



Thematic Report – 31 July 2017

# NIGERIA: HUMANITARIAN NEEDS OF RETURNEES FROM CAMEROON, CHAD & NIGER

## Crisis overview

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### Limitations

The spontaneous movement of population and existence of multiple unofficial entry points makes it difficult to ascertain the exact number of returnees. Refugees, once back across the Nigerian border are regarded as IDPs, returnee refugees or returnees, making it difficult to distinguish their status.

ACAPS welcomes all information that could complement this report. For additional comments or questions please contact Caroline Draverny at [cd@acaps.org](mailto:cd@acaps.org).

## Overview

The return of refugees from Cameroon, Niger, and Chad has put increased pressure on the already existing displacement situation in Banki, Gamboru, Ngala, Damasak, and Pulka. Between January and June 2017, 35,000 Nigerians have returned to Banki, in Bama LGA from Cameroon. More than 4,500 of the returnees have been relocated to Pulka in Gwoza LGA (UNHCR 11/07/2017). As of April 10, the Nigeria Immigrations Service (NIS) had registered 119,061 returnees from Niger and 339 from Chad (UNHCR 30/04/2017).

Ongoing military operations within local government areas (LGAs) and villages mean the refugees are unable to return home. They thus remain displaced within the headquarters of the LGA or are relocated to a military designated safe zone – a situation that could become protracted.

Living in organized camps, makeshift settlements, schools, hospitals, and host communities as their homes are not yet safe to return to, the returning refugees lack access to food, livelihood opportunities, shelter, WASH, healthcare, and other essential services.

### Priority needs

**Food:** At least 289,000 people are expected to be affected by severe food insecurity in these flood-prone locations. Most returnees are dependent on food distributions that are irregular and insufficient.

**WASH:** Many returnees live on less than 5L of water per day. Available latrines and bathing facilities are insufficient to meet the needs of IDPs and returnees.

**Health:** Unavailability of health services has resulted in the deaths of several returnees from common diseases like malaria, pneumonia, and acute watery diarrhoea. Over 300 cases of hepatitis E have been reported in Ngala.

### Humanitarian constraints

The spontaneous influx of returnees makes planning and response problematic for NGOs. The risk of ambush on humanitarian convoys, explosive devices, flooding, poor roads and transport logistics challenges make access difficult.

## Contextual information

The influx of returning refugees from Cameroon, Chad, and Niger to Borno state mainly through Gamboru-Ngala in Ngala Local Government Area (LGA), Damasak in Mobbar LGA and Banki in Bama LGA has increased the returnee population and with it, the humanitarian needs (UNHCR 30/06/2017). All four LGAs (Mobbar, Ngala, Bama, and Gwoza) and seven others were under Boko Haram control as of February 2016 and thus inaccessible (SEMA 25/02/2016). The recapture of some LGA headquarters since 2016 by the government and clearance operations in those areas have made the areas accessible and prompted the movement of populations, including returning refugees.

Between January and March, 2017, the Nigeria Immigration Service (NIS) registered 5,224 returnees from Cameroon. By June, the number of Nigerian refugees returning from Cameroon to Banki in Borno State, North-Eastern reached 15,036. In Yobe, Adamawa, and other parts of Borno, the NIS registered nearly 180,000 people who returned to Nigeria from Chad, Cameroon, and Niger between 1 January and 28 June, 2017 (UNHCR 11/07/2017). As of 10 April, UNHCR and the Nigerian Immigration Service (NIS) had registered 119,061 from Niger and 339 from Chad (UNHCR 30/04/2017). At least 50 new returnees are reported in Banki daily who travel 2-3 days by foot from Cameroon. About 10,000 returnees are still expected to Gwoza from Cameroon (PI 31/07/2017).

Many face a situation of secondary displacement in organised camps, makeshift settlements, schools, hospitals, and host communities as their homes are not yet safe to return to. They lack regular access to food, WASH facilities, and health care.

## Reasons for return

### Forced return

Almost 8,000 returnees have reported being or feeling forced to return by the Cameroonian government who suspected that the population has been infiltrated by Boko Haram fighters and sympathisers, given the increased attacks in the Far North Region (Reuters Africa 22/03/2017; UNHCR 31/03/2017; MSF 19/04/2017; UNHCR 08/06/2017). 109 suspected fighters and accomplices of Boko Haram have so far been arrested by the Nigerian Government among the returning refugees (Punch 02/07/2017). Forced returns have also resulted from counter-insurgency activities at the villages along the border (INTERSOS/UNOCHA/WFP 08/04/2017).

## Security situation at home

51,447 of the returning refugees reported being told that the security situation in their home towns had improved and they were free to move around and explore agricultural and livelihood opportunities (UNHCR 08/06/2017). This turned out to be false as the general security situation remains fluid and Boko Haram is still a threat to civilians. Incidents of explosions, ambush on convoys and kidnappings remain a daily concern (UNHCR 04/2017).

## Deteriorating situation in host country

Returnees from Cameroon also report hearing rumours that aid will be stopped, camps could be closed, and that aid is readily accessible in locations to which people are being encouraged to move (INGO Forum 26/5/2017). However, in Banki, and other towns where people hope to head, access is very limited and largely dependent on the availability of military escorts, which are also required by humanitarians. Most returnees are unable to travel onwards to their home villages where the security situation remains uncertain (UNHCR 01/06/2017).

## Priority needs

### Food

Food remains a major priority as all LGAs receiving returnees face Emergency (IPC Phase 4) food security levels and 65% of the population in Bama and Ngala are food insecure and unable to meet their food needs (IOM 31/05/2017; IOM 20/05/2017; Mercy Corps 17/02/2017; Food Cluster 30/06/2017). The prevalence of poor food consumption is 73% in Banki, 41% in Gwoza and 36% in Pulka. It is made worse by the high influx of refugees (WFP 04/07/2017). Most returnees are dependent on food distributions that are irregular and insufficient as the increasing price of commodities and reduced purchasing power hinders access to food (OCHA 31/05/2017).

The rise in attacks along roads have impacted the functioning of markets in these areas. (FEWSNET 11/06/2017; NRC 08/05/2017). Markets are only 50% functional in Gwoza and not at all in Ngala (Food Cluster 30/06/2017). A high proportion of female-headed households (55 %) are more negatively impacted by food insecurity than their male counterparts (43.5 %) as livelihood opportunities are more limited for women due to discrimination. The volatile security situation which limits access to livelihood activities, firewood, and water further exacerbates food insecurity. The continuous influx of returnees without prior official notification has increased ad-hoc needs for food

support and contributes to worsening the overall food security situation, especially in the current lean season which lasts until August (Food Cluster 20/06/2017; WFP 04/07/2017; OCHA 31/05/2017). 61% of households, particularly new returnees, have adopted emergency coping strategies such as begging and the sale of productive female animals to bridge food gaps (WFP 04/07/2017).

With no farming input, despite relative peace, and adequate land and rainfall in Damasak, the food security situation is expected to worsen in coming months (PI 05/07/2017).

## WASH

Despite warnings from UN Agencies and INGOs about the limited water availability in Pulka town, thousands have been relocated there from Banki by the state government to decongest the area (INGO Forum 28/05/2017).

As of May 2017, a 91% increase in WASH needs has been noted in Mobbar and 80% in Ngala where there is no drinkable water in the camp (UNICEF 15/05/2017; INTERSOS/UNOCHA/WFP 08/04/2017). Only 304 latrines and 136 bathing areas exist for a population of nearly 45,000 people in Banki camp (UNHCR 08/06/2017). In Ngala, the lack of drainage, poor waste disposal practices and the flood-prone nature of camp locations increases the risk of access problems and the outbreak of waterborne diseases like cholera. (INTEROS/UNOCHA/WFP 08/04/2017).

In Damasak, open defecation is widely practiced as sanitation facilities are in poor and unsafe condition. In Pulka, only six toilets serve a population of over 2,800 returnees and they are not segregated by gender. Access to clean water remains a challenge in Pulka due to the topography and low ground water levels which makes the installation of boreholes extremely difficult. The layers in Pulka are rocky and the water levels are said to be about 305m deep. It is further aggravated by the unpredictable population increase (IOM 20/05/2017; WFP 04/07/2017). No chlorination or other kind of treatment systems are practiced despite water being sourced from shallow wells and pits. The absence of solid waste management was also noted in May (NRC 08/05/2017).

## Shelter

83% of returning households have had their homes damaged or destroyed due to the insurgency (UNHCR 30/06/2017). At least 3,700 of the 4,500 returning refugees relocated to Pulka were without shelter as of June 2017, illustrating the wider situation among the returnees (OCHA 23/05/2017). In Damasak where almost all houses were completely destroyed, essential NFIs are in short supply and cooking utensils are often shared between households (NRC 08/05/2017). Many returnees continue to sleep in the open air

due to lack of shelter and land space to erect shelters, exposing them to harsh weather conditions. Many shelters constructed in the past have been damaged by strong wind and need repair – a problem that is being worsened by the rainy season (UNHCR 08/06/2017; IOM/MSF-Ch/DRC 20/05/2017).

## NFIs

Returnees lack shelter, which constrains the provision of NFIs. The most needed type of NFIs were kitchen sets, blankets, mats, and mosquito nets (IOM 20/05/2017). In Ngala where there have been no NFI distributions since January, or any other programmes, the over 24,000 new arrivals as of 2017 have not benefited from humanitarian assistance (INTEROS/UNOCHA/WFP 08/04/2017; UNHCR 03/04/2017).

## Health

Secondary healthcare and referral services is a big challenge for the returnees due to absence of ambulance services, the lack of specialized healthcare providers and the need for military escorts in these areas of return (Health Sector Bulletin 15/06/2017; UNHCR 08/06/2017). Most major cases are referred to Fotokol in Cameroon - reached by a six hour road trip - or to Maiduguri for treatment (IOM 30/11/2016; INTERSOS/UNOCHA/WFP 08/04/2017). Only one health facility is functional in Banki and critical medical cases also need to be transferred to Cameroon (Health Sector Working Group Meeting 22/06/2017; WFP 04/07/2017).

In Ngala, the unavailability of drugs, cold storage for supplies, and the lack of doctors remain a major challenge (IOM 30/11/2016; INTERSOS/UNOCHA/WFP 08/04/2017). Critical gaps like the insufficient number of adequately trained health workers to deliver nutrition and other health services need to be bridged (OCHA 15/05/2017).

Hepatitis E has been on the increase in Ngala and Mobbar. As of July 15,434 cases of have been discovered in Damasak and Ngala, 25 of which were pregnant women (Borno State Government/NCDC 15/07/2017; WHO 12/07/2017). The current hepatitis E outbreak is at high risk of spreading as a result of cross-border contamination and the poor living conditions of the returning refugees. Not all returnees are screened at the point of entry thus increasing the odds of returnees with diseases going undetected by the health authorities and the risk of further transmission (OCHA 14/02/2017; IOM/MSF-Ch/DRC 20/05/2017; Health Sector Bulletin 31/05/2017; Health Sector 05/07/2017).

As of 17 June, 12 cases of acute jaundice syndrome, a symptom of hepatitis E, have been detected in Damasak and 41 in Ngala. Jaundice itself is not a disease but a symptom of several possible underlying illnesses, another indication of the increased risk of an epidemic (WHO 23/06/2017; WHO 07/2016). In addition, several common diseases like

malaria, malnutrition, gastroenteritis, diarrhoea, mumps, skin diseases, and respiratory tract infections have been reported among the returnees (IOM 30/11/2016; INTERSOS/UNOCHA/WFP 08/04/2017).

Overcrowding and the lack of WASH facilities increase the risk of disease outbreak. In Banki, recent reports have indicated a high number of deaths from pneumonia, acute watery diarrhea, pulmonary tuberculosis, snake bite, severe malaria, and hypertension among new returnees (Health Sector Working Group Meeting 22/06/2017; WFP 04/07/2017)..

10 cases of SAM are reported daily on average. The high malnutrition rate is largely attributed to the lack of clean drinking water, poor hygiene and other WASH facilities, the stretching of household food supply as a result of the large influx of returnees, and the inadequate health system (Health Sector Working Group Meeting 22/06/2017; WFP 04/07/2017).

## Protection

The major protection concerns are that the refugees are returning to areas which are not safe and the returns, especially from Cameroon are not done in a voluntary, safe, sustainable or dignified manner (OCHA 31/05/2017; UN 29/06/2017). Returnees have reported being rounded up by Cameroonian security forces, put in trucks and driven across the border without their families or belongings (Vanguard 21/03/2017). The prolonged absence of food is leading to serious protection risks for the population including domestic violence, forced marriages, unwanted pregnancies and sexual exploitation (UNHCR 06/06/2017). Early marriage is common and the number of cases of teenage pregnancy is reported to be on the rise in both Banki and Gwoza. There are also many widows as most women have lost their husbands to the insurgency (PI 31/07/2017).

## Family separation

Over 7,500 families have been separated as those detained by the military in their country of asylum are often released far from their families (UNHCR 08/06/2017).

86% of returnees were not registered in their country of asylum, making them illegal immigrants that are vulnerable to deportation at any time (UNHCR 30/06/2017). The lack of legal documentation has led to many returnees being forcibly moved from one side of the border to the other several times, increased the risk of statelessness, and resulted in many returnees being detained for extended periods. Some Cameroonians have also been forced to move to Nigeria due to their inability to prove their nationality (INTEROS/OCHA/WFP 08/04/2017).

Returnees, especially to Pulka, have found their properties occupied by IDPs. With no formal dispute resolution mechanisms in place this is leading to risk of conflict over ownership (INGO Forum 26/05/2017; IOM/MSF-Ch/DRC 20/05/2017).

## Physical safety and security

Of the 360,000 returnees registered by the Nigerian Immigration Service (NIS) as of 30 June, 17,000 report being maltreated, harassed or assaulted physically (UNHCR 30/07/2017).

Volunteers are recruited to work with aid organisations without background checks, raising security concerns that associates and members of Boko Haram may be working with humanitarian agencies, exposing communities to further danger (INTEROS/UNOCHA/WFP 08/04/2017).

Security is still in an issue in several LGAs. In Ngala, the storage of food and NFIs within camps and other settlements by aid agencies puts beneficiaries at risk of attacks by the insurgents or other armed groups who may want to rob them. Many other areas, like Gwoza, are believed to still be surrounded by Boko Haram, thus vulnerable to attacks. As the situation is still unsafe, returnees are not allowed to travel one kilometre beyond Pulka and Gwoza Town (PI 31/07/2017).

## Sexual and gender based violence

In Pulka and Ngala, there are no systems in place to treat gender based violence (GBV), despite domestic violence being common (IOM 20/05/2017). 46% of returnees to Banki report experiencing domestic violence (UNHCR 28/05/2017). The lack of livelihood opportunities, high military presence, and high number of out of school children increases the risk of sexual exploitation of women and girls in Damasak (PI 07/05/2017). Fetching firewood from bushes and water puts the returnees at risk of attacks and SGBV. The lack of electricity and absence of lighting makes it easy for assaults to go undetected (INTEROS/UNOCHA/WFP 08/04/2017; PI 31/07/2017). Also, latrines in many of these areas are not separated by gender and most of them have no locks. This puts women and girls at risk of sexual violence (PI 31/07/2017).

## Human Trafficking

An increase in human trafficking, especially of vulnerable people including IDPs across the border for sexual exploitation and forced labour in Libya, Mali, South Africa, and Europe has been reported. Children are recruited to bigger towns and other states as domestic help or farm hands. Women travel under false promises of a better life to Niger, Cameroon, Chad, Libya, and Europe, where they are forced into prostitution. (IOM 16/06/2016).

## Aggravating factors

### Rainy season

The rainy season is putting increased pressure on responders and the population as many areas will be cut off or become difficult to access due to flooding. It will for instance now take approximately one month to move goods from Maiduguri to Ngala by road due to flooding (INTERSOS/UNOCHA/WFP 08/04/2017). Partners will be forced to provide immediate assistance using otherwise earmarked stocks. This will lead to a break in the distribution and supply of aid, worsen the food security gap and reverse gains made so far (OCHA 31/05/2017).

The rains and windstorms have damaged or destroyed hundreds of shelters, latrines, temporary learning spaces, and even some more permanent structures that will need to be rebuilt. This sets back the response efforts (OCHA 15/05/2017).

### Pre-existing displacement situation

The pre-existing population of IDPs and the military's counter-insurgency operations that enables the movement of people previously trapped in inaccessible areas exacerbates the situation (INTERSOS/UNOCHA/WFP 08/04/2017).

The escalation of Boko Haram violence in 2014 resulted in mass displacement around northeast Nigeria. As of June 2017, 1.8 million individuals are displaced, 79% of whom are located in Borno state. Of the 1.3 million who have returned, albeit to a state of secondary displacement, between 95,000 and 268,000 have come back from neighbouring countries (IOM 07/12/2017; UNHCR 01/04/2017). The rest are from within the northeast. Before 2014, there was no record of displaced people in Borno state. The highest percentage (31%) of displacement occurred in 2015 (IOM 07/12/2017).

The trend of returns within the country have continued. Adamawa recorded 666,077. Of this, 166,364 were to Hong, 124,187 to Michika and 110,540 to Mubi South and the rest to other areas of the state. Both Michika and Mubi were completely deserted at the height of the insurgency. Borno has recorded 504,016, with Ngala LGA having one of the highest numbers (37,000) while Yobe has 88,000 (IOM 13/07/2017).

## Humanitarian and operational constraints

- Freedom of movement is severely curtailed due to presence of UXOs and fear of attacks from Boko Haram (INTERSOS/OCHA/WFP 08/04/2017).
- The lack of funding has forced some organisations like WFP to scale down. This reduces quantity and duration of aid to beneficiaries (OCHA 15/05/2017).
- Insecurity and transportation challenges make assessment, programme implementation, and monitoring difficult (OCHA 15/05/2017). Travel by road requires military escort which often takes days to arrive in Maiduguri. Military personnel have to stop the convoy at certain intervals to assess presence of mines along the Banki Road, thus prolonging the journey, sometimes by a day (PI 31/07/2017).
- Movement is restricted to military designated safe zones and the imposed 6am-6pm curfew means aid agencies have very limited time to carry out their activities. After heavy rains, roads become almost unusable, especially the road leading northwards to Ngala.
- Prepositioning nutrition supplies has been challenging due to limited partner presence in these flood-prone areas like Ngala axis and lack of available facilities for storage (OCHA 31/05/2017).
- The continuous influx of people from Cameroon and other areas of displacement without prior notice makes planning and delivering aid problematic (OCHA 15/05/2017).
- The growing nepotism in employment of national staff by INGOs leads to the recruitment of unqualified staff and hampers productivity (PI 21/07/2017).
- Limited Shelter/NFI prepositioning, space for construction of shelters and capacity to prepare and respond to repeated storms, which have already destroyed or damaged over 2,700 shelters in more than 41 locations (CCCM Sector 01/05/2017).

## Response capacity

### National response capacity

Several government agencies are involved in the response including the National Identity Management Commission (NIMC), the National Commission for Refugees, Migrants and Internally displaced persons (NCRMI), and the Nigerian Immigration Service (NIS). The National Agency for the Prohibition of Trafficking in Persons (NAPTIP) is getting more involved in tackling human trafficking (PSWG 15/06/2017). Several local NGOs are involved like the Action Initiative for Peace and Development (AIPD) and Social Welfare Network Initiative (SWNI).

### International response capacity

Organisations including IOM, INTERSOS MSF, UNICEF/Oxfam, UNICEF, WFP and UNHCR are providing immediate relief services through registrations, emergency shelter provision, food distributions, health and WASH services (OCHA 28/05/2017). The UNHCR is working with the NIS on registering returnees and has recently distributed improved stoves and charcoal as a GBV prevention solution in Banki while MSF is providing health services in Pulka (MSF 19/04/2017). The response capacity is however low as the magnitude of the situation is overwhelming. Returnees are arriving in areas where aid partners were not fully prepared to provide assistance due to lack of presence (UNHCR 08/05/2017). Presence was previously not possible as many roads leading to these locations were closed or unsafe due to military operations and Boko Haram attacks. Funding remains a challenge as the USD 1.1 billion 2017 Humanitarian Response Plan is only 42% funded as of June. The spontaneous returns continue to undermine the effectiveness of response (OCHA 23/05/2017; OCHA 15/05/2017; OCHA 06/2017).

## Information gaps and needs

- Limited information available on plans of returns as returns are often spontaneous, negatively impacting the response in affected areas as it limits organisations' capacity to scale up. Assessments are being conducted to gather necessary information (OCHA 23/05/2017).
- Only 3% of the returnees were registered as refugees in their countries of asylum but end up being registered as IDPs upon return. This makes it difficult to ascertain the number of returnees (UNHCR 30/04/2017).

- Sensitivities around SGBV issues and the absence of clear and effective report mechanisms make it difficult to ascertain the extent of abuse and sexual exploitation.
- Most available assessments are rapid and do not contain detailed information. They do not give estimates of the number of people in need by sectors by areas of return, making it difficult to ascertain the extent of needs/crisis.

## Lessons learnt

- Harmonising the IDP/returnee registration system will ensure uniformity of figures, reduce duplication of efforts and aid planning (INTEROS/OCHA/WFP 08/04/2017).
- The need for stronger coordination of the response and increased information sharing among partners has been noted. This will also ensure that the returnees do not have to choose between activities (INTEROS/OCHA/WFP 08/04/2017).
- Rain-preparedness activities including the repair, bracing, and elevation of drainages will mitigate the damage caused by the rainy season. Cage fortifications and gravity walls have been employed in Akwa-Ibom state, Nigeria to keep the Ibom River embanked and prevent flooding (IOM/MSF-Ch/DRC 20/05/2017; Maccaferi 11/05/2016).
- As practiced in South Sudan, pre-positioning of a contingency stock of food, NFIs, and medical supplies will enable rapid response with basic needs for new unexpected influxes (IOM/MSF-Ch/DRC 20/05/2017).
- Better coordination of response and inter-country collaboration in high priority areas at the border with Cameroon and Niger helps reduce duplication of relief efforts and mitigate the deteriorating humanitarian situation (Health Sector Bulletin 31/05/2017).
- Qualified national NGOs and CSOs can sometimes intervene more quickly than international NGOs as they often already have presence in the area, are more familiar with the terrain and can work in a more cost effective manner (IRIN 15/08/2014).
- Exploring cash programming options in areas like Ngala where beneficiaries have indicated a preference for cash may serve the dual purpose of ensuring their needs are met and discourage the sale of humanitarian supplies (INTEROS/OCHA/WFP 08/04/2017).

- There is little information and understanding about refugees and migrants from overseas and their needs.
- The breakdown of people on the move (asylum seekers, economic migrants, refugees) remains largely unclear in most contexts.
- It is unclear where displaced groups within the Northern Triangle are located and what their needs are.
- Information on response in the Northern Triangle and Nicaragua is severely limited. Similarly, information on where authorities take people on the move after they have been detained in these regions is lacking.