## SITUATION OVERVIEW

### Prioritised Actions Required

**Food**
- Increase the rations currently being distributed by Nigerian Army

**Nutrition**
- Support for treatment of malnutrition cases
  - Supplies: Plumpy'Nut, scales, instruments for anthropometric measurements

**Health**
- Support for the sick and dying
  - Medicines
  - Medical equipment
  - Medical personnel

**Water**
- Increase access to drinking water
- Rehabilitation and drilling of wells
- Need alternative to the use of electric pumps powered by generators

### Urgent needs in all humanitarian sectors

- **15,000** Internally displaced people
- **1,561** severe acute malnutrition cases
- **20-50** measles cases
- **3-4** deaths per day
- **6,000** deportees from Cameroon

The Nigerian border town of Banki, lies 2½ KM from Cameroon, in the State of Borno and was controlled by Boko Haram starting from September 2014, before the Nigerian army regained control a year later. Local residents have been fleeing throughout this time and the town is now deserted except for the military forces and some fifteen thousand internally displaced people.

The military are providing security for the town and surrounding area. They provide the bare minimum in terms of water, food, and health care to the displaced population.

The houses in Banki are abandoned or have been destroyed or damaged by fighting. The main street, once a thriving commercial area with cross-border trade, is now empty and shows signs of looting. Local authorities are not present and no public, social, or commercial services are operational – including police, schools, health centres, and markets.
INTRODUCTION

Rational and purpose

The need for this assessment was based on reports indicating a serious humanitarian situation where people were dying on a daily basis. Humanitarian partners from Nigeria were not able to access the area due to insecurity and on-going military operations; it was thus proposed to access and assess Banki from Cameroon.

The purpose of the assessment was to:
- get information on the scope and severity of the crisis;
- get initial and first-hand information of priority needs of affected people;
- identify the most vulnerable groups;
- evaluate the possibility for a rapid response (cross-border, etc.);
- serve as basis for more in-depth sector assessments.

Methodology

Systematic observation and consultation of the affected populations was used to elicit community knowledge and perceptions during a rapid inter-agency assessment of the town and surrounding areas. The assessment team covered the following sectors: Food Security, Water and Sanitation, Shelter, Displacement, Protection, Nutrition, Security, and humanitarian coordination.

The evaluation team undertook the following activities during the assessment:
- Meetings with the Nigerian Army and briefing with the commander and chief of operations.
- Site visits of the areas where IDPs are living.
- Inspection of water points.
- Visits to the health and nutrition centre.
- Debriefing with the Nigerian Armed forces after the inspections.
- Team debriefing after the assessment with the humanitarian community in Maroua, Cameroon.

General Situation

Location Banki

The Nigerian town of Banki (GPS 11.25.14.15) lies 2.5 km from the Cameroon border, level with the town of Limani on the Cameroon side. It is located in Borno state, 130 km southeast of Maiduguri, in the Local Government Authority of Bama.

Impact of conflict and timeline

Banki was controlled by Boko Haram from September 2014, before being taken over by the Nigerian army in September 2015. The people of Banki have gradually fled since 2013 and the town is now deserted, except for the presence of military and internally displaced persons (IDPs).

- Boko Haram takes Banki (Sept 2014)
- Nigerian Army takes Banki (Sept 2015)
- IDPs arrive (Oct 2015)
- Government starts assisting IDPs (Feb 2016)
The houses are abandoned and many of them were destroyed or damaged by the fighting. The main street at the entrance of the city, which used to be a commercial area and cross-border trade hotspot, is now deserted and displays looting signs. No institution or services are currently functional in Banki; it's a completely deserted town. No civil authority is present and, therefore, no public, social or commercial services are operational (police, schools, health centres, markets, etc.).

Due to this absence, the military is providing security of the site, the city and its surroundings, but also replaces the civilian administration to ensure the provision of minimum services to IDPs (water supply, provision of food, health care, etc.).

Map showing the town of Banki with information gathered during the assessment (Source of base image: Google maps)
Composition of those living in and around Banki

According to the Nigerian Army there are 15,000 IDPs in Banki, including 12,000 persons identified by the Army further to a census conducted on 20 May 2016, and about 3,000 arrivals since the census.

Parallel to the IDP movements, the army estimates that around 6,000 people have been deported from Cameroon some of whom are now included in the total of 15,000 IDPs in Banki whilst others continued on to Bama and Maiduguri.

The displaced are composed of:

- Locals from surrounding previously occupied villages that have now been retaken by the army. These people have been invited by the military to stay in Banki because of its increased security due to the military presence. Further to the army, this stops them from being used as human shields.
- People that have escaped violence, attacks or fighting
- Foreign nationals having lived in Nigeria for decades, mainly Nigeriens and Chadians
- People who sought refuge in Cameroon and were brought back by the Cameroonian army (the other half moved to Bama and Maiduguri).

A Colonel of the Nigerian Army stated that some IDPs were clearly dependents or parents of elements within Boko Haram and therefore would benefit from deradicalization activities; the army tries to prevent contact with active Boko Haram members.

Outreach activities by the Nigerian Army are targeting members of Boko Haram and some seem to have surrendered with their weapons (number unspecified).

The Colonel also said that the IDPs could not return to their villages at present due to ongoing military operations to secure the region. Without possible return, assistance is immediately necessary for those living in Banki.
Access to Banki

Banki is accessible from Maroua, Cameroon via the border towns of Mora and Limani.

Banki is 2.5 km from the border. The road between Maroua and Mora is tarmacked but in very bad condition; travel time, despite the short distance, is around one hour and a half.

The Mora-Banki road via Limani is not tarmacked and in very poor condition requiring lengthy detours (of approximately 1 hour) in several places. In the event of heavy rain, this road is barely passable.

The Mora-Banki road has a bridge at Limani near the old customs post that cannot cope with the passage of heavy goods vehicles. However, the Nigerian Army considers that the road via Amchide could be used to deliver humanitarian aid (further evaluation required).

On the road from Mora to Banki

Security considerations

Banki is at security level 5 (SL-5), which led to the adoption of the following security measures:

- The use of armoured vehicles;
- The wearing of personal protective equipment (helmets and bulletproof vests);
- Obtaining a special Security Clearance to be approved by the Designated Officials (DO) of the two countries (Cameroon and Nigerian);
- The use of heavily armed escorts (MNJTF and Nigerian Army).

The highest risk identified was the potential presence of improvised explosive devices (IEDs). The only vehicles seen using the Mora-Banki road were military vehicles and civilian motorcycles. This increases the risk of Boko Haram using the road to place IEDs to target the armed forces.

The town of Banki seems safe and under full control of the Nigerian Army. Once in the city, and after being taken under the protection of the Nigerian Army, the evaluation team felt in relative safety. Further to the Nigerian army, it is possible to carry out activities of assistance under their protection, because IDPs are grouped together in a single site (a de facto camp) which is relatively well secured. In addition, the Nigerian Army works closely with local neighbourhood watch groups permanently present in the camp and composed of IDPs. The Nigerian Army considers the risks of military attacks as minimal. It should be noted that Boko Haram attempted to attack Banki the week before the
assessment mission. The attack was repelled by the army without any loss of human life. Another attack, this time a suicide attack, happened in Banki in April 2016.

Another challenge is the need for armed escorts of the Multinational Joint Task Force (MNJTF) which may delay or cancel missions. Should humanitarian missions to Banki become regular, for example on a daily basis, the MNJTF should have the resources to protect and facilitate the movement of humanitarian convoys.

**Logistics**

There is a storage capacity in the town’s classrooms which could be transformed into warehouses.

The army’s camp is located in a former Islamic school and they already use some of the classrooms as stores. Other rooms would need to be repaired or rehabilitated. The army is willing to fix the doors.

*Pictures of classrooms that could be used for the storage.*

For transport, the army and/or Borno State authorities can provide support from Maiduguri but this may not be sufficient in light of the scale of the humanitarian needs. Logistical arrangements with humanitarian actors from Maroua or Maiduguri could be a good alternative and/or complementary option.

As mentioned above, the Mora-Limani axis is not paved, which could potentially complicate the delivery of humanitarian aid especially during the rainy season. Similarly, because of the condition of the Limani bridge, a secondary route passing through Amchide should be assessed to see if it can accommodate heavier goods vehicles.
Humanitarian situation

Internally Displaced Persons (IDPs)

The 15,000 internally displaced persons (12,000 identified by a census on 20th May 2016 and 3,000 recently arrived) are the only inhabitants of Banki.

All IDPs are confined to a single district of Banki near the military base. The area is closed-off except a main entrance that allows the military to conduct patrols in and around the area.

They are living in abandoned houses which have been allocated by the Nigerian Army to ensure that the displaced families have access to decent shelter. All housing allocation is handled by the Nigerian Army.

Alarm bells have been installed in almost all the alleyways allowing IDPs to alert the military when needed. Local vigilance committees help the military to ensure security at the site.

Women and children represent the majority of the IDP population. It was not possible to ascertain an exact breakdown of the population by gender or age.
Vulnerability – malnutrition and health

Deaths due to starvation or malnutrition reported prior to the mission have been confirmed.

The military noted that those dying are mainly children and the elderly due to malnutrition and/or the absence of health services. They believe that the humanitarian situation has stabilized somewhat thanks to the assistance by Borno State authorities which started in February 2016. The assistance includes food, water, health and nutrition care.

According to the military commander, the number of people dying has decreased from ten to fifteen a day to three or four per day thanks to the arrival of a voluntary civilian medical team identified by the army.

This team rotates on a monthly basis. The third rotation will arrive in early July 2016.

The assessment mission, through direct observation, identified high levels of vulnerability among the IDP population combined with inadequate levels of assistance.

The assessment mission was also able to note that children who were being cared for by the volunteer medical team mentioned above were very weak and need immediate and adequate support – which they are not currently receiving.

The volunteer medical team identified cases of children with severe acute malnutrition; an undetermined number of cases of diarrhoea and vomiting (not cholera); and 20 to 50 cases of measles (but these cases have not resulted in any deaths).

Another health risk mentioned by the military authorities was malaria especially because of the rainy season is starting and the lack of mosquito nets.

The army also highlighted the presence of separated and unaccompanied children. Nearly 80 children are in an orphanage run by women volunteers.
Food security

One of the biggest concerns is food security.

The vast majority of food reserves and seeds have been burned. The staple diet consists of rice and tubers. Following interviews with the IDPs it transpired that all of their food reserves, products bought at markets and livestock were either burnt or looted.

Food support remains the main concern of the military authorities, as well as IDPs encountered by the assessment team whilst in Banki. The provision of food to IDPs is a heavy burden on the military. They are sharing their food resources but there is not enough. The coping strategies of the IDPs include the reduction of the number and the quantity of meals and possibly other negative coping strategies. Their diets are and have been nutritionally inadequate for several months.

The main activities in the area in times of peace are trade, livestock and agriculture production but with the current situation of insecurity none of these activities are possible.

Food security is a priority need, and a common response strategy should be established to support the Nigerian state and rapidly respond to immediate needs with a special focus on children, women and the elderly – the most vulnerable groups.

Patients receiving treatment at the Banki Clinic
**Shelter/NFIs**

Due to the level of destruction of the town of Banki, security forces have organised a well-managed and secure area for housing IDPs. Some houses are still in good condition but have been looted. The IDP camp is in a single Banki district and is near the military base.

The commander of military operations stated that there is an urgent need for non-food items. During the visit, some people, particularly children were seen to have inadequate clothing.

There is an urgent need for standard NFI kits including clothes and shoes to protect the population against diseases and the risk of epidemics.

**Current response**

With the exception of a small volunteer medical team led by a nurse, no civilian humanitarian actors are present. The assistance provided to the IDPs covers the bare minimum and has been delivered by the Nigerian military.

Despite the army’s active involvement, the response is inadequate and the resources provided do not cover the current needs. The State of Borno began sending assistance through the military in February 2016 while IDPs are already present in Banki since October 2015.

In addition, the military reported that the limited availability and inadequate supply of goods was due to breaks in the supply chain because of issues with the convoys traveling by road from Maiduguri.

**Assistance is organized at several levels**

**Distribution of food rations**

Three to four days’ food rations are distributed at a time. The distribution strategy takes account of the risk of attacks and looting by Boko Haram and the risk that the beneficiaries will share food with members of Boko Haram.

An attack following a food distribution was repelled just four days before the assessment.

**Medical and nutritional support**

A team of volunteers, led by a former nurse of the state, works in a house that has been converted into a ‘clinic’. It does not have any beds or medical equipment and the medical team only occasionally receives supplies of drugs and Plumpy’Nut from Maiduguri. The army has requested their expertise for cases of disease and malnutrition.

When the assessment took place, the team of volunteers had been strengthened by the temporary visit of a military nurse – sent due to the lack of qualified civilian personnel.

Medical supplies are sent from Maiduguri but the quantity is not known. These medical supplies are stored in the store of the army and then sent to the camp on a daily basis.
There is also a crucial need for Insecticide-Treated Bed Nets (ITN) especially with the approaching rainy season and the high number of malaria cases seen amongst the displaced population.

The mission has not had time to visit the drug store.

<table>
<thead>
<tr>
<th>Severity of the case</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oedema</td>
<td>53</td>
<td>59</td>
</tr>
<tr>
<td>Red</td>
<td>796</td>
<td>765</td>
</tr>
<tr>
<td>Yellow</td>
<td>1086</td>
<td>1058</td>
</tr>
<tr>
<td>Green</td>
<td>1389</td>
<td>1329</td>
</tr>
</tbody>
</table>
Management of the orphanage

An orphanage set up by the army houses around 80 children.

A group of women assigned by the army provide canteen facilities for the children and help to maintain good standards of hygiene within the orphanage.

The army admits that among these children there may be some that are not orphans but rather are separated from their families. If families are identified, it would ensure that children are reunited with the families.

Left: Children at the orphanage. Right: Kitchen at the orphanage.
**Water supply.**

There are five water points (wells) that are used to supply the IDPs. They have been repaired by the Nigerian army but do not meet the water needs of the population.

The assessment observed that the flow of water from the wells is relatively good. Because of the large number of people present, the queues were however long and people would have to wait almost a day to collect water.

There is an urgent need of rehabilitation or creation of further wells to improve the water supply.

*Queues at two of the five points of the Banki camp water.*

Another issues is that the wells are connected to electric pumps but there is no mains electricity and so the Nigerian Army has supplied a 5 KW generator to operate the pumps. This is not sustainable and a different method needs to be found especially if the number of water points is increased.

*Water pump and generator at one of the five water points.*
Protection

The displaced population statistics and profile

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Heads of households</th>
<th>Number of widowers and widows</th>
<th>Number of children with no father</th>
<th>Number of children with no father or mother</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,546</td>
<td>246</td>
<td>475</td>
<td>75</td>
</tr>
</tbody>
</table>

Source: This information was collected during a census by the Nigerian security forces in Banki on the 20th of May 2016. Women and children constitute the majority of the population. Security screening operations take place regularly to update the statistics.

Further to the army, a return to the villages of origin of the IDPs is not possible at the moment due to the army’s on-going operations to secure the region. Without the possibility of returning home, the IDPs need urgent assistance to survive in Banki.

One of the challenges faced by military authorities is how to handle people that have identification documents for both Nigeria and Cameroon. There are several reasons why people might have documentation form both countries and this is quite common amongst those living and trading in this border region. Dual sets of documents can have economic benefits, and help with customs when the crossing the border to trade goods.

The army confirmed that repatriation/return of nationals of both countries is taking place. The two following protection issues have been identified as requiring follow-up:

**The cases of forced repatriation (refoulement) of unregistered Nigerians that took refuge in Cameroon and the expulsion of Cameroonian nationals from Nigeria back to Cameroon.**

The Colonel confirmed the arrival of 6,000 people to Banki via the Amchide border crossing point delivered by the Cameroonian defence forces. A portion of these 6,000 people are today at the IDP site in Banki. The remaining continued on to Bama and Maiduguri.

According to the Colonel, the group was principally made up of Nigerian nationals that were not in Minawao refugee camp. However, this group may also include Nigerian and Cameroonian nationals who have always crossed the border back and forth to live and work on both sides.

The Nigerian Army recognizes that it is sometimes difficult to distinguish between the populations of the Lake Chad Basin (Nigerians, Cameroonians, Nigériens and Chadians), especially for people living along the border and/or who have identity documents of multiple countries.

The border between Limani and Banki is not formally separated and the two towns merge apart from the signs that indicate the names of the countries. It is the same for the rest of the region where the same ethnic groups and families live on either side of the border.

The assessment team learnt that the Cameroonian army providing the escort for the mission had brought a family with them in one of the escort vehicles without informing the assessment team.
The transfer of suspects to Bama and Maiduguri

It should also be noted that the Nigerian Army transfer people suspected of belonging to Boko Haram to the appropriate authorities in Maiduguri for investigation.

Even if the Nigerian military appeared disciplined and benevolent towards the IDPs, without a follow-up or transparency in this process, violations of human rights may exist as individuals may be falsely accused due to lack of documentation.

As in other sectors, further assessment is necessary.

Child Protection

An orphanage built in Banki by the Nigerian Army currently houses an estimated 80 children aged between 4 and 13 years of age. (see Management of Orphanage pg 12)

The army does not exclude the presence of unaccompanied children separated from their families. A screening of those in the orphanage would help better understand the children’s status and identity.

Some children are sick and seem traumatized, as many of the internally displaced people at the site. The key areas for support needed are nutritional, psychosocial and health. Clothing is also needed urgently for this extremely vulnerable group of children.

SGBV

Although no case of abuse has been reported by the army, the site visit allowed health volunteers to report cases of sexual violence. There are no Post-Exposure Prophylaxis kits for the management of these SGBV cases.

Police presence

Military authorities call for the deployment of police and gendarmerie to enable the army to focus on military operations.

Education

Two years have passed without a functioning educational system in Banki.

The population did not have access to education facilities due to Bolo Haram’s anti education ideology.

School infrastructures have been destroyed and are in urgent need of rehabilitation including the re-establishment of education programmes for both children and adults.

It should be noted that there is no civil administration or organization of civil society in the area or in the town of Banki. The Commander of military operations has pleaded for the organization of civil society and the relevant humanitarian organizations to carry out their mandates and allow him to focus on military operations.

The assessment team recommends that the Ministry of National Education and Literacy takes appropriate action in Banki.
**Urgent needs**

Assistance provided to the IDPs in Banki covers only the bare minimum and there are urgent needs in all sectors (nutrition, food security, health, WASH, Education, shelter/NFI, protection).

The assessment team and the Nigerian army, consider that the provision of food, nutrition and health care, and the water supply are the most pressing.

With regards to the nutritional and food situation - if an urgent response is not made in the following days, the humanitarian situation could deteriorate further and be fatal for IDPs.

**Questions**

On the basis of this evaluation, several issues remain:

- Duration of food rations to be distributed: the amount to be distributed must take into account the risk of attack and looting. The Nigerian army would chose to limit rations to cover a maximum of 3 to 4 days. If this is the preferred option then consideration must be given as to how this process can be managed without on-site personnel? The army is open and willing to ensure the safety of staff working to distribute aid.

- An alternative option may be for the army to distribute the humanitarian assistance. This has obvious civil-military implications that need to be carefully considered. The CIMIC Officer of the Nigerian Army in Banki can be a focal point for these discussions as well as logistical challenges.

- There are logistical issues especially around access (road conditions and security) as well as the storage of humanitarian assistance that need to be addressed before any operations can commence.

- An assessment of the possibility of deploying humanitarian staff whilst taking account of the current security situation needs to be considered. If deploying staff is not possible then there is a need to identify alternative solutions;

- The challenges and questions related to coordination between Nigeria and Cameroon at both governmental and between humanitarian organisations from operating in both countries need to be resolved.
# Recommendations by sector and by priority

<table>
<thead>
<tr>
<th>Sector</th>
<th>Actions</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food security</td>
<td>• Food distribution (see if several days rations can be distributed)</td>
<td>Immediately</td>
</tr>
<tr>
<td>Nutrition</td>
<td>• Support for moderate and severe cases of malnutrition</td>
<td>Immediately</td>
</tr>
<tr>
<td></td>
<td>• Supplies (Plumpy'Nut, scales, instruments for anthropometric measurement, etc.)</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>• Support for patients</td>
<td>Immediately</td>
</tr>
<tr>
<td></td>
<td>• Supplies (medicines and medical equipment)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Establishment of a medical centre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deployment of medical personnel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Distributions of mosquito nets</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>• Increase in the ability to supply water through the rehabilitation and creation of drilling;</td>
<td>Immediately</td>
</tr>
<tr>
<td></td>
<td>• Identification of alternative means to the use of electric pumps powered by generator.</td>
<td></td>
</tr>
<tr>
<td>NFI / shelter</td>
<td>• Distribution of household linen (sheets, blankets, etc.), containers for water, mosquito nets, hygiene kits, soaps, MILDA</td>
<td>As soon as possible</td>
</tr>
<tr>
<td>Protection</td>
<td>• Evaluation on refoulement;</td>
<td>As soon as possible</td>
</tr>
<tr>
<td></td>
<td>• Evaluation on the documentation and the status of internally displaced persons.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Evaluation of cases of separated/non-accompanied children</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>• Setting up a school;</td>
<td>As soon as possible</td>
</tr>
<tr>
<td></td>
<td>• Establishment of child-friendly space</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Support for the orphanage - equipment, staff and follow-up of cases.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• School to assess space. Number of children to be schooled to identify. Teachers to identify.</td>
<td></td>
</tr>
</tbody>
</table>

## Safety Recommendation:

| Security | • Evaluation of the roads that could be used to deliver aid:          | Immediate     |
|          |   o Maiduguri-Banki;                                                 |                |
|          |   o Mora-Banki (Limani and Amchide).                                 |                |
### Statistics of Banki

<table>
<thead>
<tr>
<th>Type of Information</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of IDPs</td>
<td>15,000</td>
</tr>
<tr>
<td>Number of Heads of households</td>
<td>1,546</td>
</tr>
<tr>
<td>Number of widowers and widows</td>
<td>246</td>
</tr>
<tr>
<td>Number of orphans of father</td>
<td>475</td>
</tr>
<tr>
<td>Number of orphans of father and mother</td>
<td>75 to 80</td>
</tr>
<tr>
<td>Number of cases of measles</td>
<td>20 to 50 cases reported</td>
</tr>
<tr>
<td>Number of deaths per day</td>
<td>10 to 15 a day before February 2016 3 to 4 per day now</td>
</tr>
<tr>
<td>Number of births per day</td>
<td>15 to 20 a day before the crisis 3 to 5 per day now</td>
</tr>
<tr>
<td>Number of water points</td>
<td>5</td>
</tr>
<tr>
<td>Number of orphanage</td>
<td>1</td>
</tr>
<tr>
<td>Number of health centre</td>
<td>1</td>
</tr>
<tr>
<td>Number of civilian humanitarian actors</td>
<td>0</td>
</tr>
<tr>
<td>Number of cases of malnutrition</td>
<td>Oedema: 53 women / 59 men</td>
</tr>
<tr>
<td></td>
<td>Red: 796 women / 765 men</td>
</tr>
<tr>
<td></td>
<td>Yellow: 1,086 women / 1,058 men</td>
</tr>
<tr>
<td></td>
<td>Green: 1,389 women / 1,329 men</td>
</tr>
</tbody>
</table>
Appendix

Participants

Elias TAWIL – UNDSS
Samuel ZOUNGRANA - UNOCHA
Ahmed ABDI - IOM
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Abdel-Aziz AMIDOU - UNHCR
Hassana Barka ADJI - WFP

Thanks

The evaluation team would like to thank all those who contributed to the mission.

NT helped prepare the mission, making it possible to cross the border. The humanitarian coordinators, Designated Officials (DO), and the humanitarian country teams of both countries facilitated the mission within Nigeria: without their personal commitment, the mission would not have been possible. The contribution of WFP and UNHCR for the provision of logistics was also of great importance.