

# Multi-Sector Initial Rapid Needs Assessment

## Rann / Kala-Balge LGA – 9 January 2017

After an initial helicopter recce and security assessment mission to Rann on 22 December, the first Multi-Sector Initial Rapid Humanitarian Needs Assessment was initially organised for the 30 DEC 16. Due to an attack against Rann, this mission had to be postponed and took eventually place on the 9 JAN 17. Technical representatives of the health, nutrition, WASH, food security, shelter and protection sectors were part of the assessment team.

**Participants:** Health/Nutrition (WHO, UNICEF), WASH (UNICEF), Food Security (WFP), Protection / Child Protection / Education (UNICEF), CivMilCoord (OCHA), Shelter/CCM/DTM (IOM)

### Demographics

Precise information about the current overall and IDP population in Rann is difficult to obtain. The military spoke about 45,000 overall population including an unknown number of IDP. The ICRC distributed recently 4,000 two-week household rations of food to the overall community of Rann (~ 24,000 people). The ICRC/NRCS has apparently conducted a registration exercise. According to the DTM colleague, who spoke with the Bulamas, the population might be around 35,000. The vast majority of people hail from Rann and Daima Abori Wards of Kala Balge LGA (2 out of 10 wards).

Important to mention is that there are two major groups living currently in Rann. Whilst the Kanuri speaking population (31,579) are living in the town's centre ("Rann IDP site"), the Shoa speaking families are occupying the destroyed General Hospital (2,020 IDP) and the neighbouring equally destroyed Boarding Primary School (1,700 IDP). It is evident that any response has to include both groups.

Influx of new IDP arrivals was reported from the Bama LGA area (500 since the beginning of January).

### Food Security

Despite ongoing food assistance and harvests, food security situation is still precarious and fragile as bad road conditions delays delivery of humanitarian assistance.

Farming is the main source of income of local population (90%), followed by petty trade (10%). Main food crops include corn, okra (ladies' fingers), sorghum (guinea corn), millet and beans, and agriculture is entirely rain-fed.



Fields outside of Rann (potentially guinea corn)

Though local population returned back in march 2016 (before the planting season), only 20 to 30% of them were able to cultivate, but plots size were smaller than usual. As a result, food stocks will not last more than two months (up to March 2017).

The market is functional and prices of main food commodities have decreased, reflecting seasonal trends (harvest). But prices will go up in the two coming months.

The ICRC/NRCS managed to distribute 4,000 two-weeks household rations of food on 29 DEC 16 after a crossing point at Jokana River was provisionally fixed by the local population and the military from Rann, allowing the first 5 trucks to pass to the other side. At the day of the assessment another 11 trucks with food for Rann were awaiting the military escort in Maiduguri to then proceed to Rann and will provide a full month ration to the whole population of Rann.



Assets of local population are gradually being restored, especially livestock: donkeys, cows, sheep, goats and poultry. But proportion of households owning animals and number of animals have not yet reached the pre-crisis levels. At the moment, only 20% of households own an animal (compared to almost 90% before the crisis).



Main recommendations for food security sector include food and agricultural needs assessment during the first quarter of 2017, emergency food assistance till November 2017, agricultural support during the upcoming planting season (June to August), and regular coordination meetings with ICRC to avoid duplication and to get ready to take over in case ICRC decides to withdraw before November 2017.

It is worth noting that Rann is almost inaccessible during the rainy season (from June to August). Therefore, humanitarian organizations should factor in this major constraint that could prevent timely delivery of emergency assistance during the most critical period (lean season).

## Health / Nutrition

### Health

A fixed health structure is available at the entrance of the town (12.269263°N, 14.463894°E). Here PHC services are offered, but no any data to show what is done. There are 6 HWs (3 CHEWs, 3 assistants) from the government with support from UNICEF reporting; only 1 health worker and 3 volunteers were present. They last received drug supply from UNICEF in October. HF work time is from 7am to 6pm. No any data tools available, no register, no RUTF and some drugs, including some amoxicillin and other usual drugs in the kit. No water or handwashing station and hygiene very poor.

The CHEWs claims to do around 70 consultations per day, but as no register is available, it is impossible to double check, but we can doubt about the number. He is supposed to see only children under 5 and treat the main killers, malaria, pneumonia and diarrhoea, and should be supervised by health staff from the nearest Health structure, but unfortunately, he is alone, without any functioning HC nearby. His qualification is low, but does what he can with the little supply he gets.

During the MUAC screening, children seen were for a majority in bad conditions, a lot of ARI and malnutrition (see below the nutrition part).

The General Hospital (12.264880°N, 14.469207°E) is destroyed and currently used by IDP.

A MSF-CH medical team is planning to go and work in Rann for 4 days in week 3 for medical and nutrition activities.

### **Nutrition**

A short screening exercise was conducted as part of the Multi Sector assessment. It was ad hoc with children called to the health facility. A total of 128 children were screened and 41 were found to be SAM, 31 MAM – extremely high proportion of the total number of children. These are not results to be used as prevalence rates yet an indication of the severity of the situation calling for an immediate response and more in depth assessment to obtain a better grasp of the situation.

UNICEF delivered 3 Nigeria health kits, 50 cartons of RUTF, and tools for CMAM, in order to ensure that SAM children screened have immediate access to treatment and to improve ongoing health services provided by the UNICEF supported LGA health team.

Overall condition of children is very poor and calls for immediate assistance.

### **ACTION**

- Strengthen service delivery capacity of the health team for health and nutrition (Health sector)
- Increase supply provision of medicines and RUTF (Health / NUT sectors)
- Conduct a more in depth screening with services available to provide immediate treatment for children (Health / NUT sectors)
- Planning for BSFP to all children 6-59 months immediately (WFP / Food Security sector)

## **Protection / Child Protection / Education**

### **Women-headed households and other vulnerable**

Absence of men is manifest in Rann. Among the men remaining, the majority are elderly. Community Chief reported that women-headed Household ('widows') have been prioritized during the last food distribution given their particular vulnerability. However he does not have the exact figures.

Coordination with ICRC is needed to get figures of vulnerable from the last registration/food distribution. (ICRC has a team of volunteers on the ground). Alternatively a vulnerability assessment would have to be conducted.

A targeted NFI distribution is recommended, as well as early recovery and livelihood intervention, in order to foster self-sustainability of most vulnerable HH (pending a more in depth feasibility assessment given the security context).

### **Protection mainstreaming and ‘do no harm’**

The last BH attack on Rann (30 DEC 16) was subsequent to a food distribution and occurred as a joint humanitarian assessment was planned.

For all sectors, any activity in Rann area - especially if encompassing distribution of food and supplies - should avoid exposing the community further and come along with a sound risk assessment and mitigation measures.

### **Protection from Sexual Exploitation and Abuse (PSEA)**

From the assessment, there is no evidence of any misbehavior from the militaries towards the communities, including children. Women reported ‘feeling safe’.

Engage with military commandment to recall Code of Conduct and rules pertaining to military engagement.

### **Child Protection - Psychosocial Support (PSS)**

The community in Rann is mainly composed of children and women. Returnees and IDP children are currently not attending any school, to the exception of a group of around 150 children enrolled in an improvised Arabic school.

Idleness is obvious. Extreme scarcity of resources is exposing children to further risks of violence, abuse, neglect and exploitation. Women stated that ‘children are not happy’, recalling that they witnessed a lot of potentially traumatizing events. Additionally, women themselves reported that they ‘keep thinking of their abducted children and of the lack of food’.

A strong PSS programming, targeting children and the wider community, with a special focus on women is needed. Given the precarious security situation, further risk assessment is required before setting-up any CFS structure. Community-based PSS and gathering of small groups of children might be the most appropriate options for the time being. Close coordination with the Education Sector is recommended, especially as some teachers are present in the community and ready to resume work, while the SMWASD has not yet re-established any presence in the area.

### **Child Protection - Unaccompanied and Separated Children (UASC)/case management**

According to the Community Chief, around 1,500 children are currently not living with their parents, which includes orphans, unaccompanied and separated children. There are some child-headed households, while other children are staying with relatives or extended community.

Documentation of cases is required and current needs of these children in terms of services and case management is to be assessed. SMWASD is recommended to resume a minimum presence in the area, with the support of CPSWG agencies if needed.

## **Child Protection - Grave violations of children's rights and reintegration of children associated with armed groups**

Around 5 boys and 20 girls/women allegedly escaped from Boko Haram and are now living within the community, with their parents in most cases. Further verification and documentation of these cases is needed. Risks of stigmatization must be assessed prior to setting-up any intervention.

### **Unexploded ordnance/Mine risks education (MRE)**

Despite recent and active fighting in Rann, as well as presence of numerous sockets on the ground, especially near the airport, the community did not report any incident related to UXOs. However MRE should be mainstreamed in PSS and Education activities. Assessment of the vicinity of Rann village to be conducted



School buildings Rann

**School facilities** - before the crisis, there were 12 primary classes and 12 secondary classes. The premises have been completely destroyed, with no roof remaining, and no walls in most cases. The 8 buildings' skeletons are currently being used as shelters by returnees and IDPs.

The Boarding School (12.266744°N, 14.470531°E) is equally destroyed and currently occupied by IDP.

**Teachers** - Significant presence of teachers, 20 were identified, among which 7 were met during the assessment, including the Head Master of Ran Primary School and 1 Secondary School teacher.

### **ACTION**

- Contact ICRC to get data on vulnerable groups (PROT sector)
- Targeted NFI distribution for most vulnerable households (CCM/NFI sector)
- Careful monitoring of security context to avoid negative effects of aid distribution (all)
- Engage with military to recall Code of Conduct and rules pertaining to military engagement (PROT sector / CMCOORD)
- Initiate community-based and women focussed PSS in close coordination with education sector (PROT / EDU sector)
- Initiate documentation of un-accompanied children and approach SMWASD to establish minimum presence in Rann (PROT / CHILD PROT sector)
- Careful verification of cases of boys/girls associated with armed groups (PROT sector)
- Mainstreaming of MRE into PPS and Education activities (PROT / EDU sector)
- Temporary Learning Spaces (TLSs) to be set-up, pending further risk assessment (EDU sector)
- Ensure that qualified teachers get an appropriate support from Min. Educ. in order to be able to resume regular classes (EDU sector)

## **WASH**

## **Water Supply**

In Rann safe water supply seems to be below 15 litres per person per day. Unsafe sources such as ponds/streams are freely used for domestic purposes during and after the raining seasons, which may have resulted in water related diseases.

The deaths of 10 to 20 persons per day were reported between August to November 2016; most of those who died were children. Some of the death can easily be linked to water related diseases such as cholera.

The major sources of safe water supply in Rann are boreholes, located around the town in different direction within the radius of 100 to 500m from the centre of the town.

It takes over 8 hours in some instances to get 25 litres of safe water. Water supply is compounded by frequent break-down of existing handpump-fitted boreholes that are over-stressed. (standard would be 250 persons per handpump).

The supply from existing generator powered boreholes is limited as the supply of diesel is restricted by the Army. The demand for safe water supply is rising with daily additional returnees.

The existing water facilities in Rann are:

- 2 Generator Powered Boreholes. (1 located at the General Hospital, while the other is located near the LGA housing quarter that is currently converted to the Army base).
- 4 handpump-fitted boreholes, 3 of them were constructed by the ICRC.
- 2 newly drilled boreholes (not yet installed with pumps)
- 1 Artisan boreholes. The borehole is installed with 2inches GI pipe to create free flow of water to the surface, a yield test during the assessment showed that it took 1.35 minutes to fill a 15 litres jerry can (11 l/min or 676 l/h)

The yield of the generator powered borehole at the General Hospital could not be determined, but an old pump replaced from the borehole is 1.5 HP submersible pump.

### **Sanitation:**

Open defecation is widely practiced within the community, most houses have no latrines; the existing latrine in the Hospital is poor and inadequate.

Cow dungs are collected mainly by children, dried and used as fuel for cooking in some households.

The relief of the areas is gentle and there are indications that some of the areas are water logged in the raining seasons. Very few hand-dug wells exist in the town, reports from some liberated areas suggested that hand-dug well are in some places used to bury death bodies; this may result to groundwater contamination. The burial ground is located 300m from the centre of the town and about 150m from the nearest household.

### **Hygiene:**

Hand washing is poorly practiced and normally without using soap or ash. Water is used for anal washing. There are indications of poor food hygiene.

### **Action**

- Installation of the 2 remaining boreholes with hand pumps drilled by ICRC.
- Training of VLOM/LAMS at the LGA/Community level to response quickly to breakdown.
- Support on supply of handpump spares to communities.

- Upgrading of the borehole located at the General Hospital Rann from generator powered to solar powered. (This expected to supply a minimum of 24,000 litres/day).
- Repair of the existing overhead tank at the General Hospital damaged by bullet.
- Construction VIP latrines in the General Hospital.
- Training of hygiene volunteers at the LGA and community level.
- Construction of Emergency Latrines in the Community
- 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 population currently residing in Rann is located in 3 settlements: the town where IDPs and Returnees are living together, the destroyed General Hospital Rann and the Boarding School of Rann. The IDPs are coming mainly from villages in the Kala/Balge LGA after relocating to Rann under the security advice of the military. Population statistics will be provided by the DTM assessment report.

The only structures in Rann build with bricks or cements are the Local Government’s staff quarters, the hospital, the central primary school and the boarding school. All of them are largely damaged and will need considerable investments to be rehabilitated. In particular the ETF Primary School may need to be rebuilt entirely. This facility didn’t have any fencing and is now populated with makeshift shelters and animals; and it’s almost indistinguishable from the town’s shelters.

There are signs of early advanced public services in Rann: altogether with both schools and the general hospital, there is a vast electric network and several communication towers now lying on the ground. A network of 9 water points are fed from a central borehole placed on the side of the town.



Boarding Primary School and General Hospital in Rann



Mud-Bricks and makeshift Shelters

In Rann, the population of the town are rebuilding their houses using mud-bricks and iron sheets, while the IDPs are scattered living in a diverse type of shelters based on vegetal materials, iron sheets, mud-bricks or a mix of the previous. Risk of fire outbreak is high: on the 4th January around 41 makeshift shelters burnt down with no casualties or injured.

The 3 settlements are being provided with security by the military and the local CJTF. The population is organised under a chairman but nobody from the LGA administration is present. According to the chairman, the 5 most important issues to be addressed are:

1. Roads to access other locations, food and services;
2. Access to health services;
3. Access to water
4. Access to food
5. Access to schools



Remains of fire outbreak on 4th January 2017

There is an improvised primary school functioning within the General Hospital Rann and is hosting around 260 children. There is no schooling material, the room used for this purpose is open and exposed to the elements, surrounded by animals inside the building.



ICRC, through the NRCS, has distributed tarpaulins and is present permanently in Rann. It also distributed food in the last days of 2016. UNICEF is also present through health workers and runs a basic health clinic.

### **ACTION**

- Available land has been identified by the Military to relocate the IDPs living in the Boarding School and the General Hospital Rann. Need for Site plan to allocate shelters and basic services for the displaced population.
- Need for shelter partners to manifest capacity and willingness to provide shelters for the population in the collective centres.
- Need for Camp Management capacity to be provided for the location in order to release the Military from this task.

## **Civil-Military Relation / Security / Logistics**

Rann town is controlled by the 3 Tactical Battalion, which has its HQ in Ngala. Contacts are available upon request from the OCHA CMCoord. There is a small medical unit with a Nurse available for the battalion. The Commander serves as the main interface with humanitarian organizations. The reception from the military was very supportive and welcoming. The team was not able to move without military escort throughout the 3 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.

CJTF is present and seems to be important in town.

Armed escort is needed for road movements from Ngala, Jokana River crossing to Rann. This would be arranged by the military unit in Ngala.

The UNHAS helicopter landing zone is located in a cleared field, 5 min walk from the town centre. The area is secured. The helicopter flying time from Maiduguri to Ngala is 50 minutes. The helicopter flying time from Ngala to Rann is 10 minutes.

The security situation in town is considered safe, but unpredictable. Kala-Balge is certainly one of the LGAs with a continued presence of armed groups, occasionally even fighting amongst themselves. Military operations are ongoing in other parts of the LGA. The UNHAS helicopter landing is currently green-lighted by the UN SMT, but the situation might change. A proper contingency plan has to be in place before considering over-night stays.

The LGA authorities and Police have not yet returned and the Military consider it as too early considering the prevailing security situation.

The Nigerian mobile phone network is not operational but the Cameroonian network is working most of the time. Thuraya sat phone is working. The Military offered support to relay urgent messages from (e.g.) health workers (written note, photo, sent by whatsapp).

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,

within the military base. The Red Cross has set up temporary shelter for their staff to stay in town. Own supplies have to be brought

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

Rann has no motorized transport. Vehicles, trucks and fuel are not available. People use donkeys to transport goods from Gamboru Ngala to Rann. Fuel is not available in the local market.

### **ACTION**

- Continue lobby for sustainable crossing point at Jokana River (CMCOORD, Access, DHC/HC)

## **History**

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|-------------|---|
| April 2014  | Boko Haram attacked Rann town but the attack was repelled.  |
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| 2015        | Boko Haram attacked and destroyed Rann town. The population fled to Gamboru Ngala, other towns in Borno State and to Cameroon.                                      |
| March 2016  | The Nigerian Army recaptured Rann town. The town was empty.   |
| April 2016  | The Nigerian Army arrested Boko Haram in Rann town, securing the location. IDPs start arriving in Rann.   |
| June 2016   | Boko Haram attacked Wumbi and Jokana villages, Kala / Balge LGA, killing eight people and looting food supplies.  |
| 9 July 2016 | Boko Haram attacked Rann with a vehicle loaded with explosives. The Nigerian Army repelled the attack. Two soldiers were killed and two were wounded in the attack. |
| Sep 2016    | (Suspected) cholera outbreak in Rann  |
| 15 Dec 2016 | Civilian Joint Task Force intercepted a female suicide bomber in Rann.  |
| 30 Dec 2016 | Armed group attacks military in Rann / Assessment cancelled   |



