were reached with psycho-social activities through child friendly spaces (CFS) across camps and host communities in Damboa LGA. Some 482 children (201 boys and 281 girls) were also supported with life skills training programmes across camps and schools in the LGA during the reporting period.
• Plan International distributed reunification kits to 40 children (20 boys and 20 girls) in Low-cost camp and General camp, while 15 unaccompanied/separated children were also identified and provided with cases management support and services by CHAD international.

Camp Coordination and Camp Management / Shelter / NFIs

Needs:
• The continued influx of new arrivals into already overcrowded camps and communities has increased the risk of illnesses spreading, particularly cholera and COVID-19. CCCM and shelter partners are struggling to secure additional land to expand and decongest the camps.
• With the rainy season now in its peak, sector partners continue to face access challenges to implement flood risk mitigation measures and response, especially in locations like Rann, Nganzai, Dikwa and Magumeri. Alternative options are being explored.
• Some 3,400 households are in dire need of shelter repair kits across camps and host communities due to the impact of floods and windstorms. Over 6,300 households are in reception centres that are equipped to provide temporary housing for new arrivals for a maximum of two weeks.
• Over 67,000 complaints received hinged on NFI shortages, especially blankets, mats and also cooking utensils.
• Gaps in information sharing by the Government on returns and relocations impacts the sector response, especially in the provision of shelters for potential influx into camps and camp-like settings. The roll-out of camp closure/decommissioning training for BSG focal points intends to encourage timely information sharing, among other issues.
• The Sector site tracker tool recorded multiple gaps, especially the lack of NFI and shelter repair kits, across several camps following floods and windstorms. Efforts are underway to address the most critical gaps based on available resources and capacity.

Response:
• Sector partners ramped up advocacy with operational partners across camps to address complaints and concerns received through CFMs across camp and camp-like settings. Some 845 complaints were received and channelled to focal partners during the reporting period. Over 40 suggestion boxes were installed across camps to further strengthen CFMs.
• CCCM partners facilitated vocational skills training programmes for tailoring and cosmetology to address some of the complaints, which primarily revolved around the lack of livelihood opportunities.
• Some 573 people were engaged in a cash-for-work programme to facilitate the installation of 73 solar lamps and over 40 fire stations in MMC and Jere LGAs.
• CCCM partners continue to intensify efforts to secure additional land to extend the GSSS camp. This will enable the construction of additional shelters in response to the influx of new arrivals. NFI partners provided 2,000 NFI kits to support new arrivals during the reporting period.

Water, Sanitation and Hygiene

Needs:
• Informal camps around MMC that have populations facing housing, land, and property (HLP) issues and limited access to sanitation and hygiene services continue to report higher cases of cholera.
• The relocations and influx of new arrivals (including from inaccessible locations with no functional health or WASH systems) were identified as a major risk factor for the rapid spread of cholera across hard-to-reach areas as well as MMC and Konduga. Limited WASH facilities to support the influx has forced populations to rely on water from contaminated sources while cases of open defecation and other poor hygiene practices have become widespread, contributing to the spread of cholera.
• Across return areas where IDPs were recently returned or relocated, the needs for water trucking services have increased substantially. Some locations are facing acute water shortages. In Auno (Konduga LGA), water scarcity was highlighted as a critical gap, with beneficiaries receiving below 5 litres/person/day. This is largely triggered by broken boreholes, and suspension of water trucking services due to funding shortfalls.
The peak of the rainy season, marked by flash flooding incidents, has increased the need for more frequent desludging activities. Floodwater has filled up most latrines within weeks. Although IOM and UNICEF are intensifying support to sustain the activities, old sanitation facilities require manual evacuation which is currently difficult due to heavy rains. In Gwoza LGA alone, 400 latrines require manual desludging.

Response:

- During the reporting period partners reached 41,623 individuals with hygiene promotion and risk awareness messaging to mitigate the spread of cholera and COVID-19 across camps and host communities.
- WASH partners completed the chlorination of 150 water points and trucked over 4.3 million litres of clean water (on a weekly basis) to improve access to potable water. Jerrycan cleaning campaigns were also conducted across 18 water points in MMC.
- IOM’s children’s hygiene club activities were carried out in several camps in MMC, as well as preparation for Global Handwashing Day on 15 October.
- Additional hygiene promoters were recruited, trained, and deployed by CRS in Magumeri, Gubio and Kaga LGAs. House-to-house messaging on cholera prevention was conducted in Magumeri LGA by IRC and the Justice, Development and Peace Commission (JDPC).
- In Rann border town, TDH and Goal Prime continued to support in water quality monitoring, disinfection of surfaces and hygiene promotion, including disinfection of over 40 latrines.

Funding Overview

Out of $1.0 billion required for the 2021 humanitarian response in north-east Nigeria, $503 million is required for Borno State.
The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to coordinate the global emergency response to save lives and protect people in humanitarian crises. We advocate for effective and principled humanitarian action by all, for all.

www.unocha.org

This report is compiled by OCHA Nigeria in collaboration with humanitarian partners.

HIGHLIGHTS

- Over 3,600 cases of acute watery diarrhoea (AWD) reported across 15 local government areas (LGAs) with 86 fatalities, an increase of more than 28 per cent since early October.
- Concerns raised on new bureaucratic policy for aid convoy movements causing potential delays in the delivery of vital supplies to over 200,000 people in hard-to-reach areas has been resolved.
- One civilian killed, two children wounded in deadly armed clash near Damaturu, the state capital
- Partners advocate for the prompt passage of the Violence Against Persons Prohibition (VAAP) law by Yobe State Government.

SITUATION OVERVIEW

Over 3,600 AWD cases across 15 LGAs, with 84 fatalities

Cases of AWD and suspected cholera jumped by over 800 across Yobe State during the reporting period, reaching 3,659 as of 25 October – the highest in the north-east region. This is more than a 28 per cent increase from the 2,800 reported cases as of early October. Three new fatalities reported last week raised the death toll to 86 (a 2.35 per cent case fatality rate). Although the State Government is yet to officially declare a cholera outbreak, 15 out of the 17 LGAs in the state have been affected, indicating a massive spread. Damaturu, the state capital, accounts for 25 per cent (850) of the total caseload. Humanitarian partners led by WASH and Health sectors continue to intensify support to Government health teams to implement emergency response and risk mitigation measures across affected and vulnerable locations the state. Some of the activities being intensified across the State include case management in cholera treatment facilities (CTCs), delivery of vital medical and WASH supplies, risk communication (including via mass media) and decontamination of affected homes and facilities. To support ongoing resource mobilization efforts to scale-up the response, partners continue to work with authorities on the official declaration of an outbreak, including through the weekly coordination meeting of the rapid response team (RRT). A high-level meeting of the state epidemic preparedness and response committee was convened on 17 October to review and streamline response priorities. Funding shortfalls remain a critical challenge for partners and

Concerns raised on bureaucratic impediments related to aid convoy movements resolved

Concerns raised by humanitarian partners related to potential delays in the delivery of vital supplies for over 200,000 vulnerable people across hard-to-reach locations has been resolved. The introduction of a new policy that requires aid agencies to obtain clearance from the military’s Theatre Command Headquarters in Maiduguri, in neighbouring Borno State, for the movement of aid cargo to the Yobe LGAs of Gujba, Gulani, Geidam, Bursari, Tarmua and Yunusari was feared to cause delays in aid delivery to affected areas. Clearance requests were previously approved in Yobe and have now been
approved at Maiduguri level. The State Emergency Management Agency (SEMA) had engaged with the military on the issue along with OCHA’s civil-military coordination (CMCOORD) with Theatre Command in Maiduguri.

Partners advocate for prompt passage of the Violence Against Persons Prohibition (VAAP) law

Humanitarian partners and stakeholders in Yobe State have emphasized the need to expedite the Government’s passage of the VAAP Act to address rising cases of violations in the state, including sexual and gender-based violence (SGBV). Early this year, police authorities raised concerns over increasing cases of rape, particularly against minors. The VAAP Act was federally adopted in 2015 and prohibits all forms of violence against any person in private and public life. It provides maximum protection and effective referrals and remedies for victims as well as punishment for offenders. In the north-east region only Adamawa State has ratified the Act. On 11 October the State Ministry of Women’s Affairs organized an event to commemorate the 2021 International Day of the Girl Child, which provided a platform for stakeholders to further advocate for the ratification of the VAAP Act.

One civilian killed, two children wounded in deadly armed clash near capital

At least one civilian was killed and two children seriously wounded during a deadly armed clash between non-state armed group (NSAG) operatives and Government Forces on 23 October. The armed clash started around noon in Kartako town, some 10 kilometer south of Damaturu the state capital, when NSAG operatives targeted a military position. Civilian homes and businesses were targeted and looted by NSAG during the clash. Similar armed clashes were recorded on 8 July which also impacted civilians as NSAGs continue to target locations near the capital.

HUMANITARIAN RESPONSE

Early Recovery

Needs:
- Following the April-May attacks in Kanamma and Geidam towns that destroyed critical infrastructure, livelihoods, and productive assets, many people remain in dire need of livelihoods assistance. Damaged critical infrastructure and assets must be rebuilt to improve access to basic services and employment opportunities. Commodities prices have increased substantially since the attacks. Additionally, the unpredictable security situation makes access inconsistent.

Response:
- Partners delivered six blocks of toilet facilities and five blocks of classrooms in Geidam and Yunusari LGAs during the reporting period.
- A first round of vocational skills training was completed for 1,697 people (924 women, 755 men) in Yunusari and Geidam LGAs. The participants will also receive a cash grant to set up or expand their small or medium scale businesses.
- In Damaturu LGA, 140 people completed various skills acquisition programmes and were registered for cash grants to establish businesses. This included internally displaced persons (IDPs) and returnees in the host community.

Nutrition

Needs:
- A significant increase in severe acute malnutrition (SAM) admissions was recorded in Bade, Geidam, and Nguru LGAs. The Yobe State Primary Health Care Development Agency (SPHCDA) and nutrition partners are investigating possible causes to guide response planning.

Response:
- Following the spike in SAM admissions, SPHCDA and nutrition partners prepositioned vital supplies in Geidam to meet the increasing nutrition needs.
- Two newly established stabilization centres commenced operations in Jakusko and Bursari LGAs. The centres are already recording high SAM admissions.
- The Nutrition Sector rolled out a standardized monitoring and assessment of relief and transitions (SMART) survey in Machina and Fuje LGAs. The survey is in response to the high rates of acute malnutrition recorded during a recent mass mid-upper arm circumference (MUAC) screening exercise in the two LGAs.
Health

Needs:
- An acute shortage of reagent at the state molecular laboratory continues to interrupt COVID-19 testing services at the state level. Samples collected in Yobe are sent to the national reference laboratory in Abuja and take several weeks to obtain results. This increases the risk of cases going undetected and spreading across communities.
- Massive population displacement and NSAG attacks on hospitals and public health centers (PHC) continue to disrupt health services, including the COVID-19 response. This is especially seen in Geidam, Yunusari, and Gujba LGAs.

Response:
- The Yobe State Primary Health Care Management Board (SPHCMB) conducted mass community sensitization in collaboration with WHO, UNICEF, community health champions and others. Some 11,516 people were reached with COVID-19 risk mitigation messages.
- 30,987 of the 38,895 people targeted for the first dose of the AstraZeneca vaccine have been reached, indicating an 80 per cent coverage. For Moderna, Yobe State recorded 19,572 vaccinations across 17 LGAs. Partners continue to intensify awareness-raising to ensure high turnout across the state.
- The Yobe State Ministry of Health (SMOH) in collaboration with WHO and partners, continued the second phase of COVID-19 vaccinations across all 17 LGAs. Some 1,815 people were reached with the second dose of vaccination during the reporting period.

Protection

Response:
- Three focus group discussions were held with 61 survivors of explosive remnants of war (ERoW). The discussions centered on access to support programmes and other concerns and served as part of efforts to improve service delivery.
- Sensitization programmes on key protection issues, including explosive ordnance risk education, were facilitated for 49 beneficiaries.
- The Danish Refugee Council (DRC) provided initial assistance to four survivors of ERoW and referred them to the ICRC clinic in Maiduguri for assistive devices support.

Gender-Based Violence (GBV) Sub-Sector

Needs:
- Following sporadic attacks by NSAGs, pockets of displacements were reported in Babangida community in Tarmua LGA. Most of the displaced people were women and girls and are taking shelter in host communities around Damaturu. They were provided initial assistance by the Ministry of Women’s Affairs and Social Development (MoWASD). Partners of the GBV Sub-Sector (GBVSS) are following up for profiling and comprehensive support.
- Underreporting of GBV incidents remains a major challenge. This is due to multiple factors, including socio-cultural barriers and fear of stigmatization.
- SEMA identified 93 women and 67 adolescent girls in dire need of assistance following displacement due to flooding in recent weeks.

Response:
- The GBVSS and other stakeholders, including MOWASD and the Nigerian Red Cross Society, are working closely to monitor recent displacement trends caused by NSAG violence and flooding to address urgent needs, especially for women and girls. Initial assistance comprised of hygiene/dignity kits has been provided for 164 recently displaced women and adolescent girls. They are also receiving emergency reproductive health services.
- The GBVSS, IRC and UNFPA provided dignity and non-food item (NFI) kits to 300 IDP women and girls across host communities in Damaturu, Potiskum and Gashua LGAs.
- A skills acquisition and empowerment programme on soap making and tailoring was launched in partnership with MOWASD and some women-led organizations. Over 300 women and adolescent girls were targeted.
- The GBVSS provided information management training for 20 focal points from various organizations in the effort to build capacity and improve reporting on GBV issues.
Education

Needs:
- Yobe State has some of the highest numbers of out-of-school children in the north-east, especially for girls. The general decay of school infrastructure, acute shortages of teaching staff, and overcrowding further discourages the enrollment of school-age children.
- Major gaps were reported in Geidam LGA, including insufficient WASH facilities, educational supplies and teachers. The NSAG attacks that temporarily displaced over 150,000 in May continue to impact education services. Some teachers have still not yet returned to their classrooms.

Response:
- Partners led by Save the Children International (SCI) and the Centre for Community Development and Research Network (CCDRN) ramped up the provision of integrated educational support to school-age children in eight LGAs. A “back to school” campaign included radio jingles that circulated messages on the importance of education and also committees that drove sensitization messages across communities. Non-formal learning facilities were established by SCI and CCDRN to provide basic education services for out-of-school children who will be mainstreamed into formal schools in the coming months.
- SCI and Goal Prime delivered WASH and hygiene kits to schools in six LGAs. They also facilitated sensitization sessions for pupils and both academic and non-academic staff on handwashing, safe waste disposal and other positive hygiene practices to mitigate the spread of diseases such as AWD/cholera and COVID-19 in schools.
- UNICEF and the Yobe State Universal Basic Education Board (SUBEB) launched a school enrolment drive across all 17 LGAs to address high drop-out rates and reduce the number of out-of-school children. Vital supplies such as uniforms, bags, and learning materials will be distributed as part of the programme.

Water, Sanitation and Hygiene

Needs:
- The heavy reliance on vendors sourcing water from contaminated sources is a major risk factor for the increasing spread of cholera. Water quality testing by WASH Sector partners indicated high rates of contamination across several privately-owned sources. Partners are finalizing plans for a mass distribution of aqua tabs, prioritizing the contaminated water sources.
- Funding shortfalls continue to hamper the Sector’s response. The most affected areas are procurement of vital cholera response supplies, hiring of ad-hoc staff to conduct awareness programmes and the mapping and chlorination of contaminated water sources.

Response:
- Solidarités International (SI) deployed a team that disinfected 45 households with cholera cases. They also chlorinated over 1,500 homes across Damaturu and Jakusko LGAs.
- Some 641 latrines were disinfected across cholera-affected and vulnerable households in Damaturu LGA. Aqua tabs were also provided for the households to ensure access to potable water.
- The WASH Sector and partners continued to scale-up integrated services, including household sensitization and mapping of water points for water quality testing and chlorination. Risk awareness messages are being circulated via radio to ensure the maximum reach. Additional cholera and WASH kits were mobilized for distribution through Sector pipeline.
- Over 8,000 individuals were reached with hygiene messages in Damaturu, Potiskum and Jakukso. A total of 120,000 people have been supported with access to safe water and sanitation services in recent weeks across the same LGAs, which are among the worst affected by AWD/cholera.
Funding Overview

Out of the $1.0 billion required for the 2021 humanitarian response in north-east Nigeria, $272 million is required for Yobe State.

For further information, please contact:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esty Sutyoko</td>
<td>Deputy Head of Office, OCHA Nigeria</td>
<td><a href="mailto:sutyoko@un.org">sutyoko@un.org</a></td>
<td>+234 903 781 0095</td>
</tr>
<tr>
<td>David Lubari Lominyo</td>
<td>Head of Sub Office, OCHA Yobe State</td>
<td><a href="mailto:lubari@un.org">lubari@un.org</a></td>
<td>+234 703 175 8922</td>
</tr>
<tr>
<td>Abiodun Banire</td>
<td>HAO/Reports Officer, OCHA Nigeria</td>
<td><a href="mailto:abiodunb@un.org">abiodunb@un.org</a></td>
<td>+234 703 171 8753</td>
</tr>
</tbody>
</table>

Sign up to our mailing list:
For more information, please visit www.unocha.org/nigeria; reports.unocha.org/en/country/nigeria;
www.humanitarianresponse.info/en/operations/nigeria