

This report is produced by OCHA Nigeria in collaboration with humanitarian partners. It covers the period from October to December 2019. The next report will be issued at the end of January and will maintain a monthly cycle.

### Overview

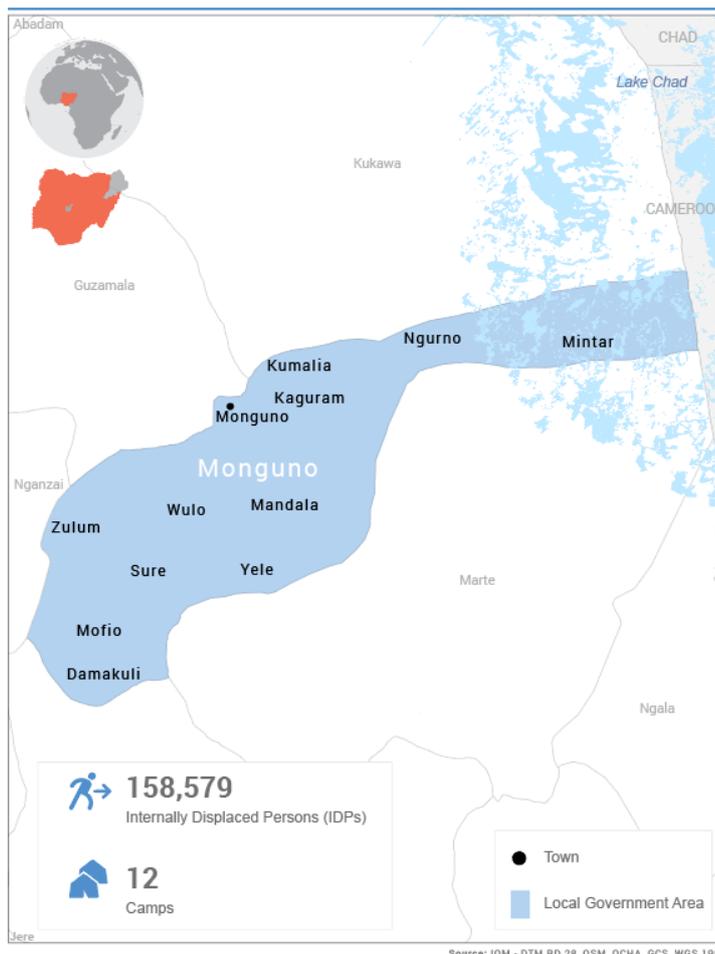
Humanitarian partners continue to scale up operations across all sectors to provide life-saving assistance to over 158,000 displaced people despite several challenges. A biometric verification exercise of IDPs previously registered was completed confirming only a few new arrivals. The verification will enable partners to target assistance consistently across the camps.

The suspension of ACF/AAH operations in September affected 14,000 HHs who went without food rations for almost two months, resorting to harmful coping mechanisms such as children hawking or begging and stealing. Protection concerns such as transactional sex also heightened in the community.

Following the end of the rainy season, nine fire incidents were reported. About 500 people across nine of the 12 IDP camps were affected between 24 October and 27 November 2019. State Emergency Management Agency (SEMA) and CCCM/Shelter/NFIs sector partners are assisting the fire victims.

Cases of Acute Water Diarrhea (AWD) and measles were reported in October and November. Three AWD fatalities were reported while 30 cases tested positive to Rapid Diagnostic Test (RDT), suggesting cholera. The humanitarian community has made adequate contingency plans in case of a cholera outbreak. In October, 53 cases of measles were reported. According to the health sector partners, population movement is responsible for the trend. About 1,150 measles cases were recorded between January and November in health facilities operated by ALIMA.

Provision of adult in-patient health services remains challenging since the MSF withdrawal from Monguno. The only remaining adult in-patient health facility managed by ALIMA is overwhelmed, besides facing operational challenges related to lack of fuel for generators. The LGA leadership has invited partners interested in providing a more comprehensive intervention to adult health needs, but none has responded to the call.



## Population in Need

Monguno has a total population of 186,018 individuals. Of this number, 84.5 per cent (or 157,199 individuals) are internally displaced people (IDPs), while 15.5 per cent (or 28,819 individuals) are host community and returnees. Of the total IDP population, 89 per cent (or 139,669 individuals) are living in 12 IDP camps, 11 of which are formal camps, and 1 is an informal camp. The remaining 11 per cent IDPs (or 17,530 individuals) are living in the host community. Some 55 per cent of the total IDPs (or 87,150 individuals) originate from Monguno LGA, while 31 per cent (or 49,544 individuals) are from Marte LGA, and the remaining 13 per cent (or 20,505 individuals) originate from Kukawa LGA. Women and children constitute 80 per cent of the IDP population living in camps. On 28 December the Military handed over to IOM and INTERSOS 174 people from Gudumbali in Guzamala Local Government Area. The verification of the IDPs is ongoing.

## Security and Access

The security situation in Monguno is increasingly becoming volatile. There have been several attacks by the Non-State Armed Groups (NSAGs) on the military formations outside of the town. During the reporting period, there has been increased presence of NSAGs along the Monguno-Gajiram road. The NSAGs mounted illegal checkpoints along the road, in at least four occasions. In one of these incidents, on 18 December, NSAGs are reported to have executed four civilians and abducted several others, who remain unaccounted.

Access remains a challenge in Monguno as humanitarian partners solely rely on UNHAS helicopters to reach the community. The only road access by civilians is the Monguno-Gajiram-Maiduguri road that has witnessed several incidents, as stated above. Humanitarian organizations have restricted their staff from using the road due to the prevailing insecurity. This, is despite the lifting of the travel advisory by the military, in November against using the road.

## Coordination

Seven operational sectors are active in Monguno. The sectors are Food Security and Livelihoods(FSL), Water Sanitation and Hygiene(WASH), Health, Nutrition, Education, Protection, Camp Coordination and Camp Management /Shelter/Non Food Item(CCCM/Shelter/NFI). Each sector holds monthly meetings with their respective partners to coordinate their activities. A focal agency is appointed to provide leadership for these meetings. Since August, the Nutrition sector lacked a focal agency, partly owing to the absence of ACF/AAH. The military suspended ACF/AHH operations on 19 September. Following the resumption its operations in November, ACF/AHH promised to scale up their activities as well as continue providing leadership to the sector. There was a significant improvement in the Education sector during the reporting period as UNICEF now has a dedicated officer based in Monguno.

The Local Coordination Group (LCG) serves as a convergence center for all sectors present in Monguno. The group meets monthly to discuss cross-cutting issues and also raise advocacy for issues not resolved at sectoral meetings. OCHA has facilitated 13 LCG meetings since January 2019. During the LCG meetings, the sector focal agencies give updates of their respective sectors and flag challenges where they need support. OCHA provides leadership for the LCG and also chairs the LCG meeting. However, starting from January 2020, the SEMA representative in Monguno will co-chair the LCG meeting with OCHA.

The humanitarian community regularly engages with the military via the Civil-Military Coordination (CMCoord) forum, facilitated by OCHA. The forum meets monthly at the headquarters of Sector 3 Command, in Monguno. OCHA chairs the meetings, which are attended by the security focal points of all humanitarian agencies in Monguno. Partners dialogue with the military regarding significant protection concerns as well as challenges encountered during their interventions. Through continuous dialogue facilitated by the forum, the military approved construction of shelters on land in the newly extended security trench. Further, the humanitarian community can now liaise with the military to enable emergency medical evacuations during restrictions such as curfew or vehicle movement.

## Sectoral Analysis



### Food Security & Livelihood

During the period under review, sector partners continued to work together to carry out joint FSL beneficiary verification exercise with the support of IOM-DTM team. The exercise aimed to reduce inclusion/exclusion errors and ensure that the needs are addressed. Two partners (Christian Aid and ZOA) targeted new beneficiaries through pilot Multipurpose Cash Grant (MPG), which also addresses food security needs.

The temporary suspension of the ACF/AAH operations on 19 September by the military resulted in lack of food assistance to ACF beneficiaries for around three months. Following ACF's resumption of activities, their beneficiaries were able to redeem their food vouchers from mid-November.

There is a need for better synergy among partners to coordinate and harmonize their programs, especially in e-voucher food assistance and livelihood support. Farming restriction, as well as restraints on other livelihood activities, such as fishing, have exacerbated the food crisis, leading to the rise of food prices and use of negative coping strategies among the most vulnerable. The sector will continue to advocate and dialogue with the military and authorities at various levels and forums to have more clarity on access to land and types of seeds allowed for the next farming season in April 2020.



### Protection

Stakeholders in the community have raised concern over increasing substance abuse, particularly among the youth in the town. Adults (including the elderly), on the other hand, are also engaged in the use of controlled substances like Codeine, Tramadol, Refnol (Rohypnol), and Roche (Valium). The sector and other stakeholders have attributed the sudden rise in substance abuse to peer pressure and sometimes as a reaction to harmful coping mechanisms. Focus Group Discussions (FGDs) and Key Informant Interviews indicated that limited livelihood opportunities and idleness were the primary cause of the rise in drug abuse amongst adults. These engagements also pointed out that drugs are now widely available in the community, especially in the larger camps.

The increased presence of the military in camps has raised protection concerns including sexual exploitation and abuse. Besides, two incidents of stray bullets involving a woman and a child were recorded at GGSS and Veterinary camps in November.

Lack of civil documentation remains a significant concern as IDPs and host community continue to face harassment at checkpoints (sometimes leading to detention) when traveling without proper documentation. Maiduguri is the nearest city where they can get their documentation. Traveling to Maiduguri is a challenge for many and the few who make it have to contend with long waiting times together with many others seeking the same service. There is limited awareness and support to improve the situation.

Sexual and Gender Base Violation (SGBV) remains widespread across camps and host communities. Lack of awareness of the appropriate referral pathways and the culture of silence has made it difficult for victims to come out. During FGDs, women and girls cited that engaging in daily chores like fetching water or going to the farm are factors contributing to sexual assault incidents. They claimed these activities expose them to assault by intimate partners, members of security forces as well as their fellow IDPs and returnees.

There has been an influx of commercial sex workers into the community. The recent clampdown on sex workers in the Maiduguri metropolis might have triggered this movement. Now, a sizeable number of these sex workers take up accommodation in IDP camps while others rent houses around the campsites. This development increased military presence in IDP camps heightening sexual exploitation, survival sex and led to a rise in cases of child abuse. The protection sector and Civilian Joint Task Force (CJTF) personnel identified over 30 shelters previously allotted to the IDPs that are now used by soldiers. At the October CMCoord forum, the military promised to work with the protection sector to further investigate the matter.



### Camp Coordination Camp Management/Shelter and Non-Food Items

The sector continues to strengthen the partnership between implementing partners, ensuring a harmonized and coordinated response. The recent spate of fire outbreaks has increased the need for more shelters and NFIs, mounting additional pressure on the camp managers and other humanitarian partners. Through the combined efforts of partners, the sector assisted over 500 victims of the fire incidents. The fire incidents have continued throughout the dry season and in December additional fire incidents have also impacted few households. Therefore, there is a need to strengthen sensitization and awareness programs among camp residents on fire mitigation measures. Besides, efforts should be sustained in the replacement of makeshift shelters across camps. The materials currently used in makeshift shelters are highly susceptible to fire.

Shelter construction at the newly approved Waterboard Extension camp is 70% completed. There is a need for WASH partners to immediately start the construction of latrines and water points so that the newly constructed shelters can be assigned to the IDPs. The shelter allocation exercise will facilitate decongestion in camps as well as other facilities occupied by IDPs. Moreover, if shelters are not occupied soon there is a high risk of vandalism and theft of the shelter materials. The sector will continue to advocate for more land to construct additional shelters to meet remaining needs.



### Education

A quick response assessment (QRA) was conducted to strengthen the Education sector and also to avoid duplication of activities by implementing partners in Monguno. The assessment identified gaps in the formal and non-formal learning centers.

A new partner, Street Child, assessed Monguno and promised to start implementing education activities early next year. The sector will continue to advocate for additional partners to implement primary education interventions to come to Monguno.

The absence of senior secondary schools in the LGA has created a very significant gap. This absence accounts for a large number of students dropping out of school as soon as they graduate from junior secondary school. The majority of these students do not bother to collect their admission letters to the senior secondary school. The situation is more worrisome for the girls, as over 80% of them drop out of school at this stage. Close to 90% of the parents cannot afford to send their children to Maiduguri for school. Others are considering the security implications of plying the road to Maiduguri daily. In 2018, out of 243 (98F) students who completed their junior secondary schools, 202 of them did not collect their admission letters into the senior secondary school. This statistic shows how hundreds of students are forced to give up their future dreams and careers to pick up menial jobs to earn a livelihood and also help their parents at home. The Education sector will continue to advocate with the State Government and other stakeholders to ensure that a Senior Secondary School is established in Monguno LGA. This will, to a great extent, check the enormous number of student dropouts as well as encourage continuity.



### Health

The health sector continued to respond to increased demand that is partially associated with the arrival of IDPs from Gagiram, Marte, Guzamala, and Kukawa LGAs earlier in the year. The sector partners recorded notable increase in incidents of Acute Watery Diarrhea (AWD) and skin infections, which can be linked to the poor hygiene conditions in IDP camps. During the reporting period, 360 cases of AWD were reported with three fatalities. Thirty of the AWD cases tested positive using the Rapid Diagnostic Test (RDT), suggesting cholera. On further diagnosis, the disease surveillance officer (DSNO) of the State Ministry of Health, confirmed two of three culture samples taken to Maiduguri as positive for cholera. The health sector, through its Rapid Response Team (RRT) and the Ministry of Health, alerted all the partners about the situation. They recommended increased disease surveillance through health promotion activities and community cholera awareness program. Further, they recommended the training of health providers to facilitate an adequate response. The contingency plan, which includes Health and WASH partners, is currently operational and aims to contain potential cholera outbreak and avoid the spread of the disease.

Measles has declined with only 53 isolated cases reported in October among the new arrivals and people coming from the outskirts of the town. Health partners supported the measles and meningitis vaccination campaign initiated by the Ministry of Health and WHO.

Restrictions on fuel have negatively impacted the provision of secondary healthcare services. The main health provider, ALIMA, was forced to suspend activities in the general hospital and moved operations to its maternal and child hospital. This move has reduced the available bed capacity by more than 50%. This situation also impacts the quality of care received by the patients as well as reducing the length of stay, giving priority to only critical cases presented with life-threatening conditions.

As stated above, the humanitarian response to adult in-patient health services remains a challenge since the MSF withdrawal from Monguno. The only remaining adult in-patient health facility managed by ALIMA is overwhelmed. There is an ongoing effort by the LGA leadership to bring more health partners.

### Water Sanitation and Hygiene

Water supply remains a challenge. Partners are still trucking water to six camps as boreholes are not enough and drilling is ongoing to increase water supply. Construction of new sanitation facilities in camps is also ongoing to address identified gaps, but in Low Cost and Kuya camps, landowners oppose the construction. To prevent potential AWD/cholera outbreak, partners are regularly desludging and rehabilitating latrines in camps. In addition, chlorination of water points and hygiene promotion have been intensified coupled with the distribution of hygiene kits.

### Challenges

- Persistent insecurity incidents along Monguno-Gajiram-Maiduguri road is hampering movement of goods and people (including humanitarian partners) into and out of Monguno.
- The restriction to accessing a maximum of 1,000 litres of fuel per week for each partner has affected operations at the General Hospital run by ALIMA.
- There are insufficient boreholes in camps leading to use of the costly water trucking option.
- Landowners oppose construction of latrines in Low Cost and Kuya camps.
- Lack of adult in-patient services following withdrawal of MSF.

### Key Recommendations

- CMCoord to continue advocating for the quick resolution of fuel restrictions to enable adequate supply of fuel to run generators at the health facilities operated by ALIMA.
- Protection sector to continue engagement with stakeholders to move out military personnel residing in IDP camps. In addition, the sector should strengthen awareness activities and referral pathways to address incidents of sexual and gender based violence as well as reduce substance abuse across the IDP camps and in host community.
- CCCM to strengthen engagement with landowners to allow the construction of latrines in the IDP camps.

### Partners Presence

There are 30 humanitarian partners present in Monguno – 17 international NGOs, five national NGOs and eight UN agencies. Data collected from partners in September indicated a total workforce of about 800 personnel on ground with staff consisting of 77% and contractors at 23%. Majority (98%) of the personnel are Nigerians. SEMA, Ministry of Women Affairs and Social Development (MWAD) and the National Human Rights Commission (NHRC) are also on ground working together with humanitarian partners to provide assistance to the people in need.

Humanitarian Organizations in Monguno		
<b>Protection</b>	19	ACTED, CHAD, GISCOR, ICRC, INTERSOS, IOM, IRC, MWAD, NCA, NHRC, NRC, PI, PUI, ROHI, SFCG, Street Child, TDH, UNFPA, UNICEF
<b>Food Security</b>	11	AAH/ACF, ACTED, CA, FAO, ICRC, IRC, JPDH, NRC, SI, WFP, ZOA
<b>Shelter</b>	9	AAH/ACF, ACTED, GISCOR, ICRC, INTERSOS, IOM, IRC, NRC, SI
<b>WASH</b>	9	AAH/ACF, GREENCODE, ICRC, IRC, NCA, NRC, SI, UNICEF, ZOA
<b>Health</b>	6	AAH/ACF, ALIMA, IRC, PUI, UNICEF, WHO
<b>Education</b>	5	FHI360, IRC, PI, Street Child, UNICEF
<b>Nutrition</b>	5	AAH/ACF, ACTED, ALIMA, IRC, PUI
<b>CCCM</b>	3	INTEROS, IOM, UNHCR
<b>Coordination</b>	2	IOM, OCHA