

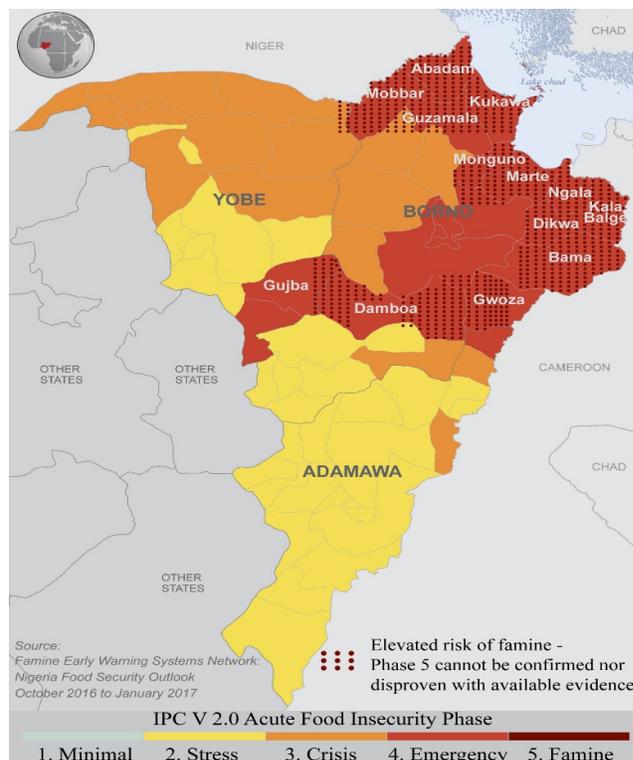


OCHA produced this report in collaboration with humanitarian partners. It covers the period from 15 December 2016 to 06 January 2017. It does not include information on the operations of actors that are not part of the Humanitarian Response Plan (HRP). The next report will be issued on or around 31 January 2017.

Highlights

- The number of people receiving food assistance grew by 350 per cent in the past five months with food insecurity remaining the greatest concern among internally displaced people (IDPs).
- 76 per cent of IDPs don't want to return to their homes unless their security can be guaranteed. Assistance is required to reconstruct and repair destroyed or damaged homes, to encourage sustainable IDP returns.
- One third of Borno State's 700-plus medical facilities are completely destroyed with a third of the remaining facilities dysfunctional. The Health Sector is only 22 per cent funded, under the 2016 Humanitarian Response Plan (HRP).
- 75 per cent of the water, sanitation and hygiene (WASH) infrastructure was destroyed in the conflict. This puts pressure on the limited facilities, causing frequent breakages and downtimes.

Hunger in Nigeria's North-East



1.64 Million
Internally displaced people (IDPs) in Adamawa, Borno and Yobe states

DTM XIII (IOM)

2.1 Million
People reached by food assistance in December 2017

Food Security Sector

7,416 Households
Live in the open without any form of shelter in Borno State

DTM XIII (IOM)

2.9 Million
Children in need of access to education.

UNICEF (Education Sector)

450,000
Children under five with severe acute malnutrition (SAM) in 2017

Nutrition Sector

5.1 Million
People food insecure in Adamawa, Borno and Yobe States.

2017 Humanitarian Response Plan

Situation Overview

According to the 2017 Humanitarian Response Plan (HRP), a projected 5.1 million people in Adamawa, Borno and Yobe states in Nigeria's north-east will be food insecure this year. High rates of malnutrition, including SAM, were found recently in places like Rann and Magumeri, both in Borno State. The Nutrition Sector estimates that 450,000 children

aged under-five will suffer from severe acute malnutrition (SAM) in 2017.

The Food Security Sector (FSS) and its partners responded by scaling up food assistance dramatically. It is now delivering food to Magumeri and Gubio (both north of Maiduguri) and to Ngala on the Cameroon border, areas that were previously hard to reach largely because of conflict. Food assistance to vulnerable populations grew from reaching 0.6 million people in August 2016, to 2.1 million people by December 2016. This represents a 350 per cent increase over the last five months. Better inter-agency coordination and partnerships facilitated this growth.

Nonetheless, there is still great need in a region where farmers have been unable to tend to their fields for three years because of conflict and where about 2.1 million fled their homes in fear, leaving all they owned behind. An estimated 1.64 million internally displaced people (IDPs) still live in camps, settlements and with host communities in Adamawa, Borno and Yobe states.

In December, the International Organisation for Migration (IOM) published its Data Tracking Mechanism (DTM), Round XIII. The DTM noted that for 66 per cent of vulnerable IDPs food is their greatest unmet need. The DTM also identified several camps and settlements that were not getting food regularly, or at all. These are now receiving attention from the Food Security Sector.

Severe Acute Malnutrition

In December 2016, new areas of great need came to the attention of humanitarians after IDPs arrived in large numbers at sites in Monguno, Banki, Baga and Rann in Borno State. In December, humanitarian missions observed over 40,000 people in each of the latter two sites experiencing grim conditions and great hunger. On 22 December 2016, a humanitarian mission to Rann (Kala/Balge LGA) on the Cameroon border witnessed severe acute malnutrition and mortality, including some 400 fresh graves of adults and children who died very recently from hunger and disease.

Surprisingly, a further area of great need was discovered in Magumeri, an LGA with an estimated population of 190,000 people, located at about only 50km distance north of the Borno State capital of Maiduguri. A recent humanitarian mission to Magumeri found a dysfunctional health system, with an average of five per cent of children suffering from severe acute malnutrition (SAM), and a further 25 per cent with moderate acute malnutrition (MAM). Magumeri was not on the radar of the humanitarian community until its needs unexpectedly came to light recently. It may be that similar areas-in-need are yet to be found in other unlikely places.

Population movements

In December, over a thousand refugees arrived from Cameroon to the border town of Banki, sometimes delivered there by the Multinational Joint Task Force (MJTF) through an arrangement with the Nigerian armed forces. The reasons for these repatriations are not yet clear, nor is it clear how many were Nigerian refugees. Some may have been IDPs finding their way to Banki through Cameroon, to avoid armed groups on the Nigerian roads.

In late December, a group of 963 IDPs arrived in Diari village near the Muna Garage settlement on the outskirts of Maiduguri. Most of these IDPs came from the adjacent LGAs of Dikwa and Mafa in east Borno State. They were escaping attacks on their villages by armed groups fleeing military operations in Sambisa Forest. The fighters reportedly abducted some of the IDPs' children. These attacks prompted IDPs in nearby villages to flee too, as they had no military protection.

IOM's DTM Round XIII report revealed considerable movement among IDP populations. There were increases in Ngala (up 24,333), Dikwa (up 14,282), Monguno (up 8,960) and Chibok (up 7,694). There have been increases too in the local government areas (LGAs) of Gubio, Mafa and Nganzai. The DTM says that increases in Dikwa, Gubio, Mafa and Ngala, may be explained by IDPs moving there from the LGAs of MMC, Jere and Konduga.

The increases in Monguno and Ngala were due to the military offensive in northern Borno. The numbers in Chibok increased because of improved security in the region. Additional IDP populations may be reported as humanitarian workers gain further access in new areas. Such population movements pose continuous challenges for camp management and the humanitarian response.

IDPs returning home

While the numbers of IDPs grew in some areas, other places experienced reductions. Adamawa State had an overall reduction of 17,454 in IDP numbers; Borno State saw a drop of 22,040; and Yobe State saw a fall of 12,434. While IDP numbers remain high overall at 1.6 million people, the drop in numbers in each state signals that a significant number of IDPs recently felt able to return home.

An October 2016 IOM survey of return intentions revealed that 98.5 per cent of IDPs wish to return to their places of origin. However, most will not do so unless they are guaranteed security. According to the DTM Round XIII, in 66 of the 164 sites accessed, safety and security were the key issues most people wanted to know about; and the news that IDPs in 56 sites most wanted to hear, concerned conditions in their places of origin. In 54 sites, IDPs cited radio as their most important source of news.

The condition of their homes was another major issue. According to the DTM Round XIII, 82 per cent of those who have returned to their places of origin come from areas where homes were not damaged as they fled. However, this DTM discovered that more houses had been partially burned than had been reported in previous DTM rounds. This indicates a need for interventions by the humanitarian community to support the repair and reconstruction of homes, to make returns sustainable. 2014 was the peak year for displacement, and since October 2015 more than one million displaced persons have returned to their place of residence. Little support has been given to them, to resume their lives.

Access and Security

Restrictions on movement around Sambisa Forest during a recent military offensive impeded the delivery of aid to four LGAs in Borno State and armed escorts are still required for humanitarian cargo and staff movements along the forest's boundaries. The conflict in Sambisa Forest spilled over to two LGAs in neighbouring Adamawa State, with attacks reported in the LGAs of Michika and Madagali. Meanwhile, the Government declared that roads are now open for civilian traffic to Damasak (in Mobbar LGA on the Niger border) and Baga (in Kukawa LGA on the shores of Lake Chad), but for the time being military escorts would be needed.

Between 2-26 December humanitarian partners were informed of about 50 incidents related to armed conflict in Borno State that led to civilian casualties. These included attempted person-borne IED attacks, attacks against civilians in villages in the south, and ambushes between the parties in conflict. The Protection Sector reports that shifting Boko Haram strategies remain a threat to civilians and IDPs.

Vulnerability Screening

UNHCR released the results of a vulnerability screening conducted in recently accessible areas in September and October 2016, in collaboration with the Nigerian Government. The survey indicates that 46 per cent of displaced households (in eight LGAs in Borno State) have protection risks and needs.

Out of 17,730 vulnerable displaced households screened (108, 065 individuals), 72 per cent had protection needs: 31 per cent women and girls, 25 per cent children, 16 per cent elderly and 11 per cent seriously ill or disabled. The Protection Sector is preparing a response plan to coordinate interventions for the most urgent needs.

Funding Sources: Financial Tracking Service (as of 06 January 2017)

\$ 1,036 million
Required by projects listed in the 2017 Humanitarian Response Plan.

0%
2017 Humanitarian Response Plan coverage.

\$ 0.03 million
Total funding received: projects listed in the 2017 Humanitarian Response Plan.



Humanitarian Response



Food Security

Needs:

- In Adamawa, Borno and Yobe States, a projected 5.1 million people will be food insecure in 2017, in phases 3-5 of the Integrated Food Security Phase Classification (IPC), according to the analysis of the October 2016 Cadre Harmonisé.

Response:

- This sector has so far reached some 2,293,619 people-in-need with food assistance, agricultural production inputs and livelihood activities. This represents 153 per cent of the target of 1.5 million beneficiaries set for the Food Security Sector (FSS) in the 2016 Humanitarian Response Plan (HRP).
- Assistance for this reporting period is broken down as follows:
 - 858,416 people in-need received in-kind and cash-based transfers, an increase of 60 per cent over the food assistance distributed during the previous reporting period. This brings to 2,093,130 the number of people reached so far with food assistance, from January 2016 to date. The interventions include people assisted in Borno and Yobe States through in-kind transfers (general food distribution and blanket supplementary feeding programmes, for children aged 6-59 months), and through cash-based transfers.
 - 7,264 more people received agricultural inputs through the distribution of seeds, tools, fertilizer, poultry, and restocking with small ruminants, as well as assistance for alternative livelihoods through small-scale enterprises and other cash-generating activities – totalling 200,489 for the year to date.
- Some partners signed letters of agreement to strengthen inter-agency coordination and joint response, making better use of resources and bringing assistance to more areas within a short period.
- Evidenced-based assessment continues to generate reliable data and statistics, to inform and support planning and programming by sector partners.

Gaps & Constraints:

- Last year, under the Humanitarian Response Plan (HRP) 2016, FSS partners were only 44 per cent funded, despite increasing food insecurity and prolonged human suffering; additional funding and support are necessary to meet urgent needs.
- Agricultural production inputs need to be scaled-up, including seeds, tools and fertilizer, to support in particular dry season irrigation farming.



Nutrition

Needs:

- In 2017, an estimated 3.4 million people (children 6-59 months and pregnant and lactating women) will require humanitarian nutrition services in Adamawa, Borno and Yobe states. Of these, it is estimated that 450,000 children 6- 59 months old will suffer from severe acute malnutrition (SAM).
- In 2016, the estimated number in need of nutrition assistance stood at 2.5 million people, of which 400,000 children 6-59 months were estimated to be suffering from SAM.

Response:

- As of 27 December 2016, 1.4 million children had received life-saving high dose vitamin A supplements.
- Severe Acute Malnutrition (SAM): 151,584 children (38 per cent of the target) entered an outpatient treatment programme – an increase of 12,558 over the reporting period.
- 86 per cent of SAM cases recovered.
- Multiple Micronutrient Powder (MNP): 138,343 children aged 6-23 months (109 per cent of the target) received their first MNP ration – an increase of 762 over the reporting period.
- Infant and Young Child Feeding (IYCF): 246,187 caregivers of children aged 0-23 months (39 per cent of the target) accessed IYCF counselling for appropriate feeding.

Gaps & Constraints:

- Severe Acute Malnutrition (SAM): estimated SAM children in Adamawa, Borno and Yobe states yet to be reached under 2016 targets: 246,604 (62 per cent of population in the three states).

- Infant and Young Child Feeding (IYCF): estimated number of caregivers of children 0-23 months who need access to ICYF under 2016 targets: 391,765 (61 per cent of population in the three target states).



Needs:

- One third of Borno State's 700-plus medical facilities are completely destroyed. One third of the remaining facilities are not functioning at all. The Health Sector has been working with the Borno State Ministry of Health to set up a Health Resources Availability Mapping System (known as HeRAMS), to collect information on the availability of health resources and services.
- While malaria is endemic, its incidence has been decreasing but as temperatures rise the risk of infection will increase among IDPs.
- Cholera and meningitis will be a threat in the coming months.
- A key challenge in recently accessible areas is the limited access to health services, due to the destruction of health facilities and a lack of health personnel.
- The basic restoration of health facilities is most needed where the population is returning home.
- Referral support needs to be strengthened in recently accessible areas, despite security challenges.

Response:

- The reactive measles vaccination campaign targeted children aged 6 months to 15 years, and resulted in the vaccination of 83,321 children in 18 IDPs camps. The nationwide routine measles vaccination campaign is to take place in Borno State in two phases: Phase 1 in 10 local government areas (LGAs) from 12 to 16 January 2017; and Phase 2 in 15 LGAs from 19 to 23 January 2017.
- Recently-trained Hard-to-Reach Teams (HRT) continued to support the on-going response to the measles outbreak in Maiduguri Metropolitan Council (MMC). However, security considerations have affected the immediate deployment of HRTs to other areas. The existing HTR team in Nanzai is providing services to address the health needs of recently displaced people (primarily from Monguno and Marte).
- The HeRAMS assessment of health facilities in Borno State is complete and the report is under preparation.
- In Borno State, 81,133 children aged 6 to 59 months received treatment for severe acute malnutrition (SAM); additionally, nine health facilities in the state received 19 inpatient kits for the management of SAM with medical complications. The kits went to nine health facilities in the LGAs of Maiduguri, Askira, Chibok, Bayo and Hawul.
- The sector has prepositioned nine Inter-Agency Diarrhoeal Disease Kits (IDDKs) in a Maiduguri warehouse. A further ten IDDKs went to the Borno State Ministry of Health (MoH), for onward delivery to high-risk LGAs in the state. Médecins du Monde (Mdm) also received a kit. One IDDK is enough to treat 1000 diarrhoea/cholera cases. The 20 IDDKs are enough for treatment of 20,000 diarrhoea/cholera cases.
- The Ministry of Health (MoH) in Borno State received support for the training of 135 health workers providing maternal new-born health services (MNH) from 16 clinics in IDP camps, and 28 clinics in host communities. They were trained in emergency MNH including focused antenatal care (FANC), and the prevention and management of common maternal and new-born complications. The training aims to improve the quality of MNH provided in the clinics.

Gaps & Constraints:

- Under the 2016 HRP the Health Sector received only 22 per cent of the \$53 million required, to respond to needs of 2.6 million targeted beneficiaries.
- Over 40 per cent of health facilities are severely damaged or destroyed in Borno state.
- To prevent further deterioration of the health system, especially to care for the affected population in the recently accessible areas, critical gaps must be filled in the delivery of primary health care, essential medicines and medical supplies.
- Insufficient number of skilled and appropriately trained health staff.

**Needs:**

- 6.1 million people need protection services.

Response:

- In Adamawa State:
 - 2,500 of the most vulnerable IDPs, returnees and members of the host community, most of whom are survivors of sexual and gender-based violence (SGBV), received livelihood support.
 - 3,000 IDPs (female-headed households and elderly without a caregiver) supported with cash based assistance for business start-ups.
 - The Protection Sector provided six legal representatives to IDPs for:
 - Court appearances
 - Victims of sexual abuse and rape.
 - 20,000 IDPs received psycho-social support (PSS)
- During the reporting period, the Child Protection sub-Sector (CP) reached 8,674 new children (Boys: 4,857, Girls: 3,817) with psychosocial and mental health support through child friendly spaces; it also registered 66 cases (Girls: 31, Boys: 35) of unaccompanied and separated children, and reunified 31 children with families and carers (Girls: 12, Boys: 19). 153 children associated with armed groups/and other forms of SGBV received reintegration services.
- A new influx of 1,600 people was reported in an informal camp at Abori. Three social workers were deployed to provide PSS services to 450 boys and 250 girls.
- Recently revised case management forms: roll-out and training is on-going, with partners.
- Capacity-building on improving CP interventions focusing on positive parenting, codes of conduct, community engagement and child protection programming.
- Protection and rule-of-law actors reached over 31,654 people in need in Adamawa and Borno States through: delivery of birth certificates (1,682 females and 1,336 males); delivery of ID Cards (1,560 females and 2,532 males); provision of solar lights to two IDP settlements in Adamawa – Malkohi & Daware – (1,356 females and 2,829 males); capacity-building (3,190 females and 3,428 males); awareness raising and information dissemination (9,458 females and 8,473 males).

Gaps & Constraints:

- The Protection Sector is only 12 per cent funded.
- The capacity and geographical coverage of 36 protection actors deployed in the north-east are limited.
- Sector partners face access constraints linked to insecurity, particularly in Borno State.
- The CP sub-Sector in Yobe State reported increased number of children from IDP and host communities are being sexually exploited working as street beggars, or casual labourers. The state does not have a transit/interim centre for screening these children before reintegrating them into their immediate families. Currently some of the children are placed in remand, a solution meant for criminals.
- The release of children and women in the custody of the army does not take place systematically. The exit plan is not well defined.
- CP sub-Sector reports drug use among IDPs, but currently there is no service provider to offer interventions. Continued substance abuse, if ignored, will have a very negative effect on the lives of many families and children.
- CP sub-Sector reports that there are few CP activities aimed at enhancing the resilience of children aged 12 to 17 years in the IDPs and host communities.

**Needs:**

- About 2.9 million children of school-going age require access to education: 1.6 million children are targeted for assistance.
- There is a real need to boost the number of teachers and enhance their capacity to teach conflict-affected children.

- Recaptured and recently accessible areas are experiencing a huge demand for education, with increased needs for temporary classrooms, learning and teaching materials and school furniture.
- WASH facilities are needed urgently to provide a safe learning environment in overcrowded and rehabilitated schools.
- Humanitarians can access some schools only by helicopter: this creates logistical challenges, especially for the transportation of school materials.

Response:

- 187,406 children accessed education (92,918 boys & 94,488 girls). Of this number, 108,697 children accessed formal education (55,380 boys & 53,755 girls) and 78,271 children (37,538 boys and 40,733 girls) accessed non-formal education.
- A local NGO, Women in New Nigeria (WINN), provided 21 volunteer teachers to EYN polo camp school.
- The sector reached two new locations with educational services: Nursing Village camp and Maimalari Barracks orphans school.
- 200 school bags with stationery were distributed to 200 learners at Maimalari Barracks orphans school.
- 334 school-in-a-box (SiB) packages to provide meaningful learning were distributed to MMC (210), Jere (120) and Nursing Village (4). These deliveries benefitted 12,960 pupils, who had not been reached with school bags.
- The distribution schedule for a further 656 SiBs will depend of the needs of recently accessible areas, and on the results of the school enrolment campaign.
- 16 more pre-fabricated classrooms were installed in Borno: four in Konduga, nine in Damboa and three in Monguno.
- Two primary schools in MMC LGA each received 278 double-sitter desks, benefiting 1,112 pupils. The schools concerned are the “777 Housing Unit” primary school and the “1000 Housing Units” primary school.
- During the reporting period, 438 new learners enrolled in primary schools in Yobe State (268 boys & 170 girls). In Borno State there were 4,038 new enrolments of school-aged children (2146 boys & 1892 girls).

Gaps & Constraints:

- Scarcity of operational sector partners (eight) in areas of critical need.
- A dedicated information management (IM) specialist is required.
- About 1.4 million children (98 per cent of those targeted), still require access to education.
- 68,000 teachers require training in new skills to teach children affected by conflict.
- There is a need for other education agencies to participate with UNICEF, in the delivery of formal basic education.



Water, Sanitation and Hygiene

Needs:

- During the reporting period, the WASH sector targeted 1,771,188 of the 3,650,000 people in need of WASH assistance, in Adamawa, Borno and Yobe states.

Response:

- The WASH Sector’s response addresses humanitarian needs in camps and host families. Currently the WASH Sector is working closely with Camp Coordination and Camp Management (CCCM) enumerators to get updates on WASH needs in various camps. This exercise is being extended gradually to host communities.
- During the reporting period, the response has focused predominantly on the construction and rehabilitation of boreholes with hand pumps, solar- and diesel-powered boreholes, construction of latrines & bathing shelters, including de-sludging activities, hygiene promotion and distribution of NFIs.
- The sector is expanding its activities to provide WASH facilities in health posts, learning centres and nutrition feeding centres.
- Over this reporting period, the targeted 1,771,188 conflict-affected persons were reached as follows:
 - 98 per cent of people targeted (about 1,733,844) were reached through the supply of water
 - 88 per cent of people targeted (about 1,550,600) were reached with sanitation
 - 72 per cent of people targeted (about 1,275,853) were reached by hygiene promotion.
- IDPs received 93,753 WASH kits (one per household).
- Needs assessments will be intensified in recently accessible areas, to explore the possibility of extending WASH services to vulnerable families.

Gaps & Constraints:

- Total estimated gap in the WASH sector (total needs minus total response): 1.92 million people in need.

- Access restrictions due to insecurity.
- Local partners' lack of experience in dealing with emergency preparedness and response.
- Weak coordination mechanisms at local levels.
- About 75 per cent of the WASH infrastructure was destroyed in the conflict (North-East Recovery and Peacebuilding Assessment, 2016). This puts pressure on the limited facilities, causing frequent breakages and downtimes.



Shelter and Displacement Management Systems/CCCM

Needs:

- Out of the 78,578 households in settlements across three states, a significant number of households live in the open without any form of shelter: Adamawa 2,414, Borno 74,164 and Yobe 2,000. In Borno, 10 per cent of the households live in the open while in Adamawa two per cent have no shelter.
- In only 28 sites does any portion of IDP households live within solid walls, and in those sites less than 25 per cent of households do so; in another 53 sites, no households at all live within solid walls. Electricity is available in less than 25 per cent of IDP households in 16 sites, while 130 sites have no electricity.
- 66 per cent of the people cite food as their biggest unmet need, followed by non-food items (NFIs) 15 per cent, access to health services seven per cent and shelter six per cent.
- In one assessment, the most needed NFIs were blankets and mats in 100 settlements, followed by mosquito nets in 23, kitchen sets in 22 and plastic sheeting in 13. In a second assessment, kitchen sets were the second most needed NFI in 49 settlements, followed by blankets and mats in 37 and mosquito nets in 32.
- Highly congested temporary settlements lack camp management structures and have increased protection risks, including risks from poor sanitation and fire outbreaks.

Response:

- Through focus group discussions, the sector presented a decongestion proposal to the settlement of Muna Garage El Badawe.
- New land has been made available in the Old Custom House transit camp to settle IDPs. The site plan is a work-in-progress to provide the most adequate type of shelter to support new arrivals and those still without shelters.
- Over 300 Bama-type shelters have been constructed in Pulka (Gwoza LGA), Borno State.
- In Gamboru (Ngala LGA), Borno State, plans are underway to re-organise, upgrade and support the multi-sectoral response at the International School settlement, including the construction of over 1,000 Bama-type shelters; the distribution of over 6,000 NFIs also took place. Biometric registration at this site continues.
- The Displacement Management Systems/CCCM Sector supports the National Emergency Management Agency (NEMA) and the State Emergency Management Agency (SEMA) in Borno, in setting up camp management structures, to ensure participation and improve coordination.
- A CCCM Site Tracker tool is under development for use in January 2017 to monitor weekly the quality of services and activities in camps, to ensure coordination within camps and to identify gaps in sectors.

Gaps & Constraints:

Gaps

- Over 1,039,267 people have returned to their homes with little or no support from Government, humanitarian and development actors. This gap has existed since IDPs started returning to Adamawa in 2015.
- Lack of coordination at the LGA level may have delayed an adequate response in Monguno and Damboa LGAs.
- There is a lack of land to decongest settlements and relocate IDPs from public buildings in Maiduguri and Monguno.
- There is a shortage of camp management staff to manage displacement and ensure access to services and protection in Maiduguri and the LGAs of Adamawa, Borno and Yobe states.

Constraints

- A major constraint affecting the humanitarian response, in addition to limited resources and lack of access, is the disconnection between UN agencies and Government in Abuja and the reality on the ground.
- Even when resources were flowing in, in larger amounts, at the end of the year, officials in Abuja did not delegate decisions affecting the emergency response to their heads of sub-office; neither did they travel frequently to the north-east to obtain information and advice directly from their experts.

- There are consequences to having the Senior Management Team (SMT) in Abuja composed of many organizations that do not have staff working on the ground in the humanitarian response: decisions by an uninvolved majority of members may jeopardise the performance of the minority, imposing unnecessary limitations and burdens on resources.
- Conflict of interests between the coordination and program management roles of co-lead agencies continues to undermine coordination.



Logistics

Needs:

- As operations are scaling up, there is an urgent need for a coordinated and enhanced logistics response to ensure effective and efficient delivery of aid.
- The focus will be now be on scaling-up storage capacity outside Maiduguri, in locations where humanitarian hubs are to be established.

Response:

- Constant engagement in civil-military coordination mechanism.
- On 15 December, a workshop in Abuja for the Logistics Sector clarified customs procedures to improve dealings with customs for humanitarian air and sea freight. With better knowledge of the details and formalities involved, it may be possible to shorten the lead-time considerably for life saving items, including food and drugs.
- The fuel situation improved for the UN Humanitarian Air Service (UNHAS): the main supplier Conoil has 40.000 L for UNHAS and 10.000 L are at the Military Air Base as a backup.
- The UN Humanitarian Air Service (UNHAS) successfully provided helicopter transport for reconnaissance missions to Baga (Kukawa LGA) and Rann (Kala-Balge LGA). These missions observed catastrophic conditions in both locations. Multi-sectoral needs assessment will take place in both locations.
- UNHAS supported a high-level UNHCR delegation with a special flight between Abuja and Maiduguri on 18 December; a further special flight catered for humanitarian travel on 21 December.

Gaps & Constraints:

- The volatile security situation and on-going military operations make it difficult to organize effectively the movements of cargo and personnel.
- The humanitarian response is further challenged by continuously increasing transport costs and the lack of clear information on importation and customs procedures.



Emergency Telecommunications

Needs

- Following a budgetary revision, the Emergency Telecommunications Sector (ETS) requires \$3.6 million to provide life-saving communication services in in Maiduguri and Damaturu and in six humanitarian deep field hubs.

Response

- Following discussions with the UN Department of Safety and Security (UNDSS) and other UN agencies operating in Nigeria, it was agreed migrate to Digital Mobile Radio (DMR) in 2017.
- For the migration to DMR, the ETS is working on an inter-agency standard DMR code plug.
- The ETS delivered radio training to five radio operators from UNDSS on 21 and 22 December.
- The ETS was requested to provide services for the humanitarian base camp in Maiduguri with a capacity for 120 humanitarians. It will also install a stand-by communications centre (COMCEN) at the camp.

Gaps & Constraints

- The ETS continues to follow up with the Ministry of Telecommunications concerning the request for radio licences with expanded frequencies.
- The ETS is also following up - through OCHA - permissions for the deployment of vital communication services in the humanitarian camps.

General Coordination

- The Food Security Sector is holding bilateral and mini-coordination meetings between partners at LGA and Ward levels to enhance efficiency. Such meetings are taking place in Maiduguri Metropolitan Council (Bolori), Kukawa LGA (Cross Kowa and Baga), and Monguno LGA.
- On 20 December, a Nutrition Sector meeting chaired by the Director of Primary Health Care, Dr Hyelni Mshelia, discussed the finalisation of the Minimum Nutrition Package and the coordination of partner human resources.
- The first meeting of the Disease Surveillance Working Group took place on Friday 16 December (chaired by the State Epidemiologist, the Director of public Health, supported by the World Health Organisation (WHO), National Centre for Disease Control (NCDC), and partners including Médecins sans Frontières (MSF), the International Rescue Committee (IRC), UNICEF, Première Urgence Internationale and Médecins du Monde (Mdm). The group committed itself to sharing data and analysing and responding to alerts, in collaboration with disease surveillance and notification officers (DSNOs).
- The Disease Surveillance Working Group brings all health sector partners together to ensure timely responses to prone disease outbreak alerts (for such as meningitis, cholera, measles, acute flaccid paralysis and malaria) and serious conditions such as severe acute malnutrition (SAM).
- The PSWG in Adamawa State holds its meetings twice a month to coordinate its response to the concerns of the SGBV and Child Protection (CP) sub-sectors.
- The CP sub-Sector held monthly meetings in Yobe and Borno states to fast-track the implementation of GBV and PSEA action plans in camps and host communities.
- Partners drafted a CP Bill for Yobe State for the better protection of children. The PSWG will advocate the speedy passing of the Bill to enhance access to services.
- WASH Sector holds coordination meeting in Abuja once per month and twice per month in Maiduguri. The sector currently has 15 partners actively working in hygiene, water supply and sanitation.
- Decentralised sector coordination is being piloted in Monguno LGA (led by Solidarités International) and in Damboa LGA led by Oxfam GB).
- WASH Sector created a Skype group to allow members to share with and update each other, on emerging issues. It also established a WASH sector website that is updated regularly with key information, sector standards and guidelines and upcoming events: <https://www.humanitarianresponse.info/en/operations/nigeria/water-sanitation-hygiene>.

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