

Multi-Sector Initial Rapid Needs Assessment

Baga / Kukawa LGA – 3 January 2017

After an initial helicopter recce and security assessment mission to Baga on 9 December, the first Multi-Sector Initial Rapid Humanitarian Needs Assessment took only place one month after that. Technical representatives of the health, nutrition, WASH, food security and protection sectors were part of the assessment team. The shelter and CCM sector team had travelled to Baga two days earlier but used the helicopter to assess 2 other towns in Kukawa LGA (Cross-Kauwa and Kukawa).

Participants: Health/Nutrition (WHO, MSF-F, UNICEF), WASH (UNICEF), Food Security (WFP), Protection (OCHA Gender Advisor), CivMilCoord (OCHA), Shelter/CCM (IOM)

Demographics

Information about the current overall and IDP population in Baga is difficult to obtain. The military spoke about 5,000 IDP and returnees. The ICRC distributed recently 5,500 household rations of food to both IDP and host community (~ 33,000 people). During the first security assessment the military reported a total of 45,000 people (incl. IDP).

ACTION

- DTM to ascertain at least the number of IDP (IOM)
- Exchange of activity-based population data in the months to come to tri-angulate an estimate overall population (all partners)

Food Security

The Food security assessment methodology included a transect walk, direct observation, briefing and discussion with Security Forces and focus group discussions with local populations and traders.

Main livelihoods in Baga combine farming and fishing in Lake Chad, and small-scale business

The growing season is almost year-round and farmers used to grow a wide range of crops including beans, millet, corn, onion and cassava.

Due to military operations in Lake Chad and surroundings, farming and fishing activities were restricted. As a result, food crop production has drastically decreased, whereas security restrictions on fishing activities, backbone of the local economy, have limited income generation opportunities.

Before August 2016, the vast majority of households were relying on food assistance provided by Security Forces and consumption of wild leaves.

In 2016, local populations have reported two main food distributions received from ICRC through the Local Red Cross, one in August and the second in December.

The last distribution took place three weeks ago. 5,000 households (~ 30,000 people) received one month rations (50 kg of rice; 50 kg of beans; 12 liters of vegetable oil and 2 kg of salt) from the ICRC.

The main road was opened to traffic on 25th December 2016, and commercial activities are resuming slowly. For the moment, commercial trucks are not allowed to supply the markets.

Markets are functional, but food supply is very low due to the decrease of local food production and security restrictions. Prices of main food commodities remain high.

Since the reopening of the main road, new waves of populations returning back on a daily basis have been reported, especially from Maiduguri.

Blanket food distribution has significantly improved food access, therefore food prices will either reflect this trend (downwards trends due to less pressure from households) or remain high if more returns over the weeks to come.

Restrictions on fishing and livestock markets are still in place, while farming activities are gradually resuming. People are allowed to fish for personal consumption and fish is locally available in street restaurants in Baga town.

ACTION

- WFP should get ready to provide emergency food assistance through its rapid response mechanism in case the number of people returning back increase significantly and the ICRC would not be able to cope with the increased numbers
- As new areas in Kukawa become accessible (e.g. Kukawa town) the food security situation has to be assessed and most likely food distributions have to be planned in coordination with the ICRC
- **(protection)**: To continue regular food distribution so as to ensure registered HH are sustained.
- **(protection)**: To review and update lists of registered beneficiaries so that new arrivals, unaccompanied and separated children and lone elders and those with disability continue to be incorporated. This will assist in reducing protection risks associated with inadequate food.
- **(protection)**: Food distribution agencies should create time to mainstream GBV and prevention of sexual exploitation and abuse messages as part of the pre-distribution activities. .

Health / Nutrition

Health Structures – There are 2 health structures:

1 permanent (Baga PHC, 13.094512°N, 13.821443°E) with one small room used for consultation and 1 inpatient ward with some beds not in good condition. The structure is not functioning as In-patient facility. There are at least an additional 2 empty wards in the PHC compound. Status is C = Damaged – light damage and not maintenance. Hygiene very poor and no waste management





1 temporary in Kalumburi (13°05'46.36"N, 013°49'7.78"E) which is a UNICEF tent

Staffing

16 health workers are supported by UNICEF in order to provide PHC and nutrition services.

They are LGA staff receiving stipends. There are no doctors, clinical officers, nurses or certified midwives on the team.

There are 3 traditional birth attendants who were trained as well as an Environmental Health Officer and CHEWS.

Morbidity - Main diseases included malaria, ARI and diarrhoea. A number of cases of stomach pains were also registered.

However the consultation register was showing very few children consulting. Over-prescription of drugs (mainly antibiotics). Clinical management is poor. Qualification of staff very poor.

People are claiming they have to pay for consultation.

No information regarding the health status of the population was given by the health staff. No idea of home delivery.

It seems that measles incidence is currently low.

ANC - ANC activity was claimed to be done but we did not get feedback on activity level.

Availability of Drugs / EPI

Only drugs available included Albendazole, Nystatine, Ferrous Sulphate, and Neonatal. ORS also available. One lock room is used as a store, without any stock management. Poor hygiene.

Stock out of all other drugs key drugs (amodiaquine/artesunate, amoxicillin, Drugs HIV & TB) and RUTF.

Local government provided drugs for adults and UNICEF for children. When there was a stock out commander bought drugs.

Slight contradiction between drugs availability, stock out of ATB, and their recurrent prescription in the consultations book we saw.

UNICEF Niger Health Kit diagnosis and treatment booklet used as a guide.

There was an Arktek cold storage with vaccines and routine immunization is supposed to go on but no recent datas at all.

Transfer services:

Severe cases sometimes transferred by CJTF (Civilian Joint Task Force) to Monguno then Maiduguri then to Maiduguri Teaching Hospital. Cases are also transferred to the Military Hospital (2 ambulances available and equipped). Military hospital well equipped, with Lab, X-Ray, Ultrasound and small OT for basic surgery.

Nutrition

OTP services previously available in Baga PHC and Kalumburi health facility

5 personnel trained but only RUTF and notebook had been provided with MUAC

Scale, MUACs, OTP cards, ration card, job, and registers were provided to and reviewed with the team.

No stabilization care facility for cases SAM cases with medical complications

RUTF not available but provided the following morning along with systematic treatment medicines.

No TSFP or BSFP available for children < 5 years or PLWs.

Not possible to conduct MUAC screening as IDPs are settled within the host community and the visit was very much organized around meetings with large groups.

No infant and young child feeding in emergencies tools or training received by the team.

WASH in health facilities

Baga PHC

There is one existing functional water point within the structure but very poor condition in terms of drainage and tap. There is one non-functional borehole in the compound.

Gender segregated latrines are available. There is no handwashing station.



Baga Hospital water point

Kalumburi: No WASH services available – water, sanitation or handwashing station

ACTION

- Support health facility maintenance and organization in delivery of services with overnight visits in the field
- Send a H2R WHO supported team (based in Kukawa) in Baga to do mobile clinics
- Follow-up on the nutritional services as part of RRM to provide a wider package of interventions including strengthening of CMAM. BSFP and IYCF-E

- Conduct rapid MUAC assessment in the local community through a day trip to Baga with a team.
- Follow-up to ensure continuous supply of medicines and therapeutic supplies.
- Support borehole rehabilitation and overall needs to be met on sanitation and hygiene.

N.B.

During the assessment UNICEF brought 3 Nigeria Health Kits and 50 cartons of RUTF, which were handed over to the hospital on the following day.

WHO just informed that their '**Hard-To-Reach**' medical team has travelled from Kukawa to Cross-Kauwa to Baga today (Thu 5 JAN). The 5 members of the team are all Nigerian Health Professionals (1 Nurse, 1 Midwife, 1 Registrar, 1 Medical Doctor, 1 Supervisor) and work closely with the Nigerian Ministry of Health. They will start to provide consultations in the hospital as from tomorrow. They will stay a couple of days or more and came with their own medical supplies.

Protection

Focus group discussions were held with two groups, one with females composed of young mothers and middle aged women and with another group of older males of the community. Each group had 12 individuals. Two male interpreters assisted in both discussions, unfortunately, we could not get any female who spoke both English and translate.



Main Protection and Safety problems

The main protection problems the community is experiencing is fear of further attacks by the Boko Haram insurgency, inadequate food supply, shortage of housing, no education for children and poor sanitation. Most of the inhabitants were IDPs and returnees. They come back to Baga as it was now a liberated area and they felt relatively safe with protection from the Nigerian army, and the local vigilante. However, they expressed it was still unsafe to proceed to the villages of origin due to insecurity (returnees in transit, secondary displacement).

Protection issues in relation to inadequate Food: There are very low food stocks in Baga especially rice, flour and vegetables. Households survive mainly on fish and a certain wild plant as a substitute vegetable which is gathered by women and girls from the bush. The women and girls now have to walk further into the bush to look for the wild plant as it is no longer easily accessible, and it was reported that some women have been abducted and were never seen again. It was also reported that the wild vegetable if taken too often can lead to miscarriage in pregnant females. The group also reported that some women and girls are engaging in survival sex though they were reluctant to disclose with whom they engage. As there has been only one food distribution done a few days before Christmas 2016 (ICRC), there were no incidents observed/reported by both males and females of possible sexual exploitation and abuse linked to that food distribution.

The IDPs cannot farm as it is not safe to go far and there are restricted movements to some areas. Fish is abundant but there are restrictions by the army for commercial fishing and selling of cattle in case the funds are passed on to fund the insurgency. So the IDPs have no source of income to supplement food.

Children especially unaccompanied minors and unaccompanied elderly people survive on begging, thus making them more vulnerable.

Housing: There is inadequate housing in Baga. A few of the IDPs are able to squat in their former compounds where structures were destroyed by the insurgents. The majority of the IDPs are overcrowded in the remaining few makeshift shelters, thus putting women and children at risk of further harm including sexual abuse and exploitation as some property owners are coming back and reclaiming their houses. As solutions to the housing problem, the women's groups recommended that they are willing to move to a camp set up but men requested that the humanitarian agencies assisted them to put up a temporal shelter in their compounds instead of moving into camps.

Protection issues in WASH

Water is relatively easily accessible and women and girls do not have to walk far to fetch water, they walk on average a kilometer. There are 12 boreholes in total in Baga, 7 are artisans, and 4 out of the 7 are free flowing boreholes. The remaining 5 from the 12 boreholes are powered by generators and only 2 out of the 5 are currently working if or when fuel is available. However, water quality is not good as it has high iron levels and changes to a rusty colour once it mixes with air.

There were no waiting queues at the two free flowing boreholes visited and the water yield was good, with a 20 litre container filled in 48 seconds. However, a protection concern noted was that small girls are sent to fetch water and we observed 5-8 year old girls hauling 20 litre containers, which are too strenuous for them. It was reported that some household practice the Islamic tenet of "kulle" which prevent some women from leaving the home and therefore impeding their access to water, sanitation and hygiene services and facilities.

Sanitation: there are inadequate sanitation facilities with about more than 30 people using a household toilet. Most resort to open space defecation. Although water is widely used in the toilets, there was no evidence of use of soap for hand washing after using the toilet. Women reported that they felt more exposed and unsafe especially at night. There is no electricity in Baga as a whole.

Sexual Violence: Incidents of GBV were not openly discussed by the group of women. However, one male participant privately reported that there are cases of raped women and girls in the community but there is no sound reporting system. The hospital is staffed by volunteers and there is no qualified doctor nor nurse, thus making it impossible for rape survivors to access clinical management of rape services.

Child Protection: There were reported cases of separated and unaccompanied minors who survive on begging. There were two primary schools and one girls' secondary school which were closed more than five years ago. Currently one school is occupied by IDPs. Both groups requested for some educational programmes for the children whilst they wait for the rehabilitation of the established schools. Due to idleness, there is a lot of substance abuse by some of the children and youths.

ACTION

- [refer also to shelter/CCM and food security chapters!]

- Working with the community male and female including girls and boys key leaders, establish a complaints and reporting mechanism and have clear focal points to receive the reports and a referral pathway for available services i.e. psychosocial, health, security once more partners come to Baga.
- Assess special needs of unaccompanied children

WASH

Information was gathered from several returnees but also focus group discussions were conducted with women and men.

Physical assessment of 5 water sources was carried out and the team also inspected the grave yard.

Water Supply: Baga town has 12 existing boreholes scattered in various location around the town, 7 out of total existing boreholes are artisan wells, 4 out the 7 are free flowing (The free flowing boreholes are the once farthest to the town within 500m to 1000m to the town). The remaining 5 boreholes are located within the close vicinity of the town and are powered by generators only 2 out the 5 are working when fuel is provide by LGA or community. The yield of the boreholes is estimated to be between 3L/S to 10 L/s. The quality of the water is showing some reddish residue, this suggest due some level of iron in the water, (WHO Standard drinking water is Desirable Iron(fe) = 2, turbidity = 5NTU)



Inspection of borehole



Hospital latrine

Sanitation: Open defecation is widely practices within the community, most house have no latrines; the existing latrine in the Hospital is poor and inadequate.

The town has 5 burial sites and the team visited one of the sites which is around 1km from the town centre but 250m from the closet house. The relief is regular and flat, there is evidence of 3 fresh graves.

Hygiene: Hand washing is poorly practices without using soap, there indication of poor food hygiene. Water is conveyed by plastics jerry cans which better than open bucket, but it seems is more out of convenience than good hygiene practices.

ACTION

- Water quality analysis should be conducted on all the water sources.
- Upgrading of 2 boreholes from generator powered to solar powered.
- Construction VIP latrines in Hospital, Market, motor parks and schools.
- Distribution of Non Food Items to promote personal hygiene.

- Training of hygiene promoters within the town.
- Conduct of hygiene promotion around 5 hygiene domains to all members of the town.

Shelter & Displacement Management Systems/CCCM

The locations visited, Baga, Cross Kauwa and Kukawa HQ presented medium to large degree of destruction of housing infrastructures.

The population in Baga has as major concerns access to food due to restriction of fish market, health, shelter and NFIs. Water is available in Baga but boreholes, a part of need to be repaired, also need produce hot water and water that changes colour.

In Baga, IDPs are mainly coming from villages in the LGAs and are being accommodated by host community to a large extent. One camp is located inside the Baga Central Primary School, hosting around 700 individuals (more details will be presented by the DTM) in the classrooms and in makeshift shelters. There is no camp management capacity to support IDPs in the camp or in the host community. There is a well inside the school that provides water for the residents. Latrines are improvised but are located away from the living and cooking areas and ensuring privacy using walls made of natural materials. The community leaders and the residents of this camp are willing to be relocated outside the school to allow the Government to rehabilitate it. Some land has been identified by the community leaders and the military as suitable for setting up a camp for those without shelters. Other affected population would prefer to receive emergency shelters within their own lands while repair of their houses takes place. The military informed that the conflict prompted some of the locals who have their homes destroyed and no place to run to go occupying some homes in Baga that were not destroyed but the original owners had ran away. Upon the opening of the road to Baga, the original owners of some these houses are coming home but only to discover that people are living in their house. This development is triggering a crisis on daily basis as more people return home and calls for urgent attention.

In Cross Kauwa, similar to Baga, the concerns are food, health, shelter and NFIs. The destruction of houses is more apparent in this town. Two camps exist in this location, one in the Boarding School and another across the road in the Staff Quarters with about 800 and 1,000 individuals respectively (more details to be provided by the DTM) in classrooms, the staff quarters houses and in makeshift shelters. Different from the camp in Baga, here the population is mixed with natives from Cross Kauwa who can't stay in their homes due to their bad conditions. There is no water available in the camps and the population has to purchase it in the market.

In Kukawa HQ the destruction is even more evident. Just around 300 people reside in this town, all of them just returned after the road was open on Dec. 25th 2016. They have opened a small market and brought food with them to trade. There is enough water available from natural ponds around the town. Shelter is a major concern due to the high level of destruction of the houses. It is expected more former residents to return in the short term from Monguno and Maiduguri.

ACTION

- Plan together with SEMA and the LGA the set-up of a new IDP camp to allow the IDP currently living in the Primary School and squatters of private houses to have an accommodation until they can return to their villages of origin or are able to rebuild their houses.

- **(protection):** CCCM/Shelter to consider the request by IDPs of supporting them with construction of temporal shelter on their properties (for those who own them) rather than moving them into camp set up. This will assist in reducing overcrowding and also reduce vulnerability and protection risks especially on women and children.

Civil-Military Relation / Security / Logistics

The Multinational Joint Task Force (MNJTF), Sector 3 has its 7 Brigade Headquarters stationed in Baga town. MNJTF was established in 1994 to deal with cross-border security issues and subsequently with Boko Haram. The MNJTF Brigade covers a major part of northern Borno State which includes Kukawa LGA, Guzamala LGA, Abadam LGA and Mobbar LGA. In May 2016, the Nigerian Navy established a Naval Outpost Lake Chad in Baga town. MNJTF 7 Brigade has a medical facility in Baga which can assist in case of medical emergency. Baga town has a curfew lasting from 1600 to 0800 hrs. Humanitarian teams are advised to complete their activities by 1500 hrs. MNJTF 7 Battalion has a Nigerian Civil-Military Cooperation (CIMIC) Officer stationed in Baga. The CIMIC Officer serves as the main interface with humanitarian organizations. The Civilian Joint Task Force (CJTF) and the Police have a presence in Baga town. Local Government authorities are visiting Baga town. It was explained to the (recce) mission that many villagers living within the Lake Chad Basin area are trapped by Boko Haram and cannot move out.

The reception and support from the military was good. Short courtesy introduction and pre-departure debriefing were held with the Commander of the MNJTF (Multi National Joint Task Force). The Deputy Chief of Staff was very helpful and delegated the accompaniment of our assessment team to the CIMIC Officer. The team was not able to move without military escort throughout the 4 h on the ground. In addition representatives of the CJTF were present during all meetings and visits. A short briefing was given to the CIMIC Officer about main mandates of different UN agencies and INGOs as well as the current Standard Operating Procedures agreed with the Theatre Command. The MNJTF offered to support the communication between (e.g.) health staff and supporting agencies on the ground (writing a letter, bring it to the CIMIC and Chief of Staff, who will take a pic and relay it via whatsapp to the CMCOORD who will send it to the corresponding sector).

Armed escort is needed for road movements from Baga to Cross-Kauwa and Kukawa. This would be arranged by the MNJTF but potentially carried-out by the respective military unit of either of the 2 locations. The road to-from Monguno was re-opened on the 25th December 2016 allowing civilian movement between 0800 and 1700 with armed escorts.

The military control fuel transports to Baga for security reasons. Civilian or rental vehicles are not available in Baga town and LGA authorities cannot assist humanitarian organizations with transport. Fuel is not available in the local market. The (recce) mission discussed with the military the need of humanitarian organizations to transfer their own vehicles to Baga. The military are willing to authorize the use of vehicles for humanitarian purposes. Likewise discussed was the need of humanitarian fuel transports from Maiduguri to Baga. Humanitarian air and road movements, vehicle and fuel shipments need to be notified to the military and will require military authorization. Humanitarian vehicle in Baga town use is going to be limited between the helicopter landing zone and Baga town centre (estimated 7 km). Travels beyond will require an armed escort or equivalent security arrangements.

Baga is considered safe, but the area towards the lake is considered an absolute 'no-go' as the small islands are said to be strongholds of armed groups. Military operations are ongoing on the northern axis along the lake shore towards Malam Fatori and Abadam LGA.

There is no mobile phone network currently operating, but the Thuraya sat phone is working.

The (recce) mission informed the military about the need for accommodation for future humanitarian teams and the military confirmed that it is possible to provide secure accommodation, for example in one of the buildings on the military base. The mission explained that the need is for two rooms with basic amenities. Incoming teams are asked to bring their own provisions. Another option is in the General Hospital compound but enhanced security arrangements have to be put in place. The assessment team also informed the military about the possibility to set-up a Humanitarian Hub and the idea was welcomed.

Currently there is no humanitarian storage facility in Baga town. But it is feasible to find a secure location for a mobile storage unit. Trucks with humanitarian cargo can be parked in the military compound

ACTION

- Discuss procedures for multi-sector assessment in Cross-Kauwa and Kukawa (CMCOORD)

History

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| April 2013 | Boko Haram attack on Baga town, reportedly more than 200 civilians killed, hundreds wounded and over 2,000 houses and businesses destroyed. |
| May 2013 | The Nigeria Government declares a state of emergency in Borno, Yobe and Adamawa States. |
| November 2014 | Boko Haram attacked fishermen in Kukawa LGA, reportedly killing 43 people. |
| January 2015 | Boko Haram attack MNJTF HQ and Baga town and surrounding settlements, reportedly 2,000 people died and parts of Baga town were destroyed, beginning of large-scale internal displacement from Kukawa LGA to other parts of Borno State. |
| February 2015 | Nigerian Armed Forces retake Cross-Kauwa and Baga towns. |
| May 2016 | Nigerian Navy establishes a navy outpost in Baga town. |
| July 2016 | UNHAS helicopter flights start to Baga town. |
| November 2016 | Thousands of new IDPs reported in Baga and Cross-Kauwa towns. |

