

## Population Movements

Since 22 May 2017, there have been no movements of returnees from Cameroon to Banki. By 12 June, the total number of returnees registered in Banki had reached **19,227** individuals including the **12,428** that arrived during the influx between April and May. Limited shelter, acute health facilities, severe water and food shortages have been the harsh realities of a town unprepared to receive such an influx. **3,704** returnees were relocated to Pulka in three separate convoys organized by the Borno State government between the 21st and 31st of May. The government said it supported the relocation to decongest Banki amidst concerns by aid agencies about the lack of water and sanitation facilities coupled with over-crowdedness and restriction of free movement outside Pulka due to security considerations. In Pulka, there was a meeting of humanitarian agencies on the situation there to review the response capacity. The **7,000 - 10,000** returnees will be relocated to Gwoza from Pulka in phases to allow for effective planning. Since 2015, more than **270,000** Nigerians driven by the insurgency in the northeast have arrived from Cameroon, Niger and Chad.

## Situation Analysis

With a population of 287,787 Gwoza local government area (LGA), is one of the towns receiving returnees and IDPs facing numerous challenges. The dire protection needs include shelter, water, livelihood, education and nonfood items. Shelter is urgently needed for arriving returnees in the camps and in the host community. Returnee's sleep in class rooms and vacate very early in the morning to allow for daily resumption of studies. UNHCR protection staff on ground say shelter is top priority of the Gwoza community as a whole. Although most of the women in the camp have acquired skills such as tailoring, soap making, local spaghetti, and cap knitting, they do not have the relevant start- up kits. The men are interested in livestock farming (poultry). Three primary schools out of 84 are functioning with 51 volunteer teachers and 36 government teachers. Schools resumed in May, 2017 including one Universal Basic Education (UBE). Prior to the insurgency, there were 9 functioning secondary schools, but currently only one is operative

With the fast increasing population, only 5 primary health care centres and a general hospital are functioning including with one ambulance. Also, arriving returnees are in pressing need of protection material assistance.

## Response Efforts

Plan International is carrying out Sensitization and awareness raising on child labor and neglect, child marriage, and providing alternative care solutions where necessary. They are also training affected population on parenting and fostering and also into family tracing .Oxfam is providing dignity kits to central primary school, hygiene kits, water, food, and cash for work targeted 1000 families, livelihood skills and agricultural techniques for men, and opening up drainage systems in the community. MSF is providing secondary health care, treating malnourished cases and providing emergency transport with six tricycles (keke NAPEP). IRC is also providing primary health care, reproductive health care, and is establishing a comprehensive women center. UNHCR is conducting Protection monitoring, vulnerability screening, evaluation and establishing a reporting mechanism (WINN, UNHCR)

During the cluster coordination meeting chaired by MSF, humanitarian actors drafted a contingency plan which attributed roles on who does what, how and where. WFP's has distributed food to 1,091 individuals in Banki and reports that trucks transporting food are on the way via their Cameroon office.

## Key Operational Challenges/gaps

Protection risks include child marriage, child labor, UASC/orphans and abandoned children; Labor exploitation, sexual harassment, domestic violence, marginalization of women from accessing assistance. Unsafe areas to fetch firewood for cooking and the abrupt relocation of Guduf community to Central primary School without prior notification. Also, pregnant women in Gwoza camp have limited or no means of transportation during labor. Even though MSF assisted with six tricycles for medical emergencies, more assistance is required from other actors. Mortality among returnees is alarming and is attributed to very limited medical capacity, malnutrition, and exposure to harsh weather conditions. In a press release issued on 8 June, UNHCR said the situation requires a coordinated approach by the humanitarian community to reverse what it described as a dangerous trend.