

Interagency Initial Rapid Needs



UNHCR
The UN Refugee Agency

Assessment:

Damasak LGA, Borno State, Nigeria

11th March 2017



The Inter-agency assessment team participates in a focus group discussion with Village and Ward Heads/UNHCR

This joint IRNA Report is a product of Inter-Agency Assessment mission conducted on 11th March 2017 to Damasak, Borno State. Information compiled is based on the inputs provided by actors on the ground including government authorities, communities leaders and affected populations.

FINAL ASSESSMENT REPORT



World Health Organization

Table of Contents

Acronyms	1
Background & Context:	4
Objectives & Methodology	4
General Observations	4
Key issues and concerns to be urgently addressed	4
Keys findings per sector:	4
Registration/Return	5
Health	5
Protection.....	5
Food security	5
Shelter/NFIs.....	5
Wash/Nutrition	5
Education.....	5
Recommendations (General and Specific)	4
Main challenges	4
Conclusions/Next Steps	4
Annexes	4
Annex 1: IRNA Tool used.....	5
Annex 2: Refugee Returnees Data (UNHCR/NIS).....	5
Annex 3: List of participants:	5
Annex 4: Pictures	5

ACRONYMS

BH – Boko Haram
CJTF – Civilian Joint Task Force
CP – Child Protection
ECD – Early Childhood Development
EiE – Education in Emergency
FMOH – Federal Ministry of Health
GBV – Gender Based Violence
ICRC – International Committee of the Red Cross
IDP – Internally Displaced Person
IED – Improvised Explosive Device
IOM – International Organization for Migration
IRNA – Initial Rapid Needs Assessment
LGA – Local Government Authority
MSF – Medecins Sans Frontieres
NEMA – National Emergency Management Agency
NFI – Non-Food Item
NGN – Nigerian Naira
NIS – Nigerian Immigration Service
NRC – Norwegian Refugee Council
OCHA – Office for the Coordination of Humanitarian Affairs
UNDSS – United Nations Department of Safety and Security
UNHAS – United Nations Humanitarian Air Services
UNHCR – United Nations High Commissioner for Refugees
UNICEF - United Nations International Children's Emergency Fund
UXO – Unexploded Ordinance
WFP – World Food Programme
WHO – World Health Organization



Background & Context:

Damasak is the head town of Mobbar LGA, in the North-East Nigerian, state of Borno. It is located near the confluence of the Yobe River and Komadugu Gana River, adjoining the border with Niger 34km from Diffa in Niger and 3km between Damasak and the border with Niger.

Boko Haram insurgents occupied Damasak on 24 November 2014. During the period of occupation, the vast majority of people sought refuge in Niger. The recapture of the locality by the Nigerian Army on 30th June 2016 triggered waves of returns of thousands of people. According to the military commandant, Damasak became accessible to the general public as of 26th December 2016, and as of 26 February 2017, **10,100** households (approx. **65,000** individuals) in Damasak had been assisted by ICRC (registration for food distribution purpose).

Damasak is split into two communities, namely, Kanuri and Fulani. There is also a small group of Hausa. Damasak town is made up of two districts - Dashari and Damasak; and has **15** community leaders and **13** Wards¹. However, many Wards are still inaccessible and remain unoccupied by civilians; former residents of these inaccessible areas currently sheltered in Damasak town.

Access:

Damasak is the third largest town in Borno State after Maiduguri and Bama. Damasak town is approximately 185km North West of Maiduguri and is accessed by two primary roads. One heads south to Gubio and Maiduguri, and the other heads east towards Kukawa and Baga. According to Military Commandant, the road between Damasak and Niger is open and can be used without escort. The city of Diffa in Niger is 34km away from Damasak. Sayam Forage and Kabelewa camps respectively in Chetimari Commune and Kabelewa Commune in Diffa Region, on the road between Damasak and Niger, accommodate Nigerian refugees. During this mission Damasak was reached by UNHAS helicopter. The landing site is located within 145 Battalion HQ. This visit was the second of its kind, the first visit was by UNDSS, OCHA and UNHAS for security assessment.

According to the military, the road from Damasak to Maiduguri was made accessible on 25 December 2016, and can now be used without escort. ICRC and MSF have used the road many times without escort, local community traders confirmed as well. ISWA use the road between Gubio and Damasak as crossing points at night for supplies and movements. In general, it is recommended to use the road during daytime, i.e. not before 0700AM as it is the regular time for military movement on that road and not after 0500PM.

Purpose & Objectives:

NEMA reported that over **10,000** Nigerians households returned to Damasak from Niger since February 2017 and other reports of new arrivals continue to be received. NEMA thus requested an emergency humanitarian assessment to address the needs of thousands of returnees to Damasak.

¹ Some of the Wards are Damasak Central, Gashigar, Bogu, Layi, Kareto, Zanna Marti, Zari, Dutse, Chamba, Asaga.

NEMA through OCHA led discussions on the humanitarian situation in Damasak on 03 March 2017. This was followed by an emergency multisector assessment planning meeting on 08 March 2017 at UNHCR where participants agreed to conduct an interagency initial rapid assessment mission to Damasak on 11 March 2017. OCHA facilitated the Interagency **10** member mission² which was led by UNHCR, with the participation of NEMA, WFP, IOM, WHO, UNICEF and NRC representing the various Sectors.

The two key **objectives** of the interagency mission were:

1. Assess the humanitarian needs and identify areas of priorities for interventions.
2. Assess the sustainability of the return.

Methodology:

The Initial Rapid Needs Assessment Tool³ which was endorsed by all Sectors was the primary source to collect information. Further information was gathered through briefing provided by military present on the ground, focus group discussions, and observation by team members and interviews with individuals, key informants and households.

Key informants were:

- Lieutenant. Colonel. Mustapha Jimoh, Military Commandant.
- Zanna Ballama, Damasak District Head.
- Lawan Bukar Dutse, Dashari District Head.
- Bulama Masa Lamburan, Village Head.
- Zanna Lawan Modu, Village Head.
- Mohammed Abubakar, WHO Team Leader, Mobbar LGA

General Observations:

- **Calmness of the town:** The situation in Damasak seems calm as returnees were observed to move around the town with relative ease.
- **Influx is ongoing:** New arrivals of returnees in Damasak town from Niger were observed at the entry point Wallada, during the mission.
- **Registration:** A large number of returnees were waiting to be registered by NIS.

Key issues and concerns to be urgently addressed:

- **Shelter is urgently needed for many families;** the returnees are living mostly in their own houses or with relatives, in houses which are partly or extensively damaged.
- **Delivery of humanitarian food assistance** remains insufficient and limited. ICRC and state authorities have each distributed food but the mission can't confirm the continuity of the distribution.
- There is need to **harmonize the planning figure** of Damasak. The military informed the assessment team that ICRC had registered **10,100 households/65,000** individuals for food distribution; while the community leaders estimate the total population to be at about **29,000** households (**21,000** refugee returnees & **7,000** IDP returnee households).

² Annex 1: List of Participants

³ Annex 3.

- Advocacy/negotiation for the **release of 501 individuals**, of which more than **300 are children, abducted by BH**.
- There is **only one functional clinic** which lacks facilities and personnel. **Reproductive health** services including maternity facilities to be set up as soon as possible.
- Immediate **follow up of specific assessments by all Sectors**.

1. Registration/Return: Key findings

NIS officials were observed registering returnees using the tablets provided by UNHCR. This exercise started on 26th February 2017. All civilian new arrivals are required to register with the government and this is recorded in a biometrics data register. Electronic registration was done after returnees were screened by the military, police and CJTF at the entry point; and identified by village heads as being indigenous to Damasak. NIS stated that those that were certified to be Nigerians but identified by the village heads as not from Damasak were conveyed to Maiduguri and hosted in camps there. Further,

- As at 10th March 2017, **7,019 households (30,611 individuals) have been registered**⁴. However, approximately an equal number of households/individuals are still waiting to be registered. Large numbers of returnees were observed at the registration centres.
- NIS stated that **70%** of the returnees were females; **40%** of those registered were children; **70%** women were registered as heads of households; and **50%** persons were registered as elderly.
- More than 5,000 households have not returned from Niger because their houses have been destroyed mainly by insurgents, and they cannot afford to rebuild the houses themselves.
- The returnees who were interviewed confirmed their return to be voluntary, safe and dignified.

2. General Protection: Key findings

Generally, freedom of movement was observed in Damasak. Men, women and children freely went about their businesses in the town with no hindrance. According to the military; no incident had been recorded in the past eight (**8**) months. The IDP and refugee returnees were willing to share information and their experiences with the team without any inhibition. There were a good presence of local authorities including police, immigration, custom, military and community leaders. The population seems to respond positively to their leaders and the authorities who appear to be in charge of their communities.

There is no formal IDP camp in the town and the civilian population are located within the host community. The population is returning to their area of origin. Spontaneous voluntary return has been triggered by improvement of the security situation, income generating opportunities, and the need for IDPs to repair their houses. Although most returns were reported as being voluntary, some **0.46%** of the registered returnees declared having been forced to return back to Damasak⁵.

⁴ Annex 2: UNHCR/NIS Refugee Returnees Registration Data.

⁵ Annex2: UNHCR/NIS Returnees Registration Data.

Discussions were held at various points and with the community and key informants as follows:

With Village Heads

- Damasak District is currently occupied by approximately **20,000** households.
- Most of the population of Gashaggari District of about **8-9,000** remains in Niger and/or Maiduguri as the army continues its clearance of this area.
- Everyone in Damasak town is a returnee, either as an IDP or refugee; no hostilities were noted between the different sets of returnees, and everyone lived in harmony.
- A curfew is imposed in the town from 8pm to 6am daily.
- Approximately, **501** individuals were captured by BH, including men, women and more than **300** children. Only three individuals have managed to escape and return back to the community.

Entry Point into Damasak from Niger (Wallada):

- New arrivals are screened at various stages - at the first check point from Niger, by Customs officials, then CJTF and finally by NIS. Only CJTF has female screeners who assist with screening at the Customs level; all other screenings are done by male officials.
- The female returnees whom the team interviewed at the entry point indicated that they were returning to stay in Damasak, as their husbands had come earlier before them. They indicated that they had walked from Niger.
- One returnee stated that people travelled by vehicles and others on foot coming to Damasak. This was self-funded trip and only those who could afford were returning. No food was provided along the way other than what they carried.
- Some returnees indicated that they were living in refugee camps (Sayam Forage and Kabelewa in Diffa region) in Niger.

Men

- They generally feel safe in Damasak. They hope that it will be safe to return back to their farms when the rainy season begins, but in case of insecurity, they wish the army protect them.
- Currently, they are market traders, fishermen and livestock keepers.
- There have been no security incidences since their return to Damasak.

Women

- Most returned to Damasak two months ago. They generally feel safe in their environment.

- They requested for the General Hospital to be rehabilitated and the only one functional clinic to be better equipped. Childbirth was their biggest concern due to lack of medication and qualified staff and appropriate medical equipment. Some women have delivered dead babies.
- Most of them suffered loss of family members due to the insurgency.
- There is no form of women leadership; they depend on the Bulamas (community leaders) to make all decisions.
- No mechanism in place to enable them to report any protection issues.
- In another group, most of the women are widows or separated (husband killed, abducted, or released but fear stigmatization of being associated with BH).

Key informants:

- Individuals have highlighted as their top needs water, food, shelter, health and education. They also underscored the need to improve access to market.
- Lack of judicial institutions. Cases are referred to Maiduguri Court or managed by traditional mechanisms through heads of Wards.
- Some areas have been cleared of mines, IED and UXO in the past 8 months by specialized units of Nigerian Police and Armed Forces.
- There is suspected activity of BH in the western part of Damasak.
- Screening at the entry point by immigration: there were no detainees at the time of the visit.
- Curfew from 08:00PM to 06:00 AM (no other restriction) and general patrol.
- Kanuri and Fulani communities (the 2 majority ethnic groups with few Hausa) live harmoniously in two separate Wards; no tension was observed nor stated. The good relationship could be attributed to intermarriages between the two communities.
- There is no electricity supply in Damasak. About seven (07) households have generators, which must be switched off at curfew time, 08:00PM.

2.1 Child Protection: Key findings

There were many children observed as being present in the town. They can be seen playing by themselves, loitering around and some selling items such as water and peanuts. There is no agency on the ground offering humanitarian assistance and the community has not organized any form of activities for children.

The children that met by the assessment team look reasonably healthy. The parents interviewed, indicated that there were missing children and also orphans in the community. To confirm the claim of missing children, the question was posed to different respondents and two of them said they had their own biological children who were abducted. The whereabouts of the abducted children are not known and therefore difficult to say whether they are alive or dead. The respondents were however more than convinced that they are with the insurgents. Those who were abducted were mainly taken away in 2015 and some in early 2016. The key findings for the CP sub-Sector were:

- Children are idle all over the town. They can be seen loitering or doing domestic chores.
- It is unknown if there are separated children because no feedback is received by those who referred them to the ward community leaders.
- More than **300** children were among **501** individuals who are suspected to have been abducted by BH. Community members are willing to volunteer information about which families are affected for follow up.
- Child labour could be observed – fetching water from deep well by girls; fishing for boys.
- There were fewer adolescents/teenagers seen and even less boys and young men.

2.2 GBV: Key findings

- The women reported that there have been no security incidences since their return to Damasak, and they know that they should report to the police in case of any incident.
- They personally did not suffer any form of GBV, although they know of some returnees who, during the insurgency, were packed into various houses and ‘exploited/abused’.
- They did not feel the need for psychosocial support at present (one of the women group interviewed).
- Stated that there are no instances of early marriage, and the girls remained at home until age 18 when they were married off.
- One focus group discussion agreed that lack of livelihood activities and idleness is causing domestic conflicts due to lack of essential needs.

3. Education: Key findings

There are religious classes held in the town for children but formal education is not integrated. There are three schools in the town and they are all under repair supported by the Borno State government. The community members interviewed were emphatic that education should be provided as a priority. Children are idle and at the risk of various types of abuse especially child labour. Some children interviewed said that they go fishing and sell some in the market and supply their families with the rest of the catch.

Teachers are not available in the area and were reportedly staying in Maiduguri due to the security situation. The key findings were:

- The school facilities (classrooms and latrines) within the town are sufficient to start offering education services.
- The learners will need to be supplied with learning materials and teachers with teaching materials. Children requested for recreation materials and are obviously eager to start learning.
- SUBEB needs to be requested for teachers to be deployed in Damasak. Where this may not materialize immediately, the option of volunteer teachers should be given a consideration.
- Training of School Based Management committee and advocating for education to the community will be important in sustaining the demand for education.
- The army officials in Damasak assured the assessment team that they are committed to providing security for learners the full time they are in school.
- Those interviewed recommended the resumption of education and indicated that the community is not reserved to take children to school on account of insecurity.
- There are many young children of ECD age and special attention need to be given to them.

4. Food Security and Livelihoods: Key findings

A. Livelihoods conditions

Damasak was considered to be the "economic hub" of Borno State. In normal times, farming, trade, fishing and livestock are the main livelihoods of local populations. During the main agricultural season (June to September), farmers grow millet, sorghum, beans, maize and groundnut. During the past two years, the vast majority of the farmers were not able to cultivate, and all them missed the 2016 planting season because they returned after the rainy season. Irrigated agriculture is a key component of agriculture practices thanks to the Yobe and Komadugu Gana Rivers. Therefore, agriculture is possible throughout the year and after the main harvest (October), farmers usually grow a wide range of crops including lowland rice, pepper, onion, tomato, cabbage, green salad and carrot from October to June.

Before the conflict, at least 30% of households engaged in fishing activities, and at least 80% of households owned animals (cattle, sheep, goats and camels). In brief:

- The destruction or looting of irrigation material during the conflict will not permit to resume off-season crop production.
- Most animals were looted by the insurgents and only **20%** of households currently own animals as compared to **80%** prior to the insurgency.
- The Governor of Borno State launched a vast reconstruction programme to rebuild structures destroyed by insurgents, thus providing employment opportunities for returnees.

- The daily wage is **1,500** NGN and people can work up to 20 days within a month. However, jobs opportunities are limited for the new arrivals.
- Households with no able-bodied men are excluded from the job market as physical strength is a key requirement for reconstruction related works.

B. Market situation

Prior to the insurgency, up to **50** wholesalers and **1,500** retailers operated in Damasak market. The market was destroyed by the insurgents and its reconstruction will take time.

- Despite the destruction of the market, commercial activities are gradually resuming.
- According to the Nigeria Security Forces, there is no security restriction on commercial activities, and the main roads axis (Damasak – Maiduguri; Damasak – Niger) are open to commercial trucks. This statement has also been confirmed by local traders.
- Due to limited storage capacities, food supply is low leading to doubling of prices of staple food (rice, millet, and sorghum), while vegetable oil price has increased by **60%**.
- Scarcity of livestock resulting from massive looting during the insurgency has led to skyrocketing prices of animals. Only very few households have benefitted from this upward trend.

C. Access to food

- Returnees rely heavily on humanitarian assistance, which has so far been provided by the State Government and ICRC, to meet their food needs. During the last distribution that took place on 26 February, ICRC reached **10,100** households (approx. **65,000** individuals) with a ration of rice (100 kg), beans (25 kg), vegetable oil (10 litres), salt (2 sachets) and a nutrition supplement for children.
- From the food distribution, households can now afford **3** daily meals, but very poor households can hardly buy condiments and vegetables.
- About **10,000** households have returned, with most of them relying on the solidarity of their relatives to meet their needs.
- The main coping strategies to access food include daily labour, selling of firewood, and borrowing food or relying on help from friends and relatives.

5. Health: Key findings

The Damasak MCH facility is being supported with FMOH staff and drugs, WHO polio and hard-to-reach teams, and the LGA staff supported nutritional activities by UNICEF. It appears to be well supported with essential drugs, Ready to Use Therapeutic Food, vaccines and medical supplies. The town and 38 surrounding villages/settlements have benefitted with at least one round of polio, measles and several routine immunization activities by WHO supported hard to reach medical teams.

In addition, WHO teams have established two transit vaccination teams, one at the Niger-Nigeria entry border and one at the military check point Maiduguri entry road to the town. The teams are vaccinating all new arrivals aged 06 months to 15 years with polio, IPV and measles.

- The Damasak State General Hospital appears to be structurally sound, but has no beds or medical supplies. The hospital could be functional with minimal restoration and equipment.
- The closest facilities for referral to secondary services are in Maiduguri or Diffa, Niger.
- There is no ambulance; the referrals are done by civilian transportation.
- The MCH is overcrowded in terms of staff, as currently three teams are working for the same location, the LGA, the state and the federal staff teams.
- As the population is increasing, the need for an additional Primary Health Care facility is a priority and Secondary health care services must be established.

6. WASH/Nutrition: Key findings

A. WASH

Majority of the people in Damasak have shallow well for domestic use as the water table is high within 10m they can get sufficient water. The LGA had 28 boreholes before the crisis of which were powered by electricity with metallic overhead tanks and taps for collection. As there is no electricity in the town, most of these boreholes were rendered non-functional.

- The local government has so far rehabilitated 11 boreholes, which are now diesel powered, and are managed by the community. Each borehole receives 5 litres of diesel to pump the water.
- ICRC also rehabilitated three boreholes and fitted them with hand pumps.
- The health facility not installed with hand washing facility
- There were no long queues at the water collection point; estimated time of waiting is less than 30 minutes. Lack of proper water treatment especially from the shallow wells and lack of NFI like Jerry cans for proper storage household water.
- There were no toilets in the areas covered during the transect walk and open defecation was observed close to the water points and walk way.

B. Nutrition

The children in Damasak generally look healthy and well nourished; this could be attributed to the visible farming activities and animals making milk available, there was also recent food distribution conducted by

ICRC reaching **10,100** households. The MCH clinic is the only site in Damasak conducting CMAM services.

- CMAM services are provided 6 days in a week. Currently there are **152** children in the program; supplies are adequate to cover nutrition activities with the current cases for 2 months.
- Community volunteers have been trained though the number could not be verified to carry out community mobilization and screening and referrals.
- The CMAM service provider was well versed with the admission protocol and sampled cards indicated proper follow-up of the current CMAM guidelines.
- CMAM tools, the register and patient cards, and ration cards were available during the assessment but need to be replenished. IYCF counselling cards and tools were not available.
- Space at the MCH clinic is not adequate as nutrition services are offered at the waiting bay.

7. Shelter / NFIs: Key findings

Damasak was extensively damaged during the occupation by BH. There is currently much reconstruction going on by local population with construction materials provided by both the LGA and State Commission for Reconstruction, Rehabilitation and Resettlement. Shelter is urgently needed for many families, the IDPs and refugee returnees are all living in buildings with in host community, mostly with direct families:

- **85%** of the houses don't have NFIs, kitchen sets, they are using very basic cooking methods.
- **80%** of the population are without proper or independent shelter.
- **20%** of the families are living in community buildings; **10%** in open areas/houses without rooftop or windows and doors; **40%** are living in empty community houses; **30%** are living with host families or extended families.
- **80%** of buildings burned specifically outside of Damasak, some of these houses and market were recovered in the last 2 months; at present **60%** are burned and have not yet been fixed.
- **30%** of buildings are totally destroyed, mainly those closely surrounding Damasak; **60%** of buildings are partially destroyed and only **10%** were not damaged.

CHALLENGES:

- The assessment team did not have a female Hausa/Kanuri speaker, and had to rely on the military for interpretation. The women may have reserved some of their comments due to this constraint e.g. on early marriage and effects of BH on female population.

- Due to security reasons, the military did not allow the assessment team to split for their various planned activities, but instead had to move as one group throughout the mission. The military escorted the assessment team to all locations.
- The health facility not installed with hand washing facility.
- Poor solid waste management and lack of adequate sanitation facilities especially in the Kairi settlement.
- Lack of proper water treatment especially from the shallow wells and lack of NFI like jerry cans for proper storage of household water.
- There was no capacity and supplies to manage SAM with medical complication. And the closest SC is Maiduguri about 2 hrs 30 minutes from Damasak.
- Some health staff coming from Maiduguri are having challenges going through military check point.



RECOMMENDATIONS (SUMMARY):

It is important to note that the initial rapid needs assessment was not aimed at providing a comprehensive and detailed overview of all humanitarian needs but to capture some immediate and specific gaps in the humanitarian situation in Damasak. Therefore, the team would like to make the following general and specific recommendations:

- Conduct more in-depth Sector assessments as soon as possible, to get more insight on the current situations and inform decision makers.

- Humanitarian actors should urgently coordinate their responses to provide for the most urgent needs.
- Given the continuous influx of returnees, there is an urgent need to update and provide a harmonized population figure.
- Cross-border operations, e.g. UNHCR and WFP, between Niger and Nigeria should share information on current trends, numbers and humanitarian assistance in the two locations.
- For any personnel and cargo movement, specific agencies should coordinate between their security focal points and the military to get the most up-to-date information on the situation on the road and/or in Damasak.
- UNHAS to start scheduling regular flights to Damasak.

Sector Specific Recommendations:

A. General Protection:

- Another mission to be conducted by the Protection Sector including CP and GBV actors to fully understand if there are needs amongst the women and girls, children and other vulnerable individuals with specific needs that were not captured in this first assessment.
- Initiate protection monitoring through Protection Action Groups and Protection Desks.
- Increase the number of protection assessments in the field.
- Advocacy/negotiation/follow up for the release of 501 persons abducted by BH.
- There may be need for some psychosocial support to the population considering the damage to property and abductions, and the loss of close family members.
- Initiate a reintegration/rehabilitation programme for the community and in particular, the three persons recently released by BH.
- Find out more on the Wards separation between Kanuri and Fulani before and after the crisis.
- Litigation through legal mobile clinics/individual counselling especially for households with missing members' representative.
- Individual/group psychosocial support activities including Children/Women Safe Spaces and Child Friendly Spaces.
- Provision of civil documentation or ID cards to all individuals.

GBV

- Increase the number of female staff among partners.
- Provision of solar lanterns, and/or solar lamp posts in public areas.
- Distribution of dignity kits, health/referral services.
- Reproductive health issues including maternity facilities to be set up as soon as possible.

Child Protection

- Further assessments/follow-up on the abducted children, and orphaned or separated children.
- Engage stakeholders to discuss, respond and reduce child labour activities.
- Some children focussed interviews and observations could be conducted to establish if children are affected by their knowledge of BH abductions.

- Provision of ECD and recreation materials to cater for all children.

B. Education

- EiE Working Group and SUBEB to explore urgent action in resumption of education in Damasak.
- Teaching and learning materials required may be ferried from Maiduguri to Damasak.
- It would be important to have ECD and recreation materials to cater for all children.
- Stakeholders should discuss on activities to reduce child labour.
- The community need to be engaged on how they will participate in ensuring the safety and security of children since some people expressed fear of children being kidnapped or abducted.

C. Food Security / Livelihoods:

- A coordination meeting to ensure continuous delivery of food assistance (ICRC/WFP).
- Food security interventions should combine food assistance and timely provision of agricultural inputs to returnees to support sustainable livelihoods recovery. The next rainy season is a window of opportunity for a smooth transition from lifesaving interventions to early recovery.

D. Registration/ Return

- UNHCR/NIS to provide registration figures in a timely manner and on regular basis to all stakeholders.
- Engage more NIS staff and/or local partners including female to conduct returnee registration to minimise the waiting period.
- Improve reception conditions for registration by constructing a temporary reception structure to give the returnees a better sense of dignity and avoid queueing them under the sun.
- Interventions should be planned as soon as possible to assist vulnerable returnees identified during registration.

E. WASH

- Detailed WASH assessment to ascertain the possibility of rehabilitating the remaining 14 boreholes and install solar panel as availability of diesel is rationed by security agents.
- Immediately rehabilitate the borehole at Damasak MCH clinic as the health facility currently does not have water.
- Address the sanitation issues especially the construction of toilets, or provide incentives to the community like slabs or construction materials for them to undertake the construction.
- Soak pits to clear off runoff water at the point of water collection.
- Chlorination of the shallow wells mostly used by the residents.
- Urgent distribution of hygiene NFI such as buckets, jerry cans, soap aqua tabs and plastic kettles.

F. Nutrition

- The State should supply patient and stock cards, and registers cards to improve record keeping at Damasak MCH.
- Training and roll out of the MNP program.
- Recommend WFP to undertake BSFP feeding for children and PLW in Damasak.
- Due to the large population in Damasak, health services should be relocated to the general hospital and a stabilization centre established to manage severe acute malnutrition cases.

G. Shelter/NFIs

- Provision of shelter kits, NFI kits and kitchen sets.
- Interested shelter actors to urgently coordinate a response to the identified needs.

H. Health:

- As population grows, an additional health facility for Primary Health care services is required.
- Refurbish stock up and reopen the general hospital to be use for secondary and possibly tertiary care services.
- Relevant actors should provide an ambulance for referral of urgent cases.
- To facilitate the opening of the General Hospital with the health authorities at the three levels (federal, state and local government area).

Conclusion/Next Steps:

- Provide feedback to NEMA/SEMA as well as authorities and humanitarian actors/partners on main findings of the assessment and next steps.
- Organize Response Planning meeting/Coordination meeting on Who will Do What, Where and When.
- Enhance coordination with Niger actors to avoid duplication of humanitarian assistance and better understand the dynamics of the return trend for former refugees (UNHCR/WFP).
- Roll out BSFP.
- Strengthen IYCF intervention through training of health workers and volunteers.
- Enhance community mobilization by identifying and training community mobilizers.

ANNEX 2:



NIGERIA: Refugee Returnees-DAMASAK

27 Feb - 10th Mar 2017

30,611 Individuals

have been registered by Nigeria Immigration Service

7,019 HHs

DEMOGRAPHICS



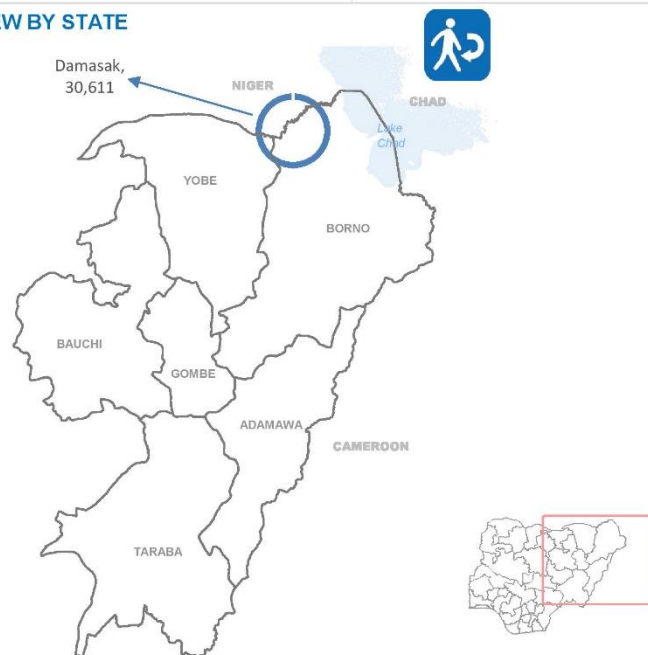
COUNTRY OF ASYLUM

Niger **7,019**

OVERVIEW BY LEGAL STATUS IN NIGER

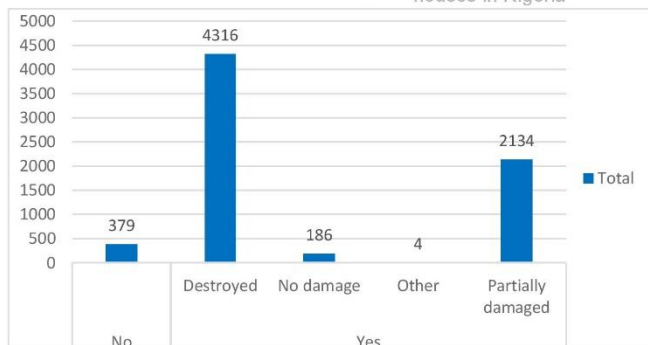
Legal Status	Children	Adults	Elderly	Households	Individuals
Asylum seeker	5	8	-	5	13
Refugee	137	78	5	30	220
Unregistered	17,111	12,228	1,039	6,984	30,378
Grand Total	17,253	12,314	1,044	7,019	30,611

OVERVIEW BY STATE



PROPERTY STATUS

61% have destroyed houses in Nigeria

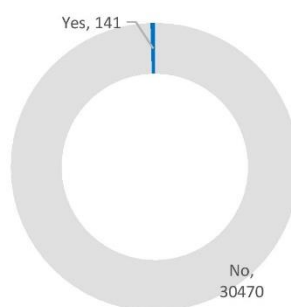


DISPLACEMENT YEAR

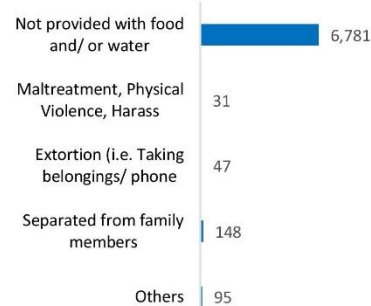
91% displaced in 2014



FORCED RETURN

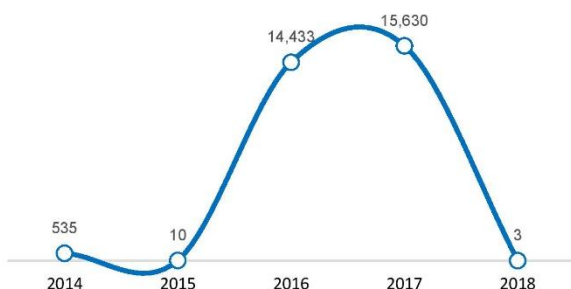


CONDITIONS DURING JOURNEY (Total HH No.)



RETURN YEAR

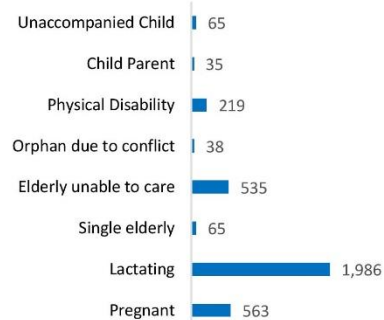
51% returned in 2017



SGBV



PERSON WITH SPECIFIC NEEDS



PARTNERS INVOLVED



UNHCR in collaboration with Nigeria Immigration Service (NIS), SEMA, NEMA carry out registration at the border in Damasak, Mobbar, where the initial immigration and security screening of the returnees is conducted

30,611 Nigerians in Damasak have returned back from Niger. 99% were unregistered, 61% have destroyed properties, and 95% not provided with food and water during their journey back to Nigeria.

For more information, contact: nigabim@unhcr.org

ANNEX 3: List of Participants for the Initial Rapid Need Assessment

Organisation Sector	Name	Email
UNICEF Nutrition/WASH	Reuel Kirathi Mungai	rkmungai@unicef.org
UNICEF Education/Child Protection	Charles Michael Karumba Mwangi	cmwangi@unicef.org
WFP Food Security & Livelihood	Moustapha Toure	moustapha.toure@wfp.org
IOM E/Shelter & NFI /DTM	Lagu P. Midiga	lagumidiga@gmail.com
NRC NGO Rep / Shelter-NFI	Maher Youssef	maher.youssef@nrc.no
UNHCR (OIC) Team Leader	Saoudatou Bah-Mansare,	bahs@unhcr.org
UNHCR Registration / Return	Umar Abdullahi,	umara@unhcr.org
WHO Health	Dr Jorge Martinez, USA	martinezj@who.int
NEMA/OCHA	Garba Abdullahi Sirajo	sirfula@gmail.com
UNHCR Protection / GBV	Hilda Ochuonyo	ochuonyo@unhcr.org

ANNEX 4: PICTURES





Returnees queue at the NIS Registration Centre/WFP



CMAM service provider at the Damasak MCH clinic/UNICEF



Cooking area of a household, showing their utensils/NRC



Traders display their wares along the market road/WFP



Focus group discussion with women in the home/WFP



Ongoing reconstruction work by State Government on damaged buildings /NRC