

Joint Multi-Agency Humanitarian Monitoring Visit

Banki (Bama LGA / Borno) 20 December 2016

Participants: IOM, DRC, MSF-CH, WHO, OCHA, CCM sector, Health sector

Demographics

SEMA reported that currently there are 21,240 IDP living in Banki (increase of 4,093 since the latest DTM XIII, which reported 17,147 IDP). This number includes over 800 new arrivals over the past week. Daily arrival numbers vary from a dozen to many hundreds. The increase of arrivals is not yet completely explained but is potentially triggered by the following

- Increased operations of NDF and the MNJTF on both sides of the border around Banki
- (yet unconfirmed) rumours about the Cameroonian Government sending back Nigerian (registered and unregistered) refugees
- Additional returnees from Bama HQ

(For further details concerning new arrivals, see Page 4 below)



The military briefed us that Cameroonian authorities have asked for support for 'screening' Nigerian refugees for their potential involvement in armed activities (i.e. who could be a combatant of BH). However this is apparently not a new development and is ongoing since quite some time.

No information was available on how many people lived in Banki before the armed conflict. The total projected population for Bama LGA for 2016 was 369,000.

All partners expect that more people will arrive or return to Banki in the weeks/months to come.

ACTION

- Cross-check population movement data with Cameroon UNHCR, IOM, OCHA (IOM, OCHA)

- Field partners to update and investigate further (MSF-CH, DRC, Intersos, IOM, UNHCR)

Response coordination

Partner currently operating in Banki		
UN	INGO	NNGO
UNHCR	MSF-CH	BAMCOPI
UNICEF	DRC	
WFP	InterSos	
IOM		

The overall camp coordination is done by **SEMA**. Their team leader acknowledged to be overwhelmed and would accept support by an international actor. He does not believe that SEMA in Maiduguri would provide him with more resources.

There is certainly a need for more partners coming in and localised coordination could be improved

ACTION

- Find out which other partners would be interested to join efforts in Banki (all sectors)
- Develop support/coaching strategy for SEMA (CCM sector)
- Kick-start localised coordination mechanism (OCHA)

Shelter/CCCM/NFI

Military and SEMA have organised IDP families in the camp into twelve streets, keeping connected families together. Each street has a street leader. Residents are not entirely free to go from street to street as they please. An unattached male, for instance, would need the permission of the street leader on another street if he wished to visit a female on that street.

Given its remoteness and its position on the border with Cameroon, Banki was logistically a very important location for BH. Its recapture by the military on 24 September 2015 was hard won. Security therefore is still a major concern at the camp. This is heightened by the proximity of a forest to the camp perimeter and the possibility that BH could be present there. IDPs are therefore forbidden to leave the camp both for their own security and to ensure that there are no contacts between camp residents and BH. The number of IDPs at the camp has grown sharply in recent weeks, with the new arrivals from Cameroon. They are brought to the camp from Cameroon by the Joint Military Task Force (JMTF). This poses adjustment challenges for food, shelter, NFIs and Health. This influx also raises protection concerns (see below).

Last week alone 800 people were brought from Cameroon. Before these new arrivals there were 530 groups of 30 people for food distribution. There are now 569 groups, an increase of 39 groups or 1170 people.

According to SEMA the camp population now stands at 21,500. This is 3,000 more than the 569 food groups might imply.

The current camp is over-crowded (especially after the recent arrivals of new IDP) and shelters are too small and too clustered, facilitating the spread of infections. An extension was negotiated with

the military and is ongoing. Approx. 500 families will be moved into the adjoining area of destroyed houses after shelter material has been provided.

Due to the *Harmattan* season (cold, dusty), respiratory infections are on the rise. This would suggest a blanket distribution sooner rather than later

Camp is now short of NFIs, partly because of new arrivals from Cameroon, and partly from the sale of NFIs to buy condiments.

ACTION

- Bring in additional shelter material (IOM)
- Consider distribution of blankets (IOM)
- Cross-check additional needs for NFI and bring in additional if needed (IOM)

Food Security / Livelihoods

General food distribution is now running smoothly. Food transports are coming in from Cameroon on a bi-weekly basis (WFP, last 15.12, next 3.01.) and Intersos is organising the distribution together with SEMA. Storage of food takes currently place in a WFP MSU and 3 classrooms of the old Arabic School, which is used as the military base.

The lack of 'condiments' was mentioned as a major concern by all partners on the ground (salt, pepper/chilly, Maggie, vegetable, tomato paste etc.). It could be available on the market if people would have access to cash. The lack of condiments leads IDPs to sell NFIs in order to obtain money to buy condiments. In some cases it is reported that IDP do not use their dry rations due to the lack of condiments.

The IDP are not allowed to do any farming outside the perimeter of the fenced camp. However 'urban farming' would be allowed but does not take place at the moment.

IDP with livestock have the possibility to keep their animals in a 'cattle ranch' and grazing is allowed within a 2-3 km radius.

ACTION

- Consider and organise the inclusion of condiments into food distributions (FS, NUT sector)

Education

According to all counterparts there aren't any ongoing educational activities, including vocational or other income-creating trainings. SEMA and some IDP have organised some very basic maths teaching for children 'under the tree'

This camp, like others, is full of children who are running around unoccupied. There is a pressing need to provide them with education, child friendly play spaces and psychosocial support.

The SEMA camp manager estimated that there are 5,000 children of school-going age in the camp. He indicated that UNICEF promised to provide 15 classrooms and that some volunteer teachers had come forward with offers of help.

ACTION

- Establish classrooms, identify and support teachers and provide pedagogic materials. (Education sector, UNICEF)
- Create recreation facilities for children/youth (Education sector, UNICEF)
- Whilst there is an IOM supported 'resource centre' (providing tailoring and carpentry tools to already skilled IDP) there is a need for a centre to train for livelihood skills for women and men. Given the almost complete demolition of the town during the conflict, there is surely an opening for building skills (UNHCR)

Protection

The mission was prompted by reports of large numbers of IDPs arriving at Banki camp from Cameroon. Unfortunately, we did not speak to any of the IDPs concerned and are therefore devoid of their stories. It appears that more than a thousand people had been brought to Banki camp from Cameroon by the MJTF, in an arrangement with the Nigerian armed forces at the camp.

There are various possible explanations for their arrival:

1. They are the result of an agreement between the Nigerian and Cameroonian governments to repatriate 22,000 refugees, and were removed from camps and/or host communities in Cameroon.
2. They are IDPs who were in hiding in Nigeria and found it safer to reach Banki through Cameroon (rather than facing the danger meeting of BH on Nigerian roads), and were picked up by the MJTF on their journey through Cameroon.
3. They are people from Bama LGA, often from villages close to Banki, who voluntarily wanted to return to their home place (but why so many right now?).
4. They are being sent back to Nigeria so that the military can seek out and remove any BH activists among them.

The IDPs returning from Cameroon are screened by the military so that:

1. Anyone from an LGA closer to Bama town can be sent to the camp there instead.
2. Anyone accused of being a member of BH can be detained and interrogated.

We were given reports that 11 young males aged 15 to 17 years had been blindfolded and tied up in public, and were then taken to the military camp. They were accused by IDPs of being Boko Haram members and were taken in 2 lots, first eight and then three. On enquiring with the military, we were told that the young males (not youths, according to him) were transferred from Banki to Bama on 17 December.

SGBV cases are reported but they do not seem to be more frequent than in other places – two women and a man (speaking good English) even denied the mere existence of the problem. However there might be under-reporting due to insufficient sensitization of the population and an inability to distinguish between 'culture' and 'norms'. There were several reports of 'early marriages': girls and boys 14 to 17 (one partner reported 4-5 marriages / day). The number of new-born babies is within the 'normal fluctuation' according to a local health worker. One partner reported cases of FGM and the circumcision of young boys by IDPs (who end up in local clinics).

Some IDPs said they are feeling 'safe' in the camp but that they are in the wrong place; they want to go 'home'. There were no concrete complaints about co-habitation with the army: the army protects and lives 500m away, it's a combat unit and primarily eager to secure its base and the camp. They are regularly rotated and are not installing any permanent structures.

Several groups of widows are staying with their children (30, 70, 64, 40 women per group). A group of 30 widows taking care of 70 children was visited. They are staying in 8 small rooms in the partially destroyed houses. In the group of 70 women, most do not know where their husbands are. The last time they saw them was when the military separated the men and women after being rescued by BH and they have never seen them again. Some of the women have now been remarried in the camp.

Approximately 50 children are reported to be unaccompanied and are being taken care of by 10 volunteers in one of the houses within the camp. Their major needs are clothes and food. The number of unaccompanied children has however drastically reduced from 150 as reported some months ago, and many were reunited with their parents/relatives/ neighbours who know them.

ACTION

- Follow-up on young detainees deported to Bama – possible contact with Chief of Staff of the 21 Brigade of the 7 DIV, Col. Barkins in Bama (Protection sector, ICRC)
- Further investigate background of potentially deported refugees from Cameroon (partners on the ground, protection sector)
- Create protection focal point in Banki to follow-up on potential protection issues such as possible forced repatriation and relocation, restriction of movement (in and out of camp) and arbitrary detention (protection sector)
- Construction of PSS safe space (will be started this week by IOM)
- Construction of communal safe space to conduct community activities (IOM)
- Support groups and introduction of livelihood activities for identified cases (protection sector)
- Family tracing and reunification, including the men who disappeared when the military separated men and women at the camp (ICRC)
- Ensure survivors of sexual violence have access to age appropriate information as well as a safe, responsive and holistic response support (protection sector, health sector)

Health

IDPs are kept in a "closed" camp where 2 health facilities exist, which are run by MSF-Switzerland and MoH/UNICEF respectively. A local MoH doctor at the camp confirmed that all medical facilities in the town had been destroyed by BH, along with most other buildings in the town.

The MSF (in Banki since August 2016) clinic is fully functioning with PHC, Nutrition, MCH, pharmacy, and a basic observation ward.

The only other clinic is staffed by MoH / UNICEF. The observed focus is on nutrition, and with EPI visitations once per week. Our observations during this visit are that the clinic needs significant scale-up of supervision and supply. This facility up to now has been supported by MSF-CH with drugs, supplies and structure (however the MSF team told us that they will not be able to continue

their material support to the MoH / UNICEF staff much longer) The MSF team has offered the MoH / UNICEF team trainings and technical assistance.

The MSF health services are still not full time. The team stays in Banki for one week and then returns to their base in Mora, Cameroon for a week. During the mission they informed us that they had been 10 days in Banki on this round to deal with the number of new arrivals, who were suffering from malnutrition. New arrivals are provided with health screening by MSF

Treatment of severe cases and surgery (including a recent amputation) are carried out at the MSF clinic and supported hospital across the border in Mora (30km distance) and Morua (80km distance) respectively. The JMTF's medical facilities may also be available for medical emergencies.

According to a recent MSF mortality survey the <5 mortality rate stands at 0.67, whilst the general mortality rate is currently at 1.3

This is a huge improvement from the situation in August when MSF determined the <5 rate was above 5. On arrival they found people dying in the street from hunger and disease. Thanks hugely to them – and to increased food assistance – there has been a remarkable turnaround in the health of the population.

MSF have performed measles vaccinations in IDP camp (2 rounds August and September 2016 with a coverage of 6,000 kids < 5 and 1 round in December with a coverage of 5,000 kids >5<10)

Hygiene related illnesses (eye and skin infections, diarrheal diseases, etc.) have decreased since water availability has improved, MSF initiated soap distributions and regularized health care provision.

Water availability, while vastly improved, is currently at the emergency threshold of 20l/person/day

However health and hygiene promotion activity among the community is currently non-existent, and represents a significant gap.

Reproductive health needs additional strengthening. Uncomplicated deliveries are managed by MSF, and TBAs are not evident.

Currently only IOM is offering mental health service through the assistance of a nurse from the Neuropsychiatric hospital. As of yesterday 173 patients have been seen, discussion with MSF is underway on how they can support us with psychotropic drugs through their Cameroon office as IOM await procurement to deliver the drugs requested.

ACTION

- Outreach days by the WHO "Hard to Reach Area Team" (HRT) could be arranged 1-2 days per week, and should be coordinated with other health partners present (WHO)
- Deployment of a Community Outreach team (CORPS) for provision of Health/Hygiene promotion (WHO)
- SEMA ambulance referral system for acute cases is dysfunctional and requires support and better planning (Health Sector partners with WHO)
- MSF should be linked to epidemiological data reporting in to the EWARS/State run IDSR (Health Sector, WHO, and MSF)
- Fast-track health assessments with subsequent interventions (Health sector)
- Encourage partners to take up MSF offer for on-site trainings (Health sector)
- Discuss with ICRC their plans for intervention and ideas for strengthening patient referral system to secondary level (Health sector)

WASH

There are 7 boreholes and generators to power them, as well as a raised large-capacity tank complemented by bladder tanks. There was congestion and lack of proper drainage around the outlets connected to the main borehole with the large-capacity, as woman and girls crowded around outlets to fill their jerry cans.

Current WASH actors are MSF-CH and DRC

There was some diarrhoea when the water first came only from the stream, but this issue was solved by chlorination, which camp staff have been trained to implement themselves.

A desludging truck was organised from MSF coming from Cameroon recently and emptied 150-200 toilets.

As yet there are no WASH facilities operating in the area earmarked for extending the camp. However there are 3 possible boreholes identified, which would need a complete rehabilitation. A large raised tank with an outlet pipe without taps could possibly be rehabilitated.

ACTION

- Assess the water and sanitation needs and facilities, especially in the camp extension area (WASH sector)

CMCoord / Security / Access / Logistics

Very friendly and supportive reception of the 152 Battalion Acting Commander (Commander on leave).

All of our movements were accompanied by the military and there was impression that 'uncontrolled' movements within town would not be allowed (but we did not ask for it).

The IDP are not allowed to leave the fenced camp (unless for above mentioned cattle grazing). The lack of 'condiments' was mentioned as a major concern of the military, as 'it would drive people to leave the camp'.

Security in town seems to be ok, but BH attacks on IDPs with their cattle, in the surroundings of Banki, were mentioned by the military. For the moment there is no presence of police or Civil Defence.

The military seem to control surrounding towns/villages in this southern part of Bama LGA, but apparently only along the roads to Bama and to Dikwa.

No UXO or mine threats or incidents were reported by the IDPs. This was confirmed by the army. BH planted IEDs and mines to obstruct the tactical movements of the Nigerian Armed Forces, who are now clearing them.

Free passage is currently given for staff and cargo across the border at Banki, without customs or immigration formalities, given that all movements from Cameroon have an obligatory military escort from the MJTF.

The Nigerian mobile phone network is working erratically but the Cameroonian MTN is apparently working fine.

Current accommodation is only possible in the military compound (old Arabic School)

ACTION

- Provide information to IOM/IHP-MSB to facilitate set-up of humanitarian hub (Access)

