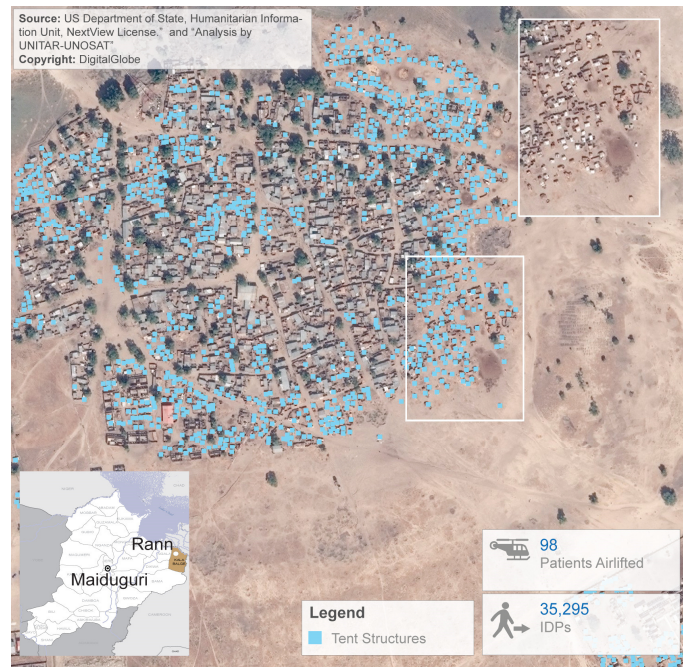




OCHA produced this report in collaboration with humanitarian partners. It covers the period from 7 - 31 January 2017. It does not include information on the operations of actors that are not part of the Humanitarian Response Plan (HRP). The next report will be issued on or around 15 February 2017.

Highlights

- Nigerian military aircraft on 17 January accidentally bombed a settlement hosting internally displaced people (IDPs) in Rann, a locality in the far-east of Borno state. Ninety-eight injured people were transferred to Borno capital Maiduguri for treatment in the days following the airstrike. In Rann, 319 people were treated.
- The food security sector assisted more than 1 million people in January. Some 5.1 million people are projected to face “emergency” and “crisis” levels of food insecurity in the coming months.
- 2,731 children were treated for Severe Acute Malnutrition in January.
- Continuous flows of IDPs into Damboa, Gwoza, Dikwa, Konduga, Monguno, Pulka
- There is a growing need for water, sanitation and health services.



Rann IDP settlement before the bombing

1.68 Million	1.2 Million	7,416 Households	2.9 Million	450,000	5.1 Million
Internally displaced people (IDPs) DTM XIII (IOM) plus the Kukawa and Kala/ Balge LGAs	People received in cash and in kind food assistance in January 2017 <i>Food Security Sector</i>	Live in the open without any form of shelter in Borno State <i>DTM XIII (IOM)</i>	Children in need of access to education. <i>UNICEF (Education Sector)</i>	Children under five with severe acute malnutrition (SAM) in 2017 <i>Nutrition Sector</i>	People food insecure in Adamawa, Borno and Yobe States. <i>2017 Humanitarian Response Plan</i>

Situation Overview

On 17 January, military aircraft accidentally bombed Rann, a locality in the far-east of Borno state that hosts around 35,000 IDPs. The airstrike occurred as International Committee of the Red Cross (ICRC) aid workers were starting to distribute food to the IDPs and Médecins Sans Frontières (MSF) was vaccinating against measles and also distributing food.

An emergency medical evacuation mobilized soon after the incident, in which six Nigerian Red Cross aid workers were killed. It involved the UN Humanitarian Air Service (UNHAS) and military helicopters. According to various sources, more than 100 people were killed in the bombing. Ninety-eight people were evacuated to Maiduguri in the

UNHAS helicopter flights during Rann bombing emergency

	17-Jan	18-Jan	19-Jan	21-Jan	Total
# of Flights	1	7	3	2	13
Cargo In (kg)	400	486	81	0	967
Cargo Out (kg)	0	160	26	0	186
Medics In	4	4	7	3	18
Medics Out	0	8	7	4	19
Casualties	8	38	18	2	66

four-day operation, according to ICRC, whose surgical team performed 78 operations in Maiduguri hospitals and treated 107 injured people in Rann.

MSF treated around 150 patients in Rann, 80 of whom needed life-saving care on the day of the bombing. They also supported the ICRC medical evacuations and their medical personnel accompanied some patients during airlifts. They also treated a further 62 patients in Rann on subsequent days.

Aid groups expressed shock at the incident and called for better civilian protection and respect of humanitarian space.

Security

Eighty-four conflict-related incidents were reported in Adamawa, Borno and Yobe states and in the neighbouring districts in Cameroon and Niger. In December 2016, 70 incidents were reported, and 60 were reported the preceding month, according to the UN Department of Safety and Security and the International NGO Safety Organization.

On 8 January in Ngala local government area (LGA) of Borno, Government troops mistakenly killed at least 16 IDPs who were collecting firewood. According to witnesses, the IDPs were waving permits that allowed them to leave the area of town controlled by the military when they were shot. The military has admitted responsibility for the mistake. Separately in Monguno LGA, armed attackers killed seven IDPs who had returned to their village to collect farm produce. Two children who accompanied them were reportedly allowed to return to Monguno to report the incident.

Several humanitarian actors regret that the need for military escorts to some LGAs and that restricted access to others limits access to people-in-need. Four LGAs in Borno State remain inaccessible to humanitarians.

Following the airstrike on Rann, there are concerns about the safety and security of humanitarian staff being deployed outside Maiduguri. There is need to strengthen civil-military coordination. The protection of civilians must be upheld through measures such as respecting the International Humanitarian Law and the incorporation of human rights principles into the rules of engagement for the Nigerian Military Forces.

Progress on humanitarian hubs

The humanitarian hub project is well underway. Hubs in several recently accessible areas around Borno will help enhance coordination and delivery of aid in hard-to-reach places where most humanitarian workers have so far been unable to stay overnight or for extended period. The field hubs, like the first one in Maiduguri, will give humanitarian actors a secure place to stay and work.

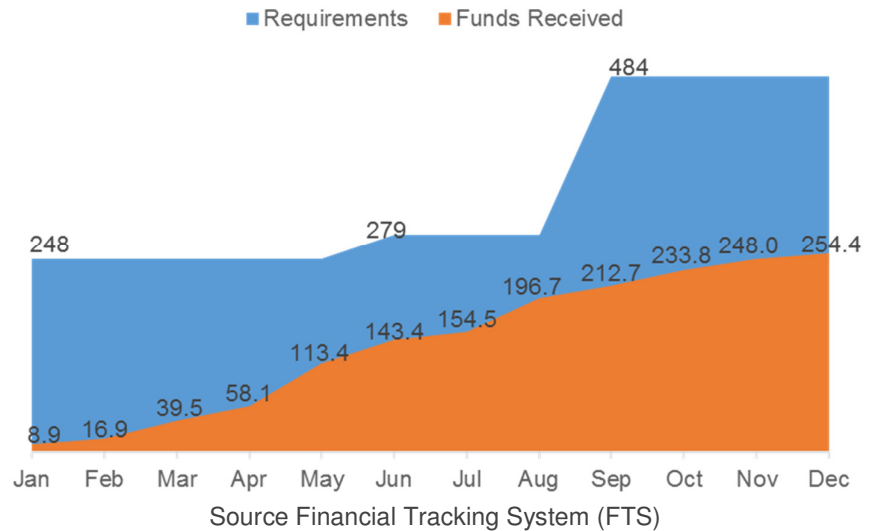
The Maiduguri hub is almost finished. Since late January, it has been able to accommodate 48 people in a tented camp. Before the end of February, there should be space for the final target of 100 humanitarian workers. Security installations are nearly finished for the first field hub in Gwoza, in Borno. Tented camps in Gwoza and seven other hubs in will accommodate 15 people at a time.

Funding

Funding requirements increased significantly since September 2016 following intensified advocacy as the extent of the crisis became more apparent. The funding did not, however, rise sufficiently to match the increased requirements and the year ended with a funding shortfall of US\$230 million (47.75 per cent of the funding requirement).

The \$1.054 billion required this year is over twice last year's budget. As of 31 January, \$83,500 million had been received. However, it is hoped that a Donor Conference for Nigeria and the Lake Chad Region, to be held in Oslo on 24 February, will provide a significant boost to funding. The Conference will be hosted by Norway, jointly with Nigeria and Germany.

HRP 2016 - Funding trends (in US\$ million)



During the reporting period, a scoping mission arrived in Maiduguri and Abuja from New York, to explore the creation of a country-based pool fund (CBPF) for Nigeria. This would be a valuable addition to response and resource mobilisation.

Humanitarian Response



Food Security

Needs:

- Some 5.1 million people will face “emergency” or “crisis” levels of food insecurity in Adamawa, Borno and Yobe between June and August.

Response:

- During the reporting period, the sector reached some 1.2 million new and pre-existing people-in-need. The assistance provided is broken down as follows:
 - 1.1 million people in Borno and Yobe received assistance through in-kind transfers (general food distribution) and through cash-based transfers.
 - 51,171 people received agricultural inputs through the distribution of seeds, tools, fertilizer, poultry, and restocking with small ruminants, as well as assistance for alternative livelihoods through small-scale enterprises and other cash-generating activities.
- The Rapid Response Mechanism provided assistance, for the first time, in previously-inaccessible locations such as Magumeri, Gubio and Ngala.

Gaps & Constraints:

- More funding is needed to respond to the food insecurity. In 2016, the sector received only 44 per cent of the funding needed. The sector aims to assist the 5.1 million people at risk of food insecurity.



Nutrition

Needs:

- An estimated 3.4 million people (children aged 6 - 59 months and pregnant and lactating women) require nutrition assistance in Adamawa, Borno and Yobe. Of these, around 450,000 children aged 6 - 59 months will suffer from severe acute malnutrition.

Response:

- So far this year, 2,731 children (1 per cent of the target) have been admitted to outpatient treatment programme (OTP) for SAM treatment. Seventy-nine per cent of them recovered while 14 per cent dropped out, 5 per cent did not survive.
- Admission and treatment of SAM children started in Konduga LGA. Nutrition screening of 111 children in Fulatari camp found that 105 of them were normal, five moderately acutely malnourished (MAM) and one severely acutely malnourished.
- Nineteen in-patient medical kits for SAM treatment were distributed in nine health centres in Chibok, Hawul, Bayo, Askira/Uba and Maiduguri LGAs.
- Training was provided to health workers and reporting tools issued during visits to four community management of acute malnutrition (CMAM) sites in Gwoza. Staff morale is low due to delay in salary payments.
- There are high default rates at CMAM sites in IDP camps and other health facilities, due to caretakers of SAM patients preferring treatment under blanket supplementary feeding programmes (BSFPs). In future screening for SAM children will take place at all BSFP sessions. SAM children will then be referred to designated OTPs in Gwoza town, accompanied by volunteers.

Gaps & Constraints:

- Some 311,826 children with SAM (99 per cent of the target) are yet to be reached in Adamawa, Borno and Yobe.
- The capacity of partners to deploy staff and initiate nutrition activities in recently accessible areas is limited.
- Lack of motivated and skilled staff for the provision of nutrition services in Borno.



Health

Needs:

- Rehabilitation of health centres in Borno. Thirty-five per cent (262) of the 749 health facilities recently assessed are completely destroyed and 29 per cent (215) partially damaged and 30 per cent (227) are intact. For the rest, the assessment was either not relevant or their status is unknown.
- Strengthening of the supply chain for drugs and medical supplies for INGOs.

Response:

- Phase two of the national mass measles vaccination campaign has been completed in Borno State in all 25 targeted LGAs. The final data is awaited. At the time of reporting, 2,608,090 children have been vaccinated (84 per cent coverage), with data from five LGAs still pending. Of the LGAs that have so far reported, 11 reached 95 per cent coverage and above, while four LGAs reached 90 – 94 per cent coverage.
- The Mental Health and Psychosocial Support (MHPSS) partners supported mobile teams to provide counselling, group support and other forms of assistance to IDPs and host communities. Since starting the project in May 2014, MHPSS partners have supported 175,912 individuals in three states.
- In support to Borno state Ministry of Health as a preparedness plan, the health sector has pre-positioned 19 Inter-Agency Diarrhoeal Disease Kits (IDDKs) for further delivery to the high risk LGAs in the state. The IDDKs are enough for the treatment of 19,000 moderate to severe diarrhoea/cholera cases.

Gaps & Constraints:

- Over 40 per cent of health facilities are severely damaged or destroyed in Borno, and there are critical gaps to be filled in primary health care, essential medicines and supplies, especially in recently accessible areas.
- Lack of adequate skilled and appropriately trained health staff.

- There are relatively few international NGOs with operational health programmes in Borno state. Over half face significant challenges in importing drugs and medical supplies. In some cases, supplies are now dangerously low.



Needs:

- An estimated 6.1 million people are in need protection services, out of whom 2.4 million are targeted for assistance.
- Psychosocial support to 650,000 children, including 12,000 unaccompanied and separated children; 104,000 targeted for mine risk education; 5,500 children and women associated with armed groups, and victims of sexual and gender-based violence (SGBV), for reintegration services.
- Some 1.8 million people are in need of assistance because of gender-based violence (GBV).
- Women, girls and other community members, need to be informed of GBV, including sexual exploitation and abuse and how to prevent these, as well as the need to access available services in a timely manner.

Response:

- In Jere, Maiduguri Metropolitan Council and Konduga LGAs, 62 GBV cases were documented. They included 21 were victims of rape who were given medical care.
- Reintegration services were provided for 555 children and women associated with armed groups, and victims of SGBV. Among them were 143 girls aged under-18 years who were subjected to sexual violence by Boko Haram.
- In Adamawa State, five unaccompanied and separated children (4 girls and 1 boy) were reunified with families and carers, and four unaccompanied and separated children (3 girls and 1 boy) received support in Fufore IDP Camp. In Borno State, two separated children (a boy and a girl) were reunified with their parents after more than two years. In all, 555 unaccompanied and separated children received support, including alternative care arrangements.
- In Borno, Yobe and Adamawa, 9,034 new children were reached with psychosocial Support Activities.
- In Adamawa, 15 health and social workers were trained to provide psychosocial support to GBV survivors; in Borno State, six awareness-raising sessions on GBV were held in four IDP camps in Konduga LGA.
- Some 100 dignity kits, 100 re-washable sanitary towels and 20 sets of culturally appropriate clothing were distributed to vulnerable women in Dalori camp, Maiduguri.
- In Yobe, a meeting was held for 32 civil society and government partners, including commissioners of police and justice, to make the case for better access to justice for survivors of GBV.
- One-day training in monitoring and reporting the six grave child rights violations was held in Maiduguri for 25 monitors (18 male and 7 female), who are based in five Borno LGAs (Kwaya Kusar, Gwoza, Mafa, Konduga and Bayo).

Gaps & Constraints:

- Deteriorating security in the north-east and an upsurge in military offensive have led to a high number of civilian casualties; collateral damage as witnessed in air attacks in Rann and in the killing of IDPs by security forces in Ngala.
- Restriction of movement, security concerns and lack of access to people-in-need will adversely affect protection work in the newly accessible areas.
- IDPs, returnees and other persons of concern are increasingly exposed to additional protection dangers, as many will be forced to return to places of origin where the situation may not allow safe, secure and dignified reintegration.



Needs:

- The basic school infrastructure needs to be re-established, especially in recently accessible areas, as there is an insufficiency of classrooms, learning materials and teaching staff.
- IDPs and returnees have been deprived of education for over two years. There is an urgent need for a wide expansion of educational services to meet their huge unmet needs.
- More partners are needed with the capacity to reach more children-in-need to bridge wide gaps in education services.

- Healing, protective and child-friendly learning environments for quality teaching and learning are largely unavailable,
- Resources for education are lacking with the depletion of funds and increasing demands in recently accessible LGAs.
- Training in psychosocial support and life skills is required for 72,361 teachers and facilitators, to improve formal and non-formal education for children affected by trauma.

Response:

- Some 197,697 school-aged learners (97,686 boys and 100,011 girls) were supported in accessing education. Of these, 119,426 (60,112 boys and 59,314 girls) were enrolled in schools for formal education, while 78,271 (37,538 boys and 40,733 girls) were enrolled in 621 learning centres for non-formal education.
- A total of 274,569 learners (139,349 boys & 135,220 girls) were provided educational materials. Of these, 180,481 are from Borno state alone (90,478 boys and 90,013 girls); and at least 29,614 girls received school uniforms.
- In recently accessible areas in Borno, 26 additional semi-permanent shelters were erected to benefit 5,225 more children, making a total of 95 such shelters constructed so far.
- The installation of 16 pre-fab classes – Konduga (4), Damboa (9) and Monguno (3) – benefitted 880 more children and supported the enrolment of an additional 3,988 out-of-school children.
- Some 556 double-sitter desks were distributed to two schools within Maiduguri Metropolitan Council.
- In the areas of Yobe to which IDPs are returning, 35 semi-permanent shelters were constructed; and foundations were laid for 17 pre-fab classrooms.
- Following increased advocacy, new international education in emergency actors joined the education in emergency, including the Norwegian Refugee Council (NRC), OXFAM, Plan International, Street Child and FHI 380.

Gaps & Constraints:

- Financial and material resources are insufficient to support the expansion of educational services.
- Increased security incidents have further reduced the number of LGAs that humanitarian workers in the Education Sector can access freely, due to their organizations' security rules.
- Monitoring of educational services and quality assurance cannot be achieved in newly-accessible areas without military escort.



Water, Sanitation and Hygiene

Needs

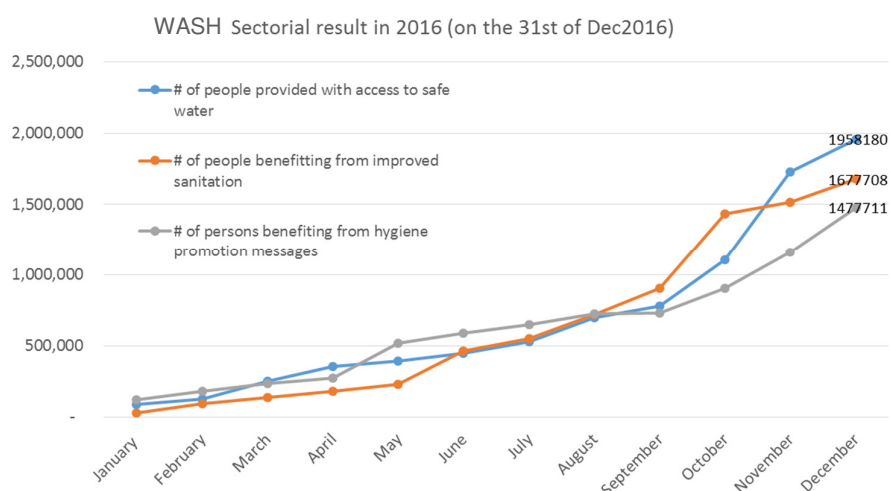
- An estimated 3.66 million people need WASH assistance. There is an urgent and growing need to provide basic WASH services in areas to which IDPs and refugees are returning.
- Most actors have focused to date on formal camps, but now there is growing advocacy to support host communities and informal camps.
- There is also a pressing need for robust and comprehensive WASH interventions in the considerable number of locations where WASH infrastructures were damaged by the conflict, with more focus needed in the recently-accessible areas.
- WASH needs have not yet reached learning centres, hospitals and other social amenities sufficiently, thus ongoing interventions will strive to extend coverage into these facilities to enhance integration and maximize impact.
- WASH Sector continues to provide services to vulnerable populations in camps and host communities, but the coverage is still below internationally agreed humanitarian standards, as shown hereunder (SPHERE standard for latrines is 20 people/latrine not 50 which is the Nigerian agreed standard):

Camps and Settlements		
WASH Sub-sector	Current Provision	Agreed Humanitarian Standards
Water	53% of IDPs camps below standards	15 litres/person/day
Sanitation	96 people/latrine	50 people/latrine*
Bathing facilities	160 people/shower	100 people/shower

*Nigerian Standards

Response:

- Some 1,958,180 people received WASH assistance.
- During the reporting period, families affected by conflict benefitted from the construction of five boreholes, 1,667 latrines and 290,584 messages promoting hygiene. This brings to 476 and 9,241 respectively the total numbers of boreholes and latrines constructed, and brings to 1,451,155 the total number of people who received messages promoting hygiene. Also during the reporting period, 133,396 families received WASH kits (one kit per family).
- Security restrictions created access difficulties in most local government areas (LGAs) beyond Maiduguri and Jere. Nonetheless, in this reporting period, the sector assessed needs in many such areas (notably in Kukawa, Ngala, Damboa, Dikwa, Gwoza and Mafa) to identify emerging humanitarian needs and to explore appropriate responses.
- The response graph below shows an upward trend as actors extended coverage into recently accessible areas:



Gaps & Constraints:

- The sector received funding of only \$7.1m against the required \$48.4 million. Fundraising needs to be intensified.
- Most contractors are still unable to access newly-accessible areas owing to security constraints
- Expertise is still limited: many WASH actors have good technical expertise but have limited humanitarian background.
- WASH structures at the LGA and community level are dysfunctional.
- Cholera outbreaks in populations already vulnerable due to malnutrition can have potentially devastating consequences, especially in areas inaccessible to WASH actors.



Displacement Management Systems (DMS)

Needs:

- Around 18 per cent of returnees live in makeshift shelters or partially damaged houses: 29,000 returnee households live in damaged houses and 5,000 live in makeshift structures.
- DMS Sector assessments conducted during the reporting period in Gamboru/Ngala, Banki, Rann, Cross Kauwa, Kukawa and Monguno highlight the need for a coordinated and multi-sectoral response. In Rann, 35,292 IDPs (7,059 families) were identified in three camps, with the majority living in makeshift shelters. In Kukawa, civilians regained access on 25 December 2015 and three informal camps hosting 516 households (2,730 individuals) were assessed.
- There is continuous flux in the IDP populations in Damboa, Gwoza, Dikwa, Konduga, Monguno and Pulka: some IDPs are returning to where they lived before the crisis; others are entering camps and host communities in these centres.
- Where new IDP sites such as Damboa were assessed, humanitarian needs were high.
- A scale-up in emergency interventions is needed, particularly with additional shelters and camp coordination and camp management (CCCM) structures. Additional land for new shelters is needed in Ngala, Pulka and Gwoza.
- Further assessments conducted in Maiduguri Metropolitan Council indicate poor shelter conditions for IDPs residing in collective centres. Some sites are severely overcrowded and lack partitions and privacy. Others are close to flood risk zones and demand an appropriate response.
- Several highly congested temporary settlements lack camp management structures. They also have increased protection risks, including poor sanitation and the threat of fire.

Response:

- During the reporting period, 5,200 families in IDP sites and host communities in three states received non-food item (NFI) kits; and an additional 1,000 households benefitted from shelter interventions. There was also biometric registration of 17,000 IDPs to strengthen planning and appropriate responses.
- Most of the 10,266 households in Ngala (75 per cent) live in makeshift shelters. DMS partners are scaling up activities to respond. Key issues are the difficulty of allocating more shelters due to land restrictions and the lack of privacy owing to the size of individual plots.
- In Pulka, an additional 200 shelters were built to accommodate new arrivals; additional shelters (and WASH facilities) are needed to respond to the continuing arrival of IDPs here.
- In Konduga and Damboa the distribution of 600 shelter kits targeting 300 households is underway.
- In Maiduguri, following a pilot decongestion project for reorganising makeshift shelters at Muna Garage, 80 new shelters were built. An additional 130 units were completed in the Custom House camp to accommodate new IDP arrivals including those transferred from Muna Garage; and additional units are also being built in Bakassi camp.
- In Adamawa, 200 emergency shelters were completed in Malkohi host community to replace makeshift shelters, and in Maiha LGA 60 durable structures are in the last phase of construction.

Gaps & Constraints:

- While there has been a significant scale-up in the provision of shelter in areas where IDPs and refugees have returned, shelter provision remains inadequate. The current rates of camp closures and IDP-returns indicate a growing need to ensure that conditions are adequate in 'areas of return'.
- Four LGAs in Borno remain inaccessible, with no information on the living conditions of IDPs in these areas.
- In Monguno, a DMS Sector assessment in December showed a limited capacity to respond to IDP sites with growing populations. The only camp manager on-site in Monguno has insufficient mobility to respond to all the needs of IDPs.
- Other constraints are: limited access in certain areas; the frequent need for military escorts; the logistical difficulties posed by the upcoming rainy season; and the rapid changes and movements in the IDP and returnee populations.



Logistics

Needs:

- As operations scale-up, there is an urgent need for a coordinated and enhanced logistics approach to ensure effective and efficient delivery of aid.
- Scaling-up storage capacity outside Maiduguri in locations where humanitarian hubs are to be established.

Response:

- The inter-agency warehouse in Maiduguri is operational since 14 December 2016. It is managed on behalf of the Logistics Sector by the international NGO Première Urgence Internationale. Five organisations currently use the facility: Danish Refugee Council, Norwegian Refugee Council, International Organisation for Migration, World Food Programme and World Health Organisation/Ministry of Health.
- Mobile Storage Units (32m x 10m) are being deployed to various field locations for the scale-up of operations; two have already been set up in Ngala, and one in Gwoza.
- The UNHAS transported 1088 humanitarian passengers and 2271 kg of cargo between Abuja, Maiduguri and Yola on fixed-wing aircraft. It also carried 868 passengers and 7286 kg of cargo by helicopter to locations throughout Borno State.

Gaps & Constraints:

- The volatile security situation and on-going military operations make it difficult to organize effectively the movements of cargo and personnel.



Emergency Telecommunications

Needs

- Deployment of vital communication services in six locations chosen for humanitarian hubs, as humanitarian operations scale up.

Response

- The ETS upgraded the existing UNDSS' Communications Centre in Maiduguri to be compliant with the UN's Minimum Operating Security Standards. It is now fully operational 24/7. In addition, a communication centre was established at the humanitarian base camp in Maiduguri, as a back-up to the main UNDSS one.
- The ETS delivered two radio training sessions on 14 and 21 January to over 35 humanitarians from eight UN agencies, to ensure that correct radio procedures are followed to enhance the safety of the humanitarian community.
- The required permissions have now been obtained for the deployment by the ETS of vital communication services in six humanitarian hubs.

Gaps & Constraints

- The ETS is appealing for \$3.6 million to provide vital connectivity and security telecommunications services, until the end of 2017, in eight operational areas.

General Coordination

- The WASH Sector advocates joint programming and partnerships with other actors in scaling up the humanitarian response. It works closely with – and complements – the work of the Rural Water Supply and Sanitation Agency for the delivery of WASH services.
- The WASH sector introduced easily accessible and editable Google maps to support the mapping of water infrastructures. It has also developed WASH Sector guidelines for emergency WASH interventions in the north-east of Nigeria. The sector updates its new website regularly with this information: <https://www.humanitarianresponse.info/en/operations/nigeria/water-sanitation-hygiene>
- Several partners attended the first camp closure committee meeting in Yola, Adamawa State, on 19 January.
- The DMS Sector is undertaking consultations with partners in the three states in preparation for a workshop to develop the sector's strategic action plan under the 2017 Humanitarian Response Plan (HRP).

- The Nutrition Sector is examining ways to decentralize coordination to areas such as southern Borno to improve coordination and the delivery of services at a local level.
- On 19 January, the Protection Sector Working Group met to launch its strategic plan (adopted in November 2016) and to set priorities for the current year.

For further information, please contact:

Noel Tsekouras , Head of Country Office a.i. OCHA Abuja	tsekouras@un.org	+234 903 781 0140
Caroline Péguet , Head of sub-Office, OCHA Maiduguri	peguet@un.org	+234 703 172 0031
Dermot Peavoy , Public Information Officer, OCHA Maiduguri	peavoy@un.org	+234 706 775 4832

For more information, please visit our website: www.unocha.org/nigeria and follow us on twitter: [@OCHANigeria](https://twitter.com/OCHANigeria). To be added to the SitRep mailing list for Northeast Nigeria, or to be deleted from it, please email Godwin Ilukhor Jnr. at ilukhor@un.org and ochanigeria@un.org.